BlueRx℠
A Medicare Approved Part D Plan

Essential

2026 Formulary

List of Covered Drugs or "Drug List"

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

This formulary was updated on 09/22/2026. For more recent information or other questions, please contact **BlueRx℠ (PDP) Member Services** at **1-800-327-3998 (AL)/ 1-888-311-7508 (TN)** 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 **BCBSALMedicare.com (AL) / BluerxAlaTenn.com (TN)**.

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, even if you haven't paid your deductible.

Notice of Nondiscrimination

Discrimination is Against the Law

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 (consistent with the scope of sex discrimination described in 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides reasonable modifications and free appropriate auxiliary 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 assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance 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, 1-855-216-3144, 711 (TTY), 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.

Visit AlabamaBlue.com/NoticeofNondiscrimination to view an electronic version of this notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-216-3144 (TTY: 711) or call Customer Service.

Arabic: انتباه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات الإضافية المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم 1-855-216-3144 (الهاتف النصي: 711) أو الاتصال بخدمة العملاء.

Chinese: 请注意：如果您说普通话，我们可免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服，以易读格式向您提供信息。请拨打 1-855-216-3144（TTY: 711）或致电客户服务部。

French: À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-216-3144 (TTY: 711) ou contactez le service client.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos erhältlich. Rufen Sie 1-855-216-3144 (TTY: 711) oder den Kundendienst an.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિઃશુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટેની યોગ્ય સહાય અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-216-3144 (TTY: 711) પર અથવા ગ્રાહક સેવા પર કૉલ કરો.

Hindi: ध्यान दें: अगर आप हिन्दी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। आसान प्रारूप में सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें या ग्राहक सेवा को कॉल करें। .

Japanese: ご案内：日本語を話される方には、無料の言語アシスタントサービスをご用意しております。アクセシブルな形式で情報を提供するため、補助器具や支援サービスも無料で提供し ております。1-855-216-3144 (TTY: 711) もしくは、カスタマーサービスにお電話でお問合せください。

Korean: 주의: 한국어을(를) 하시면 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 제공됩니다. 1-855-216-3144 (TTY: 711)로 전화하거나 고객 서비스에 문의하세요.

Lao: ເອົາใจใส่: ถ้าเจ้าเว้า ลาว, ภารบำลิภารช่วยเหลือด้านพาสาฟรีแม่นมีให้ท่าน. ภารช่วยเหลือ และ ภารบำลิภารที่เหมาะสัมในภารสะหมองข้อมูนในรูบแบบที่สามาดเข้าเถิงได้แม่นยังสามาดใช้ได้โดยบ่เสยถ่า. โท 1-855-216-3144 (TTY: 711) ຫຼື โทหาฝ่ายบำลิภารลูกถ้า.

Portuguese: ATENÇÃO: Se você falar português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-855-216-3144 (TTY: 711) ou ligue para o Atendimento ao Cliente.

Russian: ВНИМАНИЕ: Если ваш язык русский язык, к вашим услугам бесплатная языковая помощь. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-216-3144 (TTY: 711) или обратитесь в службу поддержки клиентов.

Spanish: ATENCIÓN: Si usted habla español, hay disponibles servicios gratuitos de asistencia lingüística. También hay disponibles, de forma gratuita, ayudas y servicios auxiliares adecuados para dar información en formatos accesibles. Llame al 1-855-216-3144 (TTY: 711) o llame a Servicio al cliente.

Tagalog: Paunawa: Kung nagsasalita ka ng Tagalog, available sa iyo ang mga libreng serbisyo sa tulong sa wika. Available rin ang naaangkop na mga pantulong na tulong at serbisyo nang walang bayad para magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-216-3144 (TTY: 711) o tumawag sa Serbisyo sa Customer.

Turkish: DİKKAT: Konuşmanız durumunda Türkçe, ücretsiz dil yardımı hizmetlerinden yararlanabilirsiniz. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak sunulmaktadır. 1-855-216-3144 (TTY: 711) nolu telefonu veya Müşteri Hizmetlerini arayın.

Vietnamese: CHÚ Ý: Nếu quý vị nói tiếng việt thì dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Chúng tôi cũng có các hỗ trợ và dịch vụ phụ trợ miễn phí phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận. Vui lòng gọi số 1-855-216-3144 (TTY: 711) hoặc gọi Dịch Vụ Khách Hàng.

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 and UTIC Insurance Company**. When it refers to "plan" or "our plan," it means **BlueRx (PDP)**.

This document includes a Drug List (formulary) for our plan which is current as of September 22, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the BlueRx formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by **BlueRx** 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. **BlueRx** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **BlueRx** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

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

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the **BlueRx's** formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 22, 2026. To get updated information about the drugs covered by **BlueRx** please contact us. Our contact information appears on the front and back cover pages. Formulary publications are updated and posted on a monthly basis with applicable changes, including negative changes.

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 67. 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?

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization: BlueRx** requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from **BlueRx** before you fill your prescriptions. If you don't get approval, **BlueRx** may not cover the drug.
- **Quantity Limits:** For certain drugs, **BlueRx** limits the amount of the drug that **BlueRx** will cover. For example, **BlueRx** 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, **BlueRx** 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, **BlueRx** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **BlueRx** 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 **BlueRx's** formulary?" on page iv 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 **BlueRx** does not cover your drug, you have two options:

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, **BlueRx** limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You 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 and Cost-Sharing Tier 5 - Specialty.

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

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

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

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

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

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

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 **BlueRx** prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about **BlueRx**, 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.

BlueRx formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by **BlueRx**.
If you have trouble finding your drug in the list, turn to the Index that begins on page 67.

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 **BlueRx** 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 5 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

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 **1-800-327-3998 (AL)/ 1-888-311-7508 (TN)** (**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.

† = Split fill indicated drug. This high-cost medication is indicated with a cross (†) for you to request a 2-week supply (partial fill) of medication versus a full month. This partial fill may allow for copay savings if the medicine causes severe side effects, and you stop taking it or have a dosage change. If there are no

side effects, you may only pay the rest of your monthly copay when you pick up the remaining 2-week supply, if applicable.

Generally, we will cover your prescriptions only if they are filled at one of our network pharmacies. You may go to network pharmacies to receive your covered prescription drugs.

The table below describes your share of the cost for **BlueRx Essential** when you get a covered Part D prescription drug for a one-month (30-day) supply at a Retail Pharmacy, a one-month (30-day) supply at a Mail-Order Pharmacy, a one-month (31-day) supply at a Long-Term Care Pharmacy, a long-term (100-day) supply from a Retail Pharmacy or a long-term (100-day) supply from a Mail-Order Pharmacy, after your $615 deductible has been met on all covered Part D Drugs.

Drug Tiers	One-month (30-day) supply (or less) at a Retail Pharmacy	One-month (30-day) supply (or less) at a Mail Order Pharmacy	One-month (31-day) supply (or less) at a Long-Term Care Pharmacy	Long-Term (100-day) supply (or less) at a Retail Pharmacy	Long-Term (100-day) supply (or less) at a Mail Order Pharmacy
Tier 1 Preferred Generic	$2 copay	$2 copay	$2 copay	$4 copay	$4 copay
Tier 2 Generic	$10 copay	$10 copay	$10 copay	$20 copay	$20 copay
Tier 3 Preferred Brand*	19% coinsurance	19% coinsurance	19% coinsurance	19% coinsurance	19% coinsurance
Tier 4 Non-Preferred Drug*	41% coinsurance	41% coinsurance	41% coinsurance	41% coinsurance	41% coinsurance
Tier 5 Specialty*	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance

*Note: Tiers 3, 4 and 5 – have coinsurance applied and do not have a reduced cost for drugs purchased at retail or mail-order pharmacies.

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, br act, 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
er, extended, extended rel, xr	extended release
ext	extract
gm	gram
gu	genitourinary

KEY	
hr	hour
ig	immunoglobulin
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
nebu	nebules
oc	oral contraceptive
oin, oint	ointment
omv	outer membrane vesicles
op, ophth	ophthalmic
osm	osmotic
pah	pulmonary arterial hypertension
pak, pk	pack
pf	preservative-free
pfu	plaque forming units
pmdd	premenstrual dysphoric disorder

KEY	
pow, powd	powder
pref	prefilled
pttw	patch twice weekly
ptwk	patch weekly
recomb	recombinant
refrig	refrigerate
sl	sublingual
sol, soln	solution
supp, suppos	suppositories
sus, susp	suspension
syr	syringe
tab, tabs	tablets
tbcr	controlled release tablet

KEY	
tbdp	dispersible tablet
tbec	enteric coated tablet
tbpk	tablet pack
td	transdermal
ther	therapy
titr	titration
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, 300-30 mg	3	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	3	QL (180 tablets/30 days)
celecoxib cap 50 mg, 100 mg, 200 mg	4	QL (60 capsules/30 days)
celecoxib cap 400 mg	4	QL (30 capsules/30 days)
diclofenac potassium tab 50 mg	4	QL (120 tablets/30 days)
diclofenac sodium soln 1.5%	3	PA
diclofenac sodium tab delayed release 25 mg	3	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)
endocet - oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg	4	QL (360 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 7.5-325 mg	4	QL (240 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 10-325 mg	4	QL (180 tablets/30 days)
etodolac cap 200 mg	3	QL (150 capsules/30 days)
etodolac cap 300 mg	3	QL (90 capsules/30 days)
etodolac tab 400 mg, 500 mg	3	QL (60 tablets/30 days)
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	4	PA, QL (15 patches/30 days)
flurbiprofen tab 100 mg	2	QL (90 tablets/30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg	4	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	4	QL (240 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml	4	QL (1440 mls/30 days)
hydromorphone hcl tab 2 mg, 4 mg, 8 mg	3	QL (180 tablets/30 days)
ibu - ibuprofen tab 400 mg	2	QL (240 tablets/30 days)
ibu - ibuprofen tab 600 mg	2	QL (150 tablets/30 days)
ibu - ibuprofen tab 800 mg	2	QL (120 tablets/30 days)
ibuprofen susp 100 mg/5ml	2	
ibuprofen tab 400 mg	2	QL (240 tablets/30 days)
ibuprofen tab 600 mg	2	QL (150 tablets/30 days)
ibuprofen tab 800 mg	2	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 tab er 15 mg, 30 mg, 60 mg	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg	4	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
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	4	QL (150 tablets/30 days)
naproxen sodium tab 550 mg	4	QL (90 tablets/30 days)
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)
oxycodone hcl tab 5 mg	3	QL (360 tablets/30 days)
oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg	3	QL (180 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg, 5-325 mg	4	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	4	QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg	4	QL (180 tablets/30 days)
sulindac tab 150 mg, 200 mg	2	QL (60 tablets/30 days)
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	4	PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg	2	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg	4	QL (240 tablets/30 days)
Anesthetics		
lidocaine hcl viscous soln 2%	3	
lidocaine patch 5%	4	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	4	PA, QL (60 grams/30 days)
lidocan - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
tridacaine iii - lidocaine patch 5%	4	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calcium tab delayed release 333 mg	4	
buprenorphine hcl sl tab 2 mg (base equiv)	3	QL (480 tablets/30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	3	QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (480 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (240 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (480 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (120 tablets/30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	3	
disulfiram tab 250 mg, 500 mg	4	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	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
naloxone hcl inj 0.4 mg/ml, 4 mg/10ml	2	
naloxone hcl soln cartridge 0.4 mg/ml	2	
naloxone hcl soln prefilled syringe 2 mg/2ml	2	
naltrexone hcl tab 50 mg	3	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	4	
REXTOVY - naloxone hcl nasal spray 4 mg/0.25ml	4	
varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)	4	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	4	
Antibacterials		
amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)	4	
amoxicillin (trihydrate) cap 250 mg, 500 mg	2	
amoxicillin (trihydrate) chew tab 125 mg	2	
amoxicillin (trihydrate) chew tab 250 mg	2	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	2	
amoxicillin (trihydrate) tab 500 mg, 875 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate tab 250-125 mg	4	
amoxicillin & k clavulanate tab 500-125 mg, 875-125 mg	2	
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 1 gm	4	
ampicillin sodium for iv soln 1 gm	4	
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	5	PA, QL (28 vials/28 days)
avidoxy - doxycycline monohydrate tab 100 mg	3	
azithromycin for susp 100 mg/5ml, 200 mg/5ml	3	
azithromycin iv for soln 500 mg	4	
azithromycin tab 250 mg, 500 mg, 600 mg	2	
aztreonam for inj 1 gm	4	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml	4	
cefaclor cap 250 mg	3	
cefaclor cap 500 mg	3	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	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
cefazolin sodium for inj 500 mg, 1 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-dextrose iv solution 1 gm/50ml-4%	4	
cefdinir cap 300 mg	3	
cefdinir for susp 125 mg/5ml, 250 mg/5ml	3	
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	4	
cefoxitin sodium for iv soln 1 gm, 2 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 100 mg/5ml	4	
cefpodoxime proxetil for susp 50 mg/5ml	4	
cefpodoxime proxetil tab 100 mg, 200 mg	4	
cefprozil tab 250 mg, 500 mg	3	
ceftaroline fosamil for iv soln 400 mg, 600 mg	5	
ceftazidime for inj 6 gm	4	
ceftazidime for inj 1 gm	4	
ceftazidime for iv soln 2 gm	4	
ceftriaxone sodium (bulk) for inj 100 gm	4	
ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 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, 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, 500 mg	3	
cefuroxime sodium for inj 750 mg	4	
cefuroxime sodium for iv soln 1.5 gm	4	
cephalexin cap 250 mg, 500 mg	2	
cephalexin for susp 125 mg/5ml, 250 mg/5ml	2	
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv), 750 mg (base equiv)	2	
ciprofloxacin 200 mg/100ml in d5w	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
ciprofloxacin 400 mg/200ml in d5w	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	4	
clarithromycin tab 250 mg, 500 mg	3	
clindamycin hcl cap 75 mg, 150 mg, 300 mg	2	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	4	
clindamycin phosphate gel 1% (once-daily), 1% (twice-daily)	4	
clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	4	
clindamycin phosphate soln 1%	4	
clindamycin phosphate vaginal cream 2%	4	
colistimethate sod for inj 150 mg (colistin base activity)	4	
daptomycin for iv soln 500 mg	4	
dicloxacillin sodium cap 250 mg, 500 mg	3	
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, 100 mg	3	
doxycycline hyclate for inj 100 mg	4	
doxycycline hyclate tab 20 mg, 100 mg	3	
doxycycline monohydrate cap 50 mg, 100 mg	4	
doxycycline monohydrate tab 50 mg, 75 mg, 100 mg	3	
doxy 100 - doxycycline hyclate for inj 100 mg	4	
ertapenem sodium for inj 1 gm (base equivalent)	4	
erythrocin lactobionate - erythromycin lactobionate for inj500 mg	4	
erythromycin soln 2%	4	
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	4	
erythromycin tab 250 mg, 500 mg	4	
erythromycin w/ delayed release particles cap 250 mg	4	
fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
fosfomycin tromethamine powd pack 3 gm (base equivalent)	3	
gentamicin sulfate inj 40 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	
levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	4	
levofloxacin oral soln 25 mg/ml	4	
levofloxacin tab 250 mg, 500 mg, 750 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
linezolid for susp 100 mg/5ml	5	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	4	PA
meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml	4	
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml	3	
meropenem iv for soln 500 mg	3	
meropenem iv for soln 1 gm	4	
methenamine hippurate tab 1 gm	4	
metronidazole iv soln 500 mg/100ml	4	
metronidazole tab 250 mg, 500 mg	2	
metronidazole vaginal gel 0.75%	4	
minocycline hcl cap 50 mg, 75 mg, 100 mg	2	
mondoxyne nl - doxycycline monohydrate cap 100 mg	4	
moxifloxacin hcl iv solution 400 mg/250ml (base equiv)	4	
moxifloxacin hcl tab 400 mg (base equiv)	4	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
nafcillin sodium for inj 1 gm, 2 gm	4	
nafcillin sodium for iv soln 10 gm	4	
nafcillin sodium in dextrose inj 2 gm/100ml	4	
neomycin sulfate tab 500 mg	2	
nitrofurantoin macrocrystalline cap 50 mg, 100 mg#	3	
nitrofurantoin monohydrate macrocrystalline cap 100 mg#	3	
penicillin g potassium for inj 5000000 unit, 20000000 unit	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose, 60000 unit/ml in dextrose	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, 500 mg	2	
pfizerpen - penicillin g potassium for inj 5000000 unit, 20000000 unit	4	
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), 4.5 gm (4-0.5 gm)	4	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/NACL - piperacillin-tazobactam &nacl 0.3% for iv sol 3-0.375gm/50ml	4	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM/NACL - piperacillin-tazobactam &nacl 0.45% for iv sol 2-0.25gm/50ml, 4-0.5gm/100ml	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
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	5	
sulfadiazine tab 500 mg	5	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	4	
sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg	2	
tazicef - ceftazidime for inj 1 gm	4	
tazicef - ceftazidime for iv soln 1 gm	4	
tazicef - ceftazidime for iv soln 6 gm	4	
tazicef - ceftazidime for iv soln 2 gm	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg, 600 mg	5	
tetracycline hcl cap 250 mg, 500 mg	4	
tigecycline for iv soln 50 mg	4	
tinidazole tab 250 mg, 500 mg	4	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	4	
tobramycin sulfate for inj 1.2 gm	4	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv), 1.2 gm/30ml (40 mg/ml) (base equiv)	4	
trimethoprim tab 100 mg	2	
vancomycin hcl cap 125 mg (base equivalent)	4	QL (120 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent)	4	QL (240 capsules/30 days)
vancomycin hcl for iv soln 100 gm (base equivalent)	4	
vancomycin hcl for iv soln 500 mg (base equivalent), 750 mg (base equivalent), 1 gm (base equivalent), 5 gm (base equivalent), 10 gm (base equivalent)	4	
Anticonvulsants		
brivaracetam oral soln 10 mg/ml	4	QL (2 bottles/30 days)
brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	4	QL (60 tablets/30 days)
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	QL (2 bottles/30 days)
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	5	QL (60 tablets/30 days)
carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg	4	
carbamazepine chew tab 100 mg	3	
carbamazepine susp 100 mg/5ml	4	
carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg	4	
carbamazepine tab 200 mg	3	
clobazam suspension 2.5 mg/ml	4	PA (>=65 yr), QL (480 mls/30 days)
clobazam tab 10 mg, 20 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg, 500 mg*	5	
DIACOMIT - stiripentol packet 250 mg, 500 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
diazepam rectal gel delivery system 2.5 mg, 10 mg, 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	4	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	2	
divalproex sodium tab er 24 hr 250 mg, 500 mg	4	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
eslicarbazepine acetate tab 200 mg, 400 mg	5	QL (30 tablets/30 days)
eslicarbazepine acetate tab 600 mg, 800 mg	5	QL (60 tablets/30 days)
ethosuximide cap 250 mg	3	
ethosuximide soln 250 mg/5ml	4	
felbamate susp 600 mg/5ml	4	
felbamate tab 400 mg, 600 mg	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
gabapentin cap 100 mg	3	QL (1080 capsules/30 days)
gabapentin cap 300 mg	3	QL (360 capsules/30 days)
gabapentin cap 400 mg	3	QL (270 capsules/30 days)
gabapentin oral soln 250 mg/5ml	4	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 oral solution 10 mg/ml	4	
lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg	4	
lamotrigine tab chewable dispersible 5 mg, 25 mg	3	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	2	
levetiracetam oral soln 100 mg/ml	3	
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg	2	
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, 300 mg, 600 mg	3	
perampanel susp 0.5 mg/ml	4	QL (2 bottles/28 days)
perampanel tab 2 mg	4	QL (30 tablets/30 days)
perampanel tab 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml#	4	
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#	4	
phenytek - phenytoin sodium extended cap 200 mg, 300 mg	3	
phenytoin chew tab 50 mg	3	
phenytoin infatabs - phenytoin chew tab 50 mg	3	
phenytoin sodium extended cap 100 mg, 200 mg, 300 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
phenytoin susp 125 mg/5ml	3	
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg	3	QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg	3	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, 250 mg	2	
roweepra - levetiracetam tab 500 mg	2	
rufinamide susp 40 mg/ml	4	
rufinamide tab 200 mg	4	
rufinamide tab 400 mg	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg	4	
SUBVENITE - lamotrigine oral susp 10 mg/ml	5	
subvenite - lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	2	
SYMPAZAN - clobazam oral film 5 mg	4	PA (>=65 yr), QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	5	PA (>=65 yr), QL (60 films/30 days)
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg	4	
topiramate oral soln 25 mg/ml	4	
topiramate sprinkle cap 15 mg, 25 mg	3	
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	2	
valproate sodium oral soln 250 mg/5ml (base equiv)	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)
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)
*vigadrone - vigabatrin powd pack 500 mg**	5	QL (180 packets/30 days)
*vigadrone - vigabatrin tab 500 mg**	5	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	5	QL (5 bottles/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	

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
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, 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg	5	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	
zonisamide cap 25 mg, 50 mg, 100 mg	3	
ZTALMY - ganaxolone susp 50 mg/ml*	5	PA, QL (10 bottles/30 days)
Antidementia Agents		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	2	
donepezil hydrochloride tab 5 mg, 10 mg	2	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	4	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	4	
memantine hcl oral solution 2 mg/ml	4	PA (<=29 yr)
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	4	PA (<=29 yr)
memantine hcl tab 5 mg, 10 mg	3	PA (<=29 yr)
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	4	
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	4	
Antidepressants		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	3	
amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#	4	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)
AUVELITY TITRATION PACK - dextromethorphan-bupropion tab er pack 30-105 & 45-105 mg	5	QL (1 box/28 days)
bupropion hcl tab er 12hr 100 mg	3	QL (90 tablets/30 days)
bupropion hcl tab er 12hr 150 mg, 200 mg	3	QL (60 tablets/30 days)
bupropion hcl tab er 24hr 150 mg	3	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg	3	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	3	QL (60 tablets/30 days)
bupropion hcl tab 100 mg	3	QL (120 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	3	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv)	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg (base equiv)	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg, 50 mg, 75 mg#	4	
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	4	

Drug Name	Drug Tier	Requirements/Limits
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	4	QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	4	
doxepin hcl conc 10 mg/ml#	4	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq), 40 mg (base eq), 60 mg (base eq)	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	4	QL (90 capsules/30 days)
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 60 mg (base eq)	3	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	3	QL (90 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	5	PA, QL (30 patches/30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv)	4	QL (600 mls/30 days)
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv)	2	QL (45 tablets/30 days)
escitalopram oxalate tab 20 mg (base equiv)	2	QL (30 tablets/30 days)
EXXUA - gepirone hcl tab er 24hr 18.2 mg, 36.3 mg, 54.5 mg, 72.6 mg	5	QL (30 tablets/30 days)
EXXUA TITRATION PACK - gepirone hcl tab er 24hr 18.2 mg	5	QL (32 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent)	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 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)
fluoxetine hcl solution 20 mg/5ml	3	QL (600 mls/30 days)
fluvoxamine maleate tab 25 mg, 50 mg	3	QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	3	QL (90 tablets/30 days)
imipramine hcl tab 10 mg, 25 mg, 50 mg#	4	
MARPLAN - isocarboxazid tab 10 mg	4	
mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg	4	QL (30 tablets/30 days)
mirtazapine tab 7.5 mg, 30 mg, 45 mg	2	QL (30 tablets/30 days)
mirtazapine tab 15 mg	2	QL (45 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	4	
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#	3	
nortriptyline hcl soln 10 mg/5ml#	4	
paroxetine hcl oral susp 10 mg/5ml (base equiv)#	4	QL (900 mls/30 days)
paroxetine hcl tab 10 mg, 40 mg#	2	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
paroxetine hcl tab 20 mg#	2	QL (30 tablets/30 days)
paroxetine hcl tab 30 mg#	2	QL (60 tablets/30 days)
phenelzine sulfate tab 15 mg	3	
protriptyline hcl tab 5 mg, 10 mg#	4	
RALDESY - trazodone hcl oral soln 50 mg/5ml	4	QL (1200 mls/30 days)
sertraline hcl oral concentrate for solution 20 mg/ml	4	QL (300 mls/30 days)
sertraline hcl tab 25 mg, 50 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 100 mg	1	QL (60 tablets/30 days)
tranylcypromine sulfate tab 10 mg	4	
trazodone hcl tab 50 mg, 100 mg, 150 mg	2	
trimipramine maleate cap 25 mg, 50 mg, 100 mg#	4	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	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 (base equivalent)	2	QL (60 capsules/30 days)
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	2	QL (90 capsules/30 days)
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	2	QL (30 capsules/30 days)
venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)	3	QL (90 tablets/30 days)
vilazodone hcl tab 10 mg, 20 mg, 40 mg	4	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg, 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, 80 mg, 125 mg	4	BD
chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	4	PA (>=65 yr)
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg	4	PA (>=65 yr)
compro - prochlorperazine suppos 25 mg	4	
dronabinol cap 2.5 mg, 5 mg, 10 mg	4	BD
meclizine hcl tab 12.5 mg, 25 mg#	2	
ondansetron hcl tab 4 mg, 8 mg	2	
ondansetron orally disintegrating tab 4 mg, 8 mg	3	
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	4	PA (>=65 yr)
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	2	
prochlorperazine suppos 25 mg	4	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg#	4	
scopolamine td patch 72hr 1 mg/3days#	4	PA (>=65 yr)

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
Antifungals		
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, 70 mg	4	
ciclodan - ciclopirox solution 8%	4	QL (6.6 mls/30 days)
ciclopirox olamine cream 0.77% (base equiv)	3	
ciclopirox olamine susp 0.77% (base equiv)	3	
ciclopirox solution 8%	4	QL (6.6 mls/30 days)
clotrimazole cream 1%	3	
clotrimazole troche 10 mg	3	
CRESEMBA - isavuconazonium sulfate cap 74.5 mg, 186 mg	5	PA
fluconazole for susp 10 mg/ml, 40 mg/ml	3	
fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml	4	
fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg	2	
flucytosine cap 250 mg	5	PA
flucytosine cap 500 mg	4	PA
griseofulvin microsize susp 125 mg/5ml	4	
griseofulvin microsize tab 500 mg	4	
griseofulvin ultramicrosize tab 125 mg, 250 mg	4	
itraconazole cap 100 mg	4	QL (120 capsules/30 days)
ketoconazole cream 2%	3	
ketoconazole shampoo 2%	2	
ketoconazole tab 200 mg	3	
klayesta - nystatin topical powder 100000 unit/gm	4	
micafungin sodium for iv soln 50 mg, 100 mg	4	
nyamyc - nystatin topical powder 100000 unit/gm	4	
nystatin cream 100000 unit/gm	2	
nystatin oint 100000 unit/gm	2	
nystatin susp 100000 unit/ml	4	
nystatin tab 500000 unit	4	
nystatin topical powder 100000 unit/gm	4	
nystop - nystatin topical powder 100000 unit/gm	4	
posaconazole susp 40 mg/ml	5	PA
posaconazole tab delayed release 100 mg	5	PA
terbinafine hcl tab 250 mg	2	QL (30 tablets/30 days)
terconazole vaginal cream 0.4%, 0.8%	3	
terconazole vaginal suppos 80 mg	4	
voriconazole for inj 200 mg	4	PA

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Drug Name	Drug Tier	Requirements/Limits
voriconazole for susp 40 mg/ml	4	PA
voriconazole tab 50 mg, 200 mg	4	PA
Antigout Agents		
allopurinol tab 100 mg, 300 mg	2	
colchicine tab 0.6 mg	4	
colchicine w/ probenecid tab 0.5-500 mg	3	
probenecid tab 500 mg	4	
Antimigraine Agents		
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 (base equiv), 2.5 mg (base equiv)	3	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 (base eq), 10 mg (base eq)	4	QL (18 tablets/30 days)
rizatriptan benzoate tab 5 mg (base equivalent), 10 mg (base equivalent)	3	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act, 20 mg/act	4	QL (12 units (2 packages)/30 days)
sumatriptan succinate inj 6 mg/0.5ml	4	QL (10 doses/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL (12 doses/30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	4	QL (12 doses/30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	4	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg, 50 mg, 100 mg	2	QL (18 tablets/30 days)
Antimyasthenic Agents		
pyridostigmine bromide tab 60 mg	3	
Antimycobacterials		
dapsone tab 25 mg, 100 mg	3	
ethambutol hcl tab 100 mg, 400 mg	4	
isoniazid tab 100 mg, 300 mg	2	
PRETOMANID - pretomanid tab 200 mg	4	
PRIFTIN - rifapentine tab 150 mg	4	
pyrazinamide tab 500 mg	4	
rifabutin cap 150 mg	4	
rifampin cap 150 mg, 300 mg	3	
rifampin for inj 600 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
rifapentine tab 150 mg	4	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)*	5	
Antineoplastics		
abiraterone acetate tab 250 mg	4	PA, QL (120 tablets/30 days)
abirtega - abiraterone acetate tab 250 mg	4	PA, QL (120 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg†	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*	5	PA, QL (240 capsules/30 days)
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, 180 mg*	5	PA, QL (30 tablets/30 days)
anastrozole tab 1 mg	2	
AUGTYRO - repotrectinib cap 40 mg	5	PA, QL (180 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	5	PA, QL (60 capsules/30 days)
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	5	PA, QL (66 tablets/28 days)
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg†	5	PA, QL (30 tablets/30 days)
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)
bexarotene cap 75 mg†	5	PA
bexarotene gel 1%	5	PA
bicalutamide tab 50 mg	3	
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, 500 mg†	5	PA, QL (30 tablets/30 days)
bosutinib tab 100 mg†	5	PA, QL (180 tablets/30 days)
bosutinib tab 400 mg, 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)
BRUKINSA - zanubrutinib tab 160 mg	5	PA, QL (60 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)*†	5	PA, QL (30 tablets/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)
CAVHANZA - nilotinib tab disint 60 mg, 80 mg	5	PA, QL (112 tablets/28 days)

Drug Name	Drug Tier	Requirements/Limits
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, 25 mg*	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	3	BD
cyclophosphamide cap 25 mg, 50 mg	4	BD
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent), 95 mg (base equivalent)†	5	PA, QL (112 tablets/28 days)
dasatinib tab 20 mg†	5	PA, QL (90 tablets/30 days)
dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg†	5	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)†	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)†	5	PA, QL (30 tablets/30 days)
ENSACOVE - ensartinib hcl cap 25 mg (base equivalent), 100 mg (base equivalent)	5	PA, QL (60 capsules/30 days)
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 (base equivalent)†	5	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)†	5	PA, QL (30 tablets/30 days)
EULEXIN - flutamide cap 125 mg	5	
everolimus tab for oral susp 2 mg, 5 mg	5	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg	5	PA, QL (90 tablets/30 days)
everolimus tab 2.5 mg, 7.5 mg, 10 mg†	5	PA, QL (30 tablets/30 days)
everolimus tab 5 mg†	5	PA, QL (60 tablets/30 days)
exemestane tab 25 mg	4	
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)*	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)
GAVRETO - pralsetinib cap 100 mg†	5	PA, QL (120 capsules/30 days)
gefitinib tab 250 mg†	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
GOMEKLI - mirdametinib cap 1 mg	5	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	5	PA, QL (84 capsules/28 days)
GOMEKLI - mirdametinib tab for oral susp 1 mg	5	PA, QL (168 tablets/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
HERNEXEOS - zongertinib tab 60 mg	5	PA, QL (180 tablets/60 days)
hydroxyurea cap 500 mg	2	
HYRNUO - sevabertinib tab 10 mg	5	PA, QL (120 tablets/30 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*	5	PA, QL (21 tablets/28 days)
IBTROZI - taletrectinib adipate cap 200 mg	5	PA, QL (90 capsules/30 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)*†	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent)†	4	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent)†	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 140 mg, 280 mg, 420 mg*	5	PA, QL (30 tablets/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	5	PA, QL (2 bottles/28 days)
INLURIYO - imlunestrant tosylate tab 200 mg	5	PA, QL (60 tablets/30 days)
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)
ITOVEBI - inavolisib tab 3 mg	5	PA, QL (60 tablets/30 days)
ITOVEBI - inavolisib tab 9 mg	5	PA, QL (30 tablets/30 days)
IWILFIN - eflornithine hcl tab 192 mg	5	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)*†	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)
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)
KOMZIFTI - ziftomenib cap 200 mg†	5	PA, QL (90 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 5 mg	5	PA, QL (600 capsules/30 days)
KOSELUGO - selumetinib sulfate cap sprinkle 7.5 mg	5	PA, QL (360 capsules/30 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)
lapatinib ditosylate tab 250 mg (base equiv)	5	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg†	5	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg†	5	PA, QL (30 tablets/30 days)
LEDERLE LEUCOVORIN - leucovorin calcium tab 5 mg	3	
lenalidomide caps 2.5 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg, 10 mg	5	PA, QL (30 capsules/30 days)
lenalidomide cap 15 mg, 20 mg, 25 mg	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*	5	PA, QL (60 capsules/30 days)
letrozole tab 2.5 mg	2	
leucovorin calcium tab 5 mg, 10 mg	3	
leucovorin calcium tab 15 mg, 25 mg	4	
LEUKERAN - chlorambucil tab 2 mg	5	
LIFYORLI - relacorilant cap pak 1 x 25 mg & 1 x 100 mg (125 mg dose)	5	PA, QL (18 capsules/28 days)
LIFYORLI - relacorilant cap pak 2 x 25 mg & 1 x 100 mg (150 mg dose)	5	PA, QL (27 capsules/28 days)
lomustine cap 10 mg, 40 mg	4	
lomustine cap 100 mg	5	
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 240 mg*†	5	PA, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*†	5	PA, QL (90 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA - olaparib tab 100 mg, 150 mg*†	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
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)
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	5	
mercaptopurine tab 50 mg	3	
mesna tab 400 mg	5	
MODEYSO - dordaviprone hcl cap 125 mg	5	PA, QL (20 capsules/28 days)
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*†	5	PA, QL (180 tablets/30 days)
nilotinib hcl cap 50 mg (base equivalent)†	5	PA, QL (120 capsules/30 days)
nilotinib hcl cap 150 mg (base equivalent), 200 mg (base equivalent)	5	PA, QL (120 capsules/30 days)
nilutamide tab 150 mg	5	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	5	PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg†	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg, 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, 150 mg, 200 mg	5	PA, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg, 300 mg	5	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)
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)
PANRETIN - alitretinoin gel 0.1%	5	PA
pazopanib hcl tab 200 mg (base equiv)†	5	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	5	PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	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
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)
pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	5	PA, QL (21 capsules/28 days)
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg†	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 80 mg, 120 mg, 160 mg†	5	PA, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg	5	PA, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	5	PA, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	5	PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg*†	5	PA, QL (60 capsules/30 days)
ROMVIMZA - vimseltinib cap 14 mg, 20 mg, 30 mg	5	PA, QL (8 capsules/28 days)
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 (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)*†	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	5	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	4	
sorafenib tosylate tab 200 mg (base equivalent)†	5	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent)†	5	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	5	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	5	PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)*†	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent)†	5	PA, QL (30 capsules/30 days)

Drug Name	Drug Tier	Requirements/Limits
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)*†	5	PA, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	2	
TEPMETKO - tepotinib hcl tab 225 mg*†	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg	5	PA, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (120 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*†	5	PA, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent)	4	
torpenz - everolimus tab 2.5 mg, 7.5 mg, 10 mg†	5	PA, QL (30 tablets/30 days)
torpenz - everolimus tab 5 mg†	5	PA, QL (60 tablets/30 days)
tretinoin cap 10 mg	5	PA
TRUQAP - capivasertib tab therapy pack 160 mg, 200 mg	5	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab 200 mg	5	PA, QL (64 tablets/28 days)
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 (base equivalent)	5	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*	5	PA, QL (1 tube/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg*	5	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 10 mg*	4	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)
VEPPANU - vepdegestrant tab 100 mg, 200 mg	5	PA, QL (30 tablets/30 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	5	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*†	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*†	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*	5	PA, QL (300 mls/30 days)
VONJO - pacritinib citrate cap 100 mg*†	5	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	5	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	5	PA, QL (30 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg, 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, 250 mg*†	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)†	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly), 80 mg (80 mg once weekly)	5	PA, QL (1 box/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
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)*	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*	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)
yulithira - everolimus tab 2.5 mg, 7.5 mg, 10 mg†	4	PA, QL (30 tablets/30 days)
yulithira - everolimus tab 5 mg†	4	PA, QL (60 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg†	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*†	5	PA, QL (90 tablets/30 days)
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, 250-100 mg	4	
chloroquine phosphate tab 250 mg	4	
chloroquine phosphate tab 500 mg	4	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
hydroxychloroquine sulfate tab 200 mg	3	
ivermectin tab 3 mg	3	PA
LAMPIT - nifurtimox tab 30 mg, 120 mg	4	
mefloquine hcl tab 250 mg	3	
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	4	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	4	PA
Antiparkinson Agents		
amantadine hcl cap 100 mg	3	
amantadine hcl soln 50 mg/5ml	3	
benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#	3	

Drug Name	Drug Tier	Requirements/Limits
bromocriptine mesylate tab 2.5 mg (base equivalent)	4	
carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	4	
carbidopa & levodopa tab er 25-100 mg, 50-200 mg	4	
carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg	2	
entacapone tab 200 mg	4	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)	4	
ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
selegiline hcl cap 5 mg	3	
selegiline hcl tab 5 mg	3	
Antipsychotics		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	5	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 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, 15 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole tab 2 mg, 5 mg	4	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)	4	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI - milsaperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
BYSANTI TITRATION PACK A - milsaperidone tab therapy pack 1 mg & 2 mg & 4 mg & 6 mg	4	PA (>=65 yr), QL (1 pack/28 days)
BYSANTI TITRATION PACK B - milsaperidone tab therapy pack 1 mg & 2 mg & 6 mg & 8 mg	4	PA (>=65 yr), QL (1 pack/28 days)
BYSANTI TITRATION PACK C - milsaperidone tab therapy pack 1 mg & 2 mg & 6 mg	4	PA (>=65 yr), QL (1 pack/28 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	5	QL (30 capsules/30 days)
clozapine orally disintegrating tab 12.5 mg	4	PA (>=65 yr), QL (90 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
clozapine orally disintegrating tab 25 mg, 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, 50 mg	3	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 100 mg	4	PA (>=65 yr), QL (270 tablets/30 days)
clozapine tab 200 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 50-20 mg, 100-20 mg, 125-30 mg	5	PA, QL (60 capsules/30 days)
COBENFY STARTER PACK - xanomeline-trospium chloride cap pack 50-20 mg & 100-20 mg	5	PA, QL (1 pack/28 days)
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
FANAPT TITRATION PACK B - iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)
FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak	4	PA (>=65 yr), QL (1 pack/28 days)
fluphenazine decanoate inj 25 mg/ml	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA (>=65 yr)
fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	4	PA (>=65 yr)
haloperidol decanoate im soln 50 mg/ml, 100 mg/ml	4	PA (>=65 yr)
haloperidol lactate inj 5 mg/ml	4	PA (>=65 yr)
haloperidol lactate oral conc 2 mg/ml	4	PA (>=65 yr)
haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg	3	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 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, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	5	QL (1 kit/84 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
loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg	3	PA (>=65 yr)
lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 80 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	4	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)*	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, 10 mg, 15 mg, 20 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg	3	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 15 mg, 20 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
OPIPZA - aripiprazole oral film 2 mg	5	PA (>=65 yr), QL (30 films/30 days)
OPIPZA - aripiprazole oral film 5 mg, 10 mg	5	PA (>=65 yr), QL (90 films/30 days)
paliperidone tab er 24hr 1.5 mg, 3 mg, 9 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)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	5	QL (1 syringe/28 days)
pimozide tab 1 mg, 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 25 mg, 50 mg, 100 mg, 200 mg	3	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg	4	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials/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
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, 1 mg, 2 mg, 3 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
risperidone soln 1 mg/ml	4	PA (>=65 yr), QL (480 mls/30 days)
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	2	QL (60 tablets/30 days)
risperidone tab 4 mg	2	QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	3	PA (>=65 yr)
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg	4	PA (>=65 yr)
trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	4	PA (>=65 yr)
VERSACLOZ - clozapine susp 50 mg/ml	5	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	4	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg	4	QL (90 capsules/30 days)
ziprasidone hcl cap 60 mg, 80 mg	4	QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	4	PA (>=65 yr), QL (60 vials/30 days)
Antispasticity Agents		
baclofen tab 10 mg, 20 mg	3	
dantrolene sodium cap 25 mg, 50 mg, 100 mg	4	
tizanidine hcl tab 2 mg (base equivalent), 4 mg (base equivalent)	2	
Antivirals		
abacavir sulfate soln 20 mg/ml (base equiv)	4	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv)	4	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	4	QL (30 tablets/30 days)
acyclovir cap 200 mg	2	
acyclovir sodium iv soln 50 mg/ml	4	BD
acyclovir susp 200 mg/5ml	4	
acyclovir tab 400 mg, 800 mg	2	
adefovir dipivoxil tab 10 mg	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)	4	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv)	4	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
BARACLUDE - entecavir oral soln 0.05 mg/ml	4	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
darunavir tab 600 mg	4	QL (60 tablets/30 days)
darunavir tab 800 mg	4	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, 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	5	QL (30 tablets/30 days)
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	5	QL (180 tablets/30 days)
efavirenz tab 600 mg	4	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
emtricitabine caps 200 mg	4	QL (30 capsules/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 167-250 mg, 200-300 mg	4	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
entecavir tab 0.5 mg, 1 mg	4	
etravirine tab 100 mg	5	QL (60 tablets/30 days)
etravirine tab 200 mg	4	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	5	QL (30 tablets/30 days)
famciclovir tab 125 mg, 250 mg, 500 mg	3	
fosamprenavir calcium tab 700 mg (base equiv)	5	QL (120 tablets/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
IDVYNSO - doravirine-islatravir tab 100-0.25 mg	5	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	4	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	5	QL (60 packets/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
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	5	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	5	QL (480 mls/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	4	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*	5	QL (120 tablets/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)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	5	PA
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
nevirapine susp 50 mg/5ml	4	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	4	QL (30 tablets/30 days)
nevirapine tab 200 mg	3	QL (60 tablets/30 days)
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 (base equiv)	3	QL (168 capsules/365 days)
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)	3	QL (84 capsules/365 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	2	QL (11 tablets/30 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 675-150 mg, 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)

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
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	5	QL (240 packets/30 days)
ribavirin cap 200 mg	3	
ribavirin tab 200 mg	4	
rilpivirine hcl tab 25 mg (base equivalent)	5	QL (30 tablets/30 days)
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)
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)
SUNLENCA - lenacapavir sodium tab 300 mg	5	QL (4 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg	4	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	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	4	QL (180 tablets/30 days)
valacyclovir hcl tab 500 mg, 1 gm	3	
valganciclovir hcl for soln 50 mg/ml (base equiv)	5	
valganciclovir hcl tab 450 mg (base equivalent)	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, 200 mg, 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)
zidovudine cap 100 mg	4	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	4	QL (1920 mls/30 days)
zidovudine tab 300 mg	3	QL (60 tablets/30 days)
Anxiolytics		
alprazolam tab 0.25 mg, 0.5 mg, 1 mg	2	QL (120 tablets/30 days)
alprazolam tab 2 mg	2	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
buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg	2	
clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 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 mg	2	QL (120 tablets/30 days)
clonazepam tab 2 mg	2	QL (300 tablets/30 days)
clorazepate dipotassium tab 3.75 mg	4	PA (>=65 yr), QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg	4	PA (>=65 yr), QL (360 tablets/30 days)
clorazepate dipotassium tab 15 mg	4	PA (>=65 yr), QL (180 tablets/30 days)
diazepam conc 5 mg/ml	4	PA (>=65 yr), QL (240 mls/30 days)
diazepam intensol - diazepam conc 5 mg/ml	4	PA (>=65 yr), QL (240 mls/30 days)
diazepam oral soln 1 mg/ml	4	PA (>=65 yr), QL (1200 mls/30 days)
diazepam tab 2 mg, 5 mg, 10 mg	3	PA (>=65 yr), QL (120 tablets/30 days)
hydroxyzine hcl tab 25 mg, 50 mg#	4	PA (>=65 yr)
lorazepam conc 2 mg/ml	2	PA (>=65 yr), QL (150 mls/30 days)
lorazepam intensol - lorazepam conc 2 mg/ml	2	PA (>=65 yr), QL (150 mls/30 days)
lorazepam tab 0.5 mg, 1 mg	2	PA (>=65 yr), QL (120 tablets/30 days)
lorazepam tab 2 mg	2	PA (>=65 yr), QL (150 tablets/30 days)
Bipolar Agents		
lithium carbonate cap 150 mg, 300 mg	2	
lithium carbonate cap 600 mg	2	
lithium carbonate tab er 300 mg, 450 mg	2	
lithium carbonate tab 300 mg	2	
lithium oral solution 8 meq/5ml	4	
Blood Glucose Regulators		
acarbose tab 25 mg	3	QL (360 tablets/30 days)
acarbose tab 50 mg	3	QL (180 tablets/30 days)
acarbose tab 100 mg	3	QL (90 tablets/30 days)
ALCOHOL SWABS	3	PA

Drug Name	Drug Tier	Requirements/Limits
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	3	QL (30 tablets/30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
dapagliflozin tab 5 mg, 10 mg	3	QL (30 tablets/30 days)
diazoxide susp 50 mg/ml	4	
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	3	QL (6 vials/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	3	QL (20 pens/30 days)
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	3	QL (60 mls/30 days)
FIASP PUMPCART - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	3	QL (60 mls/30 days)
GAUZE PADS 2" X 2"	3	PA
glimepiride tab 1 mg#	1	QL (240 tablets/30 days)
glimepiride tab 2 mg#	1	QL (120 tablets/30 days)
glimepiride tab 4 mg#	1	QL (60 tablets/30 days)
glipizide tab er 24hr 2.5 mg	2	QL (240 tablets/30 days)
glipizide tab er 24hr 5 mg	2	QL (120 tablets/30 days)
glipizide tab er 24hr 10 mg	2	QL (60 tablets/30 days)
glipizide tab 5 mg	1	QL (240 tablets/30 days)
glipizide tab 10 mg	1	QL (120 tablets/30 days)
glipizide-metformin hcl tab 2.5-250 mg	2	QL (240 tablets/30 days)
glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg	2	QL (120 tablets/30 days)
glyburide tab 1.25 mg#	2	QL (480 tablets/30 days)
glyburide tab 2.5 mg#	2	QL (240 tablets/30 days)
glyburide tab 5 mg#	2	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	4	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3	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), 200 unit/ml	3	QL (20 pens/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
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)
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 (CONCENTRATED) - 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)
INSULIN SYRINGE/NEEDLE	3	PA
JARDIANCE - empagliflozin tab 10 mg, 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-850 mg, 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)
metformin hcl tab er 24hr 500 mg	1	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg	1	QL (60 tablets/30 days)
metformin hcl tab 500 mg	1	QL (150 tablets/30 days)
metformin hcl tab 850 mg	1	QL (90 tablets/30 days)
metformin hcl tab 1000 mg	1	QL (75 tablets/30 days)
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml, 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	3	PA, QL (4 pens/28 days)
nateglinide tab 60 mg	3	QL (180 tablets/30 days)
nateglinide tab 120 mg	3	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
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLIN 70/30 FLEXPEN RELION - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	3	QL (6 vials/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (6 vials/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	3	QL (6 vials/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	3	QL (6 vials/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide tab 1.5 mg, 4 mg, 9 mg	3	PA, QL (30 tablets/30 days)
pioglitazone hcl tab 15 mg (base equiv)	1	QL (90 tablets/30 days)
pioglitazone hcl tab 30 mg (base equiv), 45 mg (base equiv)	2	QL (30 tablets/30 days)
repaglinide tab 0.5 mg	2	QL (960 tablets/30 days)
repaglinide tab 1 mg	2	QL (480 tablets/30 days)
repaglinide tab 2 mg	2	QL (240 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
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	3	PA, QL (30 tablets/30 days)
sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	3	QL (30 tablets/30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 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 auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin free bas-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin free base-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	4	
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
cilostazol tab 50 mg, 100 mg	2	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)	4	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	4	QL (120 capsules/30 days)
ELIQUIS - apixaban cap sprinkle 0.15 mg	3	QL (74 capsules/30 days)
ELIQUIS - apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg), 4 x 0.5 mg (2 mg)	3	QL (560 tablets/28 days)
ELIQUIS - apixaban tab for oral susp 0.5 mg	3	QL (560 tablets/28 days)
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)

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
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	5	PA
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv), 50 mg (base equiv), 75 mg (base equiv)	5	PA
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml	4	QL (30 syringes/90 days)
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	5	PA
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	3	
heparin sodium (porcine) pf inj 5000 unit/ml	3	
heparin sodium (porcine) pf inj 1000 unit/ml	3	
jantoven - warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)	4	
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	PA
rivaroxaban for susp 1 mg/ml	3	QL (4 bottles/30 days)
rivaroxaban tab 2.5 mg	3	QL (60 tablets/30 days)
ticagrelor tab 60 mg, 90 mg	4	
tranexamic acid tab 650 mg	3	
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 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)
Cardiovascular Agents		
acebutolol hcl cap 200 mg, 400 mg	2	
acetazolamide cap er 12hr 500 mg	4	
acetazolamide tab 125 mg, 250 mg	4	
aliskiren fumarate tab 150 mg (base equivalent), 300 mg (base equivalent)	4	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	
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 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
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	2	QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg, 100-25 mg	2	
atenolol tab 25 mg, 50 mg, 100 mg	1	
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)	1	QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent)	1	QL (30 tablets/30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	
benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	2	
bisoprolol fumarate tab 5 mg, 10 mg	2	
bumetanide inj 0.25 mg/ml	4	
bumetanide tab 0.5 mg, 1 mg, 2 mg	3	
candesartan cilexetil tab 4 mg, 8 mg, 16 mg	3	QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg	3	QL (30 tablets/30 days)
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	4	
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg	3	
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	1	
chlorthalidone tab 25 mg, 50 mg	2	
cholestyramine light powder packets 4 gm	4	
cholestyramine light powder 4 gm/dose	4	
cholestyramine powder packets 4 gm	4	
cholestyramine powder 4 gm/dose	4	
clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg	2	
clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	4	
colestipol hcl granule packets 5 gm	4	
colestipol hcl granules 5 gm	4	
colestipol hcl tab 1 gm	4	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	4	PA, QL (600 mls/30 days)
digoxin oral soln 0.05 mg/ml#	4	QL (150 mls/30 days)
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#	2	QL (30 tablets/30 days)
dilt-xr - diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	3	
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg	3	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	3	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg	2	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)	4	
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg	2	QL (60 tablets/30 days)
droxidopa cap 100 mg, 200 mg, 300 mg	4	PA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg	2	
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	2	
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg	3	QL (240 capsules/30 days)
ezetimibe tab 10 mg	4	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg	3	
felodipine tab er 24hr 5 mg, 10 mg	2	
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	3	QL (30 capsules/30 days)
fenofibrate tab 48 mg, 54 mg	3	QL (60 tablets/30 days)
fenofibrate tab 145 mg, 160 mg	3	QL (30 tablets/30 days)
flecainide acetate tab 50 mg, 100 mg, 150 mg	3	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1	
furosemide inj 10 mg/ml	4	
furosemide oral soln 8 mg/ml	2	
furosemide oral soln 10 mg/ml	2	
furosemide tab 20 mg, 40 mg, 80 mg	1	
gemfibrozil tab 600 mg	2	QL (60 tablets/30 days)
hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg	2	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1	
indapamide tab 1.25 mg, 2.5 mg	2	
irbesartan tab 75 mg, 150 mg, 300 mg	2	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	2	QL (30 tablets/30 days)
isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg	3	
isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg	2	
isosorbide mononitrate tab 10 mg, 20 mg	2	
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	4	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg, 20 mg, 40 mg	3	PA, QL (30 tablets/30 days)
labetalol hcl tab 100 mg, 200 mg, 300 mg	2	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg	1	QL (30 tablets/30 days)
losartan potassium tab 25 mg, 50 mg	1	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
losartan potassium tab 100 mg	1	QL (30 tablets/30 days)
lovastatin tab 10 mg, 20 mg, 40 mg	1	QL (60 tablets/30 days)
methazolamide tab 25 mg, 50 mg	4	
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	2	
metoprolol tartrate tab 25 mg, 50 mg, 100 mg	1	
metyrosine cap 250 mg	5	
midodrine hcl tab 2.5 mg, 5 mg, 10 mg	4	
minoxidil tab 2.5 mg, 10 mg	2	
moexipril hcl tab 7.5 mg, 15 mg	2	
NEXLETOL - bempedoic acid tab 180 mg	3	PA, QL (30 tablets/30 days)
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg	3	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic)	4	QL (30 tablets/30 days)
niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)	4	QL (60 tablets/30 days)
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	3	
nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg	3	
nimodipine cap 30 mg	4	
nitro-bid - nitroglycerin oint 2%	4	
nitroglycerin oint 2%, 0.4%	4	
nitroglycerin sl tab 0.3 mg	3	
nitroglycerin sl tab 0.4 mg, 0.6 mg	2	
nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	3	
olmesartan medoxomil tab 5 mg	2	QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg, 40 mg	2	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	3	QL (30 tablets/30 days)
omega-3-acid ethyl esters cap 1 gm	3	
pacerone - amiodarone hcl tab 100 mg	4	
pacerone - amiodarone hcl tab 200 mg	2	
pentoxifylline tab er 400 mg	2	
perindopril erbumine tab 2 mg	2	
perindopril erbumine tab 4 mg	2	
perindopril erbumine tab 8 mg	2	
phenoxybenzamine hcl cap 10 mg	5	
pindolol tab 5 mg, 10 mg	3	
pravastatin sodium tab 10 mg, 20 mg, 40 mg	1	QL (45 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
pravastatin sodium tab 80 mg	1	QL (30 tablets/30 days)
prazosin hcl cap 1 mg, 2 mg, 5 mg	3	
prevalite - cholestyramine light powder packets 4 gm	4	
prevalite - cholestyramine light powder 4 gm/dose	4	
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg	4	
propafenone hcl tab 150 mg, 225 mg, 300 mg	3	
propranolol hcl oral soln 20 mg/5ml	3	
propranolol hcl oral soln 40 mg/5ml	3	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	2	
quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2	
quinapril-hydrochlorothiazide tab 20-25 mg	2	
quinidine sulfate tab 200 mg	4	
quinidine sulfate tab 300 mg	4	
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg	1	
ranolazine tab er 12hr 500 mg, 1000 mg	4	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (6 syringes/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg	2	QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg	2	QL (30 tablets/30 days)
sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
sacubitril-valsartan tab 49-51 mg, 97-103 mg	3	QL (60 tablets/30 days)
simvastatin tab 5 mg, 10 mg, 40 mg	1	QL (45 tablets/30 days)
simvastatin tab 20 mg	1	QL (60 tablets/30 days)
simvastatin tab 80 mg	1	QL (30 tablets/30 days)
sotalol hcl (afib/afl) tab 80 mg, 120 mg, 160 mg	2	
sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	3	
spironolactone tab 25 mg, 50 mg, 100 mg	2	
telmisartan tab 20 mg, 40 mg, 80 mg	3	QL (30 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent)	1	QL (90 capsules/30 days)
terazosin hcl cap 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	QL (60 capsules/30 days)
tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg	3	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg	3	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg	3	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg	3	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg	3	
timolol maleate tab 5 mg, 10 mg, 20 mg	4	
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	2	
trandolapril tab 1 mg, 2 mg, 4 mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg	1	
valsartan tab 40 mg, 80 mg, 160 mg	2	QL (60 tablets/30 days)
valsartan tab 320 mg	2	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg	2	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	3	QL (120 capsules/30 days)
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg	3	
verapamil hcl tab er 120 mg, 180 mg, 240 mg	2	
verapamil hcl tab 40 mg, 80 mg, 120 mg	2	
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	3	QL (30 tablets/30 days)
Central Nervous System Agents		
amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg	4	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg	3	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)	4	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)	4	QL (30 capsules/30 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
dalfampridine tab er 12hr 10 mg†	3	PA
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg	4	PA, QL (60 tablets/30 days)
dextroamphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	5	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule delayed release 120 mg, 240 mg	4	PA, QL (60 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA, QL (60 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)
glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)#	4	QL (30 tablets/30 days)
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	5	PA, QL (1 pack/28 days)
INGREZZA - valbenazine tosylate cap 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	5	PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)	5	PA, QL (30 capsules/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	5	PA, QL (4 pens/28 days)
methylphenidate hcl tab er 20 mg	4	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg, 10 mg, 20 mg	3	PA, QL (90 tablets/30 days)
riluzole tab 50 mg	4	
tetrabenazine tab 12.5 mg	4	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg	5	PA, QL (120 tablets/30 days)
VEOZAH - fezolinetant tab 45 mg	4	PA, QL (30 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 5 mg	4	QL (90 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 10 mg	4	QL (180 tablets/30 days)
Dental and Oral Agents		
chlorhexidine gluconate soln 0.12%	2	
kourzeq - triamcinolone acetonide dental paste 0.1%	4	
oralone dental paste - triamcinolone acetonide dental paste0.1%	4	
periogard - chlorhexidine gluconate soln 0.12%	2	
pilocarpine hcl tab 5 mg, 7.5 mg	4	
triamcinolone acetonide dental paste 0.1%	4	
Dermatological Agents		
accutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
acitretin cap 10 mg, 17.5 mg, 25 mg	4	
ala-cort - hydrocortisone cream 1%	2	
amnesteem - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
benzoyl peroxide-erythromycin gel 5-3%	4	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	4	QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	4	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05%	4	QL (200 grams/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
betamethasone dipropionate cream 0.05%	4	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	4	QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	4	QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	3	QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	4	QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	3	QL (135 grams/30 days)
calcipotriene cream 0.005%	4	QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	3	QL (120 mls/30 days)
claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
clotrimazole w/ betamethasone cream 1-0.05%	3	
EUCRISA - crisaborole oint 2%	4	PA
fluocinonide cream 0.05%	4	QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	4	QL (120 grams/30 days)
fluocinonide gel 0.05%	4	QL (120 grams/30 days)
FLUOROURACIL - fluorouracil soln 2%	4	QL (10 mls/30 days)
fluorouracil cream 5%	4	QL (40 grams/30 days)
fluorouracil soln 5%	4	QL (10 mls/30 days)
fluticasone propionate cream 0.05%	3	QL (120 grams/30 days)
fluticasone propionate oint 0.005%	3	QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	4	
gentamicin sulfate oint 0.1%	3	
halobetasol propionate cream 0.05%	4	QL (200 grams/28 days)
halobetasol propionate oint 0.05%	4	QL (200 grams/28 days)
hydrocortisone cream 1%	2	
hydrocortisone cream 2.5%	2	QL (454 grams/30 days)
hydrocortisone lotion 2.5%	2	QL (118 mls/30 days)
hydrocortisone oint 1%	2	
hydrocortisone oint 2.5%	2	QL (454 grams/30 days)
imiquimod cream 5%	3	PA
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
lactic acid (ammonium lactate) cream 12%	3	
lactic acid (ammonium lactate) lotion 12%	3	
malathion lotion 0.5%	4	
metronidazole cream 0.75%	4	
metronidazole gel 0.75%	3	
metronidazole gel 1%	4	
metronidazole lotion 0.75%	4	
mometasone furoate cream 0.1%	3	QL (135 grams/30 days)

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Drug Name	Drug Tier	Requirements/Limits
mometasone furoate oint 0.1%	3	QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	3	QL (120 mls/30 days)
mupirocin oint 2%	2	QL (30 grams/30 days)
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	5	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab 20 mg	5	PA, QL (60 tablets/30 days)
OTEZLA - apremilast tab 30 mg*	5	PA, QL (60 tablets/30 days)
OTEZLA XR - apremilast tab er 24hr 75 mg	5	PA, QL (30 tablets/30 days)
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK - apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg	5	PA, QL (1 pack/180 days)
permethrin cream 5%	3	
podofilox soln 0.5%	4	
SANTYL - collagenase oint 250 unit/gm	4	QL (180 grams/30 days)
selenium sulfide lotion 2.5%	2	
silver sulfadiazine cream 1%	2	
ssd - silver sulfadiazine cream 1%	2	
sulfacetamide sodium lotion 10% (acne)	4	
tacrolimus oint 0.03%, 0.1%	4	PA
tazarotene cream 0.05%, 0.1%	4	PA, QL (60 grams/30 days)
tretinoin cream 0.025%, 0.05%, 0.1%	4	PA, QL (45 grams/30 days)
tretinoin gel 0.01%, 0.025%	4	PA, QL (45 grams/30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	2	QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%, 0.1%	3	QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%, 0.1%	2	QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	2	QL (120 grams/30 days)
triderm - triamcinolone acetonide cream 0.5%	2	QL (454 grams/30 days)
zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	4	PA
Electrolytes/Minerals/Metals/Vitamins		
carglumic acid soluble tab 200 mg	5	PA
CHEMET - succimer cap 100 mg	4	
deferasirox tab 90 mg†	3	PA
deferasirox tab 180 mg, 360 mg†	4	PA
dextrose inj 10%	4	
dextrose inj 5%	4	
dextrose 2.5% w/ sodium chloride 0.45%	4	
dextrose 5% w/ sodium chloride 0.2%	4	
dextrose 5% w/ sodium chloride 0.45%	4	

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Drug Name	Drug Tier	Requirements/Limits
dextrose 5% w/ sodium chloride 0.9%	4	
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
kcl 20 meq/l (0.149%) in 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 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 0.225% 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	
kionex - sodium polystyrene sulfonate susp 15 gm/60ml	4	
klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq	2	
klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq	2	
klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq	2	
klor-con 8 - potassium chloride tab er 8 meq (600 mg)	2	
klor-con 10 - potassium chloride tab er 10 meq	2	
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	3	
magnesium sulfate inj 50%	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
potassium chloride cap er 8 meq, 10 meq	2	
potassium chloride inj 2 meq/ml	4	
potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq	2	
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	4	
potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)	2	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	4	
potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg)	4	
sodium chloride iv soln 0.45%, 0.9%	4	
sodium chloride preservative free (pf) inj 0.9%	4	
sodium polystyrene sulfonate powder	3	
sodium polystyrene sulfonate susp 15 gm/60ml	4	
sps - sodium polystyrene sulfonate rectal susp 30 gm/120ml	4	
sps - sodium polystyrene sulfonate susp 15 gm/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
tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	5	PA
tolvaptan tab 15 mg, 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
Gastrointestinal Agents		
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)	4	PA, QL (60 tablets/30 days)
constulose - lactulose solution 10 gm/15ml	2	
dicyclomine hcl cap 10 mg#	4	PA (>=65 yr)
dicyclomine hcl oral soln 10 mg/5ml#	4	PA (>=65 yr)
dicyclomine hcl tab 20 mg#	4	PA (>=65 yr)
diphenoxylate w/ atropine tab 2.5-0.025 mg#	4	PA (>=65 yr)
enulose - lactulose (encephalopathy) solution 10 gm/15ml	2	
famotidine for susp 40 mg/5ml	4	
famotidine tab 20 mg, 40 mg	2	
gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	
gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
generlac - lactulose (encephalopathy) solution 10 gm/15ml	2	
glycopyrrolate tab 1 mg, 2 mg	3	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose solution 10 gm/15ml	2	
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	3	QL (30 capsules/30 days)
loperamide hcl cap 2 mg	3	
lubiprostone cap 8 mcg	4	QL (120 capsules/30 days)
lubiprostone cap 24 mcg	4	QL (60 capsules/30 days)
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	4	
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	2	
misoprostol tab 100 mcg, 200 mcg	3	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	3	QL (30 tablets/30 days)
nizatidine cap 150 mg	4	
nizatidine cap 300 mg	4	
omeprazole cap delayed release 10 mg	2	QL (30 capsules/30 days)
omeprazole cap delayed release 20 mg, 40 mg	2	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv)	2	QL (30 tablets/30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	2	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
sucralfate tab 1 gm	2	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	4	
ursodiol cap 300 mg	3	
ursodiol tab 250 mg, 500 mg	4	
VOWST - fecal microbiota spores, live-brpk caps	5	PA, QL (12 capsules/56 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		
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	5	PA, QL (112 tablets/28 days)
betaine powder for oral solution	5	
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	3	
cromolyn sodium oral conc 100 mg/5ml	4	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	4	PA
glutamine (sickle cell) powd pack 5 gm	5	PA, QL (180 packets/30 days)
levocarnitine oral soln 1 gm/10ml (10%)	4	
levocarnitine tab 330 mg	4	
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg	5	
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
PYRUKYND - mitapivat sulfate tab 5 mg, 20 mg, 50 mg*	5	PA, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg*	5	PA, QL (7 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg*	5	PA, QL (14 tablets/28 days)
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	5	PA
REZDIFFRA - resmetirom 60 mg tab	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab	5	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab	5	PA, QL (30 tablets/30 days)
sapropterin dihydrochloride powder packet 100 mg, 500 mg†	5	PA
sapropterin dihydrochloride tab 100 mg†	5	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	PA
sodium phenylbutyrate tab 500 mg	5	PA
WELIREG - belzutifan tab 40 mg*†	5	PA, QL (90 tablets/30 days)
zelvysia - sapropterin dihydrochloride powder packet 100 mg, 500 mg†	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	3	
ZOKINVY - lonafarnib cap 50 mg, 75 mg	5	PA, QL (120 capsules/30 days)
Genitourinary Agents		
alfuzosin hcl tab er 24hr 10 mg	2	QL (30 tablets/30 days)
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg	3	
dutasteride cap 0.5 mg	4	QL (30 capsules/30 days)
finasteride tab 5 mg	2	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	3	
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, 50 mg	3	QL (30 tablets/30 days)
NEXPLANON - etonogestrel subdermal implant 68 mg	3	
oxybutynin chloride solution 5 mg/5ml	3	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg	3	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg	3	QL (90 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	3	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg	2	QL (120 tablets/30 days)
penicillamine tab 250 mg	5	
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	4	
tadalafil tab 2.5 mg, 5 mg	4	PA, QL (30 tablets/30 days)
tamsulosin hcl cap 0.4 mg	2	QL (60 capsules/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg	4	QL (30 capsules/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone elixir 0.5 mg/5ml	4	
dexamethasone soln 0.5 mg/5ml	4	
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg	4	
fludrocortisone acetate tab 0.1 mg	2	
hydrocortisone tab 5 mg, 10 mg, 20 mg	3	
methylprednisolone tab therapy pack 4 mg (21)	2	
methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg	2	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv), 5 mg/5ml (base equiv)	4	
prednisolone soln 15 mg/5ml	4	
prednisone oral soln 5 mg/5ml	4	
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)	2	

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Drug Name	Drug Tier	Requirements/Limits
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate nasal spray soln 0.01%	4	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	4	
desmopressin acetate tab 0.1 mg, 0.2 mg	3	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
abigale - estradiol & norethindrone acetate tab 1-0.5 mg#	4	
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	4	
altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	4	
alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	4	
apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	4	
aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg	4	
aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	4	
aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	4	
aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg	4	
aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg	4	
aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24)	4	
aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	4	
ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	4	
balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	4	
blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	4	
blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	4	
blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	4	
briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	4	

Drug Name	Drug Tier	Requirements/Limits
camila - norethindrone tab 0.35 mg	3	
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	4	
cryselle - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	4	
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	4	
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
danazol cap 50 mg, 100 mg, 200 mg	4	PA
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	4	
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	4	
deblitane - norethindrone tab 0.35 mg	3	
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	4	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
dotti - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	4	
drospirenone-ethinyl estradiol tab 3-0.02 mg	4	
drospirenone-ethinyl estradiol tab 3-0.03 mg#	4	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	4	
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	4	
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr	3	
emzahh - norethindrone tab 0.35 mg	3	
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
errin - norethindrone tab 0.35 mg	3	
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg	4	
estradiol & norethindrone acetate tab 1-0.5 mg#	4	
estradiol tab 0.5 mg, 1 mg, 2 mg#	2	
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)#	4	
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	4	
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	4	
estradiol vaginal cream 0.01%	3	
estradiol vaginal tab 10 mcg	4	
estradiol valerate im in oil 10 mg/ml, 20 mg/ml, 40 mg/ml	4	

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Drug Name	Drug Tier	Requirements/Limits
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	3	
falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	4	
feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	4	
feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	4	
gallifrey - norethindrone acetate tab 5 mg	3	
hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	4	
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg	4	
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	4	
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	4	
heather - norethindrone tab 0.35 mg	3	
iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	4	
incassia - norethindrone tab 0.35 mg	3	
introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg	4	
isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg	4	
jencycla - norethindrone tab 0.35 mg	3	
jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	4	
juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	4	
junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	4	
junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	4	
junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	4	
junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	4	
kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	4	
kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	4	
kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg	4	
larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	4	

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Drug Name	Drug Tier	Requirements/Limits
larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	4	
larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	4	
larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	4	
larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	4	
leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	4	
lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	4	
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	4	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	4	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	4	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	4	
lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg	4	
loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	4	
loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	4	
loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	4	
loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	4	
loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg	4	
low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg	4	
luizza 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	4	
luizza 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	4	
lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	4	
lyleq - norethindrone tab 0.35 mg	3	
lyllana - estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#	4	
lyza - norethindrone tab 0.35 mg	3	
marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	3	
medroxyprogesterone acetate im susp 150 mg/ml	3	
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	2	
megestrol acetate susp 40 mg/ml#	4	
megestrol acetate tab 20 mg, 40 mg#	3	
meleya - norethindrone tab 0.35 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
microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	4	
microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	4	
microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	4	
microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	4	
mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	4	
mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#	4	
mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	4	
necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg	4	
nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg	4	
nora-be - norethindrone tab 0.35 mg	3	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg	4	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	4	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	4	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	4	
norethindrone acetate tab 5 mg	3	
norethindrone tab 0.35 mg	3	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	4	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	4	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	4	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	4	
norlyroc - norethindrone tab 0.35 mg	3	
nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab0.5 mg-35 mcg	4	
nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	4	
nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	4	
nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	4	
nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	4	
orquidea - norethindrone tab 0.35 mg	3	
philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	4	
pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	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
portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
progesterone cap 100 mg, 200 mg	3	
raloxifene hcl tab 60 mg	3	
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	4	
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	4	
sharobel - norethindrone tab 0.35 mg	3	
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	4	
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	4	
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#	4	
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	4	
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	4	
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	PA
testosterone td gel 25 mg/2.5gm (1%)	4	PA, QL (90 packets/30 days)
testosterone td gel 50 mg/5gm (1%)	4	PA, QL (60 units/30 days)
testosterone td gel 12.5 mg/act (1%)	4	PA, QL (4 pump bottles/30 days)
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	4	
tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	4	
tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	4	
tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	4	
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	4	
tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	4	
tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	4	
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	4	
tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	4	
tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	4	
tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	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
tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	4	
turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	4	
valtya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	3	
valtya 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	4	
velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	4	
vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg	4	
vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	4	
viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	4	
volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	4	
vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	4	
vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	4	
wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	4	
wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	4	
xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	4	
xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	4	
xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
yuvafem - estradiol vaginal tab 10 mcg	4	
zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg	4	
zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	1	
levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg	3	
liomny - liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	3	
liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg	3	
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	4	

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Drug Name	Drug Tier	Requirements/Limits
unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tab 0.5 mg	3	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	PA, QL (1 kit/84 days)
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	PA, QL (1 kit/112 days)
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	PA, QL (1 kit/168 days)
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA, QL (1 kit/28 days)
FIRMAGON - degarelix acetate for inj 80 mg (base equiv)	4	PA
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	5	PA
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	PA, QL (2 kits/28 days)
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA, QL (1 kit/84 days)
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	5	PA, QL (1 kit/168 days)
mifepristone tab 300 mg	5	PA, QL (120 tablets/30 days)
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml)	4	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	5	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
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)*	5	PA
SOMAVERT - pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	5	
Hormonal Agents, Suppressant (Thyroid)		
methimazole tab 5 mg, 10 mg	2	
propylthiouracil tab 50 mg	3	
Immunological Agents		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml	1	QL (1 vaccine/lifetime)

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
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	5	PA, QL (4 syringes/28 days)
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	5	PA, QL (4 pens/28 days)
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	1	
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	1	
ADACEL - tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml	1	
ARCALYST - rilonacept for inj 220 mg*	5	PA, QL (8 vials/28 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=18 yr)
azathioprine tab 50 mg	3	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	1	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA, QL (8 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA, QL (8 syringes/28 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BESREMI PEN - ropeginterferon alfa-2b-njft soln pen inj 500 mcg/0.5ml	5	PA, QL (2 pens/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	1	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	1	
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA, QL (8 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA, QL (4 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA, QL (8 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA, QL (8 pens/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA, QL (8 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA, QL (4 pens/28 days)
cyclosporine cap 25 mg, 100 mg	4	BD
cyclosporine modified cap 25 mg, 50 mg, 100 mg	4	BD
cyclosporine modified oral soln 100 mg/ml	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	1	
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	5	PA, QL (3 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 300 mg/2ml	5	PA, QL (4 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA, QL (3 syringes/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA, QL (8 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA, QL (8 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA, QL (8 pens/28 days)
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	1	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	1	BD
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	5	PA, QL (2 pens/28 days)
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg, 1 mg	4	BD
ENVARSUS XR - tacrolimus tab er 24hr 4 mg	5	BD
ERVEBO - ebola zaire virus vaccine live im susp	1	
everolimus tab 0.25 mg, 0.5 mg	4	BD
everolimus tab 0.75 mg, 1 mg	5	BD
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	1	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	1	
gengraf - cyclosporine modified cap 25 mg, 100 mg	4	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	5	PA, QL (6 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	5	PA, QL (6 pens/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/28 days)

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Drug Name	Drug Tier	Requirements/Limits
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml, 1440 el unit/ml	1	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	1	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	1	
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	5	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	1	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	1	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv inj susp	1	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	1	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	1	BD
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
leflunomide tab 10 mg, 20 mg	3	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	1	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	1	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)	3	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	3	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	3	
methotrexate sodium tab 2.5 mg (base equiv)	2	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml	1	QL (1 vaccine/lifetime; >=18 yr)
mycophenolate mofetil cap 250 mg	3	BD
mycophenolate mofetil for oral susp 200 mg/ml	5	BD
mycophenolate mofetil tab 500 mg	3	BD
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)	4	BD
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	5	BD
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	1	
PEDVAXHIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	1	
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	1	

Drug Name	Drug Tier	Requirements/Limits
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj	1	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	1	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	1	
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	1	
PYZCHIVA - ustekinumab-ttwe iv soln 130 mg/26ml (5 mg/ml) (for iv inf)	5	PA, QL (4 vials/180 days)
PYZCHIVA - ustekinumab-ttwe soln prefilled syringe 45 mg/0.5ml	4	PA, QL (3 syringes/84 days)
PYZCHIVA - ustekinumab-ttwe soln prefilled syringe 90 mg/ml	5	PA, QL (3 syringes/84 days)
PYZCHIVA - ustekinumab-ttwe subcutaneous soln 45 mg/0.5ml	4	PA, QL (3 vials/84 days)
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	1	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	1	
RABAVERT - rabies vaccine, pcec for inj	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	1	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	1	BD
RIDAURA - auranofin cap 3 mg	3	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg	5	PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	5	PA, QL (84 tablets/180 days)
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	5	PA, QL (2 bottles/30 days)
ROTARIX - rotavirus vaccine, live oral susp	1	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	1	
sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml	5	PA, QL (6 syringes/30 days)
SHINGRIX - zoster vac recomb adjuvanted im susp pref syr 50 mcg/0.5ml	1	QL (2 vaccines/lifetime; >=18 yr)
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	1	QL (2 vaccines/lifetime; >=18 yr)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml	5	PA, QL (2 syringes/28 days)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml	5	PA, QL (4 syringes/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA, QL (4 pens/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 80 mg/0.8ml	5	PA, QL (3 pens/28 days)
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	5	PA, QL (4 pens/28 days)

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Drug Name	Drug Tier	Requirements/Limits
sirolimus oral soln 1 mg/ml	4	BD
sirolimus tab 0.5 mg, 1 mg, 2 mg	4	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	5	PA, QL (6 vials/180 days)
SKYRIZI - risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml, 150 mg/ml	5	PA, QL (6 syringes/365 days)
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	5	PA, QL (7 cartridges/365 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	5	PA, QL (6 pens/365 days)
STEQEYMA - ustekinumab-stba iv soln 130 mg/26ml (5 mg/ml) (for iv inf)	5	PA, QL (4 vials/180 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	4	PA, QL (3 syringes/84 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml	5	PA, QL (3 syringes/84 days)
STEQEYMA - ustekinumab-stba subcutaneous soln 45 mg/0.5ml	4	PA, QL (3 vials/84 days)
tacrolimus cap 0.5 mg, 1 mg, 5 mg	4	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml	1	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	1	
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	5	PA, QL (1 pen/28 days)
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA, QL (3 pens/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA, QL (3 syringes/56 days)
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	5	PA, QL (1 syringe/28 days)
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ ULCERATIVE COLITIS - guselkumab soln auto-injector 200 mg/2ml	5	PA, QL (6 pens/180 days)
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	5	PA, QL (3 pens/56 days)
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	1	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	1	
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	5	PA, QL (4 pens/28 days)
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	5	PA, QL (4 syringes/28 days)
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	1	
USTEKINUMAB-AEKN - ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml	4	PA, QL (3 syringes/84 days)
USTEKINUMAB-AEKN - ustekinumab-aekn soln prefilled syringe 90 mg/ml	5	PA, QL (3 syringes/84 days)
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	1	
VAQTA - hepatitis a vaccine susp prefilled syr 25 unit/0.5ml, 50 unit/ml	1	
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
VAXCHORA - cholera vaccine live attenuated for oral susp	1	
VIMKUNYA - chikungunya virus vac rcmb vlp im susp pref syr 40 mcg/0.8ml	1	
VIVOTIF - typhoid vaccine cap delayed release	1	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml*	5	PA
YF-VAX - yellow fever vaccine for subcutaneous suspension	1	
Inflammatory Bowel Disease Agents		
balsalazide disodium cap 750 mg	4	
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)
hydrocortisone enema 100 mg/60ml	4	
hydrocortisone perianal cream 1%	2	
hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
mesalamine cap er 24hr 0.375 gm	4	QL (120 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 1.2 gm	4	QL (120 tablets/30 days)
procto-med hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
proctocort - hydrocortisone perianal cream 1%	2	
proctosol hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
proctozone-hc - hydrocortisone perianal cream 2.5%	2	QL (454 grams/30 days)
sulfasalazine tab delayed release 500 mg	3	
sulfasalazine tab 500 mg	3	
Metabolic Bone Disease Agents		
alendronate sodium tab 10 mg	1	QL (120 tablets/30 days)
alendronate sodium tab 35 mg, 70 mg	1	QL (4 tablets/28 days)
calcitonin (salmon) nasal soln 200 unit/act	3	
calcitriol cap 0.25 mcg, 0.5 mcg	2	
calcitriol oral soln 1 mcg/ml	4	
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)	4	PA
ibandronate sodium tab 150 mg (base equivalent)	2	QL (1 tablet/28 days)
JUBBONTI - denosumab-bbdz inj soln prefilled syringe 60 mg/ml	4	PA
OSENVELT - denosumab-bmwo inj 120 mg/1.7ml	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
paricalcitol cap 1 mcg, 2 mcg, 4 mcg	4	
STOBOCLO - denosumab-bmwo inj soln prefilled syringe 60 mg/ml	4	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
WYOST - denosumab-bbdz inj 120 mg/1.7ml	5	PA
Ophthalmic Agents		
atropine sulfate ophth soln 1%	3	
azelastine hcl ophth soln 0.05%	3	
bacitracin-polymyxin b ophth oint	2	
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ciprofloxacin hcl ophth soln 0.3% (base equivalent)	2	
cromolyn sodium ophth soln 4%	2	
cyclosporine (ophth) emulsion 0.05% (pf)	3	QL (60 vials/30 days)
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*	5	PA, QL (4 bottles/28 days)
dexamethasone sodium phosphate ophth soln 0.1%	3	
diclofenac sodium ophth soln 0.1%	2	
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fluorometholone ophth susp 0.1%	3	
flurbiprofen sodium ophth soln 0.03%	3	
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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)
MIEBO - perfluorohexyloctane ophth soln 1.338 gm/ml	3	PA, QL (1 bottle/30 days)
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)(generic for Moxeza)	4	
moxifloxacin hcl ophth soln 0.5% (base equiv)(generic for Vigamox)	4	
NATACYN - natamycin ophth susp 5%	4	
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Drug Name	Drug Tier	Requirements/Limits
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin ophth soln 0.3%	2	
pilocarpine hcl ophth soln 1%, 2%, 4%	4	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	2	
prednisolone acetate ophth susp 1%	3	
prednisolone sodium phosphate ophth soln 1%	3	
RESTASIS - cyclosporine (ophth) emulsion 0.05% (pf)	3	QL (60 vials/30 days)
sulfacetamide sodium ophth soln 10%	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
timolol maleate ophth gel forming soln 0.25%, 0.5%	4	
timolol maleate ophth soln 0.25%, 0.5%	1	
tobramycin ophth soln 0.3%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	3	
TRIFLURIDINE - trifluridine ophth soln 1%	3	
XDEMVY - lotilaner ophth soln 0.25%	5	PA
XIIDRA - lifitegrast ophth soln 5%	3	PA, QL (60 containers/30 days)
Otic Agents		
acetic acid otic soln 2%	3	
fluocinolone acetonide (otic) oil 0.01%	4	
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	4	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	4	
ofloxacin otic soln 0.3%	3	
Respiratory Tract/Pulmonary Agents		
acetylcysteine inhal soln 10%, 20%	4	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	3	QL (1 inhaler/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	4	BD
albuterol sulfate soln nebu 0.5% (5 mg/ml)	3	BD
albuterol sulfate syrup 2 mg/5ml	4	
albuterol sulfate tab 2 mg, 4 mg	4	
*ambrisentan tab 5 mg, 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, 100 mcg/act, 200 mcg/act	3	QL (30 blisters/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
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 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), 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)
azelastine hcl nasal spray 0.1% (137 mcg/spray)	3	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act, 100-25 mcg/act, 200-25 mcg/act	3	QL (1 package/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	4	QL (3 inhalers/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	4	QL (3 inhalers/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	3	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act	3	QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	4	BD
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	4	QL (3 inhalers/30 days)
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*	5	PA
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	3	BD
cyproheptadine hcl tab 4 mg#	4	PA (>=65 yr)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3	QL (3 inhalers/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	3	
EPINEPHRINE - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(authorized generic for Adrenaclick 0.3 mg/0.3 mL)	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	
flunisolide nasal soln 25 mcg/act (0.025%)	3	QL (3 bottles/30 days)
fluticasone propionate nasal susp 50 mcg/act	2	QL (1 bottle/30 days)

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	3	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	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, 13.4 mg, 25 mg, 50 mg, 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	2	
montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)	2	
montelukast sodium oral granules packet 4 mg (base equiv)	4	
montelukast sodium tab 10 mg (base equiv)	2	
nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)†	5	PA, QL (60 capsules/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)	4	PA
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)	5	PA
ORENITRAM TITRATION KIT MONTH 1 - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	5	PA
ORENITRAM TITRATION KIT MONTH 2 - treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	5	PA
ORENITRAM TITRATION KIT MONTH 3 - treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	5	PA
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 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	4	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
roflumilast tab 250 mcg, 500 mcg	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	3	QL (1 inhaler/30 days)
sildenafil citrate tab 20 mg	3	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
SPIRIVA RESPIMAT - tiotropium bromide inhal aerosol 1.25 mcg/act, 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)
theophylline tab er 12hr 300 mg, 450 mg	4	
theophylline tab er 24hr 400 mg, 600 mg	3	
tobramycin nebu soln 300 mg/5ml	5	BD, PA
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
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)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	3	QL (2 inhalers/30 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg	5	PA, QL (1 kit/21 days)
wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (1 inhaler/30 days)
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cyclobenzaprine hcl tab 5 mg, 10 mg#	3	
methocarbamol tab 500 mg, 750 mg#	3	
Sleep Disorder Agents		
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	4	PA, QL (30 tablets/30 days)
modafinil tab 100 mg, 200 mg	3	PA, QL (30 tablets/30 days)
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, 30 mg	4	QL (30 capsules/30 days)
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