Blue Advantage
A Medicare Approved PPO

Complete and Premier

2024 Formulary

List of Covered Drugs

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

This formulary was updated on 08/16/2024. For more recent information or other questions, please contact **Blue Advantage (PPO) Member Services at 1-888-234-8266 or, for TTY users, 711, Monday - Friday, 8 a.m. – 8 p.m. CST**. From October 1 to March 31, the hours of operation are Monday - Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day, or visit **www.BCBSALMedicare.com.**

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits and/or co-payments/co-insurance may change on January 1 of each year.

The formulary and pharmacy network may change at any time. You will receive notice when necessary.

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Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

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

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-630-6823 (TTY: 711), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

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

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-216-3144 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-216-3144 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-855-216-3144 (TTY: 711)。 我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。 如需翻譯服務，請致電 1-855-216-3144 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-216-3144 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-216-3144 (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 1-855-216-3144 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-216-3144 (TTY: 711). 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 전화 1-855-216-3144 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-216-3144 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-216-3144 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-216-3144 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-216-3144 (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 1-855-216-3144 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-216-3144 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-216-3144 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-855-216-3144 (TTY: 711) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means Blue Cross and Blue Shield of Alabama. When it refers to "plan" or "our plan," it means **Blue Advantage (PPO)**.

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

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

What is the Blue Advantage Formulary?

A formulary is a list of covered drugs selected by **Blue Advantage** in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. **Blue Advantage** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Blue Advantage** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **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 find information in the section below titled "How do I request an exception to the **Blue Advantage** 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.
- **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 the 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 30-day supply of the drug.

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

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

The enclosed formulary is current as of August 01, 2024. To get updated information about the drugs covered by **Blue Advantage** please contact us. Our contact information appears on the front and back cover pages. In the event that **Blue Advantage** makes a non-maintenance change to the formulary, such as removing a drug from our formulary, or adding prior authorizations, quantity limits and/or step therapy restrictions to a drug, or changing a tiered cost-sharing status, **Blue Advantage** will mail a written notice at least 60 days prior to the change becoming effective. Please keep this notice with your formulary.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 115. 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?

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

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization: Blue Advantage** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Blue Advantage** before you fill your prescriptions. If you don't get approval, **Blue Advantage** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Blue Advantage** limits the amount of the drug that **Blue Advantage** will cover. For example, **Blue Advantage** provides 60 tablets/30 days per prescription for *losartan 25 mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Blue Advantage** requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, **Blue Advantage** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Blue Advantage** will then cover Drug B.

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

You can ask 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 **Blue Advantage's** formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that **Blue Advantage** does not cover your drug, you have two options:

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

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

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

- You cannot ask us to change the cost-sharing tier for any drug in Cost-Sharing Tier 1 - Preferred Generic, Cost-Sharing Tier 3 - Preferred Brand, Cost-Sharing Tier 5 - Specialty Tier and Cost-Sharing Tier 6 - Select Care Drugs.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **Blue Advantage** limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

In addition to circumstances impacting new members who may enter a plan with a medication list that contains non-formulary Part D drugs, other circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the Plan Sponsor's formulary. These circumstances usually involve level of care changes in which a member is changing from one treatment setting to another.

For these unplanned transitions, members and prescribers must avail themselves of the Plan Sponsor's exceptions and appeals processes. Coverage determinations are processed and redeterminations are made as expeditiously as the member's health condition requires.

In order to prevent a temporary gap in care when a member is discharged to home, members are permitted to have a full outpatient supply available to continue therapy once their limited supply provided at discharge is exhausted. This outpatient supply is available in advance of discharge from a Part A stay.

When a member is admitted to or discharged from a long-term care facility, and does not have access to the remainder of the previously dispensed prescription, a one-time override of the "refill too soon" edits is processed for each medication which would be impacted due to a member being admitted to or discharged from a long-term care facility. Early refill edits are not used to limit appropriate and necessary access to a member's Part D benefit, and such members are allowed to access a refill upon admission or discharge.

For more information

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

If you have questions about **Blue Advantage**, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit http://www.medicare.gov.

Blue Advantage Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by **Blue Advantage**. If you have trouble finding your drug in the list, turn to the Index that begins on page 115.

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

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

Contact your plan for details.

Drug Name	Drug Tier	Requirements/Limits

Column 1, the *Drug Name* column, provides information such as drug name and if the drug is BRAND or *generic*.

Column 2, the *Drug Tier* column, provides information on which of the 6 tiers the drug has been assigned. Member cost-sharing is based on drug tier assignment, day supply, and pharmacy selected.

Tier 1 = Preferred Generic
Tier 2 = Generic
Tier 3 = Preferred Brand
Tier 4 = Non-Preferred Drug
Tier 5 = Specialty
Tier 6 = Select Care

Column 3, the *Requirements/Limits* columns, indicates if a drug has any additional requirements or limits under Utilization Management including *Prior Authorization, Quantity Limits*, and *Step Therapy*.

BD = Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
PA = Prior Authorization
QL = Quantity Limits
ST = Step Therapy

* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at **1-888-234-8266** (TTY users **711**), Monday - Friday, 8 a.m. – 8 p.m. CST. From October 1 to March 31, the hours of operation are Monday - Sunday, 8 a.m. – 8 p.m. CST. You may be required to leave a message for calls made after hours, weekends and holidays. Calls will be returned the next business day.

= High Risk Medication (HRM). Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found in lower co-pay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.

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

† = Split-Fill (partial day supply); use for high-cost medications if new or change in therapy due to potential side effects.

< = This Medicare drug plan offers Paxlovid for $0 through a patient assistance program.

Generally, we will cover your prescriptions only if they are filled at one of our network pharmacies. Some of our network pharmacies are also preferred. You may go to either preferred cost-sharing pharmacies or standard cost-sharing pharmacies to receive your covered prescription drugs. Your costs will typically be less at preferred pharmacies.

The table below describes your share of the cost for **Blue Advantage Complete** when you get a covered Part D prescription drug for a one-month (30-day) supply at a Preferred Cost-Sharing Pharmacy, a one-month (30-day) supply at a Preferred Mail-Order Pharmacy, a long-term (90-day) supply from a Preferred Cost-Sharing Pharmacy or a long-term (90-day) supply from a Preferred Mail-Order Pharmacy on all covered Part D Drugs on Tier 3, Tier 4 and Tier 5.

Drug Tiers	One-month (30-day) supply (or less) at a Preferred Cost-Sharing Pharmacy	One-month (30-day) supply (or less) at a Preferred Mail Order Pharmacy	Long-Term (90-day) supply at a Preferred Cost-Sharing Pharmacy	Long-Term (90-day) supply at a Preferred Mail Order Pharmacy
Tier 1 Preferred Generic	$4 copay	$0 copay	$8 copay	$0 copay
Tier 2 Generic	$13 copay	$13 copay	$26 copay	$26 copay
Tier 3 Preferred Brand	$40 copay	$40 copay	$80 copay	$80 copay
Tier 4 Non-Preferred Drug*	28% coinsurance	28% coinsurance	28% coinsurance	28% coinsurance
Tier 5 Specialty*	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6 Select Care	$0 copay	$0 copay	$0 copay	$0 copay

*Note: Tiers 4 and 5 – have coinsurance applied and do not have a reduced copay for drugs purchased at a Mail-Order or Preferred Pharmacy.

The table below describes your share of the cost for **Blue Advantage Complete** when you get a covered Part D prescription drug for a one-month (30-day) supply at a Standard Cost-Sharing Pharmacy, a one-month (30-day) supply at a Standard Mail-Order Pharmacy, a one-month (31-day) supply at a Long-Term Care Pharmacy, a long-term (90-day) supply from a Standard Cost-Sharing Pharmacy or a long-term (90-day) supply from a Standard Mail-Order Pharmacy on all covered Part D Drugs on Tier 3, Tier 4 and Tier 5.

Drug Tiers	One-month (30-day) supply (or less) at a Standard Cost-Sharing Pharmacy	One-month (30-day) supply (or less) at a Standard Mail Order Pharmacy	One-month (31-day) supply (or less) at a Long-Term Care Pharmacy	Long-Term (90-day) supply at a Standard Cost-Sharing Pharmacy	Long-Term (90-day) supply at a Standard Mail Order Pharmacy
Tier 1 Preferred Generic	$11 copay	$7 copay	$11 copay	$33 copay	$14 copay
Tier 2 Generic	$20 copay	$20 copay	$20 copay	$60 copay	$40 copay
Tier 3 Preferred Brand	$47 copay	$47 copay	$47 copay	$141 copay	$94 copay
Tier 4 Non-Preferred Drug*	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 5 Specialty*	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6 Select Care	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay

*Note: Tiers 4 and 5 – have coinsurance applied and do not have a reduced copay for drugs purchased at a Mail-Order or Preferred Pharmacy.

The table below describes your share of the cost for **Blue Advantage Premier** when you get a covered Part D prescription drug for a one-month (30-day) supply at a Preferred Cost-Sharing Pharmacy, a one-month (30-day) supply at a Preferred Mail-Order Pharmacy, a long-term (90-day) supply from a Preferred Cost-Sharing Pharmacy or a long-term (90-day) supply from a Preferred Mail-Order Pharmacy on all covered Part D Drugs.

Drug Tiers	One-month (30-day) supply (or less) at a Preferred Cost-Sharing Pharmacy	One-month (30-day) supply (or less) at a Preferred Mail Order Pharmacy	Long-Term (90-day) supply at a Preferred Cost-Sharing Pharmacy	Long-Term (90-day) supply at a Preferred Mail Order Pharmacy
Tier 1 Preferred Generic	$3 copay	$0 copay	$6 copay	$0 copay
Tier 2 Generic	$8 copay	$8 copay	$16 copay	$16 copay
Tier 3 Preferred Brand	$40 copay	$40 copay	$80 copay	$80 copay
Tier 4 Non-Preferred Drug*	29% coinsurance	29% coinsurance	29% coinsurance	29% coinsurance
Tier 5 Specialty*	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6 Select Care	$0 copay	$0 copay	$0 copay	$0 copay

*Note: Tiers 4 and 5 – have coinsurance applied and do not have a reduced copay for drugs purchased at a Mail-Order or Preferred Pharmacy.

The table below describes your share of the cost for **Blue Advantage Premier** when you get a covered Part D prescription drug for a one-month (30-day) supply at a Standard Cost-Sharing Pharmacy, a one-month (30-day) supply at a Standard Mail-Order Pharmacy, a one-month (31-day) supply at a Long-Term Care Pharmacy, a long-term (90-day) supply from a Standard Cost-Sharing Pharmacy or a long-term (90-day) supply from a Standard Mail-Order Pharmacy on all covered Part D Drugs on Tier 3, Tier 4 and Tier 5.

Drug Tiers	One-month (30-day) supply (or less) at a Standard Cost-Sharing Pharmacy	One-month (30-day) supply (or less) at a Standard Mail Order Pharmacy	One-month (31-day) supply (or less) at a Long-Term Care Pharmacy	Long-Term (90-day) supply at a Standard Cost-Sharing Pharmacy	Long-Term (90-day) supply at a Standard Mail Order Pharmacy
Tier 1 Preferred Generic	$10 copay	$7 copay	$10 copay	$30 copay	$14 copay
Tier 2 Generic	$15 copay	$15 copay	$15 copay	$45 copay	$30 copay
Tier 3 Preferred Brand	$47 copay	$47 copay	$47 copay	$141 copay	$94 copay
Tier 4 Non-Preferred Drug*	34% coinsurance	34% coinsurance	34% coinsurance	34% coinsurance	34% coinsurance
Tier 5 Specialty*	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6 Select Care	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay

*Note: Tiers 4 and 5 – have coinsurance applied and do not have a reduced copay for drugs purchased at a Mail-Order or Preferred Pharmacy.

An Abbreviations Key for prescription drug dosages is provided below as a quick reference for our list of formulary drugs beginning on page 1.

Prescription Drug Dosage Restrictions Abbreviations Key

KEY	
act	actuation
ad	adsorbed
adjuv	adjuvant
aepb	aerosol powder blister
aer, aers, aero	aerosol
afib/afl	atrial fibrillation/atrial flutter
app	applicator
ba, breath act, breath activ	breath activated
bau	bioequivalent allergy unit
cap, caps	capsules
cart	cartridge
cd	continuous delivery
chew tab	chewable tablets
conc	concentrate
conj	conjugate, conjugated
cpcr	controlled release capsule
crm	cream
crys	crystals
deter	deterrent
disint, disintegr	disintegrating
dr	delayed-release
ec	enteric coated
el, elu	enzyme-linked immunosorbent assay
emul	emulsion
er, extend-release, extended, extended rel	extended-release
ext	extract
glob, ig	immunoglubulin

KEY	
gm	gram
gu	genitourinary
hr	hour
im	intramuscular
inh, inhal	inhalation
inj	injection
ir	index of reactivity
iv	intravenous
l	liter
la	long acting
lf, lfu	flocculation units
lipo	lipophilic
liq, liqd	liquid
maint	maintenance
mcg	microgram
meq	milliequivalent
mg	milligram
misc	miscellaneous
ml	milliliter
mu	million units
nebu	nebules
oc	oral contraceptive
oint	ointment
omv	outer membrane vesicles
op, ophth	ophthalmic
osm	osmotic
pah	pulmonary arterial hypertension
pak	pack
pf	preservative-free
pfu	plaque forming units

KEY	
pmdd	premenstrual dysphoric disorder
pow, powd	powder
pref, prefill	prefilled
pttw	patch twice weekly
ptwk	patch weekly
recomb	recombinant
refrig	refrigerate
sl	sublingual
sol, soln	solution
sqcm	square centimeter
supp, suppos	suppositories
sus, susp	suspension

KEY	
syr	syringe
tab, tabs	tablets
tbcr	controlled release tablet
tbdp	dispersible tablet
tbec	enteric coated tablet
tbpk	tablet pack
td	transdermal
ther	therapy
tl	translingual
unt, ut	unit
va	vaginal
vac, vacc	vaccine

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
acetaminophen w/ codeine soln 120-12 mg/5ml	3	QL (2700 mls/30 days)
acetaminophen w/ codeine tab 300-15 mg	3	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	3	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	3	QL (180 tablets/30 days)
BELBUCA - buprenorphine hcl buccal film 75 mcg	4	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 150 mcg	4	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 300 mcg	4	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 450 mcg	4	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 600 mcg	4	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 750 mcg	4	PA, QL (60 films/30 days)
BELBUCA - buprenorphine hcl buccal film 900 mcg	4	PA, QL (60 films/30 days)
buprenorphine td patch weekly 5 mcg/hr	4	PA, QL (4 patches/28 days)
buprenorphine td patch weekly 7.5 mcg/hr	4	PA, QL (4 patches/28 days)
buprenorphine td patch weekly 10 mcg/hr	4	PA, QL (4 patches/28 days)
buprenorphine td patch weekly 15 mcg/hr	4	PA, QL (4 patches/28 days)
buprenorphine td patch weekly 20 mcg/hr	4	PA, QL (4 patches/28 days)
butalbital-acetaminophen tab 50-325 mg#	3	QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg#	3	QL (180 capsules/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg#	3	QL (180 capsules/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg#	3	QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg#	3	QL (180 capsules/30 days)
BUTORPHANOL TARTRATE - butorphanol tartrate inj 1 mg/ml	4	
butorphanol tartrate inj 2 mg/ml	4	
butorphanol tartrate nasal soln 10 mg/ml	4	QL (48 mls/30 days)
celecoxib cap 50 mg	2	QL (60 capsules/30 days)
celecoxib cap 100 mg	2	QL (60 capsules/30 days)
celecoxib cap 200 mg	2	QL (60 capsules/30 days)
celecoxib cap 400 mg	2	QL (30 capsules/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg	4	QL (180 tablets/30 days)
CODEINE SULFATE - codeine sulfate tab 60 mg	4	QL (180 tablets/30 days)
codeine sulfate tab 30 mg	3	QL (180 tablets/30 days)
diclofenac potassium tab 50 mg	2	QL (120 tablets/30 days)
diclofenac sodium gel 1% (1.16% diethylamine equiv)	2	
diclofenac sodium tab delayed release 25 mg	2	QL (240 tablets/30 days)
diclofenac sodium tab delayed release 50 mg	2	QL (120 tablets/30 days)
diclofenac sodium tab delayed release 75 mg	2	QL (60 tablets/30 days)
diclofenac sodium tab er 24hr 100 mg	2	QL (60 tablets/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
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	3	QL (120 tablets/30 days)
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	3	QL (90 tablets/30 days)
etodolac cap 200 mg	2	QL (150 capsules/30 days)
etodolac cap 300 mg	2	QL (90 capsules/30 days)
etodolac tab er 24hr 400 mg	2	QL (60 tablets/30 days)
etodolac tab er 24hr 500 mg	2	QL (60 tablets/30 days)
etodolac tab er 24hr 600 mg	2	QL (30 tablets/30 days)
etodolac tab 400 mg	2	QL (60 tablets/30 days)
etodolac tab 500 mg	2	QL (60 tablets/30 days)
fentanyl citrate lozenge on a handle 200 mcg	4	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 400 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 600 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 800 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 1200 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl citrate lozenge on a handle 1600 mcg	5	PA, QL (120 lozenges/30 days)
fentanyl td patch 72hr 12 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 25 mcg/hr	3	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 37.5 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 50 mcg/hr	3	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 62.5 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 75 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 87.5 mcg/hr	4	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 100 mcg/hr	4	PA, QL (15 patches/30 days)
flurbiprofen tab 100 mg	2	QL (90 tablets/30 days)
hydrocodone bitartrate cap er 12hr 10 mg	4	PA, QL (60 capsules/30 days)
hydrocodone bitartrate cap er 12hr 15 mg	4	PA, QL (60 capsules/30 days)
hydrocodone bitartrate cap er 12hr 20 mg	4	PA, QL (60 capsules/30 days)
hydrocodone bitartrate cap er 12hr 30 mg	4	PA, QL (60 capsules/30 days)
hydrocodone bitartrate cap er 12hr 40 mg	4	PA, QL (60 capsules/30 days)
hydrocodone bitartrate cap er 12hr 50 mg	4	PA, QL (60 capsules/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-300 mg	4	QL (240 tablets/30 days)
hydrocodone-acetaminophen tab 7.5-300 mg	4	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL (240 tablets/30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 10-300 mg	4	QL (180 tablets/30 days)
hydrocodone-ibuprofen tab 10-200 mg	4	QL (150 tablets/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
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	4	QL (150 tablets/30 days)
hydromorphone hcl inj 2 mg/ml	4	BD
hydromorphone hcl liqd 1 mg/ml	4	QL (1440 mls/30 days)
hydromorphone hcl preservative free inj 2 mg/ml	4	BD
hydromorphone hcl preservative free inj 10 mg/ml	4	BD
hydromorphone hcl tab 2 mg	3	QL (180 tablets/30 days)
hydromorphone hcl tab 4 mg	3	QL (180 tablets/30 days)
hydromorphone hcl tab 8 mg	3	QL (180 tablets/30 days)
ibuprofen susp 100 mg/5ml	2	
ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
indomethacin cap 25 mg#	2	QL (240 capsules/30 days)
indomethacin cap 50 mg#	2	QL (120 capsules/30 days)
LEVORPHANOL TARTRATE - levorphanol tartrate tab 3 mg	5	QL (120 tablets/30 days)
levorphanol tartrate tab 2 mg	5	QL (120 tablets/30 days)
meloxicam tab 7.5 mg	1	QL (60 tablets/30 days)
meloxicam tab 15 mg	1	QL (30 tablets/30 days)
methadone hcl tab 5 mg	3	QL (180 tablets/30 days)
methadone hcl tab 10 mg	3	QL (360 tablets/30 days)
morphine sulfate inj pf 0.5 mg/ml	4	BD
morphine sulfate inj pf 1 mg/ml	4	BD
morphine sulfate oral soln 20 mg/5ml	3	QL (1350 mls/30 days)
morphine sulfate oral soln 10 mg/5ml	3	QL (2700 mls/30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3	QL (270 mls/30 days)
morphine sulfate tab er 15 mg	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 30 mg	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 60 mg	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 100 mg	4	PA, QL (90 tablets/30 days)
morphine sulfate tab er 200 mg	4	PA, QL (90 tablets/30 days)
morphine sulfate tab 15 mg	4	QL (360 tablets/30 days)
morphine sulfate tab 30 mg	4	QL (180 tablets/30 days)
nabumetone tab 500 mg	2	QL (120 tablets/30 days)
nabumetone tab 750 mg	2	QL (60 tablets/30 days)
naproxen sodium tab 275 mg	2	QL (150 tablets/30 days)
naproxen sodium tab 550 mg	2	QL (90 tablets/30 days)
naproxen susp 125 mg/5ml	4	QL (1800 mls/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
naproxen tab ec 375 mg	2	QL (120 tablets/30 days)
naproxen tab ec 500 mg	2	QL (90 tablets/30 days)
naproxen tab 250 mg	1	QL (180 tablets/30 days)
naproxen tab 375 mg	1	QL (120 tablets/30 days)
naproxen tab 500 mg	1	QL (90 tablets/30 days)
oxaprozin tab 600 mg	2	QL (90 tablets/30 days)
oxycodone hcl tab 5 mg	3	QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	3	QL (180 tablets/30 days)
oxycodone hcl tab 15 mg	3	QL (180 tablets/30 days)
oxycodone hcl tab 20 mg	3	QL (180 tablets/30 days)
oxycodone hcl tab 30 mg	3	QL (180 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	4	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	QL (180 tablets/30 days)
piroxicam cap 10 mg	2	QL (60 capsules/30 days)
piroxicam cap 20 mg	2	QL (30 capsules/30 days)
sulindac tab 150 mg	2	QL (60 tablets/30 days)
sulindac tab 200 mg	2	QL (60 tablets/30 days)
TENCON - butalbital-acetaminophen tab 50-325 mg#	4	QL (180 tablets/30 days)
tramadol hcl tab er 24hr 100 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 200 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 300 mg	3	PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg	2	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg	3	QL (240 tablets/30 days)
Anesthetics		
lidocaine hcl laryngotracheal soln 4%	2	
lidocaine hcl local inj 1%	4	
lidocaine hcl local preservative free inj 1%	4	
lidocaine hcl soln 4%	2	PA, QL (150 mls/30 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	2	PA, QL (150 mls/30 days)
lidocaine hcl viscous soln 2%	2	
lidocaine oint 5%	2	PA, QL (100 grams/30 days)
lidocaine patch 5%	3	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	2	PA, QL (60 grams/30 days)
ZTLIDO - lidocaine patch 1.8% (36 mg)	4	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calcium tab delayed release 333 mg	3	
buprenorphine hcl sl tab 2 mg	2	QL (90 tablets/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
buprenorphine hcl sl tab 8 mg	2	QL (90 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	2	QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg	2	QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg	2	QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg	2	QL (60 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg	2	QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg	2	QL (90 tablets/30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	2	
disulfiram tab 250 mg	2	
disulfiram tab 500 mg	3	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
naloxone hcl inj 0.4 mg/ml	2	
naloxone hcl inj 4 mg/10ml	2	
naloxone hcl nasal spray 4 mg/0.1ml	3	
naloxone hcl soln cartridge 0.4 mg/ml	2	
naloxone hcl soln prefilled syringe 2 mg/2ml	2	
naltrexone hcl tab 50 mg	2	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	5	
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	5	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	3	
varenicline tartrate tab 0.5 mg	3	
varenicline tartrate tab 1 mg	3	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
Antibacterials		
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	4	
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	4	
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	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
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
amoxicillin & k clavulanate chew tab 200-28.5 mg	2	
amoxicillin & k clavulanate chew tab 400-57 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
ampicillin cap 500 mg	2	
ampicillin sodium for inj 250 mg	4	
ampicillin sodium for inj 500 mg	4	
ampicillin sodium for inj 1 gm	4	
ampicillin sodium for inj 2 gm	4	
ampicillin sodium for iv soln 1 gm	4	
ampicillin sodium for iv soln 2 gm	4	
ampicillin sodium for iv soln 10 gm	4	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	4	
azithromycin for susp 100 mg/5ml	2	
azithromycin for susp 200 mg/5ml	2	
azithromycin iv for soln 500 mg	4	
azithromycin tab 250 mg	2	
azithromycin tab 500 mg	2	
azithromycin tab 600 mg	2	
aztreonam for inj 1 gm	4	
aztreonam for inj 2 gm	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 2400000 unit/4ml	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 1200000 unit/2ml	4	
cefaclor cap 250 mg	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
cefaclor cap 500 mg	2	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml	2	
cefadroxil for susp 500 mg/5ml	2	
cefadroxil tab 1 gm	3	
CEFAZOLIN - cefazolin sodium for iv soln 2 gm	4	
cefazolin sodium (bulk) for inj 100 gm	4	
cefazolin sodium (bulk) for inj 300 gm	4	
cefazolin sodium for inj 2 gm	4	
cefazolin sodium for inj 500 mg	4	
cefazolin sodium for inj 1 gm	4	
cefazolin sodium for inj 10 gm	4	
cefazolin sodium for iv soln 1 gm	4	
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)	4	
cefazolin sodium for iv soln 2 gm and dextrose 3% (50 ml)	4	
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%	4	
cefdinir cap 300 mg	2	
cefdinir for susp 125 mg/5ml	2	
cefdinir for susp 250 mg/5ml	2	
cefepime hcl for inj 1 gm	4	
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)	4	
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)	4	
cefepime hcl for iv soln 2 gm	4	
cefepime hcl iv soln 1 gm/50ml	4	
cefepime hcl iv soln 2 gm/100ml	4	
cefixime cap 400 mg	3	
cefoxitin sodium for iv soln 1 gm	4	
cefoxitin sodium for iv soln 2 gm	4	
cefoxitin sodium for iv soln 10 gm	4	
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)	4	
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)	4	
cefpodoxime proxetil for susp 50 mg/5ml	4	
cefpodoxime proxetil for susp 100 mg/5ml	4	
cefpodoxime proxetil tab 100 mg	2	
cefpodoxime proxetil tab 200 mg	2	
cefprozil for susp 125 mg/5ml	2	
cefprozil for susp 250 mg/5ml	2	
cefprozil tab 250 mg	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
cefprozil tab 500 mg	2	
ceftazidime for inj 1 gm	4	
ceftazidime for inj 6 gm	4	
ceftazidime for iv soln 1 gm and dextrose 5% (50ml)	4	
ceftazidime for iv soln 2 gm and dextrose 5% (50ml)	4	
ceftazidime for iv soln 2 gm	4	
ceftriaxone sodium (bulk) for inj 100 gm	4	
ceftriaxone sodium for inj 250 mg	4	
ceftriaxone sodium for inj 500 mg	4	
ceftriaxone sodium for inj 1 gm	4	
ceftriaxone sodium for inj 2 gm	4	
ceftriaxone sodium for inj 10 gm	4	
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml	4	
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml	4	
ceftriaxone sodium for iv soln 1 gm	4	
ceftriaxone sodium for iv soln 2 gm	4	
ceftriaxone sodium in dextrose inj 20 mg/ml	4	
ceftriaxone sodium in dextrose inj 40 mg/ml	4	
cefuroxime axetil tab 250 mg	2	
cefuroxime axetil tab 500 mg	2	
cefuroxime sodium for inj 750 mg	4	
cefuroxime sodium for iv soln 1.5 gm	4	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	3	
cephalexin for susp 125 mg/5ml	2	
cephalexin for susp 250 mg/5ml	2	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	4	
ciprofloxacin hcl tab 250 mg	1	
ciprofloxacin hcl tab 500 mg	1	
ciprofloxacin hcl tab 750 mg	1	
ciprofloxacin 200 mg/100ml in d5w	4	
ciprofloxacin 400 mg/200ml in d5w	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	4	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	4	
clarithromycin tab er 24hr 500 mg	3	
clarithromycin tab 250 mg	3	
clarithromycin tab 500 mg	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
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml	4	
clindamycin phosphate gel 1%	2	
clindamycin phosphate in d5w iv soln 300 mg/50ml	4	
clindamycin phosphate in d5w iv soln 600 mg/50ml	4	
clindamycin phosphate in d5w iv soln 900 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml	4	
clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml	4	
clindamycin phosphate inj 900 mg/6ml	4	
clindamycin phosphate inj 9 gm/60ml	4	
clindamycin phosphate lotion 1%	2	
clindamycin phosphate soln 1%	2	
clindamycin phosphate swab 1%	2	
clindamycin phosphate vaginal cream 2%	2	
colistimethate sod for inj 150 mg (colistin base activity)	4	
DALVANCE - dalbavancin hcl for iv soln 500 mg	5	
daptomycin for iv soln 500 mg	4	
demeclocycline hcl tab 150 mg	4	
demeclocycline hcl tab 300 mg	4	
dicloxacillin sodium cap 250 mg	2	
dicloxacillin sodium cap 500 mg	2	
DIFICID - fidaxomicin for susp 40 mg/ml	5	QL (1 bottle/10 days)
DIFICID - fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
doxycycline hyclate cap 50 mg	2	
doxycycline hyclate cap 100 mg	2	
doxycycline hyclate for inj 100 mg	4	
doxycycline hyclate tab 20 mg	2	
doxycycline hyclate tab 100 mg	2	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate cap 75 mg	3	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate cap 150 mg	4	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 75 mg	2	
doxycycline monohydrate tab 100 mg	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
doxycycline monohydrate tab 150 mg	3	
ertapenem sodium for inj 1 gm	4	
ERY - erythromycin pads 2%	4	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	4	
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	4	
erythromycin ethylsuccinate for susp 200 mg/5ml	4	
erythromycin ethylsuccinate for susp 400 mg/5ml	4	
erythromycin lactobionate for inj 500 mg	4	
erythromycin soln 2%	2	
erythromycin tab delayed release 250 mg	3	
erythromycin tab delayed release 333 mg	4	
erythromycin tab delayed release 500 mg	3	
erythromycin tab 250 mg	4	
erythromycin tab 500 mg	4	
erythromycin w/ delayed release particles cap 250 mg	4	
EXTENCILLINE - penicillin g benzathine for intramuscular susp 1200000 unit	4	
EXTENCILLINE - penicillin g benzathine for intramuscular susp 2400000 unit	4	
gentamicin in saline inj 1.2 mg/ml	4	
gentamicin sulfate inj 10 mg/ml	4	
gentamicin sulfate inj 40 mg/ml	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1.6 mg/ml	4	
HUMATIN - paromomycin sulfate cap 250 mg	5	
imipenem-cilastatin intravenous for soln 500 mg	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	4	
IMPAVIDO - miltefosine cap 50 mg	5	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	4	
levofloxacin in d5w iv soln 250 mg/50ml	4	
levofloxacin in d5w iv soln 500 mg/100ml	4	
levofloxacin in d5w iv soln 750 mg/150ml	4	
levofloxacin iv soln 25 mg/ml	4	
levofloxacin oral soln 25 mg/ml	4	
levofloxacin tab 250 mg	1	
levofloxacin tab 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
levofloxacin tab 750 mg	1	
linezolid for susp 100 mg/5ml	4	PA
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
linezolid iv soln 600 mg/300ml (2 mg/ml)	4	
linezolid tab 600 mg	3	PA
meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml	4	
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml	4	
meropenem iv for soln 500 mg	4	
meropenem iv for soln 1 gm	4	
methenamine hippurate tab 1 gm	2	
metronidazole cap 375 mg	3	
metronidazole iv soln 500 mg/100ml	4	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
metronidazole vaginal gel 0.75%	2	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
minocycline hcl cap 100 mg	2	
minocycline hcl tab 50 mg	3	
minocycline hcl tab 75 mg	3	
minocycline hcl tab 100 mg	3	
moxifloxacin hcl iv solution 400 mg/250ml	4	
moxifloxacin hcl tab 400 mg	2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
nafcillin sodium for inj 1 gm	4	
nafcillin sodium for inj 2 gm	4	
nafcillin sodium for iv soln 10 gm	4	
nafcillin sodium in dextrose inj 1 gm/50ml	4	
nafcillin sodium in dextrose inj 2 gm/100ml	4	
neomycin sulfate tab 500 mg	2	
NEOMYCIN/POLYMYXIN B SULFATES - neomycin-polymyxin b gu irrigation soln	4	
nitrofurantoin macrocrystalline cap 50 mg#	2	
nitrofurantoin macrocrystalline cap 100 mg#	2	
nitrofurantoin monohydrate macrocrystalline cap 100 mg#	2	
NUZYRA - omadacycline tosylate iv for soln 100 mg	5	
NUZYRA - omadacycline tosylate tab 150 mg	5	
ofloxacin tab 400 mg	3	
penicillin g potassium for inj 5000000 unit	4	

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Drug Name	Drug Tier	Requirements/Limits
penicillin g potassium for inj 20000000 unit	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	4	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4	
penicillin v potassium for soln 125 mg/5ml	2	
penicillin v potassium for soln 250 mg/5ml	2	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	4	
sulfadiazine tab 500 mg	4	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	3	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
TAZICEF - ceftazidime for iv soln 1 gm	4	
TAZICEF - ceftazidime for iv soln 6 gm	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	4	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
tetracycline hcl cap 250 mg	3	
tetracycline hcl cap 500 mg	4	
tigecycline for iv soln 50 mg	4	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml	4	
tobramycin sulfate for inj 1.2 gm	4	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml)	4	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml)	4	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)	4	
trimethoprim tab 100 mg	2	
VANCOMYCIN - vancomycin hcl iv soln 2000 mg/400ml	4	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 500 mg/100ml-0.9%	4	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 750 mg/150ml-0.9%	4	

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
VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%	4	
vancomycin hcl cap 125 mg	4	QL (120 capsules/30 days)
vancomycin hcl cap 250 mg	4	QL (240 capsules/30 days)
vancomycin hcl for iv soln 100 gm	4	
vancomycin hcl for iv soln 500 mg	4	
vancomycin hcl for iv soln 750 mg	4	
vancomycin hcl for iv soln 1 gm	4	
vancomycin hcl for iv soln 1.25 gm	4	
vancomycin hcl for iv soln 1.5 gm	4	
vancomycin hcl for iv soln 5 gm	4	
vancomycin hcl for iv soln 10 gm	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 750 mg/150ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1000 mg/200ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1250 mg/250ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1500 mg/300ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1750 mg/350ml	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 750 mg/150ml-5%	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 1 gm/200ml-5%	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 1.25 gm/250ml-5%	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 1.5 gm/300ml-5%	4	
VANDAZOLE - metronidazole vaginal gel 0.75%	3	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 4-0.5gm/100ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv sol 3-0.375gm/50ml	4	
Anticonvulsants		
APTIOM - eslicarbazepine acetate tab 200 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
APTIOM - eslicarbazepine acetate tab 400 mg	5	
APTIOM - eslicarbazepine acetate tab 600 mg	5	
APTIOM - eslicarbazepine acetate tab 800 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg	5	
BRIVIACT - brivaracetam tab 25 mg	5	
BRIVIACT - brivaracetam tab 50 mg	5	
BRIVIACT - brivaracetam tab 75 mg	5	
BRIVIACT - brivaracetam tab 100 mg	5	
carbamazepine cap er 12hr 100 mg	2	
carbamazepine cap er 12hr 200 mg	2	
carbamazepine cap er 12hr 300 mg	2	
carbamazepine chew tab 100 mg	2	
carbamazepine susp 100 mg/5ml	4	
carbamazepine tab er 12hr 100 mg	2	
carbamazepine tab er 12hr 200 mg	2	
carbamazepine tab er 12hr 400 mg	2	
carbamazepine tab 200 mg	2	
clobazam suspension 2.5 mg/ml	4	PA, QL (480 mls/30 days)
clobazam tab 10 mg	4	PA, QL (60 tablets/30 days)
clobazam tab 20 mg	4	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg*	5	
DIACOMIT - stiripentol cap 500 mg*	5	
DIACOMIT - stiripentol packet 250 mg*	5	
DIACOMIT - stiripentol packet 500 mg*	5	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
divalproex sodium cap delayed release sprinkle 125 mg	2	
divalproex sodium tab delayed release 125 mg	2	
divalproex sodium tab delayed release 250 mg	2	
divalproex sodium tab delayed release 500 mg	2	
divalproex sodium tab er 24 hr 250 mg	2	
divalproex sodium tab er 24 hr 500 mg	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
EPRONTIA - topiramate oral soln 25 mg/ml	4	

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Drug Name	Drug Tier	Requirements/Limits
ethosuximide cap 250 mg	3	
ethosuximide soln 250 mg/5ml	4	
felbamate susp 600 mg/5ml	5	
felbamate tab 400 mg	4	
felbamate tab 600 mg	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	4	
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)	4	
FYCOMPA - perampanel susp 0.5 mg/ml	3	
FYCOMPA - perampanel tab 2 mg	3	
FYCOMPA - perampanel tab 4 mg	3	
FYCOMPA - perampanel tab 6 mg	3	
FYCOMPA - perampanel tab 8 mg	3	
FYCOMPA - perampanel tab 10 mg	3	
FYCOMPA - perampanel tab 12 mg	3	
gabapentin cap 100 mg	1	QL (1080 capsules/30 days)
gabapentin cap 300 mg	1	QL (360 capsules/30 days)
gabapentin cap 400 mg	1	QL (270 capsules/30 days)
gabapentin oral soln 250 mg/5ml	3	QL (2160 mls/30 days)
gabapentin tab 600 mg	2	QL (180 tablets/30 days)
gabapentin tab 800 mg	2	QL (135 tablets/30 days)
lacosamide iv inj 200 mg/20ml (10 mg/ml)	4	
lacosamide oral solution 10 mg/ml	4	
lacosamide tab 50 mg	4	
lacosamide tab 100 mg	4	
lacosamide tab 150 mg	4	
lacosamide tab 200 mg	4	
lamotrigine tab chewable dispersible 5 mg	3	
lamotrigine tab chewable dispersible 25 mg	3	
lamotrigine tab er 24hr 25 mg	4	
lamotrigine tab er 24hr 50 mg	4	
lamotrigine tab er 24hr 100 mg	4	
lamotrigine tab er 24hr 200 mg	4	
lamotrigine tab er 24hr 300 mg	4	
lamotrigine tab 25 mg	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
levetiracetam in sodium chloride iv soln 500 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	4	
levetiracetam inj 500 mg/5ml (100 mg/ml)	4	
levetiracetam oral soln 100 mg/ml	2	
levetiracetam tab er 24hr 500 mg	2	
levetiracetam tab er 24hr 750 mg	2	
levetiracetam tab 250 mg	2	
levetiracetam tab 500 mg	2	
levetiracetam tab 750 mg	2	
levetiracetam tab 1000 mg	2	
LIBERVANT - diazepam buccal film 5 mg	5	QL (10 films/30 days)
LIBERVANT - diazepam buccal film 7.5 mg	5	QL (10 films/30 days)
LIBERVANT - diazepam buccal film 10 mg	5	QL (10 films/30 days)
LIBERVANT - diazepam buccal film 12.5 mg	5	QL (10 films/30 days)
LIBERVANT - diazepam buccal film 15 mg	5	QL (10 films/30 days)
methsuximide cap 300 mg	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4	
oxcarbazepine tab 150 mg	2	
oxcarbazepine tab 300 mg	2	
oxcarbazepine tab 600 mg	2	
phenobarbital elixir 20 mg/5ml#	4	
phenobarbital sodium inj 65 mg/ml#	4	
phenobarbital sodium inj 130 mg/ml#	4	
phenobarbital tab 15 mg#	2	
phenobarbital tab 16.2 mg#	2	
phenobarbital tab 30 mg#	2	
phenobarbital tab 32.4 mg#	2	
phenobarbital tab 60 mg#	2	
phenobarbital tab 64.8 mg#	2	
phenobarbital tab 97.2 mg#	2	
phenobarbital tab 100 mg#	2	
phenytoin chew tab 50 mg	2	
phenytoin sodium extended cap 100 mg	2	
phenytoin sodium extended cap 200 mg	2	
phenytoin sodium extended cap 300 mg	2	
phenytoin susp 125 mg/5ml	2	

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Drug Name	Drug Tier	Requirements/Limits
pregabalin cap 25 mg	2	QL (90 capsules/30 days)
pregabalin cap 50 mg	2	QL (90 capsules/30 days)
pregabalin cap 75 mg	2	QL (90 capsules/30 days)
pregabalin cap 100 mg	2	QL (90 capsules/30 days)
pregabalin cap 150 mg	2	QL (90 capsules/30 days)
pregabalin cap 200 mg	2	QL (90 capsules/30 days)
pregabalin cap 225 mg	2	QL (60 capsules/30 days)
pregabalin cap 300 mg	2	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml	3	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
primidone tab 50 mg	2	
primidone tab 250 mg	2	
rufinamide susp 40 mg/ml	5	
rufinamide tab 200 mg	4	
rufinamide tab 400 mg	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4	
SYMPAZAN - clobazam oral film 5 mg	4	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	4	PA, QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	5	PA, QL (60 films/30 days)
tiagabine hcl tab 2 mg	4	
tiagabine hcl tab 4 mg	4	
tiagabine hcl tab 12 mg	4	
tiagabine hcl tab 16 mg	4	
topiramate sprinkle cap 15 mg	2	
topiramate sprinkle cap 25 mg	2	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	2	
topiramate tab 200 mg	1	
valproate sodium inj 100 mg/ml	4	
valproate sodium oral soln 250 mg/5ml	2	
valproic acid cap 250 mg	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	QL (5 twin pack(s)/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
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
*vigabatrin powd pack 500 mg**	5	QL (180 packets/30 days)
*vigabatrin tab 500 mg**	5	QL (180 tablets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	5	
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 25 mg	5	
XCOPRI - cenobamate tab 50 mg	5	
XCOPRI - cenobamate tab 100 mg	5	
XCOPRI - cenobamate tab 150 mg	5	
XCOPRI - cenobamate tab 200 mg	5	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	
zonisamide cap 25 mg	2	
zonisamide cap 50 mg	2	
zonisamide cap 100 mg	2	
ZTALMY - ganaxolone susp 50 mg/ml*	5	
Antidementia Agents		
ADLARITY - donepezil hydrochloride td patch weekly 5 mg/day	4	
ADLARITY - donepezil hydrochloride td patch weekly 10 mg/day	4	
donepezil hydrochloride orally disintegrating tab 5 mg	2	
donepezil hydrochloride orally disintegrating tab 10 mg	2	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
galantamine hydrobromide cap er 24hr 8 mg	2	
galantamine hydrobromide cap er 24hr 16 mg	2	
galantamine hydrobromide cap er 24hr 24 mg	2	
galantamine hydrobromide tab 4 mg	2	
galantamine hydrobromide tab 8 mg	2	
galantamine hydrobromide tab 12 mg	2	

Drug Name	Drug Tier	Requirements/Limits
memantine hcl cap er 24hr 7 mg	3	PA (<=29 yr)
memantine hcl cap er 24hr 14 mg	3	PA (<=29 yr)
memantine hcl cap er 24hr 21 mg	3	PA (<=29 yr)
memantine hcl cap er 24hr 28 mg	3	PA (<=29 yr)
memantine hcl oral solution 2 mg/ml	4	PA (<=29 yr)
memantine hcl tab 5 mg	2	PA (<=29 yr)
memantine hcl tab 10 mg	2	PA (<=29 yr)
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	3	PA (<=29 yr)
rivastigmine tartrate cap 1.5 mg	3	
rivastigmine tartrate cap 3 mg	3	
rivastigmine tartrate cap 4.5 mg	3	
rivastigmine tartrate cap 6 mg	3	
rivastigmine td patch 24hr 4.6 mg/24hr	4	
rivastigmine td patch 24hr 9.5 mg/24hr	4	
rivastigmine td patch 24hr 13.3 mg/24hr	4	
Antidepressants		
amitriptyline hcl tab 10 mg#	2	
amitriptyline hcl tab 25 mg#	2	
amitriptyline hcl tab 50 mg#	2	
amitriptyline hcl tab 75 mg#	2	
amitriptyline hcl tab 100 mg#	2	
amitriptyline hcl tab 150 mg#	2	
amoxapine tab 25 mg#	3	
amoxapine tab 50 mg#	3	
amoxapine tab 100 mg#	3	
amoxapine tab 150 mg#	3	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)
bupropion hcl tab er 12hr 100 mg	2	QL (90 tablets/30 days)
bupropion hcl tab er 12hr 150 mg	2	QL (60 tablets/30 days)
bupropion hcl tab er 12hr 200 mg	2	QL (60 tablets/30 days)
bupropion hcl tab er 24hr 150 mg	2	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg	2	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	2	QL (60 tablets/30 days)
bupropion hcl tab 100 mg	2	QL (120 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	3	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 20 mg	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg	1	QL (30 tablets/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
clomipramine hcl cap 25 mg#	4	
clomipramine hcl cap 50 mg#	4	
clomipramine hcl cap 75 mg#	4	
desipramine hcl tab 10 mg#	3	
desipramine hcl tab 25 mg#	3	
desipramine hcl tab 50 mg#	3	
desipramine hcl tab 75 mg#	3	
desipramine hcl tab 100 mg#	3	
desipramine hcl tab 150 mg#	3	
desvenlafaxine succinate tab er 24hr 25 mg	2	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 50 mg	2	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg	2	QL (30 tablets/30 days)
doxepin hcl cap 10 mg#	2	
doxepin hcl cap 25 mg#	2	
doxepin hcl cap 50 mg#	2	
doxepin hcl cap 75 mg#	2	
doxepin hcl cap 100 mg#	2	
doxepin hcl cap 150 mg#	2	
doxepin hcl conc 10 mg/ml#	4	
duloxetine hcl enteric coated pellets cap 20 mg	2	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg	2	QL (90 capsules/30 days)
duloxetine hcl enteric coated pellets cap 60 mg	2	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	PA, QL (30 patches/30 days)
escitalopram oxalate soln 5 mg/5ml	4	QL (600 mls/30 days)
escitalopram oxalate tab 5 mg	1	QL (45 tablets/30 days)
escitalopram oxalate tab 10 mg	1	QL (45 tablets/30 days)
escitalopram oxalate tab 20 mg	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4	QL (4 capsules/28 days)
fluoxetine hcl cap 10 mg	1	QL (90 capsules/30 days)
fluoxetine hcl cap 20 mg	1	QL (120 capsules/30 days)
fluoxetine hcl cap 40 mg	1	QL (60 capsules/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
fluoxetine hcl solution 20 mg/5ml	2	QL (600 mls/30 days)
fluoxetine hcl tab 20 mg	2	QL (120 tablets/30 days)
fluvoxamine maleate tab 25 mg	2	QL (30 tablets/30 days)
fluvoxamine maleate tab 50 mg	2	QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	2	QL (90 tablets/30 days)
imipramine hcl tab 10 mg#	2	
imipramine hcl tab 25 mg#	2	
imipramine hcl tab 50 mg#	2	
MARPLAN - isocarboxazid tab 10 mg	4	
mirtazapine orally disintegrating tab 15 mg	2	QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 30 mg	2	QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 45 mg	2	QL (30 tablets/30 days)
mirtazapine tab 7.5 mg	1	QL (30 tablets/30 days)
mirtazapine tab 15 mg	1	QL (45 tablets/30 days)
mirtazapine tab 30 mg	1	QL (30 tablets/30 days)
mirtazapine tab 45 mg	1	QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 150 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg	4	
nortriptyline hcl cap 10 mg#	2	
nortriptyline hcl cap 25 mg#	2	
nortriptyline hcl cap 50 mg#	2	
nortriptyline hcl cap 75 mg#	2	
nortriptyline hcl soln 10 mg/5ml#	4	
paroxetine hcl oral susp 10 mg/5ml#	4	QL (900 mls/30 days)
paroxetine hcl tab er 24hr 12.5 mg#	3	QL (30 tablets/30 days)
paroxetine hcl tab er 24hr 25 mg#	3	QL (60 tablets/30 days)
paroxetine hcl tab er 24hr 37.5 mg#	3	QL (60 tablets/30 days)
paroxetine hcl tab 10 mg#	2	QL (45 tablets/30 days)
paroxetine hcl tab 20 mg#	2	QL (30 tablets/30 days)
paroxetine hcl tab 30 mg#	2	QL (60 tablets/30 days)
paroxetine hcl tab 40 mg#	2	QL (45 tablets/30 days)
phenelzine sulfate tab 15 mg	2	
protriptyline hcl tab 5 mg#	4	
protriptyline hcl tab 10 mg#	4	
sertraline hcl oral concentrate for solution 20 mg/ml	4	QL (300 mls/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
sertraline hcl tab 25 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 50 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 100 mg	1	QL (60 tablets/30 days)
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	5	PA, QL (16 bottles/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	5	PA, QL (24 bottles/28 days)
tranylcypromine sulfate tab 10 mg	4	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	2	
trimipramine maleate cap 25 mg#	4	
trimipramine maleate cap 50 mg#	4	
trimipramine maleate cap 100 mg#	4	
TRINTELLIX - vortioxetine hbr tab 5 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg	4	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	4	QL (60 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg	2	QL (60 capsules/30 days)
venlafaxine hcl cap er 24hr 75 mg	2	QL (90 capsules/30 days)
venlafaxine hcl cap er 24hr 150 mg	2	QL (30 capsules/30 days)
venlafaxine hcl tab 25 mg	2	QL (90 tablets/30 days)
venlafaxine hcl tab 37.5 mg	2	QL (90 tablets/30 days)
venlafaxine hcl tab 50 mg	2	QL (90 tablets/30 days)
venlafaxine hcl tab 75 mg	2	QL (90 tablets/30 days)
venlafaxine hcl tab 100 mg	2	QL (90 tablets/30 days)
vilazodone hcl tab 10 mg	4	QL (30 tablets/30 days)
vilazodone hcl tab 20 mg	4	QL (30 tablets/30 days)
vilazodone hcl tab 40 mg	4	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 25 mg	5	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	5	QL (14 capsules/365 days)
Antiemetics		
aprepitant capsule therapy pack 80 & 125 mg	4	BD
aprepitant capsule 40 mg	4	BD
aprepitant capsule 80 mg	4	BD
aprepitant capsule 125 mg	4	BD

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Drug Name	Drug Tier	Requirements/Limits
chlorpromazine hcl conc 100 mg/ml	4	PA (>=65 yr)
chlorpromazine hcl conc 30 mg/ml	4	PA (>=65 yr)
chlorpromazine hcl inj 25 mg/ml	4	PA (>=65 yr)
chlorpromazine hcl inj 50 mg/2ml	4	PA (>=65 yr)
chlorpromazine hcl tab 10 mg	4	PA (>=65 yr)
chlorpromazine hcl tab 25 mg	4	PA (>=65 yr)
chlorpromazine hcl tab 50 mg	4	PA (>=65 yr)
chlorpromazine hcl tab 100 mg	4	PA (>=65 yr)
chlorpromazine hcl tab 200 mg	4	PA (>=65 yr)
dronabinol cap 2.5 mg	4	BD
dronabinol cap 5 mg	4	BD
dronabinol cap 10 mg	4	BD
fosaprepitant dimeglumine for iv infusion 150 mg	4	
granisetron hcl inj 1 mg/ml	4	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	4	
granisetron hcl tab 1 mg	3	BD
meclizine hcl tab 12.5 mg#	2	
meclizine hcl tab 25 mg#	2	
ondansetron hcl inj soln pref syr 4 mg/2ml	4	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	4	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	4	
ondansetron hcl oral soln 4 mg/5ml	2	
ondansetron hcl tab 24 mg	2	
ondansetron hcl tab 4 mg	2	
ondansetron hcl tab 8 mg	2	
ondansetron orally disintegrating tab 4 mg	2	
ondansetron orally disintegrating tab 8 mg	2	
palonosetron hcl iv soln 0.25 mg/5ml	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln pref syr 0.25 mg/5ml	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln 0.25 mg/2ml	5	
perphenazine tab 2 mg	2	PA (>=65 yr)
perphenazine tab 4 mg	2	PA (>=65 yr)
perphenazine tab 8 mg	2	PA (>=65 yr)
perphenazine tab 16 mg	2	PA (>=65 yr)
prochlorperazine edisylate inj 10 mg/2ml	4	
prochlorperazine maleate tab 5 mg	2	
prochlorperazine maleate tab 10 mg	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
prochlorperazine suppos 25 mg	3	
promethazine hcl oral soln 6.25 mg/5ml#	3	PA (>=65 yr)
promethazine hcl suppos 12.5 mg#	3	PA (>=65 yr)
promethazine hcl suppos 25 mg#	3	PA (>=65 yr)
promethazine hcl tab 12.5 mg#	2	PA (>=65 yr)
promethazine hcl tab 25 mg#	2	PA (>=65 yr)
promethazine hcl tab 50 mg#	2	PA (>=65 yr)
scopolamine td patch 72hr 1 mg/3days#	4	PA (>=65 yr)
Antifungals		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
amphotericin b liposome iv for susp 50 mg	5	BD
caspofungin acetate for iv soln 50 mg	4	
caspofungin acetate for iv soln 70 mg	4	
ciclopirox gel 0.77%	2	
ciclopirox olamine cream 0.77%	2	
ciclopirox olamine susp 0.77%	2	
ciclopirox shampoo 1%	2	
ciclopirox solution 8%	2	QL (6.6 mls/30 days)
clotrimazole cream 1%	2	
clotrimazole soln 1%	2	
clotrimazole troche 10 mg	2	
CRESEMBA - isavuconazonium sulf for iv sol 372 mg (isavuconazole 200mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 74.5 mg (isavuconazole 40 mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	5	PA
econazole nitrate cream 1%	2	
fluconazole for susp 10 mg/ml	2	
fluconazole for susp 40 mg/ml	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	4	
fluconazole in nacl 0.9% inj 400 mg/200ml	4	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
flucytosine cap 250 mg	5	
flucytosine cap 500 mg	5	

Drug Name	Drug Tier	Requirements/Limits
griseofulvin microsize susp 125 mg/5ml	4	
griseofulvin microsize tab 500 mg	4	
griseofulvin ultramicrosize tab 125 mg	4	
griseofulvin ultramicrosize tab 250 mg	4	
itraconazole cap 100 mg	4	QL (120 capsules/30 days)
ketoconazole cream 2%	2	
ketoconazole shampoo 2%	2	
ketoconazole tab 200 mg	2	
micafungin sodium for iv soln 50 mg	4	
micafungin sodium for iv soln 100 mg	5	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5	PA
nystatin cream 100000 unit/gm	2	
nystatin oint 100000 unit/gm	2	
nystatin susp 100000 unit/ml	2	
nystatin tab 500000 unit	2	
nystatin topical powder 100000 unit/gm	2	
posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	4	PA
posaconazole susp 40 mg/ml	5	PA
posaconazole tab delayed release 100 mg	5	PA
terbinafine hcl tab 250 mg	1	QL (30 tablets/30 days)
terconazole vaginal cream 0.4%	2	
terconazole vaginal cream 0.8%	2	
terconazole vaginal suppos 80 mg	2	
voriconazole for inj 200 mg	4	PA
voriconazole for susp 40 mg/ml	4	PA
voriconazole tab 50 mg	4	PA
voriconazole tab 200 mg	4	PA
Antigout Agents		
allopurinol sodium for inj 500 mg	4	
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	3	
colchicine w/ probenecid tab 0.5-500 mg	2	
probenecid tab 500 mg	2	
Antimigraine Agents		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/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
dihydroergotamine mesylate nasal spray 4 mg/ml	5	PA, QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
ergotamine w/ caffeine tab 1-100 mg	3	
naratriptan hcl tab 1 mg	2	QL (18 tablets/30 days)
naratriptan hcl tab 2.5 mg	2	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	3	PA, QL (16 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg	3	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg	3	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg	2	QL (18 tablets/30 days)
rizatriptan benzoate tab 10 mg	2	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act	3	QL (12 units (2 packages)/30 days)
sumatriptan nasal spray 20 mg/act	3	QL (12 units (2 packages)/30 days)
sumatriptan succinate inj 6 mg/0.5ml	3	QL (10 doses/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	3	QL (12 doses/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	3	QL (12 doses/30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	3	QL (12 doses/30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	3	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg	2	QL (18 tablets/30 days)
sumatriptan succinate tab 50 mg	2	QL (18 tablets/30 days)
sumatriptan succinate tab 100 mg	2	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg	3	PA, QL (16 tablets/30 days)
UBRELVY - ubrogepant tab 100 mg	3	PA, QL (16 tablets/30 days)
Antimyasthenic Agents		
pyridostigmine bromide oral soln 60 mg/5ml	4	
pyridostigmine bromide tab er 180 mg	4	
pyridostigmine bromide tab 60 mg	3	
Antimycobacterials		
cycloserine cap 250 mg	5	
dapsone tab 25 mg	3	
dapsone tab 100 mg	3	
ethambutol hcl tab 100 mg	3	
ethambutol hcl tab 400 mg	3	
ISONIAZID - isoniazid inj 100 mg/ml	4	

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
isoniazid syrup 50 mg/5ml	4	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PRIFTIN - rifapentine tab 150 mg	4	
pyrazinamide tab 500 mg	3	
rifabutin cap 150 mg	4	
rifampin cap 150 mg	2	
rifampin cap 300 mg	2	
rifampin for inj 600 mg	4	
SIRTURO - bedaquiline fumarate tab 20 mg*	5	
SIRTURO - bedaquiline fumarate tab 100 mg*	5	
TRECATOR - ethionamide tab 250 mg	4	
Antineoplastics		
abiraterone acetate tab 250 mg†	5	PA, QL (120 tablets/30 days)
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	PA
ADCETRIS - brentuximab vedotin for iv soln 50 mg	5	PA
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg†	5	PA, QL (60 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 100-500 mg†	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*	5	PA, QL (240 capsules/30 days)
ALIQOPA - copanlisib hcl for iv soln 60 mg	5	PA
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 180 mg*	5	PA, QL (30 tablets/30 days)
ALYMSYS - bevacizumab-maly iv soln 100 mg/4ml (for infusion)	5	PA
ALYMSYS - bevacizumab-maly iv soln 400 mg/16ml (for infusion)	5	PA
anastrozole tab 1 mg	1	
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	4	
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	5	
ASPARLAS - calaspargase pegol-mknl iv soln 3750 unit/5ml (750 unit/ml)*	5	
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (240 capsules/30 days)
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion)*	5	PA
AVASTIN - bevacizumab iv soln 400 mg/16ml (for infusion)*	5	PA
AYVAKIT - avapritinib tab 25 mg†	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 200 mg†	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 300 mg†	5	PA, QL (30 tablets/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
azacitidine for inj 100 mg	5	
BALVERSA - erdafitinib tab 3 mg†	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg†	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg†	5	PA, QL (30 tablets/30 days)
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)*	5	PA
BELEODAQ - belinostat for iv inj 500 mg	5	PA
bendamustine hcl for iv soln 25 mg	5	
bendamustine hcl for iv soln 100 mg	5	
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	PA
bexarotene cap 75 mg†	5	PA
bexarotene gel 1%	5	PA
bicalutamide tab 50 mg	2	
bleomycin sulfate for inj 15 unit	4	BD
bleomycin sulfate for inj 30 unit	4	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD, PA
BORTEZOMIB - bortezomib for inj 1 mg	4	PA
BORTEZOMIB - bortezomib for inj 2.5 mg	4	PA
bortezomib for inj 3.5 mg	5	PA
BOSULIF - bosutinib cap 50 mg	5	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	5	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg†	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg†	5	PA, QL (30 tablets/30 days)
BOSULIF - bosutinib tab 500 mg†	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
busulfan inj 6 mg/ml	5	
CABOMETYX - cabozantinib s-malate tab 20 mg*†	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg*†	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 60 mg*†	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*†	5	PA, QL (60 capsules/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*†	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
carboplatin iv soln 50 mg/5ml	4	
carboplatin iv soln 150 mg/15ml	4	
carboplatin iv soln 450 mg/45ml	4	
carboplatin iv soln 600 mg/60ml	4	

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
carmustine for inj 100 mg	4	
cisplatin inj 200 mg/200ml (1 mg/ml)	4	
cisplatin inj 50 mg/50ml (1 mg/ml)	4	
cisplatin inj 100 mg/100ml (1 mg/ml)	4	
cladribine iv soln 10 mg/10ml (1 mg/ml)	5	BD
clofarabine iv soln 1 mg/ml	5	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg*	5	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 25 mg*	5	PA, QL (56 capsules/28 days)
COSELA - trilaciclib dihydrochloride for iv soln 300 mg	5	
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)	5	
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)	5	
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 2 gm/10ml (200 mg/ml)	5	
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 500 mg/ml	5	
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg	3	BD
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	3	BD
cyclophosphamide cap 25 mg	3	BD
cyclophosphamide cap 50 mg	3	BD
cyclophosphamide for inj 500 mg	5	
cyclophosphamide for inj 1 gm	5	
cyclophosphamide for inj 2 gm	5	
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion)*	5	PA
CYRAMZA - ramucirumab iv soln 500 mg/50ml (for infusion)*	5	PA
cytarabine inj pf 20 mg/ml	4	BD
cytarabine inj pf 100 mg/ml	4	BD
cytarabine inj 20 mg/ml	4	BD
DACARBAZINE - dacarbazine for inj 100 mg	4	
dacarbazine for inj 200 mg	4	
dactinomycin for inj 0.5 mg	5	
DANYELZA - naxitamab-gqgk iv soln 40 mg/10ml (4 mg/ml)	5	PA
DARZALEX - daratumumab iv soln 100 mg/5ml*	5	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
DARZALEX - daratumumab iv soln 400 mg/20ml*	5	PA
DARZALEX FASPRO - daratumumab-hyaluronidase-fihj inj 1800-30000 mg-unit/15ml*	5	PA
daunorubicin hcl iv soln 20 mg/4ml	4	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml	4	
DAURISMO - glasdegib maleate tab 25 mg†	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg†	5	PA, QL (30 tablets/30 days)
decitabine for inj 50 mg	5	
dexrazoxane hcl for inj 250 mg	5	
dexrazoxane hcl for inj 500 mg	5	
docetaxel for inj conc 20 mg/ml	5	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5	
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	5	
docetaxel soln for iv infusion 20 mg/2ml	5	
docetaxel soln for iv infusion 80 mg/8ml	5	
docetaxel soln for iv infusion 160 mg/16ml	5	
doxorubicin hcl for inj 50 mg	4	BD
doxorubicin hcl inj 2 mg/ml	4	BD
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	5	BD, PA
DOXORUBICIN HYDROCHLORIDE - doxorubicin hcl for inj 10 mg	4	BD
ELITEK - rasburicase for iv soln 1.5 mg	5	
ELITEK - rasburicase for iv soln 7.5 mg	5	
EMCYT - estramustine phosphate sodium cap 140 mg	5	
EMPLICITI - elotuzumab for iv soln 300 mg	5	PA
EMPLICITI - elotuzumab for iv soln 400 mg	5	PA
ENHERTU - fam-trastuzumab deruxtecan-nxki for iv soln 100 mg	5	PA
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml)	5	PA
ERBITUX - cetuximab iv soln 200 mg/100ml (2 mg/ml)	5	PA
eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5	PA
ERIVEDGE - vismodegib cap 150 mg*†	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg†	5	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg†	5	PA, QL (30 tablets/30 days)
erlotinib hcl tab 150 mg†	5	PA, QL (30 tablets/30 days)
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	4	
etoposide inj 100 mg/5ml (20 mg/ml)	4	
etoposide inj 500 mg/25ml (20 mg/ml)	4	

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
etoposide inj 1 gm/50ml (20 mg/ml)	4	
EULEXIN - flutamide cap 125 mg	5	
everolimus tab for oral susp 2 mg	5	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg	5	PA, QL (90 tablets/30 days)
everolimus tab for oral susp 5 mg	5	PA, QL (60 tablets/30 days)
everolimus tab 2.5 mg†	5	PA, QL (30 tablets/30 days)
everolimus tab 5 mg†	5	PA, QL (60 tablets/30 days)
everolimus tab 7.5 mg†	5	PA, QL (30 tablets/30 days)
everolimus tab 10 mg†	5	PA, QL (30 tablets/30 days)
EVOMELA - melphalan hcl for inj 50 mg (propylene glycol (pg) free)	5	
exemestane tab 25 mg	3	
fludarabine phosphate for inj 50 mg	4	
fludarabine phosphate inj 25 mg/ml	4	
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	4	BD
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	4	BD
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	4	BD
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	4	BD
FOLOTYN - pralatrexate iv inj 20 mg/ml	5	PA
FOLOTYN - pralatrexate iv inj 40 mg/2ml	5	PA
FOTIVDA - tivozanib hcl cap 0.89 mg*	5	PA, QL (21 capsules/28 days)
FOTIVDA - tivozanib hcl cap 1.34 mg*	5	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	5	PA, QL (84 capsules/28 days)
FRUZAQLA - fruquintinib cap 5 mg	5	PA, QL (21 capsules/28 days)
fulvestrant inj soln pref syr 250 mg/5ml	5	PA
GAVRETO - pralsetinib cap 100 mg†	5	PA, QL (120 capsules/30 days)
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	PA
gefitinib tab 250 mg†	5	PA, QL (30 tablets/30 days)
gemcitabine hcl for inj 200 mg	4	
gemcitabine hcl for inj 1 gm	4	
gemcitabine hcl for inj 2 gm	4	
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)	4	
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)	4	
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)	4	
GILOTRIF - afatinib dimaleate tab 20 mg*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg*	5	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg	4	
GLEOSTINE - lomustine cap 40 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE - lomustine cap 100 mg	5	
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5	PA
HERCEPTIN - trastuzumab for iv soln 150 mg*	5	PA
HERCEPTIN HYLECTA - trastuzumab-hyaluronidase-oysk inj 600-10000 mg-unit/5ml*	5	PA
HERZUMA - trastuzumab-pkrb for iv soln 150 mg	5	PA
HERZUMA - trastuzumab-pkrb for iv soln 420 mg	5	PA
hydroxyurea cap 500 mg	2	
IBRANCE - palbociclib cap 75 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 100 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 125 mg*	5	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg*†	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 15 mg*†	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 30 mg*†	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg*†	5	PA, QL (30 tablets/30 days)
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	5	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	5	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	5	
IDHIFA - enasidenib mesylate tab 50 mg*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg*	5	PA, QL (30 tablets/30 days)
IFEX - ifosfamide for inj 3 gm	4	
IFOSFAMIDE - ifosfamide for inj 3 gm	4	
ifosfamide for inj 1 gm	4	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	4	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	4	
imatinib mesylate tab 100 mg†	5	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg†	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml)	5	PA
IMFINZI - durvalumab soln for iv infusion 500 mg/10ml (50 mg/ml)	5	PA
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml	4	

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
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml	5	
INLYTA - axitinib tab 1 mg*†	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*†	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg†	5	PA, QL (120 capsules/30 days)
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	4	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	4	
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	4	
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
IXEMPRA KIT - ixabepilone for iv infusion 15 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg*†	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg*†	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg*†	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg*†	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg*†	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg†	5	PA, QL (60 tablets/30 days)
JEMPERLI - dostarlimab-gxly iv soln 500 mg/10ml (50 mg/ml)	5	PA
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 150 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 420 mg	5	PA
KEMOPLAT - cisplatin inj 50 mg/50ml (1 mg/ml)	4	
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)	5	PA
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/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
KRAZATI - adagrasib tab 200 mg*†	5	PA, QL (180 tablets/30 days)
KYPROLIS - carfilzomib for inj 10 mg	5	PA
KYPROLIS - carfilzomib for inj 30 mg	5	PA
KYPROLIS - carfilzomib for inj 60 mg	5	PA
lapatinib ditosylate tab 250 mg	5	PA, QL (180 tablets/30 days)
lenalidomide caps 2.5 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 10 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 15 mg	5	PA, QL (21 capsules/28 days)
lenalidomide cap 20 mg	5	PA, QL (21 capsules/28 days)
lenalidomide cap 25 mg	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg*	5	PA, QL (60 capsules/30 days)
letrozole tab 2.5 mg	1	
leucovorin calcium for inj 50 mg	4	
leucovorin calcium for inj 100 mg	4	
leucovorin calcium for inj 200 mg	4	
leucovorin calcium for inj 350 mg	4	
leucovorin calcium for inj 500 mg	4	
leucovorin calcium inj 100 mg/10ml (10 mg/ml)	4	
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	4	
leucovorin calcium tab 5 mg	2	
leucovorin calcium tab 10 mg	3	
leucovorin calcium tab 15 mg	3	
leucovorin calcium tab 25 mg	3	
LEUKERAN - chlorambucil tab 2 mg	4	
LIBTAYO - cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)*	5	PA

Drug Name	Drug Tier	Requirements/Limits
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg†	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*†	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*†	5	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg*†	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*†	5	PA, QL (120 tablets/30 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	5	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	5	PA, QL (140 tablets/28 days)
MARGENZA - margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml)	5	PA
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
melphalan hcl for inj 50 mg	5	
mercaptopurine tab 50 mg	2	
mesna inj 100 mg/ml	3	
MESNEX - mesna tab 400 mg	5	
mitomycin for iv soln 5 mg	4	
mitomycin for iv soln 20 mg	5	
mitomycin for iv soln 40 mg	5	
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	4	
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	4	
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	4	
MONJUVI - tafasitamab-cxix for iv soln 200 mg	5	PA
MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion)	5	PA
MVASI - bevacizumab-awwb iv soln 400 mg/16ml (for infusion)	5	PA
MYLOTARG - gemtuzumab ozogamicin for iv soln 4.5 mg	5	PA
nelarabine iv soln 5 mg/ml	5	PA
NERLYNX - neratinib maleate tab 40 mg*†	5	PA, QL (180 tablets/30 days)
nilutamide tab 150 mg	5	
NINLARO - ixazomib citrate cap 2.3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
NUBEQA - darolutamide tab 300 mg†	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*†	5	PA, QL (30 capsules/30 days)
OGIVRI - trastuzumab-dkst for iv soln 150 mg	5	PA
OGIVRI - trastuzumab-dkst for iv soln 420 mg	5	PA
OGSIVEO - nirogacestat hydrobromide tab 50 mg†	5	PA, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg†	5	PA, QL (56 tablets/28 days)
OGSIVEO - nirogacestat hydrobromide tab 150 mg†	5	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	5	PA, QL (8 bottles/28 days)
OJEMDA - tovorafenib tab 100 mg	5	PA, QL (24 tablets/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg	5	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 150 mg	5	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 200 mg	5	PA, QL (30 tablets/30 days)
ONCASPAR - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 420 mg	5	PA
ONUREG - azacitidine tab 200 mg	5	PA, QL (14 tablets/28 days)
ONUREG - azacitidine tab 300 mg	5	PA, QL (14 tablets/28 days)
OPDIVO - nivolumab iv soln 40 mg/4ml	5	PA
OPDIVO - nivolumab iv soln 100 mg/10ml	5	PA
OPDIVO - nivolumab iv soln 120 mg/12ml	5	PA
OPDIVO - nivolumab iv soln 240 mg/24ml	5	PA
ORSERDU - elacestrant hydrochloride tab 86 mg	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	PA, QL (30 tablets/30 days)
OXALIPLATIN - oxaliplatin iv soln 200 mg/40ml	5	
oxaliplatin for iv inj 50 mg	5	
oxaliplatin for iv inj 100 mg	5	
oxaliplatin iv soln 50 mg/10ml	5	
oxaliplatin iv soln 100 mg/20ml	5	
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	4	
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	4	
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	4	
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	4	
PADCEV - enfortumab vedotin-ejfv for iv soln 20 mg	5	PA
PADCEV - enfortumab vedotin-ejfv for iv soln 30 mg	5	PA
PANRETIN - alitretinoin gel 0.1%	5	PA
PARAPLATIN - carboplatin iv soln 1000 mg/100ml	4	
pazopanib hcl tab 200 mg†	5	PA, QL (120 tablets/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
PEMAZYRE - pemigatinib tab 4.5 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 9 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 13.5 mg	5	PA, QL (14 tablets/21 days)
PEMETREXED - pemetrexed disodium iv soln 100 mg/4ml	5	PA
PEMETREXED - pemetrexed disodium iv soln 500 mg/20ml	5	PA
PEMETREXED - pemetrexed disodium iv soln 1 gm/40ml	5	PA
PEMETREXED - pemetrexed ditromethamine for iv soln 100 mg	5	PA
PEMETREXED - pemetrexed ditromethamine for iv soln 500 mg	5	PA
pemetrexed disodium for iv soln 100 mg	5	PA
pemetrexed disodium for iv soln 500 mg	5	PA
pemetrexed disodium for iv soln 750 mg	5	PA
pemetrexed disodium for iv soln 1000 mg	5	PA
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 60 mg-60 mg-2000 unt/ml	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 80 mg-40 mg-2000 unt/ml	5	PA
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POLIVY - polatuzumab vedotin-piiq for iv solution 30 mg	5	PA
POLIVY - polatuzumab vedotin-piiq for iv solution 140 mg	5	PA
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	PA
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	5	PA
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg†	5	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg†	5	PA, QL (120 capsules/30 days)
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg*	5	PA, QL (21 capsules/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
REVLIMID - lenalidomide cap 20 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 25 mg*	5	PA, QL (21 capsules/28 days)
REZLIDHIA - olutasidenib cap 150 mg*†	5	PA, QL (60 capsules/30 days)
RIABNI - rituximab-arrx iv soln 100 mg/10ml (10 mg/ml)	5	PA
RIABNI - rituximab-arrx iv soln 500 mg/50ml (10 mg/ml)	5	PA
RITUXAN - rituximab iv soln 100 mg/10ml*	5	PA
RITUXAN - rituximab iv soln 500 mg/50ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1400-23400 mg-unit/11.7ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1600-26800 mg-unit/13.4ml*	5	PA
romidepsin for iv inj 10 mg	5	PA
ROZLYTREK - entrectinib cap 100 mg†	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg†	5	PA, QL (90 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	5	PA, QL (336 packets/28 days)
RUBRACA - rucaparib camsylate tab 200 mg*†	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg*†	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg*†	5	PA, QL (120 tablets/30 days)
RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml)	5	PA
RUXIENCE - rituximab-pvvr iv soln 500 mg/50ml (10 mg/ml)	5	PA
RYBREVANT - amivantamab-vmjw iv soln 350 mg/7ml	5	PA
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
RYLAZE - asparaginase erwinia chrys (recomb)-rywn im soln 10 mg/0.5ml	5	
SARCLISA - isatuximab-irfc iv soln 100 mg/5ml	5	PA
SARCLISA - isatuximab-irfc iv soln 500 mg/25ml	5	PA
SCEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (300 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	5	
sorafenib tosylate tab 200 mg†	5	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg†	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 70 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 80 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 140 mg†	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg†	5	PA, QL (90 capsules/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
sunitinib malate cap 25 mg†	5	PA, QL (30 capsules/30 days)
sunitinib malate cap 37.5 mg†	5	PA, QL (30 capsules/30 days)
sunitinib malate cap 50 mg†	5	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	PA
TABLOID - thioguanine tab 40 mg	5	
TABRECTA - capmatinib hcl tab 150 mg	5	PA, QL (120 tablets/30 days)
TABRECTA - capmatinib hcl tab 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 75 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg	5	PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg*†	5	PA, QL (30 tablets/30 days)
TAGRISSO - osimertinib mesylate tab 80 mg*†	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg*†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.35 mg†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.5 mg*†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.75 mg*†	5	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg*†	5	PA, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg	2	
tamoxifen citrate tab 20 mg	2	
TASIGNA - nilotinib hcl cap 50 mg†	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TECENTRIQ - atezolizumab iv soln 840 mg/14ml*	5	PA
TECENTRIQ - atezolizumab iv soln 1200 mg/20ml*	5	PA
TEMODAR - temozolomide for iv soln 100 mg	5	
temsirolimus soln for iv infusion 25 mg/ml	5	
TEPMETKO - tepotinib hcl tab 225 mg*†	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
thiotepa for inj 15 mg	5	
thiotepa for inj 100 mg	5	
TIBSOVO - ivosidenib tab 250 mg*	5	PA, QL (60 tablets/30 days)
topotecan hcl for inj 4 mg	4	
topotecan hcl inj 4 mg/4ml (for infusion)	4	

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Drug Name	Drug Tier	Requirements/Limits
toremifene citrate tab 60 mg	5	
TRAZIMERA - trastuzumab-qyyp for iv soln 150 mg	5	PA
TRAZIMERA - trastuzumab-qyyp for iv soln 420 mg	5	PA
tretinoin cap 10 mg	5	PA
TRODELVY - sacituzumab govitecan-hziy for iv soln 180 mg	5	PA
TRUQAP - capivasertib tab 160 mg	5	PA, QL (64 tablets/28 days)
TRUQAP - capivasertib tab 200 mg	5	PA, QL (64 tablets/28 days)
TRUXIMA - rituximab-abbs iv soln 100 mg/10ml (10 mg/ml)	5	PA
TRUXIMA - rituximab-abbs iv soln 500 mg/50ml (10 mg/ml)	5	PA
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg	5	PA, QL (120 capsules/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)	5	PA
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg*	5	PA, QL (60 tablets/30 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg*	5	PA, QL (60 tablets/30 days)
VECTIBIX - panitumumab iv soln 100 mg/5ml	5	PA
VECTIBIX - panitumumab iv soln 400 mg/20ml	5	PA
VEGZELMA - bevacizumab-adcd iv soln 100 mg/4ml (for infusion)	5	PA
VEGZELMA - bevacizumab-adcd iv soln 400 mg/16ml (for infusion)	5	PA
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 100 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 150 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 200 mg*	5	PA, QL (60 tablets/30 days)
VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml	4	BD
vincristine sulfate iv soln 1 mg/ml	4	BD
vinorelbine tartrate inj 10 mg/ml	4	
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)	4	
VITRAKVI - larotrectinib sulfate cap 25 mg*†	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg*†	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml*	5	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg*†	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 30 mg*†	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 45 mg*†	5	PA, QL (30 tablets/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
VONJO - pacritinib citrate cap 100 mg*†	5	PA, QL (120 capsules/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*†	5	PA, QL (120 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	PA
WELIREG - belzutifan tab 40 mg*†	5	PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 50 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*†	5	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg*†	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap 250 mg*†	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg†	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*†	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*†	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*†	5	PA, QL (60 tablets/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml)*	5	PA
YERVOY - ipilimumab soln for iv infusion 200 mg/40ml (5 mg/ml)*	5	PA
YONDELIS - trabectedin for inj 1 mg	5	PA
YONSA - abiraterone acetate micronized tab 125 mg*†	5	PA, QL (120 tablets/30 days)
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion)	5	PA
ZALTRAP - ziv-aflibercept iv soln 200 mg/8ml (for infusion)	5	PA
ZANOSAR - streptozocin for inj 1 gm	4	
ZEJULA - niraparib tosylate tab 100 mg*	5	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 200 mg*	5	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 300 mg*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZEPZELCA - lurbinectedin for iv soln 4 mg	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion)	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 400 mg/16ml (for infusion)	5	PA
ZOLINZA - vorinostat cap 100 mg†	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/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
ZYKADIA - ceritinib tab 150 mg*†	5	PA, QL (90 tablets/30 days)
ZYNLONTA - loncastuximab tesirine-lpyl for iv soln 10 mg	5	PA
Antiparasitics		
albendazole tab 200 mg	4	
atovaquone susp 750 mg/5ml	4	PA, QL (600 mls/30 days)
atovaquone-proguanil hcl tab 62.5-25 mg	3	
atovaquone-proguanil hcl tab 250-100 mg	3	
BENZNIDAZOLE - benznidazole tab 12.5 mg	4	
BENZNIDAZOLE - benznidazole tab 100 mg	4	
chloroquine phosphate tab 250 mg	4	
chloroquine phosphate tab 500 mg	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
hydroxychloroquine sulfate tab 200 mg	2	
ivermectin tab 3 mg	3	PA
mefloquine hcl tab 250 mg	2	
nitazoxanide tab 500 mg	4	QL (20 tablets/30 days)
pentamidine isethionate for inj soln 300 mg	4	
pentamidine isethionate for nebulization soln 300 mg	3	BD
praziquantel tab 600 mg	4	
primaquine phosphate tab 26.3 mg (15 mg base)	4	
pyrimethamine tab 25 mg	5	PA
quinine sulfate cap 324 mg	3	PA
Antiparkinson Agents		
amantadine hcl cap 100 mg	2	
amantadine hcl soln 50 mg/5ml	2	
amantadine hcl tab 100 mg	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
apomorphine hcl soln cartridge 30 mg/3ml	5	PA, QL (60 mls/30 days)
benztropine mesylate tab 0.5 mg#	2	PA (>=65 yr)
benztropine mesylate tab 1 mg#	2	PA (>=65 yr)
benztropine mesylate tab 2 mg#	2	PA (>=65 yr)
bromocriptine mesylate cap 5 mg	4	
bromocriptine mesylate tab 2.5 mg	3	
carbidopa & levodopa orally disintegrating tab 10-100 mg	4	
carbidopa & levodopa orally disintegrating tab 25-100 mg	4	
carbidopa & levodopa orally disintegrating tab 25-250 mg	4	
carbidopa & levodopa tab er 25-100 mg	2	
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa & levodopa tab 10-100 mg	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
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa tab 25 mg	4	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone tab 200 mg	3	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
NEUPRO - rotigotine td patch 24hr 1 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 2 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 3 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 4 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 6 mg/24hr	4	
NEUPRO - rotigotine td patch 24hr 8 mg/24hr	4	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
rasagiline mesylate tab 0.5 mg	4	
rasagiline mesylate tab 1 mg	4	
ropinirole hydrochloride tab er 24hr 2 mg	4	
ropinirole hydrochloride tab er 24hr 4 mg	4	
ropinirole hydrochloride tab er 24hr 6 mg	4	
ropinirole hydrochloride tab er 24hr 8 mg	4	
ropinirole hydrochloride tab er 24hr 12 mg	4	
ropinirole hydrochloride tab 0.25 mg	2	
ropinirole hydrochloride tab 0.5 mg	2	
ropinirole hydrochloride tab 1 mg	2	
ropinirole hydrochloride tab 2 mg	2	
ropinirole hydrochloride tab 3 mg	2	
ropinirole hydrochloride tab 4 mg	2	
ropinirole hydrochloride tab 5 mg	2	
RYTARY - carbidopa & levodopa cap er 23.75-95 mg	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
RYTARY - carbidopa & levodopa cap er 36.25-145 mg	3	
RYTARY - carbidopa & levodopa cap er 48.75-195 mg	3	
RYTARY - carbidopa & levodopa cap er 61.25-245 mg	3	
selegiline hcl cap 5 mg	2	
selegiline hcl tab 5 mg	3	
tolcapone tab 100 mg	5	
Antipsychotics		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml	5	QL (1 syringe/56 days)
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 960 mg/3.2ml	5	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5	QL (1 vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5	QL (1 vial/28 days)
aripiprazole oral solution 1 mg/ml	4	PA (>=65 yr), QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole orally disintegrating tab 15 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole tab 2 mg	2	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 5 mg	2	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 10 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 15 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 20 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 30 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	5	QL (1 syringe/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
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	QL (1 syringe/42 days)
asenapine maleate sl tab 2.5 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
asenapine maleate sl tab 5 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
asenapine maleate sl tab 10 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg	5	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 21 mg	5	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 42 mg	5	QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	4	PA (>=65 yr), QL (90 tablets/30 days)
clozapine orally disintegrating tab 25 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine orally disintegrating tab 100 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine orally disintegrating tab 150 mg	4	PA (>=65 yr), QL (180 tablets/30 days)
clozapine orally disintegrating tab 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
clozapine tab 25 mg	2	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 50 mg	2	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 100 mg	2	PA (>=65 yr), QL (270 tablets/30 days)
clozapine tab 200 mg	3	PA (>=65 yr), QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA (>=65 yr), QL (60 tablets/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
FANAPT - iloperidone tab 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
fluphenazine decanoate inj 25 mg/ml	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA (>=65 yr)
fluphenazine hcl tab 1 mg	4	PA (>=65 yr)
fluphenazine hcl tab 2.5 mg	4	PA (>=65 yr)
fluphenazine hcl tab 5 mg	4	PA (>=65 yr)
fluphenazine hcl tab 10 mg	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA (>=65 yr)
haloperidol decanoate im soln 50 mg/ml	4	PA (>=65 yr)
haloperidol decanoate im soln 100 mg/ml	4	PA (>=65 yr)
haloperidol lactate inj 5 mg/ml	4	PA (>=65 yr)
haloperidol lactate oral conc 2 mg/ml	2	PA (>=65 yr)
haloperidol tab 0.5 mg	2	PA (>=65 yr)
haloperidol tab 1 mg	2	PA (>=65 yr)
haloperidol tab 2 mg	2	PA (>=65 yr)
haloperidol tab 5 mg	2	PA (>=65 yr)
haloperidol tab 10 mg	2	PA (>=65 yr)
haloperidol tab 20 mg	2	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml	5	QL (1 kit/180 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.32ml	5	QL (1 kit/84 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	5	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.63ml	5	QL (1 kit/84 days)
loxapine succinate cap 5 mg	2	PA (>=65 yr)
loxapine succinate cap 10 mg	2	PA (>=65 yr)
loxapine succinate cap 25 mg	2	PA (>=65 yr)
loxapine succinate cap 50 mg	2	PA (>=65 yr)
lurasidone hcl tab 20 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 40 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 60 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 80 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
lurasidone hcl tab 120 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 10-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 15-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	5	PA, QL (30 tablets/30 days)
olanzapine for im inj 10 mg	4	PA (>=65 yr), QL (90 vials/30 days)
olanzapine orally disintegrating tab 5 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 10 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 15 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 20 mg	4	PA (>=65 yr), QL (30 tablets/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
olanzapine tab 2.5 mg	2	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 5 mg	2	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 7.5 mg	2	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 10 mg	2	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 15 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine tab 20 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
paliperidone tab er 24hr 1.5 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
paliperidone tab er 24hr 3 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
paliperidone tab er 24hr 9 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg	5	QL (1 syringe/28 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 120 mg	5	QL (1 syringe/28 days)
PIMOZIDE - pimozide tab 1 mg	4	PA (>=65 yr)
PIMOZIDE - pimozide tab 2 mg	4	PA (>=65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	4	PA (>=65 yr), QL (150 tablets/30 days)
quetiapine fumarate tab er 24hr 50 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 200 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 300 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 400 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab 25 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 50 mg	2	PA (>=65 yr), QL (120 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab 100 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 200 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 300 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab 400 mg	2	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 25 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 37.5 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 12.5 mg	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 25 mg	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 37.5 mg	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 1 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 2 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 3 mg	4	PA (>=65 yr), QL (60 tablets/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
risperidone orally disintegrating tab 4 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
risperidone soln 1 mg/ml	3	PA (>=65 yr), QL (480 mls/30 days)
risperidone tab 0.25 mg	1	PA (>=65 yr), QL (60 tablets/30 days)
risperidone tab 0.5 mg	1	PA (>=65 yr), QL (60 tablets/30 days)
risperidone tab 1 mg	1	PA (>=65 yr), QL (60 tablets/30 days)
risperidone tab 2 mg	1	PA (>=65 yr), QL (60 tablets/30 days)
risperidone tab 3 mg	1	PA (>=65 yr), QL (60 tablets/30 days)
risperidone tab 4 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
thioridazine hcl tab 10 mg	2	PA (>=65 yr)
thioridazine hcl tab 25 mg	2	PA (>=65 yr)
thioridazine hcl tab 50 mg	2	PA (>=65 yr)
thioridazine hcl tab 100 mg	2	PA (>=65 yr)
thiothixene cap 1 mg	2	PA (>=65 yr)
thiothixene cap 2 mg	2	PA (>=65 yr)
thiothixene cap 5 mg	2	PA (>=65 yr)
thiothixene cap 10 mg	2	PA (>=65 yr)
trifluoperazine hcl tab 1 mg	2	PA (>=65 yr)
trifluoperazine hcl tab 2 mg	2	PA (>=65 yr)
trifluoperazine hcl tab 5 mg	2	PA (>=65 yr)
trifluoperazine hcl tab 10 mg	2	PA (>=65 yr)
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 75 mg/0.21ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 100 mg/0.28ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 125 mg/0.35ml	5	QL (1 syringe/28 days)
UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml	5	QL (1 syringe/56 days)
UZEDY - risperidone subcutaneous er susp pref syr 200 mg/0.56ml	5	QL (1 syringe/56 days)
UZEDY - risperidone subcutaneous er susp pref syr 250 mg/0.7ml	5	QL (1 syringe/56 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
VERSACLOZ - clozapine susp 50 mg/ml	4	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg	5	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg	5	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg	5	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg	5	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg	2	QL (90 capsules/30 days)
ziprasidone hcl cap 40 mg	2	QL (90 capsules/30 days)
ziprasidone hcl cap 60 mg	2	QL (60 capsules/30 days)
ziprasidone hcl cap 80 mg	2	QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg	3	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	4	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA (>=65 yr), QL (1 vial/28 days)
Antispasticity Agents		
baclofen tab 5 mg	2	
baclofen tab 10 mg	2	
baclofen tab 20 mg	2	
dantrolene sodium cap 25 mg	2	
dantrolene sodium cap 50 mg	2	
dantrolene sodium cap 100 mg	2	
tizanidine hcl tab 2 mg	1	
tizanidine hcl tab 4 mg	1	
Antivirals		
abacavir sulfate soln 20 mg/ml	4	QL (960 mls/30 days)
abacavir sulfate tab 300 mg	4	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	4	QL (30 tablets/30 days)
acyclovir cap 200 mg	1	
acyclovir oint 5%	3	PA
acyclovir sodium iv soln 50 mg/ml	4	BD
acyclovir susp 200 mg/5ml	4	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
adefovir dipivoxil tab 10 mg	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg	4	QL (30 capsules/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
atazanavir sulfate cap 200 mg	4	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg	4	QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg	5	QL (30 tablets/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
CABENUVA - cabotegravir 400 mg/2ml & rilpivirine 600 mg/2ml im susp er*	5	QL (4 mls/28 days)
CABENUVA - cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml im susp er*	5	QL (6 mls/28 days)
cidofovir iv inj 75 mg/ml	5	
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
darunavir tab 600 mg	5	QL (60 tablets/30 days)
darunavir tab 800 mg	5	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg	5	QL (30 tablets/30 days)
efavirenz cap 200 mg	4	QL (120 capsules/30 days)
efavirenz cap 50 mg	2	QL (90 capsules/30 days)
efavirenz tab 600 mg	4	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
emtricitabine caps 200 mg	4	QL (30 capsules/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
entecavir tab 0.5 mg	4	
entecavir tab 1 mg	4	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir pellet pack 200-50 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
etravirine tab 100 mg	4	QL (60 tablets/30 days)
etravirine tab 200 mg	5	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)
famciclovir tab 125 mg	2	
famciclovir tab 250 mg	2	
famciclovir tab 500 mg	2	
fosamprenavir calcium tab 700 mg	4	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
ganciclovir sodium for inj 500 mg	4	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg	5	PA
HARVONI - ledipasvir-sofosbuvir pellet pack 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	4	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	5	QL (30 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	5	QL (40 capsules/30 days)
lamivudine oral soln 10 mg/ml	3	QL (960 mls/30 days)
lamivudine tab 100 mg (hbv)	3	
lamivudine tab 150 mg	3	QL (60 tablets/30 days)
lamivudine tab 300 mg	3	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg	3	QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
LEXIVA - fosamprenavir calcium susp 50 mg/ml	4	QL (1800 mls/30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	QL (480 mls/30 days)
lopinavir-ritonavir tab 100-25 mg	4	QL (300 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg	4	QL (120 tablets/30 days)
maraviroc tab 150 mg	5	QL (60 tablets/30 days)
maraviroc tab 300 mg	5	QL (120 tablets/30 days)
nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	3	QL (30 tablets/30 days)
nevirapine tab 200 mg	2	QL (60 tablets/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
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg	2	QL (168 capsules/365 days)
oseltamivir phosphate cap 45 mg	2	QL (84 capsules/365 days)
oseltamivir phosphate cap 75 mg	2	QL (84 capsules/365 days)
oseltamivir phosphate for susp 6 mg/ml	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak<	3	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak<	3	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
ribavirin cap 200 mg	3	
ribavirin tab 200 mg	3	
ritonavir tab 100 mg	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
SOVALDI - sofosbuvir pellet pack 150 mg	5	PA
SOVALDI - sofosbuvir pellet pack 200 mg	5	PA
SOVALDI - sofosbuvir tab 200 mg	5	PA
SOVALDI - sofosbuvir tab 400 mg	5	PA
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
tenofovir disoproxil fumarate tab 300 mg	2	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg	4	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg	5	QL (60 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5	QL (180 tablets/30 days)
TRIZIVIR - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	QL (60 tablets/30 days)
TROGARZO - ibalizumab-uiyk iv soln 200 mg/1.33ml (150 mg/ml)*	5	QL (14 vials/28 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg	2	
valacyclovir hcl tab 1 gm	2	
valganciclovir hcl for soln 50 mg/ml	4	
valganciclovir hcl tab 450 mg	3	
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4	QL (2 tablets/365 days)
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
zidovudine cap 100 mg	2	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	4	QL (1920 mls/30 days)
zidovudine tab 300 mg	2	QL (60 tablets/30 days)
Anxiolytics		
alprazolam tab 0.25 mg	1	QL (120 tablets/30 days)
alprazolam tab 0.5 mg	1	QL (120 tablets/30 days)
alprazolam tab 1 mg	1	QL (120 tablets/30 days)
alprazolam tab 2 mg	1	QL (150 tablets/30 days)
buspirone hcl tab 5 mg	2	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	2	
buspirone hcl tab 15 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
buspirone hcl tab 30 mg	2	
clonazepam orally disintegrating tab 0.125 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.25 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.5 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 1 mg	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 2 mg	4	QL (300 tablets/30 days)
clonazepam tab 0.5 mg	1	QL (120 tablets/30 days)
clonazepam tab 1 mg	1	QL (120 tablets/30 days)
clonazepam tab 2 mg	1	QL (300 tablets/30 days)
clorazepate dipotassium tab 3.75 mg	3	PA, QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg	3	PA, QL (360 tablets/30 days)
clorazepate dipotassium tab 15 mg	3	PA, QL (180 tablets/30 days)
diazepam conc 5 mg/ml	2	PA, QL (240 mls/30 days)
diazepam oral soln 1 mg/ml	2	PA, QL (1200 mls/30 days)
diazepam tab 2 mg	1	PA, QL (120 tablets/30 days)
diazepam tab 5 mg	1	PA, QL (120 tablets/30 days)
diazepam tab 10 mg	1	PA, QL (120 tablets/30 days)
hydroxyzine hcl syrup 10 mg/5ml#	3	PA (>=65 yr)
hydroxyzine hcl tab 10 mg#	2	PA (>=65 yr)
hydroxyzine hcl tab 25 mg#	2	PA (>=65 yr)
hydroxyzine hcl tab 50 mg#	2	PA (>=65 yr)
hydroxyzine pamoate cap 25 mg#	3	PA (>=65 yr)
hydroxyzine pamoate cap 50 mg#	3	PA (>=65 yr)
lorazepam conc 2 mg/ml	2	PA, QL (150 mls/30 days)
lorazepam tab 0.5 mg	1	PA, QL (120 tablets/30 days)
lorazepam tab 1 mg	1	PA, QL (120 tablets/30 days)
lorazepam tab 2 mg	1	PA, QL (150 tablets/30 days)
oxazepam cap 10 mg	4	PA, QL (120 capsules/30 days)
oxazepam cap 15 mg	4	PA, QL (120 capsules/30 days)
oxazepam cap 30 mg	4	PA, QL (120 capsules/30 days)
Bipolar Agents		
lithium carbonate cap 600 mg	1	
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate tab er 300 mg	2	
lithium carbonate tab er 450 mg	2	
lithium carbonate tab 300 mg	1	
lithium oral solution 8 meq/5ml	4	

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
Blood Glucose Regulators		
acarbose tab 25 mg	2	QL (360 tablets/30 days)
acarbose tab 50 mg	2	QL (180 tablets/30 days)
acarbose tab 100 mg	2	QL (90 tablets/30 days)
ALCOHOL SWABS	3	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	PA, QL (4 pens/28 days)
BYETTA - exenatide soln pen-injector 5 mcg/0.02ml	4	PA, QL (2 pens/30 days)
BYETTA - exenatide soln pen-injector 10 mcg/0.04ml	4	PA, QL (1 pen/30 days)
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	QL (180 tablets/30 days)
diazoxide susp 50 mg/ml	4	
FARXIGA - dapagliflozin propanediol tab 5 mg	3	QL (60 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg	3	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	3	
*glimepiride tab 1 mg#^*	6	QL (240 tablets/30 days)
*glimepiride tab 2 mg#^*	6	QL (120 tablets/30 days)
*glimepiride tab 4 mg#^*	6	QL (60 tablets/30 days)
*glipizide tab er 24hr 2.5 mg^*	6	QL (240 tablets/30 days)
*glipizide tab er 24hr 5 mg^*	6	QL (120 tablets/30 days)
*glipizide tab er 24hr 10 mg^*	6	QL (60 tablets/30 days)
*glipizide tab 5 mg^*	6	QL (240 tablets/30 days)
*glipizide tab 10 mg^*	6	QL (120 tablets/30 days)
*glipizide-metformin hcl tab 2.5-250 mg^*	6	QL (240 tablets/30 days)
*glipizide-metformin hcl tab 2.5-500 mg^*	6	QL (120 tablets/30 days)
*glipizide-metformin hcl tab 5-500 mg^*	6	QL (120 tablets/30 days)
glucagon (rdna) for inj kit 1 mg	3	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	3	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR - glucagon hcl for inj 1 mg	3	QL (4 kits/30 days)
*glyburide micronized tab 1.5 mg#^*	6	QL (240 tablets/30 days)
*glyburide micronized tab 3 mg#^*	6	QL (120 tablets/30 days)
*glyburide micronized tab 6 mg#^*	6	QL (60 tablets/30 days)
*glyburide tab 1.25 mg#^*	6	QL (480 tablets/30 days)
*glyburide tab 2.5 mg#^*	6	QL (240 tablets/30 days)
*glyburide tab 5 mg#^*	6	QL (120 tablets/30 days)
*glyburide-metformin tab 1.25-250 mg#^*	6	QL (240 tablets/30 days)
*glyburide-metformin tab 2.5-500 mg#^*	6	QL (120 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
*glyburide-metformin tab 5-500 mg#^*	6	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	4	QL (30 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	4	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	4	QL (4 syringes/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	4	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	4	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	4	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	4	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	4	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	QL (6 vials/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	3	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)

Drug Name	Drug Tier	Requirements/Limits
INSULIN INJECTION DEVICE	3	
INSULIN SYRINGE/NEEDLE	3	
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3	QL (60 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg	3	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	3	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg	3	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg	3	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	3	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	3	QL (20 pens/30 days)
*metformin hcl tab er 24hr 500 mg^*	6	QL (120 tablets/30 days)
*metformin hcl tab er 24hr 750 mg^*	6	QL (60 tablets/30 days)
*metformin hcl tab 500 mg^*	6	QL (150 tablets/30 days)
*metformin hcl tab 850 mg^*	6	QL (90 tablets/30 days)
*metformin hcl tab 1000 mg^*	6	QL (75 tablets/30 days)
MOUNJARO - tirzepatide soln pen-injector 2.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 7.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 10 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 12.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln pen-injector 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
*nateglinide tab 60 mg^*	6	QL (180 tablets/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
*nateglinide tab 120 mg^*	6	QL (90 tablets/30 days)
OMNIPOD CLASSIC PODS (GEN 3) - insulin infusion disposable pump reservoir	3	
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	3	
OMNIPOD DASH PDM KIT (GEN 4) - insulin infusion disposable pump kit	3	
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	3	
OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	3	
OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	3	
OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	3	
OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	3	
OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	3	
OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	3	
OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	3	
OMNIPOD 5 G7 PODS (GEN 5) - insulin infusion disposable pump reservoir	3	
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
*pioglitazone hcl tab 15 mg^*	6	QL (90 tablets/30 days)
*pioglitazone hcl tab 30 mg^*	6	QL (30 tablets/30 days)
*pioglitazone hcl tab 45 mg^*	6	QL (30 tablets/30 days)
*pioglitazone hcl-glimepiride tab 30-2 mg#^*	6	QL (30 tablets/30 days)
*pioglitazone hcl-glimepiride tab 30-4 mg#^*	6	QL (30 tablets/30 days)
*pioglitazone hcl-metformin hcl tab 15-500 mg^*	6	QL (90 tablets/30 days)
*pioglitazone hcl-metformin hcl tab 15-850 mg^*	6	QL (90 tablets/30 days)
*repaglinide tab 0.5 mg^*	6	QL (960 tablets/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
*repaglinide tab 1 mg^*	6	QL (480 tablets/30 days)
*repaglinide tab 2 mg^*	6	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg	3	PA, QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 7 mg	3	PA, QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 14 mg	3	PA, QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	3	QL (6 pens/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	3	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln pen-injector 3 mg/0.5ml	3	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln pen-injector 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	3	
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	3	
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	3	
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	PA, QL (3 pens/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/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
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg	3	QL (30 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	3	QL (30 tablets/30 days)
Blood Products and Modifiers		
anagrelide hcl cap 0.5 mg	3	
anagrelide hcl cap 1 mg	3	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	5	PA
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
BRILINTA - ticagrelor tab 60 mg	3	
BRILINTA - ticagrelor tab 90 mg	3	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	5	
cilostazol tab 50 mg	2	
cilostazol tab 100 mg	2	
clopidogrel bisulfate tab 75 mg	1	
dabigatran etexilate mesylate cap 75 mg	4	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg	4	QL (120 capsules/30 days)
dabigatran etexilate mesylate cap 150 mg	4	QL (60 capsules/30 days)
dipyridamole tab 25 mg#	2	
dipyridamole tab 50 mg#	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
dipyridamole tab 75 mg#	2	
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 100 mg/ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 150 mg/ml	4	QL (30 syringes/90 days)
enoxaparin sodium inj 300 mg/3ml	4	QL (10 vials/90 days)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	4	QL (30 syringes/90 days)
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	5	QL (30 syringes/90 days)
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	5	QL (30 syringes/90 days)
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	5	QL (30 syringes/90 days)
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	3	PA
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml	3	
heparin sodium (porcine) inj 1000 unit/ml	3	
heparin sodium (porcine) inj 5000 unit/ml	3	
heparin sodium (porcine) inj 10000 unit/ml	3	
heparin sodium (porcine) inj 20000 unit/ml	3	
heparin sodium (porcine) pf inj 5000 unit/ml	3	
heparin sodium (porcine) pf inj 1000 unit/ml	3	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	3	
HEPARIN SODIUM/D5W - heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	4	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	5	PA
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	3	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA
plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (120 capsules/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
prasugrel hcl tab 5 mg	2	
prasugrel hcl tab 10 mg	2	
PROCRIT - epoetin alfa inj 2000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 3000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 4000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 10000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 20000 unit/ml	5	PA
PROCRIT - epoetin alfa inj 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg*	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 25 mg*	5	PA
PROMACTA - eltrombopag olamine tab 50 mg*	5	PA
PROMACTA - eltrombopag olamine tab 75 mg*	5	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	4	PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	4	
tranexamic acid tab 650 mg	3	
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	5	PA
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5	PA
UDENYCA ONBODY - pegfilgrastim-cbqv soln prefill syr/infusion dev 6 mg/0.6ml	5	PA
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO - rivaroxaban for susp 1 mg/ml	3	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg	3	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	3	QL (60 tablets/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
XARELTO - rivaroxaban tab 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	5	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg	4	
Cardiovascular Agents		
acebutolol hcl cap 200 mg	2	
acebutolol hcl cap 400 mg	2	
acetazolamide cap er 12hr 500 mg	2	
acetazolamide tab 125 mg	2	
acetazolamide tab 250 mg	2	
*aliskiren fumarate tab 150 mg^*	6	QL (30 tablets/30 days)
*aliskiren fumarate tab 300 mg^*	6	QL (30 tablets/30 days)
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl tab 5 mg	2	
amiodarone hcl tab 100 mg	4	
amiodarone hcl tab 200 mg	2	
amiodarone hcl tab 400 mg	2	
amlodipine besylate tab 2.5 mg	1	
amlodipine besylate tab 5 mg	1	
amlodipine besylate tab 10 mg	1	
*amlodipine besylate-atorvastatin calcium tab 2.5-10 mg^*	6	
*amlodipine besylate-atorvastatin calcium tab 2.5-20 mg^*	6	
*amlodipine besylate-atorvastatin calcium tab 2.5-40 mg^*	6	
*amlodipine besylate-atorvastatin calcium tab 5-10 mg^*	6	
*amlodipine besylate-atorvastatin calcium tab 5-20 mg^*	6	
*amlodipine besylate-atorvastatin calcium tab 5-40 mg^*	6	
*amlodipine besylate-atorvastatin calcium tab 5-80 mg^*	6	
*amlodipine besylate-atorvastatin calcium tab 10-10 mg^*	6	
*amlodipine besylate-atorvastatin calcium tab 10-20 mg^*	6	
*amlodipine besylate-atorvastatin calcium tab 10-40 mg^*	6	
*amlodipine besylate-atorvastatin calcium tab 10-80 mg^*	6	
*amlodipine besylate-benazepril hcl cap 2.5-10 mg^*	6	
*amlodipine besylate-benazepril hcl cap 5-10 mg^*	6	
*amlodipine besylate-benazepril hcl cap 5-20 mg^*	6	
*amlodipine besylate-benazepril hcl cap 5-40 mg^*	6	
*amlodipine besylate-benazepril hcl cap 10-20 mg^*	6	
*amlodipine besylate-benazepril hcl cap 10-40 mg^*	6	
*amlodipine besylate-olmesartan medoxomil tab 5-20 mg^*	6	QL (30 tablets/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
*amlodipine besylate-olmesartan medoxomil tab 5-40 mg^*	6	QL (30 tablets/30 days)
*amlodipine besylate-olmesartan medoxomil tab 10-20 mg^*	6	QL (30 tablets/30 days)
*amlodipine besylate-olmesartan medoxomil tab 10-40 mg^*	6	QL (30 tablets/30 days)
*amlodipine besylate-valsartan tab 5-160 mg^*	6	QL (30 tablets/30 days)
*amlodipine besylate-valsartan tab 5-320 mg^*	6	QL (30 tablets/30 days)
*amlodipine besylate-valsartan tab 10-160 mg^*	6	QL (30 tablets/30 days)
*amlodipine besylate-valsartan tab 10-320 mg^*	6	QL (30 tablets/30 days)
*amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg^*	6	QL (30 tablets/30 days)
*amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg^*	6	QL (30 tablets/30 days)
*amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg^*	6	QL (30 tablets/30 days)
*amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg^*	6	QL (30 tablets/30 days)
*amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg^*	6	QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
*atorvastatin calcium tab 10 mg^*	6	QL (45 tablets/30 days)
*atorvastatin calcium tab 20 mg^*	6	QL (45 tablets/30 days)
*atorvastatin calcium tab 40 mg^*	6	QL (45 tablets/30 days)
*atorvastatin calcium tab 80 mg^*	6	QL (30 tablets/30 days)
*benazepril & hydrochlorothiazide tab 5-6.25 mg^*	6	
*benazepril & hydrochlorothiazide tab 10-12.5 mg^*	6	
*benazepril & hydrochlorothiazide tab 20-12.5 mg^*	6	
*benazepril & hydrochlorothiazide tab 20-25 mg^*	6	
*benazepril hcl tab 5 mg^*	6	
*benazepril hcl tab 10 mg^*	6	
*benazepril hcl tab 20 mg^*	6	
*benazepril hcl tab 40 mg^*	6	
betaxolol hcl tab 10 mg	2	
betaxolol hcl tab 20 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
bisoprolol fumarate tab 5 mg	2	
bisoprolol fumarate tab 10 mg	2	
bumetanide inj 0.25 mg/ml	4	
bumetanide tab 0.5 mg	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
bumetanide tab 1 mg	2	
bumetanide tab 2 mg	2	
*candesartan cilexetil tab 4 mg^*	6	QL (60 tablets/30 days)
*candesartan cilexetil tab 8 mg^*	6	QL (60 tablets/30 days)
*candesartan cilexetil tab 16 mg^*	6	QL (60 tablets/30 days)
*candesartan cilexetil tab 32 mg^*	6	QL (30 tablets/30 days)
*candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg^*	6	QL (30 tablets/30 days)
*candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg^*	6	QL (30 tablets/30 days)
*candesartan cilexetil-hydrochlorothiazide tab 32-25 mg^*	6	QL (30 tablets/30 days)
*captopril tab 12.5 mg^*	6	
*captopril tab 25 mg^*	6	
*captopril tab 50 mg^*	6	
*captopril tab 100 mg^*	6	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
chlorthalidone tab 25 mg	2	
chlorthalidone tab 50 mg	2	
cholestyramine light powder packets 4 gm	3	
cholestyramine light powder 4 gm/dose	3	
cholestyramine powder packets 4 gm	3	
cholestyramine powder 4 gm/dose	3	
choline fenofibrate cap dr 45 mg	2	QL (60 capsules/30 days)
choline fenofibrate cap dr 135 mg	2	QL (30 capsules/30 days)
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	2	
clonidine td patch weekly 0.2 mg/24hr	2	
clonidine td patch weekly 0.3 mg/24hr	2	
colestipol hcl granule packets 5 gm	3	
colestipol hcl granules 5 gm	3	
colestipol hcl tab 1 gm	2	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	3	PA, QL (600 mls/30 days)
CORLANOR - ivabradine hcl tab 5 mg	3	PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl tab 7.5 mg	3	PA, QL (60 tablets/30 days)
digoxin oral soln 0.05 mg/ml#	4	QL (150 mls/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
digoxin tab 125 mcg (0.125 mg)#	2	QL (30 tablets/30 days)
digoxin tab 250 mcg (0.25 mg)#	2	QL (30 tablets/30 days)
diltiazem hcl cap er 12hr 60 mg	2	
diltiazem hcl cap er 12hr 90 mg	2	
diltiazem hcl cap er 12hr 120 mg	2	
diltiazem hcl cap er 24hr 120 mg	2	
diltiazem hcl cap er 24hr 180 mg	2	
diltiazem hcl cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 180 mg	2	
diltiazem hcl coated beads cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 120 mg	2	
diltiazem hcl extended release beads cap er 24hr 180 mg	2	
diltiazem hcl extended release beads cap er 24hr 240 mg	2	
diltiazem hcl extended release beads cap er 24hr 300 mg	2	
diltiazem hcl extended release beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 420 mg	2	
diltiazem hcl tab er 24hr 120 mg	2	
diltiazem hcl tab er 24hr 180 mg	2	
diltiazem hcl tab er 24hr 240 mg	2	
diltiazem hcl tab er 24hr 300 mg	2	
diltiazem hcl tab er 24hr 360 mg	2	
diltiazem hcl tab er 24hr 420 mg	2	
diltiazem hcl tab 30 mg	2	
diltiazem hcl tab 60 mg	2	
diltiazem hcl tab 90 mg	2	
diltiazem hcl tab 120 mg	2	
dofetilide cap 125 mcg (0.125 mg)	4	
dofetilide cap 250 mcg (0.25 mg)	4	
dofetilide cap 500 mcg (0.5 mg)	4	
doxazosin mesylate tab 1 mg	2	QL (60 tablets/30 days)
doxazosin mesylate tab 2 mg	2	QL (60 tablets/30 days)
doxazosin mesylate tab 4 mg	2	QL (60 tablets/30 days)
doxazosin mesylate tab 8 mg	2	QL (60 tablets/30 days)
droxidopa cap 100 mg	5	PA
droxidopa cap 200 mg	5	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
droxidopa cap 300 mg	5	PA
EDARBI - azilsartan medoxomil tab 40 mg	4	QL (30 tablets/30 days)
EDARBI - azilsartan medoxomil tab 80 mg	4	QL (30 tablets/30 days)
EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-12.5 mg	4	QL (30 tablets/30 days)
EDARBYCLOR - azilsartan medoxomil-chlorthalidone tab 40-25 mg	4	QL (30 tablets/30 days)
*enalapril maleate & hydrochlorothiazide tab 5-12.5 mg^*	6	
*enalapril maleate & hydrochlorothiazide tab 10-25 mg^*	6	
*enalapril maleate tab 2.5 mg^*	6	
*enalapril maleate tab 5 mg^*	6	
*enalapril maleate tab 10 mg^*	6	
*enalapril maleate tab 20 mg^*	6	
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg	3	QL (240 capsules/30 days)
ENTRESTO - sacubitril-valsartan sprinkle cap 15-16 mg	3	QL (240 capsules/30 days)
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3	QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3	QL (60 tablets/30 days)
eplerenone tab 25 mg	2	
eplerenone tab 50 mg	2	
ezetimibe tab 10 mg	2	QL (30 tablets/30 days)
*ezetimibe-simvastatin tab 10-10 mg^*	6	QL (30 tablets/30 days)
*ezetimibe-simvastatin tab 10-20 mg^*	6	QL (30 tablets/30 days)
*ezetimibe-simvastatin tab 10-40 mg^*	6	QL (30 tablets/30 days)
*ezetimibe-simvastatin tab 10-80 mg^*	6	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg	2	
felodipine tab er 24hr 5 mg	2	
felodipine tab er 24hr 10 mg	2	
fenofibrate micronized cap 67 mg	2	QL (30 capsules/30 days)
fenofibrate micronized cap 134 mg	2	QL (30 capsules/30 days)
fenofibrate micronized cap 200 mg	2	QL (30 capsules/30 days)
fenofibrate tab 48 mg	2	QL (60 tablets/30 days)
fenofibrate tab 54 mg	2	QL (60 tablets/30 days)
fenofibrate tab 145 mg	2	QL (30 tablets/30 days)
fenofibrate tab 160 mg	2	QL (30 tablets/30 days)
flecainide acetate tab 50 mg	2	
flecainide acetate tab 100 mg	2	
flecainide acetate tab 150 mg	2	
*fluvastatin sodium cap 20 mg^*	6	QL (60 capsules/30 days)
*fluvastatin sodium cap 40 mg^*	6	QL (60 capsules/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
*fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg^*	6	
*fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg^*	6	
*fosinopril sodium tab 10 mg^*	6	
*fosinopril sodium tab 20 mg^*	6	
*fosinopril sodium tab 40 mg^*	6	
furosemide inj 10 mg/ml	4	
furosemide oral soln 8 mg/ml	2	
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
gemfibrozil tab 600 mg	1	QL (60 tablets/30 days)
guanfacine hcl tab 1 mg#	3	
guanfacine hcl tab 2 mg#	3	
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
icosapent ethyl cap 1 gm	3	QL (120 capsules/30 days)
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
*irbesartan tab 75 mg^*	6	QL (30 tablets/30 days)
*irbesartan tab 150 mg^*	6	QL (30 tablets/30 days)
*irbesartan tab 300 mg^*	6	QL (30 tablets/30 days)
*irbesartan-hydrochlorothiazide tab 150-12.5 mg^*	6	QL (30 tablets/30 days)
*irbesartan-hydrochlorothiazide tab 300-12.5 mg^*	6	QL (30 tablets/30 days)
isosorbide dinitrate tab 5 mg	2	
isosorbide dinitrate tab 10 mg	2	
isosorbide dinitrate tab 20 mg	2	
isosorbide dinitrate tab 30 mg	2	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	2	

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate tab 10 mg	2	
isosorbide mononitrate tab 20 mg	1	
isradipine cap 2.5 mg	2	
isradipine cap 5 mg	2	
ivabradine hcl tab 5 mg	3	PA, QL (60 tablets/30 days)
ivabradine hcl tab 7.5 mg	3	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg	3	PA, QL (30 tablets/30 days)
KERENDIA - finerenone tab 20 mg	3	PA, QL (30 tablets/30 days)
labetalol hcl tab 100 mg	2	
labetalol hcl tab 200 mg	2	
labetalol hcl tab 300 mg	2	
LIDOCAINE HCL - lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	4	
LIDOCAINE HCL - lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	4	
*lisinopril & hydrochlorothiazide tab 10-12.5 mg^*	6	
*lisinopril & hydrochlorothiazide tab 20-12.5 mg^*	6	
*lisinopril & hydrochlorothiazide tab 20-25 mg^*	6	
*lisinopril tab 2.5 mg^*	6	
*lisinopril tab 5 mg^*	6	
*lisinopril tab 10 mg^*	6	
*lisinopril tab 20 mg^*	6	
*lisinopril tab 30 mg^*	6	
*lisinopril tab 40 mg^*	6	
*losartan potassium & hydrochlorothiazide tab 50-12.5 mg^*	6	QL (30 tablets/30 days)
*losartan potassium & hydrochlorothiazide tab 100-12.5 mg^*	6	QL (30 tablets/30 days)
*losartan potassium & hydrochlorothiazide tab 100-25 mg^*	6	QL (30 tablets/30 days)
*losartan potassium tab 25 mg^*	6	QL (60 tablets/30 days)
*losartan potassium tab 50 mg^*	6	QL (60 tablets/30 days)
*losartan potassium tab 100 mg^*	6	QL (30 tablets/30 days)
*lovastatin tab 10 mg^*	6	QL (60 tablets/30 days)
*lovastatin tab 20 mg^*	6	QL (60 tablets/30 days)
*lovastatin tab 40 mg^*	6	QL (60 tablets/30 days)
methazolamide tab 25 mg	3	
methazolamide tab 50 mg	4	
metolazone tab 2.5 mg	2	
metolazone tab 5 mg	2	
metolazone tab 10 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	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
metoprolol & hydrochlorothiazide tab 100-25 mg	2	
metoprolol & hydrochlorothiazide tab 100-50 mg	2	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
metyrosine cap 250 mg	5	
mexiletine hcl cap 150 mg	3	
mexiletine hcl cap 200 mg	3	
mexiletine hcl cap 250 mg	3	
midodrine hcl tab 2.5 mg	2	
midodrine hcl tab 5 mg	2	
midodrine hcl tab 10 mg	2	
minoxidil tab 2.5 mg	2	
minoxidil tab 10 mg	2	
*moexipril hcl tab 7.5 mg^*	6	
*moexipril hcl tab 15 mg^*	6	
MULTAQ - dronedarone hcl tab 400 mg	4	
nadolol tab 20 mg	2	
nadolol tab 40 mg	2	
nadolol tab 80 mg	2	
nebivolol hcl tab 2.5 mg	3	
nebivolol hcl tab 5 mg	3	
nebivolol hcl tab 10 mg	3	
nebivolol hcl tab 20 mg	3	
niacin tab er 500 mg (antihyperlipidemic)	2	QL (30 tablets/30 days)
niacin tab er 750 mg (antihyperlipidemic)	2	QL (60 tablets/30 days)
niacin tab er 1000 mg (antihyperlipidemic)	2	QL (60 tablets/30 days)
nicardipine hcl cap 20 mg	3	
nicardipine hcl cap 30 mg	3	
nifedipine tab er 24hr 30 mg	2	
nifedipine tab er 24hr 60 mg	2	
nifedipine tab er 24hr 90 mg	2	

Drug Name	Drug Tier	Requirements/Limits
nifedipine tab er 24hr osmotic release 30 mg	2	
nifedipine tab er 24hr osmotic release 60 mg	2	
nifedipine tab er 24hr osmotic release 90 mg	2	
nimodipine cap 30 mg	4	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	3	
nisoldipine tab er 24hr 8.5 mg	3	
nisoldipine tab er 24hr 17 mg	3	
nisoldipine tab er 24hr 34 mg	3	
NITRO-BID - nitroglycerin oint 2%	4	
nitroglycerin oint 0.4%	4	
nitroglycerin sl tab 0.3 mg	2	
nitroglycerin sl tab 0.4 mg	2	
nitroglycerin sl tab 0.6 mg	2	
nitroglycerin td patch 24hr 0.1 mg/hr	2	
nitroglycerin td patch 24hr 0.2 mg/hr	2	
nitroglycerin td patch 24hr 0.4 mg/hr	2	
nitroglycerin td patch 24hr 0.6 mg/hr	2	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	3	
*olmesartan medoxomil tab 5 mg^*	6	QL (60 tablets/30 days)
*olmesartan medoxomil tab 20 mg^*	6	QL (30 tablets/30 days)
*olmesartan medoxomil tab 40 mg^*	6	QL (30 tablets/30 days)
*olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg^*	6	QL (30 tablets/30 days)
*olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg^*	6	QL (30 tablets/30 days)
*olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg^*	6	QL (30 tablets/30 days)
*olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg^*	6	QL (30 tablets/30 days)
*olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg^*	6	QL (30 tablets/30 days)
*olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg^*	6	QL (30 tablets/30 days)
*olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg^*	6	QL (30 tablets/30 days)
*olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg^*	6	QL (30 tablets/30 days)
omega-3-acid ethyl esters cap 1 gm	2	
pentoxifylline tab er 400 mg	2	
*perindopril erbumine tab 8 mg^*	6	
*perindopril erbumine tab 2 mg^*	6	
*perindopril erbumine tab 4 mg^*	6	
phenoxybenzamine hcl cap 10 mg	5	
pindolol tab 5 mg	2	
pindolol tab 10 mg	2	
*pravastatin sodium tab 10 mg^*	6	QL (45 tablets/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
*pravastatin sodium tab 20 mg^*	6	QL (45 tablets/30 days)
*pravastatin sodium tab 40 mg^*	6	QL (45 tablets/30 days)
*pravastatin sodium tab 80 mg^*	6	QL (30 tablets/30 days)
prazosin hcl cap 1 mg	2	
prazosin hcl cap 2 mg	2	
prazosin hcl cap 5 mg	2	
propafenone hcl cap er 12hr 225 mg	4	
propafenone hcl cap er 12hr 325 mg	4	
propafenone hcl cap er 12hr 425 mg	4	
propafenone hcl tab 150 mg	2	
propafenone hcl tab 225 mg	2	
propafenone hcl tab 300 mg	2	
propranolol hcl cap er 24hr 60 mg	2	
propranolol hcl cap er 24hr 80 mg	2	
propranolol hcl cap er 24hr 120 mg	2	
propranolol hcl cap er 24hr 160 mg	2	
propranolol hcl inj 1 mg/ml	4	
propranolol hcl oral soln 40 mg/5ml	2	
propranolol hcl oral soln 20 mg/5ml	2	
propranolol hcl tab 10 mg	2	
propranolol hcl tab 20 mg	2	
propranolol hcl tab 40 mg	2	
propranolol hcl tab 60 mg	2	
propranolol hcl tab 80 mg	2	
*quinapril hcl tab 5 mg^*	6	
*quinapril hcl tab 10 mg^*	6	
*quinapril hcl tab 20 mg^*	6	
*quinapril hcl tab 40 mg^*	6	
*quinapril-hydrochlorothiazide tab 10-12.5 mg^*	6	
*quinapril-hydrochlorothiazide tab 20-12.5 mg^*	6	
*quinapril-hydrochlorothiazide tab 20-25 mg^*	6	
quinidine gluconate tab er 324 mg	4	
quinidine sulfate tab 200 mg	2	
quinidine sulfate tab 300 mg	2	
*ramipril cap 1.25 mg^*	6	
*ramipril cap 2.5 mg^*	6	
*ramipril cap 5 mg^*	6	
*ramipril cap 10 mg^*	6	

Drug Name	Drug Tier	Requirements/Limits
ranolazine tab er 12hr 500 mg	3	QL (60 tablets/30 days)
ranolazine tab er 12hr 1000 mg	3	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	4	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
*rosuvastatin calcium tab 5 mg^*	6	QL (45 tablets/30 days)
*rosuvastatin calcium tab 10 mg^*	6	QL (45 tablets/30 days)
*rosuvastatin calcium tab 20 mg^*	6	QL (45 tablets/30 days)
*rosuvastatin calcium tab 40 mg^*	6	QL (30 tablets/30 days)
*simvastatin tab 5 mg^*	6	QL (45 tablets/30 days)
*simvastatin tab 10 mg^*	6	QL (45 tablets/30 days)
*simvastatin tab 20 mg^*	6	QL (60 tablets/30 days)
*simvastatin tab 40 mg^*	6	QL (45 tablets/30 days)
*simvastatin tab 80 mg^*	6	QL (30 tablets/30 days)
sotalol hcl (afib/afl) tab 80 mg	2	
sotalol hcl (afib/afl) tab 120 mg	2	
sotalol hcl (afib/afl) tab 160 mg	2	
sotalol hcl tab 80 mg	2	
sotalol hcl tab 120 mg	2	
sotalol hcl tab 160 mg	2	
sotalol hcl tab 240 mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
*telmisartan tab 20 mg^*	6	QL (30 tablets/30 days)
*telmisartan tab 40 mg^*	6	QL (30 tablets/30 days)
*telmisartan tab 80 mg^*	6	QL (30 tablets/30 days)
*telmisartan-amlodipine tab 40-10 mg^*	6	QL (30 tablets/30 days)
*telmisartan-amlodipine tab 40-5 mg^*	6	QL (30 tablets/30 days)
*telmisartan-amlodipine tab 80-10 mg^*	6	QL (30 tablets/30 days)
*telmisartan-amlodipine tab 80-5 mg^*	6	QL (30 tablets/30 days)
*telmisartan-hydrochlorothiazide tab 40-12.5 mg^*	6	QL (30 tablets/30 days)
*telmisartan-hydrochlorothiazide tab 80-12.5 mg^*	6	QL (60 tablets/30 days)
*telmisartan-hydrochlorothiazide tab 80-25 mg^*	6	QL (30 tablets/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
terazosin hcl cap 1 mg	1	QL (90 capsules/30 days)
terazosin hcl cap 2 mg	1	QL (60 capsules/30 days)
terazosin hcl cap 5 mg	1	QL (60 capsules/30 days)
terazosin hcl cap 10 mg	1	QL (60 capsules/30 days)
timolol maleate tab 5 mg	2	
timolol maleate tab 10 mg	2	
timolol maleate tab 20 mg	2	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
*trandolapril tab 1 mg^*	6	
*trandolapril tab 2 mg^*	6	
*trandolapril tab 4 mg^*	6	
*trandolapril-verapamil hcl tab er 1-240 mg^*	6	
*trandolapril-verapamil hcl tab er 2-180 mg^*	6	
*trandolapril-verapamil hcl tab er 2-240 mg^*	6	
*trandolapril-verapamil hcl tab er 4-240 mg^*	6	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
*valsartan tab 40 mg^*	6	QL (60 tablets/30 days)
*valsartan tab 80 mg^*	6	QL (60 tablets/30 days)
*valsartan tab 160 mg^*	6	QL (60 tablets/30 days)
*valsartan tab 320 mg^*	6	QL (30 tablets/30 days)
*valsartan-hydrochlorothiazide tab 80-12.5 mg^*	6	QL (30 tablets/30 days)
*valsartan-hydrochlorothiazide tab 160-12.5 mg^*	6	QL (30 tablets/30 days)
*valsartan-hydrochlorothiazide tab 160-25 mg^*	6	QL (30 tablets/30 days)
*valsartan-hydrochlorothiazide tab 320-12.5 mg^*	6	QL (30 tablets/30 days)
*valsartan-hydrochlorothiazide tab 320-25 mg^*	6	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
verapamil hcl cap er 24hr 100 mg	4	
verapamil hcl cap er 24hr 200 mg	4	
verapamil hcl cap er 24hr 300 mg	4	
verapamil hcl cap er 24hr 360 mg	2	
verapamil hcl cap er 24hr 120 mg	2	
verapamil hcl cap er 24hr 180 mg	2	
verapamil hcl cap er 24hr 240 mg	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
verapamil hcl tab er 120 mg	2	
verapamil hcl tab er 180 mg	2	
verapamil hcl tab er 240 mg	2	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
VERQUVO - vericiguat tab 2.5 mg	3	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 5 mg	3	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 10 mg	3	QL (30 tablets/30 days)
Central Nervous System Agents		
amphetamine-dextroamphetamine cap er 24hr 5 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tablets/30 days)
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tablets/30 days)
atomoxetine hcl cap 10 mg	4	QL (60 capsules/30 days)
atomoxetine hcl cap 18 mg	4	QL (60 capsules/30 days)
atomoxetine hcl cap 25 mg	4	QL (60 capsules/30 days)
atomoxetine hcl cap 40 mg	4	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg	4	QL (30 capsules/30 days)
atomoxetine hcl cap 80 mg	4	QL (30 capsules/30 days)
atomoxetine hcl cap 100 mg	4	QL (30 capsules/30 days)
AUSTEDO - deutetrabenazine tab 6 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO - deutetrabenazine tab 12 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg*	5	PA, QL (90 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 12 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg*	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 30 mg	5	PA, QL (30 tablets/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
AUSTEDO XR - deutetrabenazine tab er 24hr 36 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 42 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 48 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg	5	PA, QL (1 kit/28 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	5	PA, QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
clonidine hcl tab er 12hr 0.1 mg	3	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
dalfampridine tab er 12hr 10 mg†	3	PA
dexmethylphenidate hcl tab 2.5 mg	3	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 5 mg	3	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 10 mg	3	PA, QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	3	QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg	3	QL (120 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	3	QL (120 capsules/30 days)
dextroamphetamine sulfate tab 5 mg	3	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	3	QL (180 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg	4	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule delayed release 240 mg	4	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (60 capsules/30 days)
fingolimod hcl cap 0.5 mg	5	PA, QL (30 capsules/30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
guanfacine hcl tab er 24hr 1 mg#	3	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 2 mg#	3	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 3 mg#	3	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 4 mg#	3	QL (30 tablets/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	PA, QL (4 pens/28 days)
lisdexamfetamine dimesylate cap 10 mg	3	QL (30 capsules/30 days)
lisdexamfetamine dimesylate cap 20 mg	3	QL (30 capsules/30 days)
lisdexamfetamine dimesylate cap 30 mg	3	QL (30 capsules/30 days)
lisdexamfetamine dimesylate cap 40 mg	3	QL (30 capsules/30 days)
lisdexamfetamine dimesylate cap 50 mg	3	QL (30 capsules/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
lisdexamfetamine dimesylate cap 60 mg	3	QL (30 capsules/30 days)
lisdexamfetamine dimesylate cap 70 mg	3	QL (30 capsules/30 days)
MAYZENT - siponimod fumarate tab 0.25 mg	5	PA, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg	5	PA, QL (30 tablets/30 days)
MAYZENT - siponimod fumarate tab 2 mg	5	PA, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	4	PA, QL (1 pack/28 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	4	PA, QL (1 pack/28 days)
methylphenidate hcl soln 5 mg/5ml	4	PA, QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml	4	PA, QL (900 mls/30 days)
methylphenidate hcl tab er 20 mg	3	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg	3	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 10 mg	3	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 20 mg	3	PA, QL (90 tablets/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
riluzole tab 50 mg	3	
tetrabenazine tab 12.5 mg	4	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg	5	PA, QL (120 tablets/30 days)
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
VUMERITY - diroximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)
Dental and Oral Agents		
cevimeline hcl cap 30 mg	4	
chlorhexidine gluconate soln 0.12%	1	
KEPIVANCE - palifermin for iv inj 5.16 mg	5	
pilocarpine hcl tab 5 mg	2	
pilocarpine hcl tab 7.5 mg	2	
triamcinolone acetonide dental paste 0.1%	2	
Dermatological Agents		
acitretin cap 10 mg	4	
acitretin cap 17.5 mg	4	

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
acitretin cap 25 mg	4	
alclometasone dipropionate cream 0.05%	2	QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%	2	QL (120 grams/30 days)
azelaic acid gel 15%	3	
AZELEX - azelaic acid cream 20%	4	
benzoyl peroxide-erythromycin gel 5-3%	3	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	3	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	2	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	2	QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	2	QL (135 grams/30 days)
betamethasone valerate cream 0.1%	2	QL (135 grams/30 days)
betamethasone valerate lotion 0.1%	2	QL (120 mls/30 days)
betamethasone valerate oint 0.1%	2	QL (135 grams/30 days)
calcipotriene cream 0.005%	3	QL (120 grams/30 days)
calcipotriene oint 0.005%	3	QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	3	QL (120 mls/30 days)
clindamycin phosphate-benzoyl peroxide gel 1-5%	3	
clobetasol propionate cream 0.05%	2	QL (210 grams/28 days)
clobetasol propionate emollient base cream 0.05%	2	QL (210 grams/28 days)
clobetasol propionate foam 0.05%	3	QL (200 grams/28 days)
clobetasol propionate gel 0.05%	2	QL (210 grams/28 days)
clobetasol propionate oint 0.05%	2	QL (210 grams/28 days)
clobetasol propionate shampoo 0.05%	3	QL (236 mls/30 days)
clobetasol propionate soln 0.05%	2	QL (200 mls/28 days)
clotrimazole w/ betamethasone cream 1-0.05%	2	
clotrimazole w/ betamethasone lotion 1-0.05%	3	
desonide cream 0.05%	2	QL (120 grams/30 days)
desonide lotion 0.05%	4	QL (118 mls/30 days)
desonide oint 0.05%	3	QL (120 grams/30 days)
desoximetasone cream 0.05%	4	QL (120 grams/30 days)
desoximetasone cream 0.25%	4	QL (120 grams/30 days)
desoximetasone gel 0.05%	4	QL (120 grams/30 days)
desoximetasone oint 0.25%	4	QL (120 grams/30 days)
diclofenac sodium (actinic keratoses) gel 3%	4	PA
doxycycline (rosacea) cap delayed release 40 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
EFUDEX - fluorouracil cream 5%	3	
FINACEA - azelaic acid foam 15%	3	
fluocinolone acetonide cream 0.01%	2	QL (120 grams/30 days)
fluocinolone acetonide cream 0.025%	3	QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil)	3	QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	3	QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025%	3	QL (120 grams/30 days)
fluocinolone acetonide soln 0.01%	3	QL (120 mls/30 days)
fluocinonide cream 0.05%	2	QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	2	QL (120 grams/30 days)
fluocinonide gel 0.05%	2	QL (120 grams/30 days)
fluocinonide oint 0.05%	2	QL (120 grams/30 days)
fluocinonide soln 0.05%	2	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil cream 0.5%	5	
FLUOROURACIL - fluorouracil soln 2%	3	
fluorouracil cream 5%	3	
fluorouracil soln 5%	3	
fluticasone propionate cream 0.05%	2	QL (120 grams/30 days)
fluticasone propionate oint 0.005%	2	QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	2	
gentamicin sulfate oint 0.1%	2	
halobetasol propionate cream 0.05%	2	QL (200 grams/28 days)
halobetasol propionate oint 0.05%	3	QL (200 grams/28 days)
hydrocortisone butyrate cream 0.1%	2	QL (135 grams/30 days)
hydrocortisone butyrate oint 0.1%	2	QL (135 grams/30 days)
hydrocortisone butyrate soln 0.1%	3	QL (120 mls/30 days)
hydrocortisone cream 1%	1	
hydrocortisone cream 2.5%	1	QL (454 grams/30 days)
hydrocortisone lotion 2.5%	2	QL (118 mls/30 days)
hydrocortisone oint 1%	1	
hydrocortisone oint 2.5%	1	QL (454 grams/30 days)
hydrocortisone valerate cream 0.2%	3	QL (120 grams/30 days)
hydrocortisone valerate oint 0.2%	3	QL (120 grams/30 days)
imiquimod cream 5%	2	PA
isotretinoin cap 10 mg	4	
isotretinoin cap 20 mg	4	
isotretinoin cap 25 mg	4	
isotretinoin cap 30 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
isotretinoin cap 35 mg	4	
isotretinoin cap 40 mg	4	
ivermectin cream 1%	3	PA
lactic acid (ammonium lactate) cream 12%	2	
lactic acid (ammonium lactate) lotion 12%	2	
malathion lotion 0.5%	4	
METHOXSALEN - methoxsalen rapid cap 10 mg	5	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	2	
metronidazole gel 1%	2	
metronidazole lotion 0.75%	3	
mometasone furoate cream 0.1%	2	QL (135 grams/30 days)
mometasone furoate oint 0.1%	2	QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	2	QL (120 mls/30 days)
mupirocin calcium cream 2%	3	QL (30 grams/30 days)
mupirocin oint 2%	2	QL (30 grams/30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2	
ORACEA - doxycycline (rosacea) cap delayed release 40 mg	3	
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
permethrin cream 5%	2	
pimecrolimus cream 1%	4	PA
podofilox soln 0.5%	2	
REGRANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
SANTYL - collagenase oint 250 unit/gm	3	QL (180 grams/30 days)
selenium sulfide lotion 2.5%	2	
silver sulfadiazine cream 1%	2	
sulfacetamide sodium lotion 10% (acne)	3	
tacrolimus oint 0.03%	4	PA
tacrolimus oint 0.1%	4	PA
tazarotene cream 0.1%	3	PA
tazarotene gel 0.05%	4	PA
tazarotene gel 0.1%	4	PA
TAZORAC - tazarotene cream 0.05%	4	PA
tretinoin cream 0.025%	3	PA
tretinoin cream 0.05%	3	PA
tretinoin cream 0.1%	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
tretinoin gel 0.01%	3	PA
tretinoin gel 0.025%	3	PA
triamcinolone acetonide cream 0.025%	2	QL (454 grams/30 days)
triamcinolone acetonide cream 0.1%	2	QL (454 grams/30 days)
triamcinolone acetonide cream 0.5%	2	QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%	2	QL (120 mls/30 days)
triamcinolone acetonide lotion 0.1%	2	QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.1%	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	2	QL (120 grams/30 days)
Electrolytes/Minerals/Metals/Vitamins		
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	5	PA, QL (360 tablets/30 days)
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	2	
calcium acetate (phosphate binder) tab 667 mg	2	
carglumic acid soluble tab 200 mg	5	PA
CHEMET - succimer cap 100 mg	4	
deferasirox granules packet 90 mg†	5	PA
deferasirox granules packet 180 mg†	5	PA
deferasirox granules packet 360 mg†	5	PA
deferasirox tab for oral susp 125 mg†	4	PA
deferasirox tab for oral susp 250 mg†	5	PA
deferasirox tab for oral susp 500 mg†	5	PA
deferasirox tab 90 mg†	4	PA
deferasirox tab 180 mg†	5	PA
deferasirox tab 360 mg†	5	PA
dextrose inj 5%	4	
dextrose inj 10%	4	
dextrose 2.5% w/ sodium chloride 0.45%	4	
dextrose 5% in lactated ringers	4	
dextrose 5% w/ sodium chloride 0.33%	4	
dextrose 5% w/ sodium chloride 0.2%	4	
dextrose 5% w/ sodium chloride 0.45%	4	
dextrose 5% w/ sodium chloride 0.9%	4	
fomepizole inj 1 gm/ml (for iv infusion)	5	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental)	5	QL (180 packets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg (elemental)	5	QL (120 packets/30 days)
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD

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
kcl 20 meq/l (0.149%) in nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	4	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	4	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	4	
lactated ringer's solution	4	
lanthanum carbonate chew tab 500 mg (elemental)	4	QL (90 tablets/30 days)
lanthanum carbonate chew tab 750 mg (elemental)	5	QL (180 tablets/30 days)
lanthanum carbonate chew tab 1000 mg (elemental)	4	QL (120 tablets/30 days)
magnesium sulfate inj 50%	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
potassium chloride cap er 8 meq	2	
potassium chloride cap er 10 meq	2	
potassium chloride inj 2 meq/ml	4	
potassium chloride microencapsulated crys er tab 10 meq	2	
potassium chloride microencapsulated crys er tab 15 meq	2	
potassium chloride microencapsulated crys er tab 20 meq	2	
potassium chloride oral soln 10% (20 meq/15ml)	4	
potassium chloride oral soln 20% (40 meq/15ml)	4	
potassium chloride tab er 8 meq (600 mg)	2	
potassium chloride tab er 10 meq	2	
potassium chloride tab er 20 meq (1500 mg)	2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	4	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	4	
potassium citrate tab er 5 meq (540 mg)	3	
potassium citrate tab er 10 meq (1080 mg)	3	
potassium citrate tab er 15 meq (1620 mg)	3	
sevelamer carbonate packet 0.8 gm	4	QL (270 packets/30 days)
sevelamer carbonate packet 2.4 gm	4	QL (90 packets/30 days)
sevelamer carbonate tab 800 mg	4	
sodium chloride irrigation soln 0.9%	2	
sodium chloride iv soln 0.45%	4	
sodium chloride iv soln 0.9%	4	
sodium chloride preservative free inj 0.9%	4	
sodium polystyrene sulfonate oral susp 15 gm/60ml	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
sodium polystyrene sulfonate powder	2	
tolvaptan tab 15 mg	5	PA
tolvaptan tab 30 mg	5	PA
TRAVASOL - amino acid infusion 10%	4	BD
trientine hcl cap 250 mg†	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	5	QL (180 tablets/30 days)
VELTASSA - patiromer sorbitex calcium for susp packet 8.4 gm	3	
VELTASSA - patiromer sorbitex calcium for susp packet 16.8 gm	3	
VELTASSA - patiromer sorbitex calcium for susp packet 25.2 gm	3	
water for irrigation, sterile irrigation soln	2	
Gastrointestinal Agents		
alosetron hcl tab 0.5 mg	4	PA, QL (60 tablets/30 days)
alosetron hcl tab 1 mg	5	PA, QL (60 tablets/30 days)
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	3	
CHENODAL - chenodiol tab 250 mg*	5	PA
cimetidine tab 200 mg	2	
cimetidine tab 300 mg	2	
cimetidine tab 400 mg	2	
cimetidine tab 800 mg	2	
dicyclomine hcl cap 10 mg#	2	PA (>=65 yr)
dicyclomine hcl oral soln 10 mg/5ml#	4	PA (>=65 yr)
dicyclomine hcl tab 20 mg#	2	PA (>=65 yr)
diphenoxylate w/ atropine tab 2.5-0.025 mg#	3	PA (>=65 yr)
esomeprazole magnesium cap delayed release 20 mg	2	QL (30 capsules/30 days)
esomeprazole magnesium cap delayed release 40 mg	2	QL (30 capsules/30 days)
esomeprazole magnesium for delayed release susp packet 10 mg	3	QL (30 packets/30 days)
esomeprazole magnesium for delayed release susp packet 20 mg	3	QL (30 packets/30 days)
esomeprazole magnesium for delayed release susp packet 40 mg	3	QL (30 packets/30 days)
esomeprazole sodium for intravenous soln 40 mg	4	
famotidine for susp 40 mg/5ml	4	
famotidine inj 40 mg/4ml	4	
famotidine inj 200 mg/20ml	4	
famotidine preservative free inj 20 mg/2ml	4	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	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
glycopyrrolate tab 1 mg	2	
glycopyrrolate tab 2 mg	2	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose solution 10 gm/15ml	2	
lansoprazole cap delayed release 15 mg	2	QL (30 capsules/30 days)
lansoprazole cap delayed release 30 mg	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 145 mcg	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 290 mcg	3	QL (30 capsules/30 days)
loperamide hcl cap 2 mg	2	
lubiprostone cap 8 mcg	4	QL (120 capsules/30 days)
lubiprostone cap 24 mcg	4	QL (60 capsules/30 days)
methscopolamine bromide tab 2.5 mg#	3	PA (>=65 yr)
methscopolamine bromide tab 5 mg#	3	PA (>=65 yr)
metoclopramide hcl inj 5 mg/ml	4	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	2	
metoclopramide hcl tab 5 mg	1	
metoclopramide hcl tab 10 mg	1	
misoprostol tab 100 mcg	2	
misoprostol tab 200 mcg	2	
MOVANTIK - naloxegol oxalate tab 12.5 mg	3	
MOVANTIK - naloxegol oxalate tab 25 mg	3	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
NIZATIDINE - nizatidine cap 150 mg	4	
nizatidine cap 300 mg	2	
OCALIVA - obeticholic acid tab 5 mg*†	5	PA, QL (30 tablets/30 days)
OCALIVA - obeticholic acid tab 10 mg*†	5	PA, QL (30 tablets/30 days)
omeprazole cap delayed release 10 mg	1	QL (30 capsules/30 days)
omeprazole cap delayed release 20 mg	1	QL (60 capsules/30 days)
omeprazole cap delayed release 40 mg	1	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg	1	QL (30 tablets/30 days)
pantoprazole sodium ec tab 40 mg	1	QL (60 tablets/30 days)
pantoprazole sodium for iv soln 40 mg	4	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
rabeprazole sodium ec tab 20 mg	2	QL (30 tablets/30 days)
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
sucralfate susp 1 gm/10ml	4	

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
sucralfate tab 1 gm	2	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
ursodiol cap 300 mg	3	
ursodiol tab 250 mg	3	
ursodiol tab 500 mg	3	
VIBERZI - eluxadoline tab 75 mg	5	PA, QL (60 tablets/30 days)
VIBERZI - eluxadoline tab 100 mg	5	PA, QL (60 tablets/30 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5	
betaine powder for oral solution	5	
CEREZYME - imiglucerase for inj 400 unit*	5	PA
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3	
cromolyn sodium oral conc 100 mg/5ml	4	
CRYSVITA - burosumab-twza inj 10 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 20 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 30 mg/ml	5	PA
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	PA
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	PA
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
ENDARI - glutamine (sickle cell) powd pack 5 gm*	5	PA
FABRAZYME - agalsidase beta for iv soln 5 mg*	5	
FABRAZYME - agalsidase beta for iv soln 35 mg*	5	
glutamine (sickle cell) powd pack 5 gm	5	PA
levocarnitine oral soln 1 gm/10ml (10%)	4	
levocarnitine tab 330 mg	2	
LUMIZYME - alglucosidase alfa for iv soln 50 mg*	5	

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
*miglustat cap 100 mg**	5	PA, QL (90 capsules/30 days)
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
nitisinone cap 2 mg	5	
nitisinone cap 5 mg	5	
nitisinone cap 10 mg	5	
nitisinone cap 20 mg	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	5	
sapropterin dihydrochloride powder packet 100 mg†	5	PA
sapropterin dihydrochloride powder packet 500 mg†	5	PA
sapropterin dihydrochloride tab 100 mg†	4	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	PA
sodium phenylbutyrate tab 500 mg	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	PA
VPRIV - velaglucerase alfa for inj 400 unit	5	PA
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	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
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit	3	
ZOKINVY - lonafarnib cap 50 mg	5	PA, QL (120 capsules/30 days)
ZOKINVY - lonafarnib cap 75 mg	5	PA, QL (120 capsules/30 days)
Genitourinary Agents		
alfuzosin hcl tab er 24hr 10 mg	1	QL (30 tablets/30 days)
bethanechol chloride tab 5 mg	2	
bethanechol chloride tab 10 mg	2	
bethanechol chloride tab 25 mg	2	
bethanechol chloride tab 50 mg	2	
darifenacin hydrobromide tab er 24hr 7.5 mg	4	QL (30 tablets/30 days)
darifenacin hydrobromide tab er 24hr 15 mg	4	QL (30 tablets/30 days)
dutasteride cap 0.5 mg	2	QL (30 capsules/30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	QL (30 capsules/30 days)
finasteride tab 5 mg	1	QL (30 tablets/30 days)
GEMTESA - vibegron tab 75 mg	3	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	4	
methylergonovine maleate tab 0.2 mg	5	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	3	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	3	QL (30 tablets/30 days)
oxybutynin chloride solution 5 mg/5ml	2	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg	2	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg	2	QL (90 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	2	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	2	QL (120 tablets/30 days)
penicillamine tab 250 mg	5	
silodosin cap 4 mg	3	QL (30 capsules/30 days)
silodosin cap 8 mg	3	QL (30 capsules/30 days)
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
solifenacin succinate tab 5 mg	2	QL (30 tablets/30 days)
solifenacin succinate tab 10 mg	2	QL (30 tablets/30 days)
tamsulosin hcl cap 0.4 mg	1	QL (60 capsules/30 days)
tolterodine tartrate cap er 24hr 2 mg	2	QL (30 capsules/30 days)
tolterodine tartrate cap er 24hr 4 mg	2	QL (30 capsules/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
tolterodine tartrate tab 1 mg	2	QL (60 tablets/30 days)
tolterodine tartrate tab 2 mg	2	QL (60 tablets/30 days)
trospium chloride cap er 24hr 60 mg	3	QL (30 capsules/30 days)
trospium chloride tab 20 mg	2	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone elixir 0.5 mg/5ml	3	
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	4	
dexamethasone sodium phosphate inj 4 mg/ml	4	
dexamethasone sodium phosphate inj 20 mg/5ml	4	
dexamethasone sodium phosphate inj 120 mg/30ml	4	
dexamethasone soln 0.5 mg/5ml	3	
dexamethasone tab 0.5 mg	2	
dexamethasone tab 0.75 mg	2	
dexamethasone tab 1 mg	2	
dexamethasone tab 2 mg	2	
dexamethasone tab 4 mg	2	
dexamethasone tab 6 mg	2	
fludrocortisone acetate tab 0.1 mg	2	
HEMADY - dexamethasone tab 20 mg	4	
hydrocortisone tab 5 mg	2	
hydrocortisone tab 10 mg	2	
hydrocortisone tab 20 mg	2	
methylprednisolone sod succ for inj 40 mg	4	
methylprednisolone sod succ for inj 125 mg	4	
methylprednisolone sod succ for inj 500 mg	4	
methylprednisolone sod succ for inj 1000 mg	4	
methylprednisolone tab therapy pack 4 mg (21)	2	
methylprednisolone tab 4 mg	2	
methylprednisolone tab 8 mg	2	
methylprednisolone tab 16 mg	2	
methylprednisolone tab 32 mg	2	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	2	
prednisolone sod phosphate oral soln 15 mg/5ml	2	
prednisolone sodium phosphate oral soln 25 mg/5ml	2	
prednisolone soln 15 mg/5ml	2	
prednisone oral soln 5 mg/5ml	2	
prednisone tab therapy pack 5 mg (21)	2	
prednisone tab therapy pack 5 mg (48)	2	

Drug Name	Drug Tier	Requirements/Limits
prednisone tab therapy pack 10 mg (21)	2	
prednisone tab therapy pack 10 mg (48)	2	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	2	
prednisone tab 10 mg	2	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
desmopressin acetate inj 4 mcg/ml	4	
desmopressin acetate nasal spray soln 0.01%	4	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	4	
desmopressin acetate preservative free inj 4 mcg/ml	4	
desmopressin acetate tab 0.1 mg	2	
desmopressin acetate tab 0.2 mg	2	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	3	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	3	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	PA
PREGNYL - chorionic gonadotropin for im inj 10000 unit	4	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day#	4	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day#	4	
danazol cap 50 mg	3	PA
danazol cap 100 mg	3	PA
danazol cap 200 mg	3	PA
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	4	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	3	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg#	3	
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	

Drug Name	Drug Tier	Requirements/Limits
drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	4	
estradiol & norethindrone acetate tab 0.5-0.1 mg#	4	
estradiol & norethindrone acetate tab 1-0.5 mg#	4	
estradiol tab 0.5 mg#	1	
estradiol tab 1 mg#	1	
estradiol tab 2 mg#	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)#	4	
estradiol td gel 0.5 mg/0.5gm (0.1%)#	4	
estradiol td gel 0.75 mg/0.75gm (0.1%)#	4	
estradiol td gel 1 mg/gm (0.1%)#	4	
estradiol td gel 1.25 mg/1.25gm (0.1%)#	4	
estradiol td patch twice weekly 0.025 mg/24hr#	2	
estradiol td patch twice weekly 0.0375 mg/24hr#	2	
estradiol td patch twice weekly 0.05 mg/24hr#	2	
estradiol td patch twice weekly 0.075 mg/24hr#	2	
estradiol td patch twice weekly 0.1 mg/24hr#	2	
estradiol td patch weekly 0.025 mg/24hr#	2	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#	2	
estradiol td patch weekly 0.05 mg/24hr#	2	
estradiol td patch weekly 0.06 mg/24hr#	2	
estradiol td patch weekly 0.075 mg/24hr#	2	
estradiol td patch weekly 0.1 mg/24hr#	2	
estradiol vaginal cream 0.1 mg/gm	2	
estradiol vaginal tab 10 mcg	3	
estradiol valerate im in oil 10 mg/ml	3	
estradiol valerate im in oil 20 mg/ml	3	
estradiol valerate im in oil 40 mg/ml	3	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	4	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	4	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	3	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	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
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	3	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	4	
medroxyprogesterone acetate im susp 150 mg/ml	4	
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 40 mg/ml#	4	
megestrol acetate tab 20 mg#	2	
megestrol acetate tab 40 mg#	2	
MENEST - esterified estrogens tab 0.3 mg#	4	
MENEST - esterified estrogens tab 0.625 mg#	4	
MENEST - esterified estrogens tab 1.25 mg#	4	
MENEST - esterified estrogens tab 2.5 mg#	4	
methyltestosterone cap 10 mg	5	PA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	3	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	3	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#	3	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	3	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
norethindrone acetate tab 5 mg	2	
norethindrone tab 0.35 mg	3	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	3	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMARIN - estrogens, conjugated tab 0.3 mg#	3	
PREMARIN - estrogens, conjugated tab 0.45 mg#	3	
PREMARIN - estrogens, conjugated tab 0.625 mg#	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
PREMARIN - estrogens, conjugated tab 0.9 mg#	3	
PREMARIN - estrogens, conjugated tab 1.25 mg#	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg#	3	
progesterone cap 100 mg	2	
progesterone cap 200 mg	2	
*raloxifene hcl tab 60 mg^*	6	
testosterone cypionate im inj in oil 100 mg/ml	3	PA
testosterone cypionate im inj in oil 200 mg/ml	3	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA
testosterone td gel 25 mg/2.5gm (1%)	3	PA, QL (90 packets/30 days)
testosterone td gel 50 mg/5gm (1%)	3	PA, QL (60 units/30 days)
testosterone td gel 12.5 mg/act (1%)	3	PA, QL (4 pump bottles/30 days)
testosterone td gel 20.25 mg/1.25gm (1.62%)	4	PA, QL (30 packets/30 days)
testosterone td gel 40.5 mg/2.5gm (1.62%)	4	PA, QL (60 packets/30 days)
testosterone td gel 20.25 mg/act (1.62%)	4	PA, QL (2 pump bottles/30 days)
testosterone td soln 30 mg/act	4	PA, QL (2 pump bottles/30 days)
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	3	
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)	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
levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)	1	
levothyroxine sodium tab 300 mcg (levo-t, unithroid)	1	
liothyronine sodium tab 5 mcg	2	
liothyronine sodium tab 25 mcg	2	
liothyronine sodium tab 50 mcg	2	
SYNTHROID - levothyroxine sodium tab 25 mcg	3	
SYNTHROID - levothyroxine sodium tab 50 mcg	3	
SYNTHROID - levothyroxine sodium tab 75 mcg	3	
SYNTHROID - levothyroxine sodium tab 88 mcg	3	
SYNTHROID - levothyroxine sodium tab 100 mcg	3	
SYNTHROID - levothyroxine sodium tab 112 mcg	3	
SYNTHROID - levothyroxine sodium tab 125 mcg	3	
SYNTHROID - levothyroxine sodium tab 137 mcg	3	
SYNTHROID - levothyroxine sodium tab 150 mcg	3	
SYNTHROID - levothyroxine sodium tab 175 mcg	3	
SYNTHROID - levothyroxine sodium tab 200 mcg	3	
SYNTHROID - levothyroxine sodium tab 300 mcg	3	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
mifepristone tab 300 mg	5	PA, QL (120 tablets/30 days)
Hormonal Agents, Suppressant (Pituitary)		
cabergoline tab 0.5 mg	2	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	PA
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	PA
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA
FIRMAGON - degarelix acetate for inj 80 mg	4	
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	4	

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
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	4	PA
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	5	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	5	PA
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	PA
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 11.25 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 15 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5	PA
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	5	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	PA
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	PA
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspartate inj 0.6 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 20 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 30 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 40 mg*	5	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
SIGNIFOR LAR - pasireotide pamoate for im er susp 60 mg*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg*	5	PA
SOMAVERT - pegvisomant for inj 15 mg*	5	PA
SOMAVERT - pegvisomant for inj 20 mg*	5	PA
SOMAVERT - pegvisomant for inj 25 mg*	5	PA
SOMAVERT - pegvisomant for inj 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	4	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	4	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	4	PA
Hormonal Agents, Suppressant (Thyroid)		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	2	
Immunological Agents		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	3	
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3	
ARCALYST - rilonacept for inj 220 mg*	5	PA
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	3	
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
AZATHIOPRINE - azathioprine sodium for inj 100 mg^	6	BD
*azathioprine tab 50 mg^*	6	BD
azathioprine tab 75 mg	4	BD
azathioprine tab 100 mg	4	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	3	
BENLYSTA - belimumab for iv soln 120 mg	5	PA
BENLYSTA - belimumab for iv soln 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
cyclosporine cap 25 mg	3	BD
cyclosporine cap 100 mg	4	BD
cyclosporine iv soln 50 mg/ml	4	BD
cyclosporine modified cap 25 mg	3	BD
cyclosporine modified cap 50 mg	3	BD
cyclosporine modified cap 100 mg	3	BD
cyclosporine modified oral soln 100 mg/ml	4	BD
CYLTEZO - adalimumab-adbm auto-injector kit 40 mg/0.4ml	5	PA
CYLTEZO - adalimumab-adbm auto-injector kit 40 mg/0.8ml	5	PA
CYLTEZO - adalimumab-adbm prefilled syringe kit 10 mg/0.2ml	5	PA
CYLTEZO - adalimumab-adbm prefilled syringe kit 20 mg/0.4ml	5	PA
CYLTEZO - adalimumab-adbm prefilled syringe kit 40 mg/0.4ml	5	PA
CYLTEZO - adalimumab-adbm prefilled syringe kit 40 mg/0.8ml	5	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS - adalimumab-adbm auto-injector kit 40 mg/0.4ml	5	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS - adalimumab-adbm auto-injector kit 40 mg/0.8ml	5	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS - adalimumab-adbm auto-injector kit 40 mg/0.8ml	5	PA

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS - adalimumab-adbm auto-injector kit 40 mg/0.4ml	5	PA
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3	
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln pen-injector 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml	3	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml	3	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3	BD
everolimus tab 0.25 mg	4	BD
everolimus tab 0.5 mg	4	BD
everolimus tab 0.75 mg	5	BD
everolimus tab 1 mg	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA

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Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML - immune globulin (human) iv for soln 5 gm	5	BD, PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML - immune globulin (human) iv for soln 10 gm	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/400ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	3	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	3	
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	5	PA
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	5	PA
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml	5	PA
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.8ml	5	PA
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	3	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	3	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	3	BD

Drug Name	Drug Tier	Requirements/Limits
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	5	PA, QL (6 syringes/30 days)
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	3	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3	
IXCHIQ - chikungunya virus vaccine live for im solution	3	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	3	BD
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
leflunomide tab 10 mg	3	
leflunomide tab 20 mg	3	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	3	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	3	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	3	
*methotrexate sodium for inj 1 gm^*	6	
*methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)^*	6	
*methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)^*	6	
*methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)^*	6	

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 inj 250 mg/10ml (25 mg/ml)^*	6	
*methotrexate sodium inj 50 mg/2ml (25 mg/ml)^*	6	
*methotrexate sodium tab 2.5 mg^*	6	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	3	
mycophenolate mofetil cap 250 mg	2	BD
mycophenolate mofetil for oral susp 200 mg/ml	4	BD
mycophenolate mofetil hcl for iv soln 500 mg	4	BD
mycophenolate mofetil tab 500 mg	2	BD
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	4	BD
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	4	BD
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj	3	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	3	BD
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	3	
PROGRAF - tacrolimus inj 5 mg/ml	4	BD
PROGRAF - tacrolimus packet for susp 0.2 mg	4	BD
PROGRAF - tacrolimus packet for susp 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	

Drug Name	Drug Tier	Requirements/Limits
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
RABAVERT - rabies vaccine, pcec for inj	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	3	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
RIDAURA - auranofin cap 3 mg	5	
RINVOQ - upadacitinib tab er 24hr 15 mg	5	PA
RINVOQ - upadacitinib tab er 24hr 30 mg	5	PA
RINVOQ - upadacitinib tab er 24hr 45 mg	5	PA
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	3	
ROTARIX - rotavirus vaccine, live oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	QL (2 vaccines/lifetime; >=18 yr)
SIMULECT - basiliximab for iv soln 10 mg	5	BD
SIMULECT - basiliximab for iv soln 20 mg	5	BD
sirolimus oral soln 1 mg/ml	4	BD
sirolimus tab 0.5 mg	4	BD
sirolimus tab 1 mg	4	BD
sirolimus tab 2 mg	4	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	5	PA
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	5	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	5	PA
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	PA
STAMARIL - yellow fever vaccine for inj suspension	3	
STELARA - ustekinumab inj 45 mg/0.5ml	5	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
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
SYNAGIS - palivizumab im soln 50 mg/0.5ml*	5	
SYNAGIS - palivizumab im soln 100 mg/ml*	5	
tacrolimus cap 0.5 mg	2	BD
tacrolimus cap 1 mg	2	BD
tacrolimus cap 5 mg	3	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml	3	
TICOVAC - tick-borne encephalit vac inact susp pref syr 2.4 mcg/0.5ml	3	
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	3	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - tofacitinib citrate oral soln 1 mg/ml	5	PA
XELJANZ - tofacitinib citrate tab 5 mg	5	PA
XELJANZ - tofacitinib citrate tab 10 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg	5	PA
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 150 mg/ml*	5	PA

Drug Name	Drug Tier	Requirements/Limits
XOLAIR - omalizumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 300 mg/2ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	3	
Inflammatory Bowel Disease Agents		
balsalazide disodium cap 750 mg	3	
budesonide delayed release particles cap 3 mg	4	PA, QL (90 capsules/30 days)
budesonide tab er 24hr 9 mg	5	PA, QL (30 tablets/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
hydrocortisone enema 100 mg/60ml	3	
hydrocortisone perianal cream 1%	1	
hydrocortisone perianal cream 2.5%	1	QL (454 grams/30 days)
mesalamine cap dr 400 mg	4	QL (180 capsules/30 days)
mesalamine cap er 24hr 0.375 gm	4	QL (120 capsules/30 days)
mesalamine cap er 500 mg	4	QL (240 capsules/30 days)
mesalamine enema 4 gm	4	
mesalamine rectal enema 4 gm & cleanser wipe kit	4	
mesalamine suppos 1000 mg	4	
mesalamine tab delayed release 800 mg	4	QL (180 tablets/30 days)
mesalamine tab delayed release 1.2 gm	4	QL (120 tablets/30 days)
PENTASA - mesalamine cap er 250 mg	4	QL (480 capsules/30 days)
*sulfasalazine tab delayed release 500 mg^*	6	
*sulfasalazine tab 500 mg^*	6	
Metabolic Bone Disease Agents		
*alendronate sodium tab 10 mg^*	6	QL (120 tablets/30 days)
*alendronate sodium tab 35 mg^*	6	QL (4 tablets/28 days)
*alendronate sodium tab 70 mg^*	6	QL (4 tablets/28 days)
calcitonin (salmon) inj 200 unit/ml	5	
*calcitonin (salmon) nasal soln 200 unit/act^*	6	
calcitriol cap 0.25 mcg	2	
calcitriol cap 0.5 mcg	2	
calcitriol oral soln 1 mcg/ml	4	
cinacalcet hcl tab 30 mg	4	PA
cinacalcet hcl tab 60 mg	4	PA
cinacalcet hcl tab 90 mg	5	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
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	5	PA
*ibandronate sodium iv soln 3 mg/3ml^*	6	
*ibandronate sodium tab 150 mg^*	6	QL (1 tablet/28 days)
paricalcitol cap 1 mcg	3	
paricalcitol cap 2 mcg	3	
paricalcitol cap 4 mcg	3	
paricalcitol iv soln 2 mcg/ml	4	
paricalcitol iv soln 5 mcg/ml	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
risedronate sodium tab delayed release 35 mg	2	QL (4 tablets/28 days)
risedronate sodium tab 5 mg	2	QL (30 tablets/30 days)
risedronate sodium tab 30 mg	2	QL (30 tablets/30 days)
risedronate sodium tab 35 mg	2	QL (4 tablets/28 days)
risedronate sodium tab 150 mg	2	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	5	PA
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	5	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
zoledronic acid inj conc for iv infusion 4 mg/5ml	4	
zoledronic acid iv soln 5 mg/100ml	4	
Ophthalmic Agents		
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	3	
atropine sulfate ophth soln 1%	3	
azelastine hcl ophth soln 0.05%	2	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
bacitracin-polymyxin b ophth oint	2	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	3	
betaxolol hcl ophth soln 0.5%	2	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
bimatoprost ophth soln 0.03%	3	QL (15 mls/75 days)
brimonidine tartrate ophth soln 0.1%	3	
brimonidine tartrate ophth soln 0.15%	3	
brimonidine tartrate ophth soln 0.2%	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	
brinzolamide ophth susp 1%	4	
bromfenac sodium ophth soln 0.07%	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
bromfenac sodium ophth soln 0.09% (once-daily)	3	
carteolol hcl ophth soln 1%	2	
ciprofloxacin hcl ophth soln 0.3%	2	
cromolyn sodium ophth soln 4%	2	
CYSTADROPS - cysteamine hcl ophth soln 0.37%*	5	PA
CYSTARAN - cysteamine hcl ophth soln 0.44%*	5	PA
dexamethasone sodium phosphate ophth soln 0.1%	2	
diclofenac sodium ophth soln 0.1%	2	
difluprednate ophth emulsion 0.05%	3	
dorzolamide hcl ophth soln 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
epinastine hcl ophth soln 0.05%	2	
erythromycin ophth oint 5 mg/gm	2	
EYSUVIS - loteprednol etabonate ophth susp 0.25%	3	PA
fluorometholone ophth susp 0.1%	2	
flurbiprofen sodium ophth soln 0.03%	2	
gentamicin sulfate ophth soln 0.3%	2	
ILEVRO - nepafenac ophth susp 0.3%	4	
INVELTYS - loteprednol etabonate ophth susp 1%	3	
ketorolac tromethamine ophth soln 0.4%	2	
ketorolac tromethamine ophth soln 0.5%	2	
LACRISERT - artificial tear ophth insert	4	
latanoprost ophth soln 0.005%	1	QL (15 mls/75 days)
levobunolol hcl ophth soln 0.5%	2	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (15 mls/75 days)
moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)	2	
moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)	2	
NATACYN - natamycin ophth susp 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin ophth soln 0.3%	2	
olopatadine hcl ophth soln 0.2%	2	
pilocarpine hcl ophth soln 1%	2	
pilocarpine hcl ophth soln 2%	2	
pilocarpine hcl ophth soln 4%	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
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
prednisolone acetate ophth susp 1%	3	
prednisolone sodium phosphate ophth soln 1%	3	
PROLENSA - bromfenac sodium ophth soln 0.07%	3	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	QL (2 bottles/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	QL (15 mls/75 days)
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3	QL (15 mls/75 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	3	
sulfacetamide sodium ophth soln 10%	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
timolol maleate ophth gel forming soln 0.25%	3	
timolol maleate ophth gel forming soln 0.5%	3	
timolol maleate ophth soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	2	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
tobramycin ophth soln 0.3%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
Otic Agents		
acetic acid otic soln 2%	2	
fluocinolone acetonide (otic) oil 0.01%	2	
hydrocortisone w/ acetic acid otic soln 1-2%	3	
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin otic soln 0.3%	2	
Respiratory Tract/Pulmonary Agents		
acetylcysteine inhal soln 10%	2	BD
acetylcysteine inhal soln 20%	2	BD
ADEMPAS - riociguat tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	5	PA, QL (90 tablets/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
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	QL (1 inhaler/30 days)
albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)	3	QL (36 grams/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	2	BD
albuterol sulfate soln nebu 0.5% (5 mg/ml)	2	BD
albuterol sulfate soln nebu 0.63 mg/3ml	2	BD
albuterol sulfate soln nebu 1.25 mg/3ml	2	BD
albuterol sulfate syrup 2 mg/5ml	2	
albuterol sulfate tab 2 mg	3	
albuterol sulfate tab 4 mg	3	
*ambrisentan tab 5 mg**	4	PA, QL (30 tablets/30 days)
*ambrisentan tab 10 mg**	4	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	3	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 inhalers/30 days)
azelastine hcl nasal spray 0.1% (137 mcg/spray)	2	QL (2 bottles/30 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	2	QL (2 bottles/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
*bosentan tab 62.5 mg**	4	PA, QL (60 tablets/30 days)
*bosentan tab 125 mg**	4	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	3	QL (1 package/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3	QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml	4	BD
budesonide inhalation susp 0.5 mg/2ml	4	BD
budesonide inhalation susp 1 mg/2ml	4	BD
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (3 inhalers/30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (3 inhalers/30 days)
caffeine citrate oral soln 60 mg/3ml	2	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	4	PA (>=65 yr)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	4	BD
cyproheptadine hcl syrup 2 mg/5ml#	3	PA (>=65 yr)
cyproheptadine hcl tab 4 mg#	3	PA (>=65 yr)
diphenhydramine hcl inj 50 mg/ml	4	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	3	QL (3 inhalers/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	3	QL (3 inhalers/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	3	QL (3 inhalers/30 days)
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)	3	
FASENRA - benralizumab subcutaneous soln prefilled syringe 10 mg/0.5ml	5	PA
FASENRA - benralizumab subcutaneous soln prefilled syringe 30 mg/ml	5	PA
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	5	PA

Drug Name	Drug Tier	Requirements/Limits
flunisolide nasal soln 25 mcg/act (0.025%)	3	QL (3 bottles/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aero 44 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act	3	QL (2 inhalers/30 days)
fluticasone propionate nasal susp 50 mcg/act	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act	3	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act	3	QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	2	BD
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2	QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2	QL (3 bottles/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	BD
KALYDECO - ivacaftor packet 5.8 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 13.4 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 25 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 50 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
levocetirizine dihydrochloride tab 5 mg	1	
mometasone furoate nasal susp 50 mcg/act	2	QL (2 bottles/30 days)
montelukast sodium chew tab 4 mg	2	
montelukast sodium chew tab 5 mg	2	
montelukast sodium oral granules packet 4 mg	4	
montelukast sodium tab 10 mg	1	
OFEV - nintedanib esylate cap 100 mg*†	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg*†	5	PA, QL (60 capsules/30 days)
olopatadine hcl nasal soln 0.6%	3	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext sl tab 300 ir	4	PA, QL (30 tablets/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
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
pirfenidone cap 267 mg	5	PA, QL (270 capsules/30 days)
pirfenidone tab 267 mg	5	PA, QL (270 tablets/30 days)
pirfenidone tab 801 mg	5	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 inhaler/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 inhalers/30 days)
ribavirin for inhal soln 6 gm	5	
roflumilast tab 250 mcg	4	PA, QL (30 tablets/30 days)
roflumilast tab 500 mcg	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act	3	QL (1 inhaler/30 days)
sildenafil citrate tab 20 mg	3	PA, QL (90 tablets/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	3	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
tadalafil tab 20 mg (pah)	5	PA, QL (60 tablets/30 days)
terbutaline sulfate tab 2.5 mg	4	
terbutaline sulfate tab 5 mg	4	
THEO-24 - theophylline cap er 24hr 100 mg	4	
THEO-24 - theophylline cap er 24hr 200 mg	4	
THEO-24 - theophylline cap er 24hr 300 mg	4	
THEO-24 - theophylline cap er 24hr 400 mg	4	
theophylline tab er 12hr 300 mg	4	
theophylline tab er 12hr 450 mg	4	
theophylline tab er 24hr 400 mg	2	
theophylline tab er 24hr 600 mg	2	
tobramycin nebu soln 300 mg/5ml	3	BD, PA
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/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
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	3	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
*treprostinil inj soln 20 mg/20ml (1 mg/ml)**	5	BD
*treprostinil inj soln 50 mg/20ml (2.5 mg/ml)**	5	BD
*treprostinil inj soln 100 mg/20ml (5 mg/ml)**	5	BD
*treprostinil inj soln 200 mg/20ml (10 mg/ml)**	5	BD
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	5	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	4	QL (2 bottles/30 days)
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act	4	QL (2 inhalers/30 days)
zafirlukast tab 10 mg	2	
zafirlukast tab 20 mg	2	
Skeletal Muscle Relaxants		
cyclobenzaprine hcl tab 5 mg#	2	
cyclobenzaprine hcl tab 10 mg#	2	
methocarbamol tab 500 mg#	2	
methocarbamol tab 750 mg#	2	
Sleep Disorder Agents		
armodafinil tab 50 mg	3	PA, QL (30 tablets/30 days)
armodafinil tab 150 mg	3	PA, QL (30 tablets/30 days)
armodafinil tab 200 mg	3	PA, QL (30 tablets/30 days)
armodafinil tab 250 mg	3	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 5 mg	3	PA, QL (30 tablets/30 days)
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BELSOMRA - suvorexant tab 15 mg	3	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 20 mg	3	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 5 mg	3	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 10 mg	3	PA, QL (30 tablets/30 days)
doxepin hcl (sleep) tab 3 mg	3	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl (sleep) tab 6 mg	3	QL (30 tablets/30 days)
LUMRYZ - sodium oxybate pack for oral er susp 4.5 gm*	5	PA, QL (30 packets/30 days)
LUMRYZ - sodium oxybate pack for oral er susp 6 gm*	5	PA, QL (30 packets/30 days)
LUMRYZ - sodium oxybate pack for oral er susp 7.5 gm*	5	PA, QL (30 packets/30 days)
LUMRYZ - sodium oxybate pack for oral er susp 9 gm*	5	PA, QL (30 packets/30 days)
modafinil tab 100 mg	3	PA, QL (30 tablets/30 days)
modafinil tab 200 mg	3	PA, QL (30 tablets/30 days)
ramelteon tab 8 mg	3	QL (30 tablets/30 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	5	PA, QL (540 mls/30 days)
tasimelteon capsule 20 mg	5	PA, QL (30 capsules/30 days)
temazepam cap 15 mg	1	QL (30 capsules/30 days)
temazepam cap 30 mg	1	QL (30 capsules/30 days)
zaleplon cap 5 mg#	2	QL (30 capsules/30 days)
zaleplon cap 10 mg#	2	QL (60 capsules/30 days)
zolpidem tartrate tab 5 mg#	2	QL (30 tablets/30 days)
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