

Keystone 65 Rx HMO, Personal Choice 65SM Rx PPO, and Select Option[®] PDP 2026 Formulary or “Drug List”

(List of Covered Drugs)

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

FID 00026200

This formulary was updated on **10/15/2025**. For more recent information or other questions, please contact Keystone 65 Rx at **1-844-352-1699**, Personal Choice 65 Rx at **1-888-879-4293** or Select Option Rx at **1-888-678-7009** (TTY/TDD users should call **711**), seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail, or visit **ibxmedicare.com/formulary**.

Independence 

IBX

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 Independence Blue Cross. When it refers to “plan” or “our plan,” it means Keystone 65 Rx HMO, Personal Choice 65 Rx PPO, and Select Option PDP.

This document includes a Drug List (formulary) for our plan which is current as of **10/15/2025**. 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 Keystone 65 Rx/Personal Choice 65 Rx/Select Option Rx 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 Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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: [**ibxmedicare.com/formulary**](https://ibxmedicare.com/formulary).

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 Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx 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 60-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 Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx 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 each new benefit year for any changes to drug coverage.

The enclosed formulary is current as of **10/15/2025**. To get updated information about the drugs covered by Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, all affected members will receive a notification of changes to the formulary.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 7. 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 7. 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 130. The Index provides an alphabetical list of all 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 that page and find the name of your drug in the first column of the list.

What are generic drugs?

Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx 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, Keystone 65 Rx and Personal Choice 65 Rx should see the Part D Prescription Drug Rider, Chapter 3, Section 3.1, "The 'Drug List' tells which Part D drugs are covered." Select Option Rx should 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:** Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx before you fill your prescriptions. If you don't get approval, Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx limits the amount of the drug that Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx will cover. For example, Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx provides 60 per prescription for Glipizide ER 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx 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, Keystone 65 Rx,

Personal Choice 65 Rx, and Select Option Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx 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 7. 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 Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx 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 Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx’s formulary?” on page 4 for more 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 our Member Help Team and ask if your drug is covered.

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

- You can ask our Member Help Team for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by the Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx.
- You can ask Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx to make an exception and cover your drug. See below for more information about how to request an exception.

How do I request an exception to the Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx formulary?

You can ask Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx to make the following types of exceptions 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, Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx limits the amount of the drug that we will cover. If your drug has a quantity limits, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx 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.

If a transition occurs due to a change in setting, such as moving from a home residence to a long-term care facility and then back again, our plan has a method in place to ensure that you have access to your medication. If your change of setting cannot be identified by the automated system, the pharmacy can notify our plan of the setting change and provide you with your prescribed medications. You will receive notice that you must either switch to a therapeutically appropriate drug on the plan's formulary or request an exception to continue taking the requested drug.

For more information

For more detailed information about your Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx please contact us. Our contact information, along with the date we last updated this 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 **medicare.gov**.

Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx formulary

The formulary provides information about the drugs covered by Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 130.

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

The information in the Requirements/Limits column tells you if Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx has any special requirements for coverage of your drug.

- **Prior Authorization (PA):** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the plan limits the amount of the drug that we will cover. For example, our plan covers 60 per prescription for Glipizide ER 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the plan requires you to try certain drugs to treat your medical condition first before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Non-Extended Day Supply (NDS):** All prescription fills for opioid medications will be limited to a 30-day supply for retail and mail order. Long-term care is 31 days. OptumRx® Home Delivery requires you to use 90 percent of your opioid medication before it may be refilled. Please note that other pharmacies may have additional limitations on opioid medications.
- **Non-Formulary (NF):** If your drug has a "Non-Formulary" status, this means that your drug is not covered under your plan. In this case, you may request a Formulary Exception.

The Drug Tier column of the chart lists the drug tier. The drug tier is the level of formulary cost-sharing for which you are responsible. See your Evidence of Coverage for more information about cost-sharing amounts.

Drug Name	Drug Tier Requirements/Limits	
(10:00) Antineoplastic Agents		
Antineoplastic Agents		
ONUREG ORAL TABLET	3	PA; QL (14 EA per 28 days)
Antidote Therapeutics		
Alcohol Deterrents		
acamprosate calcium oral tablet delayed release	3	
disulfiram oral tablet	2	
Antihistamine Drugs		
First Generation Antihistamines		
carbinoxamine maleate oral solution	3	PA
carbinoxamine maleate oral tablet	3	PA
clemastine fumarate oral syrup	3	PA
clemastine fumarate oral tablet 2.68 mg	3	PA
cyproheptadine hcl oral syrup	3	
cyproheptadine hcl oral tablet	1	
promethazine hcl oral solution 6.25 mg/5ml	2	PA
promethazine hcl oral tablet	1	PA
promethazine hcl rectal suppository 12.5 mg, 25 mg	3	PA
promethazine-phenylephrine oral syrup	3	PA
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	3	PA
RYCLORA ORAL SOLUTION	3	
RYVENT ORAL TABLET	3	PA
Second Generation Antihistamines		
cetirizine hcl oral solution 5 mg/5ml	3	
CLARINEX ORAL TABLET	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
desloratadine oral tablet	2	
desloratadine oral tablet dispersible	3	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
Anti-Infective Agents		
Anthelmintics		
albendazole oral tablet	3	
EMVERM ORAL TABLET CHEWABLE	3	
ivermectin oral tablet 3 mg	2	
ivermectin oral tablet 6 mg	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier	Requirements/Limits
<i>praziquantel oral tablet</i>	3	
STROMEKTOL ORAL TABLET	3	
Antibacterials		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	3	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	3	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	3	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	3	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	3	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	3	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	3	
ARIKAYCE INHALATION SUSPENSION	3	PA
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
AZACTAM INJECTION SOLUTION RECONSTITUTED	3	
<i>azithromycin intravenous solution reconstituted</i>	3	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>aztreonam injection solution reconstituted</i>	3	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	
AZULFIDINE ORAL TABLET	3	
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAXDELA ORAL TABLET	3	
BETHKIS INHALATION NEBULIZATION SOLUTION	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
CAYSTON INHALATION SOLUTION RECONSTITUTED	3	PA
<i>cefaclor er oral tablet extended release 12 hour</i>	3	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	3	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefadroxil oral tablet</i>	3	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	3	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	3	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	3	
<i>cefixime oral capsule</i>	3	
<i>cefixime oral suspension reconstituted</i>	3	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>cefoxitin sodium intravenous solution reconstituted</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	3	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>cefprozil oral suspension reconstituted</i>	3	
<i>cefprozil oral tablet</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	3	
<i>ceftazidime intravenous solution reconstituted</i>	3	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>ceftriaxone sodium injection solution reconstituted 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	3	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	3	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral capsule 750 mg</i>	3	
<i>cephalexin oral suspension reconstituted</i>	1	
<i>cephalexin oral tablet</i>	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	3	
<i>clarithromycin er oral tablet extended release 24 hour</i>	3	
<i>clarithromycin oral suspension reconstituted</i>	3	
<i>clarithromycin oral tablet</i>	1	
CLEOCIN ORAL CAPSULE	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	3	
<i>clindamycin phosphate in d5w intravenous solution</i>	3	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	3	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	3	
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
<i>daptomycin intravenous solution reconstituted 350 mg</i>	3	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	
<i>demeclocycline hcl oral tablet</i>	3	
<i>dicloxacillin sodium oral capsule</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL (408 ML per 30 days)
DIFICID ORAL TABLET	3	QL (60 EA per 30 days)
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	3	ST
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>doxycycline hyclate intravenous solution reconstituted</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	3	
<i>doxycycline hyclate oral tablet delayed release</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	3	
<i>doxycycline monohydrate oral suspension reconstituted</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg</i>	3	
E.E.S. 400 ORAL TABLET	3	
<i>ertapenem sodium injection solution reconstituted</i>	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>erythromycin base oral capsule delayed release particles</i>	3	
<i>erythromycin base oral tablet</i>	3	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	3	
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin oral tablet delayed release</i>	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	3	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	3	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	
INVANZ INJECTION SOLUTION RECONSTITUTED	3	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION	3	PA
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	3	
<i>levofloxacin oral solution</i>	3	
<i>levofloxacin oral tablet</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	3	
<i>linezolid oral suspension reconstituted</i>	3	QL (1680 ML per 28 days)
<i>linezolid oral tablet</i>	3	QL (56 EA per 28 days)
<i>meropenem intravenous solution reconstituted 1 gm</i>	3	
<i>meropenem intravenous solution reconstituted 500 mg</i>	2	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	3	
<i>minocycline hcl oral capsule</i>	1	
<i>minocycline hcl oral tablet</i>	3	
<i>moxifloxacin hcl in nacl intravenous solution</i>	3	
<i>moxifloxacin hcl oral tablet</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	3	
<i>neomycin sulfate oral tablet</i>	1	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
NUZYRA ORAL TABLET	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	3	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>	3	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>oxacillin sodium intravenous solution reconstituted</i>	3	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	3	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	3	
<i>penicillin g sodium injection solution reconstituted</i>	3	
<i>penicillin v potassium oral solution reconstituted</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	3	
<i>polymyxin b sulfate injection solution reconstituted</i>	3	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
SEYSARA ORAL TABLET	3	ST
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; QL (6 EA per 30 days)
SIVEXTRO ORAL TABLET	3	PA; QL (6 EA per 30 days)
<i>streptomycin sulfate intramuscular solution reconstituted</i>	1	
<i>sulfadiazine oral tablet</i>	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet delayed release</i>	3	
TARGADOX ORAL TABLET	3	ST
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	3	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>tetracycline hcl oral capsule</i>	3	
<i>tigecycline intravenous solution reconstituted</i>	3	
TOBI INHALATION NEBULIZATION SOLUTION	3	PA
TOBI PODHALER INHALATION CAPSULE	3	PA
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	3	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
VANCOGIN ORAL CAPSULE	3	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	3	
<i>vancomycin hcl oral capsule</i>	3	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	3	
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA
ZEMDRI INTRAVENOUS SOLUTION	3	PA
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ZEVTERA INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML	3	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	QL (1680 ML per 28 days)
ZYVOX ORAL TABLET	3	QL (56 EA per 28 days)
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	3	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA
<i>amphotericin b intravenous solution reconstituted</i>	3	PA
<i>amphotericin b liposome intravenous suspension reconstituted</i>	3	PA
ANCOBON ORAL CAPSULE	3	
<i>caspofungin acetate intravenous solution reconstituted</i>	3	
CRESEMBA ORAL CAPSULE	3	PA

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Drug Name	Drug Tier Requirements/Limits	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	3	
DIFLUCAN ORAL TABLET 100 MG	3	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	3	
<i>fluconazole oral suspension reconstituted</i>	1	
<i>fluconazole oral tablet</i>	1	
<i>flucytosine oral capsule 250 mg</i>	3	
<i>flucytosine oral capsule 500 mg</i>	1	
<i>griseofulvin microsize oral suspension</i>	3	
<i>griseofulvin microsize oral tablet</i>	3	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	3	ST
<i>itraconazole oral capsule</i>	3	
<i>itraconazole oral solution</i>	3	
<i>ketoconazole oral tablet</i>	1	
<i>micafungin sodium intravenous solution reconstituted</i>	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3	
NOXAFIL ORAL PACKET	3	PA
NOXAFIL ORAL SUSPENSION	3	PA
<i>nystatin mouth/throat suspension</i>	1	
<i>nystatin oral tablet</i>	2	
<i>posaconazole oral suspension</i>	3	PA
<i>posaconazole oral tablet delayed release</i>	1	PA
SPORANOX ORAL CAPSULE	3	
<i>terbinafine hcl oral tablet</i>	1	
<i>tolsura oral capsule</i>	3	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
VFEND ORAL SUSPENSION RECONSTITUTED	3	
VFEND ORAL TABLET 50 MG	3	
VIVJOA ORAL CAPSULE THERAPY PACK	3	PA
<i>voriconazole intravenous solution reconstituted</i>	3	PA
<i>voriconazole oral suspension reconstituted</i>	3	
<i>voriconazole oral tablet</i>	3	
Antimycobacterials		
<i>cycloserine oral capsule</i>	3	

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Drug Name	Drug Tier Requirements/Limits	
<i>dapsone oral tablet</i>	2	
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid oral syrup</i>	3	
<i>isoniazid oral tablet</i>	1	
<i>pretomanid oral tablet</i>	3	PA
PRIFTIN ORAL TABLET	3	
<i>pyrazinamide oral tablet</i>	3	
<i>rifabutin oral capsule</i>	3	
<i>rifampin intravenous solution reconstituted</i>	1	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	3	PA
Antiprotozoals		
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil hcl oral tablet</i>	3	
<i>chloroquine phosphate oral tablet</i>	3	
COARTEM ORAL TABLET	3	
DARAPRIM ORAL TABLET	3	
HUMATIN ORAL CAPSULE	3	
<i>hydroxychloroquine sulfate oral tablet</i>	1	
IMPAVIDO ORAL CAPSULE	3	QL (84 EA per 28 days)
KRINTAFEL ORAL TABLET	3	
LAMPIT ORAL TABLET	3	
MALARONE ORAL TABLET	3	
<i>mefloquine hcl oral tablet</i>	3	
MEPRON ORAL SUSPENSION	3	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral capsule</i>	3	
<i>metronidazole oral tablet</i>	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	3	PA
<i>nitazoxanide oral tablet</i>	1	
PENTAM INJECTION SOLUTION RECONSTITUTED	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	PA
<i>pentamidine isethionate injection solution reconstituted</i>	3	
PLAQUENIL ORAL TABLET	3	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral tablet</i>	3	
<i>quinine sulfate oral capsule</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
SOLOSEC ORAL PACKET	3	
SOVUNA ORAL TABLET	3	
<i>tinidazole oral tablet 250 mg</i>	3	
<i>tinidazole oral tablet 500 mg</i>	2	
Antivirals		
<i>abacavir sulfate oral solution</i>	3	
<i>abacavir sulfate oral tablet</i>	3	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	3	QL (30 EA per 30 days)
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	3	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	3	PA
<i>adefovir dipivoxil oral tablet</i>	3	QL (30 EA per 30 days)
APTIVUS ORAL CAPSULE	3	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	3	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	3	QL (60 EA per 30 days)
BARACLUDE ORAL SOLUTION	3	QL (600 ML per 30 days)
BARACLUDE ORAL TABLET	3	QL (30 EA per 30 days)
BIKTARVY ORAL TABLET	3	QL (30 EA per 30 days)
CIMDUO ORAL TABLET	3	
COMPLERA ORAL TABLET	3	QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	3	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	3	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	3	
DESCOVY ORAL TABLET	3	QL (30 EA per 30 days)
DOVATO ORAL TABLET	3	
EDURANT ORAL TABLET	3	QL (30 EA per 30 days)
<i>efavirenz oral tablet</i>	3	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	3	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	1	
<i>emtricitabine oral capsule</i>	3	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet</i>	3	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet</i>	3	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	3	
<i>entecavir oral tablet</i>	3	QL (30 EA per 30 days)
EPCLUSA ORAL PACKET 150-37.5 MG	2	PA; QL (84 EA per 365 days)
EPCLUSA ORAL PACKET 200-50 MG	2	PA; QL (168 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL TABLET 200-50 MG	2	PA; QL (168 EA per 365 days)
EPCLUSA ORAL TABLET 400-100 MG	2	PA; QL (84 EA per 365 days)
EPIVIR ORAL SOLUTION	3	
EPIVIR ORAL TABLET 150 MG	3	QL (60 EA per 30 days)
EPIVIR ORAL TABLET 300 MG	3	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	3	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	3	QL (60 EA per 30 days)
EVOTAZ ORAL TABLET	3	QL (30 EA per 30 days)
<i>famciclovir oral tablet</i>	2	
<i>fosamprenavir calcium oral tablet</i>	1	QL (120 EA per 30 days)
GENVOYA ORAL TABLET	3	QL (30 EA per 30 days)
HARVONI ORAL PACKET 33.75-150 MG	3	PA; QL (168 EA per 365 days)
HARVONI ORAL PACKET 45-200 MG	3	PA; QL (336 EA per 365 days)
HARVONI ORAL TABLET 45-200 MG	3	PA; QL (336 EA per 365 days)
HARVONI ORAL TABLET 90-400 MG	3	PA; QL (168 EA per 365 days)
INTELENCE ORAL TABLET 100 MG	3	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	3	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS HD ORAL TABLET	3	
ISENTRESS ORAL PACKET	3	
ISENTRESS ORAL TABLET	3	
ISENTRESS ORAL TABLET CHEWABLE	3	
JULUCA ORAL TABLET	3	QL (30 EA per 30 days)
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET 100-25 MG	3	QL (240 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	3	QL (120 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	3	QL (60 EA per 30 days)
<i>ledipasvir-sofosbuvir oral tablet</i>	3	PA; QL (168 EA per 365 days)
LIVTENCITY ORAL TABLET	3	PA; QL (360 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (240 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (120 EA per 30 days)
<i>maraviroc oral tablet</i>	3	
MAVYRET ORAL PACKET	3	PA; QL (560 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
MAVYRET ORAL TABLET	3	PA; QL (336 EA per 365 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	3	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	3	
<i>nevirapine oral tablet</i>	1	QL (60 EA per 30 days)
NORVIR ORAL PACKET	3	
NORVIR ORAL TABLET	3	QL (360 EA per 30 days)
ODEFSEY ORAL TABLET	3	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (60 EA per 30 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	2	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	3	QL (540 ML per 30 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	QL (20 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	2	QL (11 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	QL (30 EA per 5 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
PIFELTRO ORAL TABLET	3	
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; QL (1 ML per 28 days)
PREVMIS ORAL PACKET	3	
PREVMIS ORAL TABLET	3	
PREZCOBIX ORAL TABLET 800-150 MG	3	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	3	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG	3	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	3	QL (30 EA per 30 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	QL (60 EA per 180 days)
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 200 MG	3	QL (60 EA per 30 days)
REYATAZ ORAL CAPSULE 300 MG	3	QL (30 EA per 30 days)
REYATAZ ORAL PACKET	3	
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>rimantadine hcl oral tablet</i>	3	
<i>ritonavir oral tablet</i>	2	QL (360 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
<i>sofosbuvir-velpatasvir oral tablet</i>	2	PA; QL (84 EA per 365 days)
SOVALDI ORAL PACKET	3	PA
SOVALDI ORAL TABLET	3	PA
STRIBILD ORAL TABLET	3	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET	3	QL (24 EA per 168 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	3	QL (4 EA per 28 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	3	QL (5 EA per 28 days)
SYMFI ORAL TABLET	3	
SYMTUZA ORAL TABLET	3	
TAMIFLU ORAL CAPSULE 30 MG	3	QL (60 EA per 30 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	QL (30 EA per 30 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	QL (540 ML per 30 days)
<i>tenofovir disoproxil fumarate oral tablet</i>	3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	3	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE	3	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET	3	QL (30 EA per 30 days)
<i>trimeq pd oral tablet soluble</i>	3	QL (180 EA per 30 days)
TRUVADA ORAL TABLET	2	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	1	QL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	1	QL (60 EA per 30 days)
VALCYTE ORAL SOLUTION RECONSTITUTED	3	
VALCYTE ORAL TABLET	3	
<i>valganciclovir hcl oral solution reconstituted</i>	3	
<i>valganciclovir hcl oral tablet</i>	2	
VALTREX ORAL TABLET 1 GM	3	QL (90 EA per 30 days)
VALTREX ORAL TABLET 500 MG	3	QL (60 EA per 30 days)
VEMLIDY ORAL TABLET	3	
VIRACEPT ORAL TABLET 250 MG	3	QL (270 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	3	QL (120 EA per 30 days)
VIREAD ORAL POWDER	3	

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET	3	QL (30 EA per 30 days)
VOSEVI ORAL TABLET	3	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL (2 EA per 28 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL (1 EA per 28 days)
ZEPATIER ORAL TABLET	3	PA; QL (112 EA per 365 days)
ZIAGEN ORAL SOLUTION	3	
<i>zidovudine oral capsule</i>	3	
<i>zidovudine oral syrup</i>	2	
<i>zidovudine oral tablet</i>	2	QL (60 EA per 30 days)
Urinary Anti-Infectives		
<i>fosfomycin tromethamine oral packet</i>	3	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
<i>methenamine hippurate oral tablet</i>	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	3	
<i>nitrofurantoin monohyd macro oral capsule</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/5ml</i>	3	
<i>trimethoprim oral tablet</i>	2	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate oral tablet 250 mg</i>	3	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	3	PA; QL (60 EA per 30 days)
ABIRTEGA ORAL TABLET	2	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE	3	PA
AFINITOR ORAL TABLET	3	PA; QL (30 EA per 30 days)
AKEEGA ORAL TABLET	3	PA
ALECENSA ORAL CAPSULE	3	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET	3	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE	3	PA
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	3	PA
AYVAKIT ORAL TABLET	3	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	3	PA; QL (28 EA per 28 days)
BALVERSA ORAL TABLET 4 MG, 5 MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (2 ML per 28 days)
<i>bexarotene oral capsule</i>	3	PA
<i>bicalutamide oral tablet</i>	1	
BOSULIF ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	3	PA; QL (180 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET	3	PA; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET	3	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET	3	PA
CASODEX ORAL TABLET	3	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA
COPIKTRA ORAL CAPSULE	3	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET	3	PA
<i>cyclophosphamide oral capsule</i>	2	PA
<i>cyclophosphamide oral tablet</i>	3	PA
DANZITEN ORAL TABLET	3	PA
<i>dasatinib oral tablet</i>	3	PA
DAURISMO ORAL TABLET	3	PA
ERIVEDGE ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	3	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	3	PA; QL (120 EA per 30 days)
<i>erlotinib hcl oral tablet</i>	3	PA
EULEXIN ORAL CAPSULE	3	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble</i>	3	PA
FOTIVDA ORAL CAPSULE	3	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE	3	PA; QL (21 EA per 28 days)
<i>gefitinib oral tablet</i>	3	PA
GILOTRIF ORAL TABLET	3	PA; QL (30 EA per 30 days)
GLEEVEC ORAL TABLET	3	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
GOMEKLI ORAL CAPSULE	3	PA
GOMEKLI ORAL TABLET SOLUBLE	3	PA
HYDREA ORAL CAPSULE	3	
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	3	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET	3	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET	3	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet</i>	3	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	3	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; QL (30 EA per 30 days)
<i>imkeldi oral solution</i>	3	PA
INLYTA ORAL TABLET	3	PA; QL (120 EA per 30 days)
INQOVI ORAL TABLET	3	PA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
IRESSA ORAL TABLET	3	PA
ITOVEBI ORAL TABLET 3 MG	3	PA; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	3	PA; QL (30 EA per 30 days)
IWILFIN ORAL TABLET	3	PA
JAKAFI ORAL TABLET	3	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	3	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	3	PA; QL (120 EA per 30 days)
JYLAMVO ORAL SOLUTION	3	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (63 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
KRAZATI ORAL TABLET	3	PA; QL (180 EA per 30 days)
<i>lapatinib ditosylate oral tablet</i>	1	PA
LAZCLUZE ORAL TABLET	3	PA
<i>lenalidomide oral capsule</i>	3	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA; QL (60 EA per 30 days)
LEUKERAN ORAL TABLET	3	
LONSURF ORAL TABLET	3	PA; QL (240 EA per 30 days)
LORBRENA ORAL TABLET	3	PA; QL (30 EA per 30 days)
LUMAKRAS ORAL TABLET	3	PA; QL (240 EA per 30 days)
LYNPARZA ORAL TABLET	3	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET	3	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (112 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE	3	
MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET	3	PA
MEKTOVI ORAL TABLET	3	PA; QL (180 EA per 30 days)
<i>mercaptopurine oral suspension</i>	3	
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium oral tablet</i>	1	
NERLYNX ORAL TABLET	3	PA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET	3	PA
NILANDRON ORAL TABLET	3	
<i>nilotinib hcl oral capsule</i>	3	PA; QL (112 EA per 28 days)
<i>nilutamide oral tablet</i>	1	
NINLARO ORAL CAPSULE	3	PA; QL (3 EA per 28 days)
NUBEQA ORAL TABLET	3	PA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE	3	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OGSIVEO ORAL TABLET	3	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA
OJEMDA ORAL TABLET	3	PA
OJJAARA ORAL TABLET	3	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>pazopanib hcl oral tablet</i>	3	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET	3	PA; QL (28 EA per 28 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (56 EA per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (56 EA per 28 days)
POMALYST ORAL CAPSULE	3	PA
PURIXAN ORAL SUSPENSION	3	
QINLOCK ORAL TABLET	3	PA; QL (90 EA per 30 days)
RETEVMO ORAL TABLET	3	PA; QL (120 EA per 30 days)
REVLIMID ORAL CAPSULE	3	PA
REVUFORJ ORAL TABLET	3	PA
REZLIDHIA ORAL CAPSULE	3	PA
ROMVIMZA ORAL CAPSULE	3	PA
ROZLYTREK ORAL CAPSULE	3	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL PACKET	3	PA; QL (360 EA per 30 days)
RUBRACA ORAL TABLET	3	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	3	PA; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	3	PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	3	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	3	PA
SIKLOS ORAL TABLET	3	
<i>sorafenib tosylate oral tablet</i>	3	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET	3	PA; QL (30 EA per 30 days)
STIVARGA ORAL TABLET	3	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule</i>	3	PA; QL (30 EA per 30 days)
SUTENT ORAL CAPSULE	3	PA
TABLOID ORAL TABLET	3	
TABRECTA ORAL TABLET	3	PA; QL (112 EA per 28 days)
TAFINLAR ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE	3	PA

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Drug Name	Drug Tier	Requirements/Limits
TAGRISSE ORAL TABLET	3	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
TARGETIN ORAL CAPSULE	3	PA
TASIGNA ORAL CAPSULE	3	PA; QL (112 EA per 28 days)
TAZVERIK ORAL TABLET	3	PA; QL (240 EA per 30 days)
TEPMETKO ORAL TABLET	3	PA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET	3	PA; QL (60 EA per 30 days)
TORPENZ ORAL TABLET	3	PA
<i>tretinoin oral capsule</i>	1	
TREXALL ORAL TABLET	3	PA
TRUQAP ORAL TABLET	3	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET	3	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	3	PA
TYKERB ORAL TABLET	3	PA
VANFLYTA ORAL TABLET	3	PA
VENCLEXTA ORAL TABLET 10 MG	2	PA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	2	PA; QL (84 EA per 365 days)
VERZENIO ORAL TABLET	3	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE	3	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	3	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET	3	PA
VONJO ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
VORANIGO ORAL TABLET	3	PA
VOTRIENT ORAL TABLET	3	PA
WELIREG ORAL TABLET	3	PA; QL (90 EA per 30 days)
XALKORI ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE	3	PA
XATMEP ORAL SOLUTION	3	PA
XOSPATA ORAL TABLET	3	PA; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	3	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 EA per 28 days)

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Drug Name	Drug Tier Requirements/Limits	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA; QL (8 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XROMI ORAL SOLUTION	3	
XTANDI ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET	3	PA; QL (120 EA per 30 days)
YONSA ORAL TABLET	3	PA
ZEJULA ORAL TABLET	3	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET	3	PA; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE	3	PA
ZYDELIG ORAL TABLET	3	PA
ZYKADIA ORAL TABLET	3	PA
ZYTIGA ORAL TABLET	3	PA
Antineoplastics		
<i>Antineoplastics, Other</i>		
GAVRETO ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
Antitoxins, Immune Globulins, Toxoids, And Vaccines		
<i>Allergenic Extracts</i>		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	2	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	3	PA
<i>Antitoxins And Immune Globulins</i>		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	3	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	3	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	3	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	3	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	3	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	3	PA
PANZYGA INTRAVENOUS SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	3	PA
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
INFANRIX INTRAMUSCULAR SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TENIVAC INTRAMUSCULAR INJECTABLE	1	
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	QL (1 EA per 999 days)
<i>bcg vaccine injection solution reconstituted</i>	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	1	PA
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	PA
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
IPOL INJECTION INJECTABLE	1	

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Drug Name	Drug Tier	Requirements/Limits
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL (0.5 ML per 999 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
RECOMBIVAX HB INJECTION SUSPENSION	1	PA
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	1	PA
ROTARIX ORAL SUSPENSION	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	

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Drug Name	Drug Tier	Requirements/Limits
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	3	
YF-VAX SUBCUTANEOUS INJECTABLE	1	

Antivirals

Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)

EMTRIVA ORAL CAPSULE	3	QL (30 EA per 30 days)
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Autonomic Drugs

Anticholinergic Agents

ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL	3	QL (10.7 GM per 30 days)
<i>chlordiazepoxide-clidinium oral capsule</i>	3	PA
CUVPOSA ORAL SOLUTION	3	
<i>dicyclomine hcl oral capsule</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	3	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (2 EA per 30 days)
GLYCATE ORAL TABLET	3	
<i>glycopyrrolate oral solution</i>	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	2	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	PA
<i>ipratropium bromide nasal solution</i>	1	
LIBRAX ORAL CAPSULE	3	PA
<i>methscopolamine bromide oral tablet</i>	3	
SPIRIVA HANDIHALER INHALATION CAPSULE	2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (4 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule</i>	3	ST; QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST
YUPELRI INHALATION SOLUTION	3	PA
Autonomic Drugs, Miscellaneous		
<i>varenicline tartrate oral tablet</i>	3	QL (504 EA per 365 days)
Parasympathomimetic (Cholinergic) Agents		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	ST
ARICEPT ORAL TABLET	3	
<i>bethanecol chloride oral tablet</i>	1	
<i>cevimeline hcl oral capsule</i>	3	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet 23 mg</i>	3	
<i>donepezil hcl oral tablet dispersible</i>	1	
EVOXAC ORAL CAPSULE	3	
EXELON TRANSDERMAL PATCH 24 HOUR	3	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	3	
<i>galantamine hydrobromide oral solution</i>	3	
<i>galantamine hydrobromide oral tablet</i>	1	
MESTINON ORAL SOLUTION	3	
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	
<i>pilocarpine hcl oral tablet</i>	3	
<i>pyridostigmine bromide er oral tablet extended release</i>	3	
<i>pyridostigmine bromide oral solution</i>	3	
<i>pyridostigmine bromide oral tablet 30 mg</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>rivastigmine tartrate oral capsule</i>	2	
<i>rivastigmine transdermal patch 24 hour</i>	3	
SALAGEN ORAL TABLET	3	
ZUNVEYL ORAL TABLET DELAYED RELEASE	3	ST; QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA
<i>baclofen oral solution</i>	3	ST
<i>baclofen oral suspension</i>	3	ST

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Drug Name	Drug Tier Requirements/Limits	
<i>baclofen oral tablet</i>	1	
<i>carisoprodol oral tablet 250 mg</i>	2	PA
<i>carisoprodol oral tablet 350 mg</i>	1	PA
<i>chlorzoxazone oral tablet</i>	3	PA
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour</i>	3	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	PA
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	3	PA
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene sodium oral capsule</i>	3	
FLEQSUVY ORAL SUSPENSION	3	ST
<i>metaxalone oral tablet 400 mg</i>	3	PA
<i>metaxalone oral tablet 800 mg</i>	2	PA
<i>methocarbamol oral tablet 1000 mg</i>	3	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	3	PA
OZOBAX DS ORAL SOLUTION	3	ST
SOMA ORAL TABLET	3	PA
TANLOR ORAL TABLET	3	PA
<i>tizanidine hcl oral capsule</i>	1	
<i>tizanidine hcl oral tablet</i>	1	
ZANAFLEX ORAL TABLET	3	
Smoking Cessation Agents		
NICOTROL NS NASAL SOLUTION	3	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	3	QL (504 EA per 365 days)
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	
DIBENZYLINE ORAL CAPSULE	3	
<i>dihydroergotamine mesylate nasal solution</i>	3	QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	3	
<i>phenoxybenzamine hcl oral capsule</i>	3	
RAPAFLO ORAL CAPSULE	3	
<i>silodosin oral capsule</i>	3	
<i>tamsulosin hcl oral capsule</i>	1	
TRUDHESA NASAL AEROSOL SOLUTION	3	QL (12 ML per 28 days)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	

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Drug Name	Drug Tier	Requirements/Limits
Sympathomimetic (Adrenergic) Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL	2	QL (12 GM per 30 days)
AIRSUPRA INHALATION AEROSOL	3	QL (32.1 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	1	QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	3	ST; QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	PA
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	3	PA
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet	3	
arformoterol tartrate inhalation nebulization solution	3	PA
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	
BROVANA INHALATION NEBULIZATION SOLUTION	3	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (8 GM per 30 days)
droxidopa oral capsule	3	
epinephrine injection solution 0.3 mg/0.3ml	2	
epinephrine injection solution auto-injector	2	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
fluticasone-salmeterol inhalation aerosol	3	PA; QL (12 GM per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	3	QL (1 EA per 30 days)
formoterol fumarate inhalation nebulization solution	3	PA
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	PA
levalbuterol hcl inhalation nebulization solution	3	PA
levalbuterol tartrate inhalation aerosol	2	QL (30 GM per 30 days)
lofexidine hcl oral tablet	3	QL (480 EA per 30 days)
LUCEMYRA ORAL TABLET	3	QL (480 EA per 30 days)

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Drug Name	Drug Tier Requirements/Limits	
<i>midodrine hcl oral tablet</i>	2	
NEFFY NASAL SOLUTION	3	
NORTHERA ORAL CAPSULE	3	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE	3	PA; QL (120 ML per 30 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION	3	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
<i>terbutaline sulfate oral tablet</i>	3	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	ST; QL (36 GM per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	3	QL (60 EA per 30 days)
XOPENEX HFA INHALATION AEROSOL	3	QL (30 GM per 30 days)
Blood Formation,Coagulation & Thrombosis Agents		
Antihemorrhagic Agents		
<i>tranexamic acid oral tablet</i>	2	
Antithrombotic Agents		
<i>rivaroxaban oral tablet</i>	2	QL (60 EA per 30 days)
Hematopoietic Agents		
ALVAIZ ORAL TABLET 18 MG, 9 MG	3	PA; QL (30 EA per 30 days)
ALVAIZ ORAL TABLET 36 MG, 54 MG	3	PA; QL (60 EA per 30 days)
<i>eltrombopag olamine oral packet 12.5 mg</i>	3	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral packet 25 mg</i>	3	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg</i>	3	PA; QL (360 EA per 30 days)
<i>eltrombopag olamine oral tablet 25 mg</i>	3	PA; QL (180 EA per 30 days)
<i>eltrombopag olamine oral tablet 50 mg</i>	3	PA; QL (90 EA per 30 days)
<i>eltrombopag olamine oral tablet 75 mg</i>	3	PA; QL (60 EA per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	3	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 120 MCG/0.3ML	3	PA
XOLREMDI ORAL CAPSULE	3	PA; QL (120 EA per 30 days)
Hemorrhheologic Agents		
<i>pentoxifylline er oral tablet extended release</i>	3	

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Drug Name	Drug Tier Requirements/Limits	
Blood Formation,Coagulation & Thrombosis		
Antithrombotic Agents		
AGRYLIN ORAL CAPSULE	3	
<i>anagrelide hcl oral capsule</i>	3	
ARIXTRA SUBCUTANEOUS SOLUTION	3	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	3	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	3	QL (30 EA per 30 days)
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dabigatran etexilate mesylate oral capsule</i>	3	
EFFIENT ORAL TABLET	3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe</i>	3	
<i>fondaparinux sodium subcutaneous solution</i>	3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
JANTOVEN ORAL TABLET	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	3	
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL CAPSULE	3	ST
<i>prasugrel hcl oral tablet</i>	2	
SAVAYSA ORAL TABLET	3	ST
<i>warfarin sodium oral tablet</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	QL (102 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
Blood Formation, Coagulation, And Thrombosis Agents, Misc.		
PYRUKYND ORAL TABLET	3	PA; QL (60 EA per 30 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	3	PA; QL (30 EA per 30 days)
TAVALISSE ORAL TABLET	3	PA
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA
DOPTELET ORAL TABLET	3	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; QL (2.4 ML per 28 days)
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; QL (2.4 ML per 28 days)
GRANIX SUBCUTANEOUS SOLUTION	3	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	
MULPLETA ORAL TABLET	3	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	QL (2.4 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	3	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	
NIVESTYM INJECTION SOLUTION	3	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST
PROCRIT INJECTION SOLUTION	2	PA
PROMACTA ORAL PACKET 12.5 MG	3	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	3	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	3	PA; QL (360 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	3	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 50 MG	3	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL TABLET 75 MG	3	PA; QL (60 EA per 30 days)
<i>releuko subcutaneous solution prefilled syringe</i>	3	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; QL (2.4 ML per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL (2.4 ML per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; QL (2.4 ML per 28 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	3	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; QL (2.4 ML per 28 days)
Blood Formation,Coagulation + Thrombosis		
Antithrombotic Agents		
PRADAXA ORAL PACKET	3	ST
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>doxazosin mesylate oral tablet</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg</i>	1	
<i>prazosin hcl oral capsule 5 mg</i>	3	
<i>terazosin hcl oral capsule</i>	2	
TEZRULY ORAL SOLUTION	3	
Antilipemic Agents		
ATORVALIQ ORAL SUSPENSION	3	ST; QL (600 ML per 30 days)
<i>atorvastatin calcium oral tablet</i>	1	QL (30 EA per 30 days)
<i>cholestyramine light oral packet</i>	3	
<i>cholestyramine oral packet</i>	2	
<i>colesevelam hcl oral packet</i>	3	
<i>colesevelam hcl oral tablet</i>	2	
COLESTID ORAL TABLET	3	
<i>colestipol hcl oral packet</i>	3	
<i>colestipol hcl oral tablet</i>	2	
CRESTOR ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>ezetimibe oral tablet</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin oral tablet</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	3	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	3	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	3	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release</i>	2	
<i>flolipid oral suspension 20 mg/5ml</i>	3	ST; QL (225 ML per 30 days)
<i>flolipid oral suspension 40 mg/5ml</i>	3	ST; QL (150 ML per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1	
<i>fluvastatin sodium oral capsule</i>	1	
<i>gemfibrozil oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	3	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
LIPITOR ORAL TABLET	3	ST; QL (30 EA per 30 days)
LIPOFEN ORAL CAPSULE	3	
LIVALO ORAL TABLET	2	
LOPID ORAL TABLET	3	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
LOVAZA ORAL CAPSULE	3	
NEXLETOL ORAL TABLET	3	PA
NEXLIZET ORAL TABLET	3	PA
<i>niacin (antihyperlipidemic) oral tablet</i>	3	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	2	
NIACOR ORAL TABLET	3	
<i>omega-3-acid ethyl esters oral capsule</i>	2	
<i>pitavastatin calcium oral tablet</i>	1	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 ML per 28 days)
<i>pravastatin sodium oral tablet</i>	1	QL (30 EA per 30 days)
PREVALITE ORAL PACKET	3	
QUESTRAN LIGHT ORAL POWDER	3	
QUESTRAN ORAL POWDER	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; QL (3.5 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (3 ML per 28 days)
<i>rosuvastatin calcium oral tablet</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (45 EA per 30 days)
<i>simvastatin oral tablet 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (0.8 ML per 28 days)
VASCEPA ORAL CAPSULE	3	
VYTORIN ORAL TABLET	3	QL (30 EA per 30 days)
WELCHOL ORAL PACKET	3	
WELCHOL ORAL TABLET	3	
ZETIA ORAL TABLET	3	QL (30 EA per 30 days)
ZOCOR ORAL TABLET 10 MG, 20 MG	3	ST; QL (45 EA per 30 days)
ZOCOR ORAL TABLET 40 MG	3	ST; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL (30 EA per 30 days)
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	1	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
BETAPACE AF ORAL TABLET	3	
<i>betaxolol hcl oral tablet</i>	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
BYSTOLIC ORAL TABLET	3	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	3	
COREG ORAL TABLET	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET	3	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol-hydrochlorothiazide oral tablet</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	3	
<i>nebivolol hcl oral tablet</i>	2	
<i>pindolol oral tablet</i>	3	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	1	
<i>propranolol hcl oral solution</i>	1	
<i>propranolol hcl oral tablet</i>	1	
<i>sotalol hcl (af) oral tablet</i>	1	
<i>sotalol hcl oral tablet</i>	1	
SOTYLIZE ORAL SOLUTION	3	
TENORETIC 100 ORAL TABLET	3	
TENORETIC 50 ORAL TABLET	3	
TENORMIN ORAL TABLET	3	
<i>timolol maleate oral tablet</i>	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
Calcium-Channel Blocking Agents		
<i>amlodipine besy-benazepril hcl oral capsule</i>	1	
<i>amlodipine besylate oral tablet</i>	1	
<i>amlodipine besylate-valsartan oral tablet</i>	1	
<i>amlodipine-atorvastatin oral tablet</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	
<i>amlodipine-valsartan-hctz oral tablet</i>	1	
AZOR ORAL TABLET	3	ST
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet</i>	1	
<i>dilt-xr oral capsule extended release 24 hour</i>	1	
EXFORGE HCT ORAL TABLET	3	ST
EXFORGE ORAL TABLET	3	ST
<i>felodipine er oral tablet extended release 24 hour</i>	1	
<i>isradipine oral capsule</i>	3	
KATERZIA ORAL SUSPENSION	3	ST
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
<i>nicardipine hcl oral capsule</i>	3	
<i>nifedipine er oral tablet extended release 24 hour</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	
<i>nifedipine oral capsule</i>	3	
<i>nimodipine oral capsule</i>	3	
<i>nimodipine oral solution</i>	3	
<i>nisoldipine er oral tablet extended release 24 hour</i>	3	
NORLIQVA ORAL SOLUTION	3	ST
NORVASC ORAL TABLET	3	ST
NYMALIZE ORAL SOLUTION 6 MG/ML	3	
<i>olmesartan-amlodipine-hctz oral tablet</i>	1	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	
<i>telmisartan-amlodipine oral tablet</i>	1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1	
TRIBENZOR ORAL TABLET	3	ST
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl er oral tablet extended release</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl oral tablet</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
Cardiac Drugs		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	3	
<i>amiodarone hcl oral tablet 200 mg</i>	1	
ATTRUBY ORAL TABLET THERAPY PACK	3	PA; QL (120 EA per 30 days)
CAMZYOS ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION	3	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET	3	PA; QL (60 EA per 30 days)
<i>digoxin oral solution</i>	2	QL (150 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	QL (30 EA per 30 days)
<i>digoxin oral tablet 62.5 mcg</i>	3	
<i>disopyramide phosphate oral capsule</i>	3	
<i>dofetilide oral capsule</i>	2	
<i>flecainide acetate oral tablet</i>	1	
<i>ivabradine hcl oral tablet</i>	3	PA; QL (60 EA per 30 days)
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	QL (30 EA per 30 days)
LANOXIN ORAL TABLET 62.5 MCG	3	
<i>mexiletine hcl oral capsule</i>	3	
MULTAQ ORAL TABLET	2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
NORPACE ORAL CAPSULE	3	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	1	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	3	
<i>propafenone hcl oral tablet</i>	1	
<i>quinidine gluconate er oral tablet extended release</i>	3	
<i>quinidine sulfate oral tablet</i>	1	
<i>ranolazine er oral tablet extended release 12 hour</i>	3	
TIKOSYN ORAL CAPSULE	3	
VYNDAMAX ORAL CAPSULE	3	PA
VYNDAQEL ORAL CAPSULE	3	PA
Central Alpha-Agonists		
<i>methyldopa oral tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
Diuretics		
HEMICLOR ORAL TABLET	3	
INZIRQO ORAL SUSPENSION RECONSTITUTED	3	PA
ORMALVI ORAL TABLET	3	PA
Hypotensive Agents		
<i>clonidine er oral tablet extended release 24 hour</i>	3	ST
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	QL (120 EA per 30 days)
<i>clonidine hcl oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	3	
<i>guanfacine hcl oral tablet</i>	3	
<i>hydralazine hcl oral tablet</i>	1	
<i>minoxidil oral tablet</i>	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
VECAMEYL ORAL TABLET	3	PA
Renin-Angiotensin-Aldosterone Sys Inhib		
ALDACTONE ORAL TABLET	3	
<i>aliskiren fumarate oral tablet</i>	3	QL (30 EA per 30 days)
ATACAND HCT ORAL TABLET	3	ST
ATACAND ORAL TABLET	3	ST
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	ST
AVAPRO ORAL TABLET 150 MG, 300 MG	3	ST
<i>benazepril hcl oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
BENICAR HCT ORAL TABLET	3	ST
BENICAR ORAL TABLET	3	ST
<i>candesartan cilexetil oral tablet</i>	1	
<i>candesartan cilexetil-hctz oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
CAROSPIR ORAL SUSPENSION	3	
COZAAR ORAL TABLET 100 MG	3	ST; QL (30 EA per 30 days)
COZAAR ORAL TABLET 25 MG, 50 MG	3	ST; QL (60 EA per 30 days)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 80-12.5 MG	3	ST; QL (60 EA per 30 days)
DIOVAN HCT ORAL TABLET 320-12.5 MG, 320-25 MG	3	ST; QL (30 EA per 30 days)
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	3	ST; QL (60 EA per 30 days)
DIOVAN ORAL TABLET 320 MG	3	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EDARBI ORAL TABLET	3	ST
EDARBYCLOR ORAL TABLET	3	ST
<i>enalapril maleate oral solution</i>	3	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET	2	QL (60 EA per 30 days)
<i>eplerenone oral tablet</i>	3	
<i>fosinopril sodium oral tablet</i>	1	
<i>fosinopril sodium-hctz oral tablet</i>	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG	3	ST; QL (30 EA per 30 days)
HYZAAR ORAL TABLET 50-12.5 MG	3	ST; QL (60 EA per 30 days)
INSPIRA ORAL TABLET	3	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 EA per 30 days)
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>losartan potassium oral tablet 100 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1	QL (60 EA per 30 days)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
MICARDIS HCT ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>moexipril hcl oral tablet</i>	1	
<i>olmesartan medoxomil oral tablet</i>	1	
<i>olmesartan medoxomil-hctz oral tablet</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
QBRELIS ORAL SOLUTION	3	
<i>quinapril hcl oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
<i>spironolactone oral suspension</i>	3	
<i>spironolactone oral tablet</i>	1	
<i>spironolactone-hctz oral tablet</i>	1	
TEKTURNA ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>telmisartan oral tablet</i>	1	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hctz oral tablet</i>	1	QL (30 EA per 30 days)
<i>trandolapril oral tablet</i>	1	
<i>valsartan oral solution</i>	3	ST; QL (2400 ML per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>	1	QL (30 EA per 30 days)
VASERETIC ORAL TABLET	3	
VASOTEC ORAL TABLET	3	
ZESTORETIC ORAL TABLET	3	
ZESTRIL ORAL TABLET	3	
Sodium-Glucose (Sglt) Cotransporter Inhibitor		
INPEFA ORAL TABLET 200 MG	3	ST; QL (60 EA per 30 days)
Sodium-Glucose (Sglt) Cotransportor Inhibitor		
INPEFA ORAL TABLET 400 MG	3	ST; QL (30 EA per 30 days)
Vasodilating Agents		
ADCIRCA ORAL TABLET	3	PA; QL (60 EA per 30 days)
ALYQ ORAL TABLET	3	PA; QL (60 EA per 30 days)
BIDIL ORAL TABLET	3	
CIALIS ORAL TABLET 5 MG	3	PA; QL (30 EA per 30 days)
<i>dipyridamole oral tablet</i>	2	PA
ISORDIL TITRADOSE ORAL TABLET	3	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	3	
<i>isosorbide dinitrate oral tablet</i>	3	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
NITRO-BID TRANSDERMAL OINTMENT	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
<i>nitroglycerin sublingual tablet sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	3	
NITROLINGUAL TRANSLINGUAL SOLUTION	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	3	

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Drug Name	Drug Tier	Requirements/Limits
REVATIO ORAL TABLET	3	PA; QL (360 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted</i>	3	PA; QL (180 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (360 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	1	PA; QL (60 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)
TADLIQ ORAL SUSPENSION	3	PA
VERQUVO ORAL TABLET	3	PA; QL (30 EA per 30 days)
Central Nervous System Agents		
<i>Analgesics And Antipyretics</i>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	1	QL (180 EA per 30 days)
ALLZITAL ORAL TABLET	3	PA; QL (180 EA per 30 days)
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	
ASCOMP-CODEINE ORAL CAPSULE	3	PA; QL (180 EA per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 75 MCG	3	QL (60 EA per 30 days)
BELBUCA BUCCAL FILM 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	3	PA; QL (60 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	1	
<i>buprenorphine transdermal patch weekly</i>	3	QL (4 EA per 28 days)
<i>butalbital-acetaminophen oral capsule</i>	3	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	3	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule</i>	3	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	2	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	3	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule</i>	3	PA; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	3	PA; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution</i>	3	QL (7.5 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY	3	QL (4 EA per 28 days)
CAMBIA ORAL PACKET	3	ST
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	ST; QL (60 EA per 30 days)
CELEBREX ORAL CAPSULE 400 MG	3	ST
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	1	
<i>codeine sulfate oral tablet</i>	3	QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
DAYPRO ORAL TABLET	3	ST
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	3	PA
<i>diclofenac epolamine external patch</i>	3	PA; QL (60 EA per 30 days)
<i>diclofenac potassium oral capsule</i>	3	ST
<i>diclofenac potassium oral tablet 25 mg</i>	3	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac potassium(migraine) oral packet</i>	3	ST
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1	
<i>diclofenac sodium oral tablet delayed release</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	3	
<i>diflunisal oral tablet</i>	1	
DILAUDID ORAL LIQUID	3	ST; QL (1500 ML per 30 days)
DILAUDID ORAL TABLET 2 MG	3	ST; QL (240 EA per 30 days)
DILAUDID ORAL TABLET 4 MG, 8 MG	3	QL (240 EA per 30 days)
DOLOBID ORAL TABLET	3	ST; QL (60 EA per 30 days)
ELYXYB ORAL SOLUTION	3	ST; QL (144 ML per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL (240 EA per 30 days)
<i>etodolac er oral tablet extended release 24 hour</i>	3	
<i>etodolac oral capsule</i>	2	
<i>etodolac oral tablet</i>	2	
<i>fenoprofen calcium oral capsule 400 mg</i>	3	
FENOPRON ORAL CAPSULE	3	ST
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	3	PA; QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	3	QL (15 EA per 30 days)
FIORICET ORAL CAPSULE	3	PA; QL (180 EA per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA; QL (180 EA per 30 days)
FLECTOR EXTERNAL PATCH	3	PA; QL (60 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>gabapentin (once-daily) oral tablet</i>	3	PA
GRALISE ORAL TABLET	3	PA
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	3	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	3	PA; QL (30 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	3	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	3	QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	3	QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	3	QL (150 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	QL (150 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	3	PA; QL (120 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	3	QL (1500 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	2	QL (240 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	3	PA
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet</i>	3	PA
INDOCIN ORAL SUSPENSION	3	PA
INDOCIN RECTAL SUPPOSITORY	3	PA
<i>indomethacin er oral capsule extended release</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension</i>	3	PA
<i>indomethacin rectal suppository 50 mg</i>	3	PA
JOURNAVX ORAL TABLET	3	QL (30 EA per 90 days)
<i>ketoprofen er oral capsule extended release 24 hour</i>	3	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	3	
<i>ketorolac tromethamine oral tablet</i>	1	PA; QL (20 EA per 30 days)
KIPROFEN ORAL CAPSULE	3	ST
<i>levorphanol tartrate oral tablet 2 mg</i>	3	QL (180 EA per 30 days)
<i>levorphanol tartrate oral tablet 3 mg</i>	3	PA; QL (120 EA per 30 days)
LICART EXTERNAL PATCH 24 HOUR	3	PA; QL (30 EA per 30 days)
LODINE ORAL TABLET	3	ST
LOFENA ORAL TABLET	3	ST

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Drug Name	Drug Tier	Requirements/Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; QL (60 EA per 30 days)
<i>meclofenamate sodium oral capsule</i>	3	
<i>mefenamic acid oral capsule</i>	3	
<i>meloxicam oral capsule</i>	3	
<i>meloxicam oral tablet</i>	1	
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	3	PA
<i>meperidine hcl oral solution</i>	3	PA; QL (2000 ML per 30 days)
<i>meperidine hcl oral tablet 50 mg</i>	3	PA; QL (180 EA per 30 days)
<i>methadone hcl oral solution</i>	3	PA
<i>methadone hcl oral tablet</i>	3	PA
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	QL (150 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	3	PA; QL (30 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	3	QL (30 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 50 mg</i>	3	QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg, 60 mg, 80 mg</i>	3	PA; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 60 mg</i>	2	PA; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	2	QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 200 mg</i>	3	PA; QL (90 EA per 30 days)
<i>morphine sulfate oral solution</i>	2	QL (1000 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate oral tablet 30 mg</i>	3	QL (180 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	ST; QL (90 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG	3	PA; QL (90 EA per 30 days)
<i>nabumetone oral tablet</i>	1	
<i>nalocet oral tablet</i>	3	ST; QL (240 EA per 30 days)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	ST
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral suspension</i>	3	
<i>naproxen oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet delayed release 375 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	3	
<i>naproxen sodium oral tablet 275 mg</i>	3	
<i>naproxen sodium oral tablet 550 mg</i>	1	
<i>naproxen-esomeprazole mg oral tablet delayed release</i>	3	PA; QL (60 EA per 30 days)
<i>norgesic forte oral tablet</i>	3	PA
NORGESIC ORAL TABLET	3	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL (60 EA per 30 days)
NUCYNTA ORAL TABLET 100 MG, 75 MG	3	PA; QL (180 EA per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	ST; QL (180 EA per 30 days)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	3	PA
<i>oxaprozin oral tablet</i>	1	
<i>oxycodone hcl oral capsule</i>	3	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	3	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution</i>	3	QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet</i>	2	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet abuse-deterrent</i>	3	PA; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	3	ST; QL (1800 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg</i>	3	ST; QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	3	QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	PA; QL (90 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	3	QL (90 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	3	PA; QL (90 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg</i>	3	PA; QL (180 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	3	QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet</i>	3	PA
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	ST; QL (240 EA per 30 days)
<i>piroxicam oral capsule 10 mg</i>	1	
<i>piroxicam oral capsule 20 mg</i>	2	
<i>pregabalin er oral tablet extended release 24 hour</i>	3	PA; QL (60 EA per 30 days)
PROLATE ORAL SOLUTION	3	ST; QL (900 ML per 30 days)
PROLATE ORAL TABLET	3	ST; QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RELAFEN DS ORAL TABLET	3	ST
ROXICODONE ORAL TABLET 15 MG	3	ST; QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	QL (180 EA per 30 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT	3	PA; QL (180 EA per 30 days)
SPRIX NASAL SOLUTION	3	PA; QL (5 EA per 30 days)
SUBOXONE SUBLINGUAL FILM	3	
<i>sulindac oral tablet</i>	1	
TENCON ORAL TABLET 50-325 MG	3	PA; QL (180 EA per 30 days)
TOLECTIN 600 ORAL TABLET	3	
<i>tolmetin sodium oral capsule</i>	3	
<i>tolmetin sodium oral tablet 600 mg</i>	3	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	3	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	3	QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	3	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 25 mg</i>	3	QL (480 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol hcl oral tablet 75 mg</i>	1	QL (150 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	1	QL (240 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	PA; QL (60 EA per 30 days)
ZIPSOR ORAL CAPSULE	3	ST
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	3	
Anorexigenic Agents And Respiratory And Cns Stimulants		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	ST; QL (60 EA per 30 days)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	ST; QL (30 EA per 30 days)
<i>amphetamine sulfate oral tablet</i>	3	PA; QL (180 EA per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i>	1	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	2	QL (60 EA per 30 days)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour</i>	3	QL (30 EA per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	3	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (60 EA per 30 days)
AZSTARYS ORAL CAPSULE	3	ST; QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG	3	ST; QL (120 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG, 54 MG	3	ST; QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	3	ST; QL (60 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG	3	ST; QL (90 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG	3	ST; QL (60 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG	3	ST; QL (180 EA per 30 days)
DAYTRANA TRANSDERMAL PATCH	3	ST; QL (30 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	3	ST; QL (180 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	3	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet</i>	3	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	3	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	3	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	3	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	2	QL (150 EA per 30 days)
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE	3	ST; QL (240 ML per 30 days)
DYANAVAL XR ORAL TABLET EXTENDED RELEASE	3	ST; QL (30 EA per 30 days)
EVEKEO ORAL TABLET	3	PA; QL (180 EA per 30 days)
FOCALIN ORAL TABLET	3	ST; QL (60 EA per 30 days)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
<i>lisdexamfetamine dimesylate oral capsule</i>	3	PA; QL (30 EA per 30 days)
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	3	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LUMRYZ STARTER PACK ORAL THERAPY PACK	3	PA; QL (52 EA per 30 days)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG	3	ST; QL (60 EA per 30 days)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 40 MG, 50 MG, 60 MG	3	ST; QL (30 EA per 30 days)
<i>methamphetamine hcl oral tablet</i>	3	QL (150 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5ML	3	ST; QL (900 ML per 30 days)
METHYLIN ORAL SOLUTION 5 MG/5ML	3	ST; QL (1800 ML per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	3	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	3	QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	3	QL (120 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 45 mg, 54 mg, 63 mg, 72 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	3	QL (60 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	3	QL (180 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	3	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	3	QL (120 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	3	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	3	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	3	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	3	QL (180 EA per 30 days)
<i>methylphenidate transdermal patch</i>	3	QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier Requirements/Limits	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	3	PA; QL (30 EA per 30 days)
NUVIGIL ORAL TABLET 50 MG	3	PA; QL (60 EA per 30 days)
PROCENTRA ORAL SOLUTION	3	QL (1800 ML per 30 days)
PROVIGIL ORAL TABLET 100 MG	3	PA; QL (30 EA per 30 days)
PROVIGIL ORAL TABLET 200 MG	3	PA; QL (60 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG	3	ST; QL (60 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG	3	ST; QL (30 EA per 30 days)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	ST; QL (360 ML per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG	3	ST; QL (120 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 27 MG, 45 MG, 54 MG, 63 MG	3	ST; QL (30 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG	3	ST; QL (60 EA per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG	3	ST; QL (60 EA per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	3	ST; QL (30 EA per 30 days)
RITALIN ORAL TABLET 10 MG	3	ST; QL (180 EA per 30 days)
RITALIN ORAL TABLET 20 MG, 5 MG	3	ST; QL (90 EA per 30 days)
SUNOSI ORAL TABLET	3	PA; QL (30 EA per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
VYVANSE ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE	3	PA; QL (30 EA per 30 days)
WAKIX ORAL TABLET	3	PA; QL (60 EA per 30 days)
XELSTRYM TRANSDERMAL PATCH	3	ST; QL (30 EA per 30 days)
ZENZEDI ORAL TABLET 10 MG	3	ST; QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 7.5 MG	3	ST; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 30 MG	3	ST; QL (60 EA per 30 days)
ZENZEDI ORAL TABLET 5 MG	3	ST; QL (150 EA per 30 days)
Anticonvulsants		
APTIOM ORAL TABLET	3	
BANZEL ORAL SUSPENSION	3	
BANZEL ORAL TABLET	3	
BRIVIACT ORAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT ORAL TABLET	3	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	3	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg</i>	3	
<i>carbamazepine oral suspension 100 mg/5ml</i>	3	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet chewable</i>	2	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
CELONTIN ORAL CAPSULE	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	3	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>clobazam oral tablet 20 mg</i>	2	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (270 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (270 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
DIACOMIT ORAL CAPSULE	3	PA
DIACOMIT ORAL PACKET	3	PA
<i>diazepam rectal gel</i>	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	
DILANTIN ORAL CAPSULE	3	
DILANTIN-125 ORAL SUSPENSION	3	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	3	
<i>divalproex sodium oral tablet delayed release</i>	1	
EPIDIOLEX ORAL SOLUTION	3	PA
EPITOL ORAL TABLET	1	

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Drug Name	Drug Tier	Requirements/Limits
EPRONTIA ORAL SOLUTION	3	ST
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
<i>eslicarbazepine acetate oral tablet</i>	3	
<i>ethosuximide oral capsule</i>	2	
<i>ethosuximide oral solution</i>	3	
<i>felbamate oral suspension</i>	3	
<i>felbamate oral tablet</i>	3	
FELBATOL ORAL TABLET	3	
FINTEPLA ORAL SOLUTION	3	PA
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	3	
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	
GABARONE ORAL TABLET 100 MG	3	ST; QL (360 EA per 30 days)
GABARONE ORAL TABLET 400 MG	3	ST; QL (270 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA
KEPPRA ORAL SOLUTION	3	
KEPPRA ORAL TABLET	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	ST; QL (270 EA per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	ST; QL (300 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	3	
<i>lacosamide oral tablet</i>	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	3	
LAMICTAL STARTER ORAL KIT	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>lamotrigine er oral tablet extended release 24 hour</i>	3	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	1	
<i>lamotrigine oral tablet dispersible</i>	3	
<i>lamotrigine starter kit-blue oral kit</i>	3	
<i>lamotrigine starter kit-green oral kit</i>	3	
<i>lamotrigine starter kit-orange oral kit</i>	3	
<i>levetiracetam er oral tablet extended release 24 hour</i>	3	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet disintegrating soluble</i>	3	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	3	QL (900 ML per 30 days)
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>methsuximide oral capsule</i>	3	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; QL (60 EA per 30 days)
MYSOLINE ORAL TABLET	3	
NAYZILAM NASAL SOLUTION	3	PA; QL (10 EA per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG	3	ST; QL (180 EA per 30 days)
NEURONTIN ORAL CAPSULE 400 MG	3	ST
NEURONTIN ORAL SOLUTION	3	ST
NEURONTIN ORAL TABLET 600 MG	3	ST; QL (180 EA per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	ST
ONFI ORAL SUSPENSION	3	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	3	QL (60 EA per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour</i>	3	
<i>oxcarbazepine oral suspension</i>	3	
<i>oxcarbazepine oral tablet</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
PHENYTEK ORAL CAPSULE	3	
<i>phenytoin oral suspension 125 mg/5ml</i>	3	
<i>phenytoin oral tablet chewable</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	2	QL (900 ML per 30 days)
<i>primidone oral tablet</i>	1	
ROWEEPRA ORAL TABLET 500 MG	3	
<i>rufinamide oral suspension</i>	3	
<i>rufinamide oral tablet</i>	3	
SABRIL ORAL PACKET	3	
SABRIL ORAL TABLET	3	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	
SUBVENITE ORAL TABLET	3	
SUBVENITE STARTER KIT-BLUE ORAL KIT	3	
SUBVENITE STARTER KIT-GREEN ORAL KIT	3	
SUBVENITE STARTER KIT-ORANGE ORAL KIT	3	
SYMPAZAN ORAL FILM	3	QL (60 EA per 30 days)
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
<i>tiagabine hcl oral tablet</i>	3	
TOPAMAX ORAL TABLET	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	3	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	3	
<i>topiramate er oral capsule extended release 24 hour</i>	3	
<i>topiramate oral capsule sprinkle</i>	3	
<i>topiramate oral tablet</i>	1	
TRILEPTAL ORAL SUSPENSION	3	
TRILEPTAL ORAL TABLET	3	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
<i>valproic acid oral capsule</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	3	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	3	PA; QL (10 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	1	
<i>vigabatrin oral tablet</i>	1	
VIGADRONE ORAL PACKET	3	
VIGADRONE ORAL TABLET	3	
VIGAFYDE ORAL SOLUTION	3	PA
VIGPODER ORAL PACKET	1	
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	ST
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	ST
XCOPRI ORAL TABLET	3	ST
XCOPRI ORAL TABLET THERAPY PACK	3	ST
ZARONTIN ORAL CAPSULE	3	
ZARONTIN ORAL SOLUTION	3	
ZONEGRAN ORAL CAPSULE	3	
ZONISADE ORAL SUSPENSION	3	ST
<i>zonisamide oral capsule 100 mg</i>	2	
<i>zonisamide oral capsule 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION	3	PA
Antimanic Agents		
<i>lithium carbonate er oral tablet extended release</i>	1	
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium oral solution</i>	3	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML	2	PA
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 70 MG/ML	2	PA; QL (2 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>almotriptan malate oral tablet</i>	3	QL (8 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	3	QL (6 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (2 ML per 28 days)
<i>ergotamine-caffeine oral tablet</i>	2	
FROVA ORAL TABLET	3	ST; QL (12 EA per 30 days)
<i>frovatriptan succinate oral tablet</i>	3	QL (12 EA per 30 days)
IMITREX ORAL TABLET	3	ST; QL (8 EA per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	3	ST; QL (8 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	3	ST; QL (8 ML per 30 days)
MAXALT ORAL TABLET 10 MG	3	ST; QL (12 EA per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	ST; QL (12 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY	3	
<i>naratriptan hcl oral tablet</i>	1	QL (8 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	3	PA; QL (18 EA per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER	3	ST; QL (8 EA per 30 days)
QULIPTA ORAL TABLET	3	PA; QL (30 EA per 30 days)
RELPAX ORAL TABLET	3	ST; QL (6 EA per 30 days)
REYVOW ORAL TABLET 100 MG	3	ST; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	3	ST; QL (4 EA per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	2	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	3	QL (8 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	3	QL (32 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	1	QL (8 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	3	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	3	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	3	QL (8 ML per 30 days)
<i>sumatriptan-naproxen sodium oral tablet</i>	3	QL (10 EA per 30 days)
SYMBRAVO ORAL TABLET	3	
TOSYMRA NASAL SOLUTION	3	ST; QL (12 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	3	ST; QL (10 EA per 30 days)
UBRELVY ORAL TABLET	3	PA; QL (16 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZAVZPRET NASAL SOLUTION	3	PA; QL (8 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL (4 ML per 30 days)
<i>zolmitriptan nasal solution</i>	3	ST; QL (8 EA per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	3	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	2	QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION	3	ST; QL (8 EA per 30 days)
ZOMIG ORAL TABLET	3	ST; QL (6 EA per 30 days)
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	2	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
<i>apomorphine hcl subcutaneous solution cartridge</i>	3	PA
AZILECT ORAL TABLET	3	
<i>benztropine mesylate oral tablet</i>	1	
<i>bromocriptine mesylate oral capsule</i>	3	
<i>bromocriptine mesylate oral tablet</i>	3	
<i>cabergoline oral tablet</i>	2	
<i>carbidopa oral tablet</i>	3	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet dispersible</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	3	
CREXONT ORAL CAPSULE EXTENDED RELEASE	3	PA
DHIVY ORAL TABLET 25-100 MG	3	
DUOPA ENTERAL SUSPENSION	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR	3	PA; QL (30 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR	3	PA
<i>entacapone oral tablet</i>	3	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA
INBRIJA INHALATION CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements/Limits
LODOSYN ORAL TABLET	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE	3	
ONGENTYS ORAL CAPSULE	3	PA
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	3	
<i>pramipexole dihydrochloride oral tablet</i>	1	
<i>rasagiline mesylate oral tablet</i>	3	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	3	
<i>ropinirole hcl oral tablet</i>	1	
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	2	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
TASMAR ORAL TABLET 100 MG	3	
<i>tolcapone oral tablet</i>	3	
<i>trihexyphenidyl hcl oral solution</i>	1	
<i>trihexyphenidyl hcl oral tablet</i>	1	
ZELAPAR ORAL TABLET DISPERSIBLE	3	
Anxiolytics, Sedatives, And Hypnotics		
<i>alprazolam er oral tablet extended release 24 hour</i>	3	QL (30 EA per 30 days)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	3	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (90 EA per 30 days)
<i>alprazolam oral tablet dispersible 2 mg</i>	3	QL (150 EA per 30 days)
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG	3	PA; QL (30 EA per 30 days)
AMBIEN CR ORAL TABLET EXTENDED RELEASE 6.25 MG	3	QL (30 EA per 30 days)
AMBIEN ORAL TABLET 10 MG	3	PA; QL (30 EA per 30 days)
AMBIEN ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	ST; QL (90 EA per 30 days)
ATIVAN ORAL TABLET 2 MG	3	ST; QL (150 EA per 30 days)
BELSOMRA ORAL TABLET	2	QL (30 EA per 30 days)
<i>buspirone hcl oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl oral capsule</i>	3	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	3	QL (90 EA per 30 days)
DAYVIGO ORAL TABLET	3	PA; QL (30 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE	3	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	3	QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	1	QL (120 EA per 30 days)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG	3	PA; QL (30 EA per 30 days)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 5 MG	3	QL (30 EA per 30 days)
<i>estazolam oral tablet</i>	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	2	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 3 mg</i>	1	PA; QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	3	QL (30 EA per 30 days)
HALCION ORAL TABLET	3	QL (10 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION	3	PA
HETLIOZ ORAL CAPSULE	3	PA
<i>hydroxyzine hcl oral syrup</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	
<i>hydroxyzine pamoate oral capsule</i>	2	
LORAZEPAM INTENSOL ORAL CONCENTRATE	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG	3	ST; QL (30 EA per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG, 2 MG	3	ST; QL (150 EA per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 3 MG	3	ST; QL (90 EA per 30 days)
LUNESTA ORAL TABLET 1 MG, 2 MG	3	QL (30 EA per 30 days)
LUNESTA ORAL TABLET 3 MG	3	PA; QL (30 EA per 30 days)
<i>meprobamate oral tablet</i>	3	PA; QL (90 EA per 30 days)
<i>oxazepam oral capsule</i>	3	QL (120 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	3	QL (1500 ML per 30 days)
<i>phenobarbital oral tablet</i>	1	QL (90 EA per 30 days)
QUVIVIQ ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>ramelteon oral tablet</i>	3	QL (30 EA per 30 days)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG	3	ST; QL (30 EA per 30 days)
RESTORIL ORAL CAPSULE 7.5 MG	3	ST; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ROZEREM ORAL TABLET	3	QL (30 EA per 30 days)
<i>tasimelteon oral capsule</i>	3	PA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	3	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	3	QL (60 EA per 30 days)
<i>triazolam oral tablet</i>	3	QL (10 EA per 30 days)
VALIUM ORAL TABLET	3	ST; QL (120 EA per 30 days)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	3	ST; QL (90 EA per 30 days)
XANAX ORAL TABLET 2 MG	3	ST; QL (150 EA per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	3	QL (30 EA per 30 days)
<i>zolpidem tartrate oral capsule</i>	3	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	1	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg</i>	3	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 3.5 mg</i>	3	PA; QL (30 EA per 30 days)
Central Nervous System Agents, Misc		
<i>atomoxetine hcl oral capsule</i>	3	QL (30 EA per 30 days)
DAYBUE ORAL SOLUTION	3	PA; QL (3600 ML per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	1	QL (30 EA per 30 days)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days)
LUMRYZ ORAL PACKET	3	PA; QL (30 EA per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour</i>	3	
<i>memantine hcl oral solution 2 mg/ml</i>	3	
<i>memantine hcl oral tablet</i>	1	
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour</i>	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
NOURIANZ ORAL TABLET	3	PA
NUEDEXTA ORAL CAPSULE	2	PA; QL (60 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (30 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	3	ST; QL (60 EA per 30 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION	3	PA

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Drug Name	Drug Tier Requirements/Limits	
<i>riluzole oral tablet</i>	3	
<i>sodium oxybate oral solution</i>	3	PA; QL (540 ML per 30 days)
TIGLUTIK ORAL SUSPENSION	3	
VEOZAH ORAL TABLET	3	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION	3	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION	3	PA; QL (540 ML per 30 days)
Fibromyalgia Agents		
SAVELLA ORAL TABLET 100 MG	3	ST
SAVELLA ORAL TABLET 12.5 MG, 25 MG, 50 MG	3	ST; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	3	ST; QL (110 EA per 365 days)
Opiate Antagonists		
KLOXXADO NASAL LIQUID	3	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	3	
<i>naltrexone hcl oral tablet</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
Opioid Antagonists		
<i>naloxone hcl injection solution prefilled syringe</i>	3	
OPVEE NASAL SOLUTION	2	
Psychotherapeutic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
ABILIFY ORAL TABLET	3	ST
<i>amitriptyline hcl oral tablet</i>	2	
<i>amoxapine oral tablet</i>	2	
ANAFRANIL ORAL CAPSULE	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
<i>aripiprazole oral solution</i>	3	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 30 mg</i>	2	
<i>aripiprazole oral tablet dispersible</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	3	
<i>asenapine maleate sublingual tablet sublingual</i>	3	
AUVELITY ORAL TABLET EXTENDED RELEASE	3	PA; QL (60 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	2	QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	1	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	3	
<i>bupropion hcl oral tablet</i>	1	
CAPLYTA ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
CELEXA ORAL TABLET	3	ST
<i>chlorthalidone oral tablet</i>	3	
<i>chlorpromazine hcl oral concentrate</i>	3	
<i>chlorpromazine hcl oral tablet</i>	3	
<i>citalopram hydrobromide oral capsule</i>	3	ST
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	
<i>citalopram hydrobromide oral tablet</i>	1	
<i>clomipramine hcl oral capsule</i>	1	
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible</i>	3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	
COBENFY ORAL CAPSULE	3	PA; QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA; QL (112 EA per 365 days)
COMPRO RECTAL SUPPOSITORY	3	
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	2	
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	3	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i>	3	
<i>desvenlafaxine er oral tablet extended release 24 hour 50 mg</i>	3	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>doxepin hcl oral capsule</i>	2	
<i>doxepin hcl oral concentrate</i>	2	
<i>doxepin hcl oral tablet</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	ST
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (90 EA per 30 days)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	ST
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	3	
<i>escitalopram oxalate oral tablet</i>	1	
FANAPT ORAL TABLET	3	ST
FANAPT TITRATION PACK A ORAL TABLET	1	ST
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST
<i>fluoxetine hcl (padded) oral tablet</i>	3	
<i>fluoxetine hcl oral capsule</i>	1	
<i>fluoxetine hcl oral capsule delayed release</i>	3	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	3	
<i>fluoxetine hcl oral tablet</i>	2	
<i>fluphenazine decanoate injection solution</i>	3	
<i>fluphenazine hcl injection solution</i>	3	
<i>fluphenazine hcl oral concentrate</i>	3	
<i>fluphenazine hcl oral elixir</i>	3	
<i>fluphenazine hcl oral tablet</i>	3	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	3	
<i>fluvoxamine maleate oral tablet</i>	2	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
GEODON ORAL CAPSULE	3	ST; QL (60 EA per 30 days)

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Drug Name	Drug Tier Requirements/Limits	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet</i>	1	
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	3	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	3	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	3	QL (5 ML per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG	3	ST; QL (30 EA per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	3	ST; QL (60 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	3	QL (1 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 EA per 30 days)
LEXAPRO ORAL TABLET	3	ST
<i>loxapine succinate oral capsule</i>	3	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	3	QL (60 EA per 30 days)
LYBALVI ORAL TABLET	3	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET	3	
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet dispersible</i>	2	
<i>molindone hcl oral tablet</i>	3	
NARDIL ORAL TABLET	3	
<i>nefazodone hcl oral tablet</i>	3	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg</i>	1	
<i>nortriptyline hcl oral capsule 75 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl oral solution</i>	3	
NUPLAZID ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	3	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	3	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet 20 mg</i>	1	
<i>olanzapine oral tablet dispersible</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule</i>	3	
OPIPZA ORAL FILM 10 MG, 5 MG	3	PA; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	3	PA; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	3	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	3	QL (60 EA per 30 days)
PARNATE ORAL TABLET	3	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	3	
<i>paroxetine hcl oral suspension</i>	3	
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine mesylate oral capsule</i>	3	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
PAXIL ORAL TABLET	3	PA
<i>perphenazine oral tablet</i>	3	
<i>perphenazine-amitriptyline oral tablet</i>	3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	
<i>phenelzine sulfate oral tablet</i>	2	
<i>pimozide oral tablet</i>	3	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	ST; QL (30 EA per 30 days)
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	3	
<i>protriptyline hcl oral tablet</i>	3	
PROZAC ORAL CAPSULE 20 MG	3	ST
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RALDESY ORAL SOLUTION	3	PA
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	PA; QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	3	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	3	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	3	
RISPERDAL ORAL SOLUTION	3	ST
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	ST; QL (60 EA per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	ST
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	3	QL (2 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	3	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	
<i>risperidone oral tablet dispersible</i>	3	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	3	ST
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST
SEROQUEL ORAL TABLET 100 MG, 200 MG, 300 MG, 400 MG, 50 MG	3	ST
SEROQUEL ORAL TABLET 25 MG	3	ST; QL (90 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
<i>sertraline hcl oral capsule</i>	3	ST
<i>sertraline hcl oral concentrate</i>	3	
<i>sertraline hcl oral tablet</i>	1	
SILENOR ORAL TABLET	3	QL (30 EA per 30 days)
<i>thioridazine hcl oral tablet</i>	2	
<i>thiothixene oral capsule</i>	3	
<i>tranylcypromine sulfate oral tablet</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
<i>trifluoperazine hcl oral tablet</i>	2	
<i>trimipramine maleate oral capsule</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET	3	QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	3	ST; QL (0.28 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	3	ST; QL (0.35 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	3	ST; QL (0.42 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	3	ST; QL (0.56 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	3	ST; QL (0.7 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	3	ST; QL (0.14 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	3	ST; QL (0.21 ML per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	3	ST; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	3	
<i>venlafaxine hcl oral tablet</i>	1	
VERSACLOZ ORAL SUSPENSION	3	
VIIBRYD ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>vilazodone hcl oral tablet</i>	3	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	ST; QL (60 EA per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	3	ST; QL (90 EA per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	3	ST; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	3	
ZOLOFT ORAL CONCENTRATE	3	ST
ZOLOFT ORAL TABLET	3	ST
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	3	PA; QL (60 EA per 30 days)
ZURZUVAE ORAL CAPSULE 30 MG	3	PA; QL (30 EA per 30 days)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ZYPREXA ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days)
ZYPREXA ORAL TABLET 20 MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
Vesicular Monoamine Transporter 2 (Vmat2) Inhibitors		
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	3	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG	3	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	3	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	3	PA; QL (210 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	3	PA; QL (56 EA per 365 days)
INGREZZA ORAL CAPSULE 40 MG	3	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	3	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; QL (56 EA per 365 days)
tetrabenazine oral tablet	3	PA
XENAZINE ORAL TABLET	3	PA
Contraceptives		
Contraceptives		
PHEXXI VAGINAL GEL	3	
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	2	
cvs gauze sterile pad 2"x2"	2	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	2	
global alcohol prep ease pad	2	
preferred plus insulin syringe 28g x 1/2" 0.5 ml	2	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	2	
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
potassium citrate er oral tablet extended release	2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
Ammonia Detoxicants		
BUPHENYL ORAL POWDER 3 GM/TSP	3	PA

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Drug Name	Drug Tier	Requirements/Limits
BUPHENYL ORAL TABLET	3	PA
CARBAGLU ORAL TABLET SOLUBLE	3	PA
<i>carglumic acid oral tablet soluble</i>	3	PA
<i>constulose oral solution</i>	1	
<i>enulose oral solution</i>	1	
<i>generlac oral solution</i>	3	
KRISTALOSE ORAL PACKET	3	
<i>lactulose oral packet</i>	3	
<i>lactulose oral solution 10 gm/15ml</i>	1	
LITHOSTAT ORAL TABLET	3	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	3	PA; QL (300 EA per 30 days)
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	3	PA; QL (210 EA per 30 days)
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	3	PA; QL (150 EA per 30 days)
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	3	PA; QL (120 EA per 30 days)
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	3	PA; QL (90 EA per 30 days)
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	3	PA; QL (90 EA per 30 days)
PHEBURANE ORAL PELLET	3	PA; QL (600 GM per 30 days)
RAVICTI ORAL LIQUID	3	PA
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	3	
<i>sodium phenylbutyrate oral tablet</i>	3	PA
Caloric Agents		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	PA
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	PA
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	PA
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	PA
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	PA
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	PA
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	PA
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	PA
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	PA
CLINISOL SF INTRAVENOUS SOLUTION	3	PA
<i>dextrose intravenous solution 10 %</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose intravenous solution 5 %</i>	1	
DOJOLVI ORAL LIQUID	3	PA
INTRALIPID INTRAVENOUS EMULSION	3	PA
NUTRILIPID INTRAVENOUS EMULSION	3	PA
PLENAMINE INTRAVENOUS SOLUTION	3	PA
PREMASOL INTRAVENOUS SOLUTION 10 %	3	PA
PROSOL INTRAVENOUS SOLUTION	3	PA
TRAVASOL INTRAVENOUS SOLUTION	3	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	PA
Diuretics		
<i>amiloride hcl oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>bumetanide injection solution</i>	3	
<i>bumetanide oral tablet</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
DIURIL ORAL SUSPENSION	3	
DYRENIUM ORAL CAPSULE	3	
EDECRIN ORAL TABLET	3	
<i>ethacrynic acid oral tablet</i>	3	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	3	
<i>furosemide injection solution</i>	3	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
JYNARQUE ORAL TABLET	3	PA
JYNARQUE ORAL TABLET THERAPY PACK	3	PA
LASIX ORAL TABLET	3	
<i>metolazone oral tablet</i>	1	
SAMSCA ORAL TABLET	3	PA
THALITONE ORAL TABLET	3	
<i>tolvaptan oral tablet</i>	3	PA
<i>tolvaptan oral tablet therapy pack</i>	3	PA
<i>torsemide oral tablet</i>	1	
<i>triamterene oral capsule</i>	3	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier Requirements/Limits
<i>triamterene-hctz oral tablet</i>	1
Ion-Removing Agents	
KIONEX COMBINATION SUSPENSION	3
LOKELMA ORAL PACKET	3
<i>sodium polystyrene sulfonate oral powder</i>	2
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	2
VELTASSA ORAL PACKET	3
Irrigating Solutions	
<i>sodium chloride irrigation solution 0.9 %</i>	1
Replacement Preparations	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	3
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i>	3
<i>kcl-lactated ringers-d5w intravenous solution</i>	3
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	1
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	1
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	1
KLOR-CON ORAL PACKET 20 MEQ	3
KLOR-CON ORAL TABLET EXTENDED RELEASE	1
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	3
PLASMA-LYTE A INTRAVENOUS SOLUTION	3
<i>potassium chloride crys er oral tablet extended release</i>	1
<i>potassium chloride er oral capsule extended release</i>	1
<i>potassium chloride er oral tablet extended release</i>	1
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	3
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	3
<i>potassium chloride oral packet</i>	3
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	3
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	3

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Drug Name	Drug Tier Requirements/Limits	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	3	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
Uricosuric Agents		
colchicine-probenecid oral tablet	2	
probenecid oral tablet	2	
Enzymes		
Enzyme Cofactors/Chaperones		
MIPLYFFA ORAL CAPSULE	3	PA; QL (90 EA per 30 days)
Enzymes		
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
REVCovi INTRAMUSCULAR SOLUTION	3	PA
SUCRAID ORAL SOLUTION	3	
Eye, Ear, Nose & Throat Preparations		
Antiallergic Agents		
azelastine hcl nasal solution 0.1 %	1	
azelastine hcl ophthalmic solution	1	
azelastine-fluticasone nasal suspension	3	ST
bepotastine besilate ophthalmic solution	3	ST
BEPREVE OPHTHALMIC SOLUTION	3	ST
cromolyn sodium ophthalmic solution	1	
DYMISTA NASAL SUSPENSION	3	ST
epinastine hcl ophthalmic solution	3	
olopatadine hcl nasal solution	2	
RYALTRIS NASAL SUSPENSION	3	ST; QL (29 GM per 30 days)
ZERViate OPHTHALMIC SOLUTION	3	ST
Antiglaucoma Agents		
acetazolamide er oral capsule extended release 12 hour	2	
acetazolamide oral tablet	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT OPHTHALMIC SUSPENSION	3	
betaxolol hcl ophthalmic solution	2	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	
BETOPTIC-S OPHTHALMIC SUSPENSION	3	
bimatoprost ophthalmic solution	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	2	
<i>brinzolamide ophthalmic suspension</i>	3	
<i>carteolol hcl ophthalmic solution</i>	1	
COMBIGAN OPHTHALMIC SOLUTION	2	
COSOPT OPHTHALMIC SOLUTION	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	3	
<i>dorzolamide hcl ophthalmic solution</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	3	
ISTALOL OPHTHALMIC SOLUTION	3	
IYUZEH OPHTHALMIC SOLUTION	3	ST
<i>latanoprost ophthalmic solution</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	
<i>methazolamide oral tablet</i>	3	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
ROCKLATAN OPHTHALMIC SOLUTION	2	
SIMBRINZA OPHTHALMIC SUSPENSION	2	
<i>tafluprost (pf) ophthalmic solution</i>	3	
<i>timolol hemihydrate ophthalmic solution</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution</i>	3	
<i>timolol maleate ophthalmic gel forming solution</i>	3	
<i>timolol maleate ophthalmic solution</i>	1	
<i>timolol maleate pf ophthalmic solution</i>	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	3	
TRAVATAN Z OPHTHALMIC SOLUTION	3	ST
<i>travoprost (bak free) ophthalmic solution</i>	2	
VUITY OPHTHALMIC SOLUTION	3	PA
VYZULTA OPHTHALMIC SOLUTION	3	
XALATAN OPHTHALMIC SOLUTION	3	ST
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	3	

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Drug Name	Drug Tier	Requirements/Limits
Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION	3	
<i>bacitracin ophthalmic ointment</i>	3	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION	3	
<i>chlorhexidine gluconate mouth/throat solution</i>	1	
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic solution</i>	1	
<i>ciprofloxacin hcl otic solution</i>	3	
<i>erythromycin ophthalmic ointment</i>	1	
<i>gatifloxacin ophthalmic solution</i>	2	
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>levofloxacin ophthalmic solution 0.5 %</i>	3	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN OPHTHALMIC SUSPENSION	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
NEO-POLYCIN OPHTHALMIC OINTMENT	3	
OCUFLOX OPHTHALMIC SOLUTION	3	
<i>ofloxacin ophthalmic solution</i>	1	
<i>ofloxacin otic solution</i>	1	
PERIOGARD MOUTH/THROAT SOLUTION	3	
POLYCIN OPHTHALMIC OINTMENT	1	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
<i>sulfacetamide sodium ophthalmic ointment</i>	3	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>tobramycin ophthalmic solution</i>	1	
TOBREX OPHTHALMIC OINTMENT	3	
<i>trifluridine ophthalmic solution</i>	3	
VIGAMOX OPHTHALMIC SOLUTION	3	
XDEMVEY OPHTHALMIC SOLUTION	3	PA; QL (10 ML per 30 days)
ZIRGAN OPHTHALMIC GEL	3	
Anti-Inflammatory Agents		
ACULAR LS OPHTHALMIC SOLUTION	3	
ACULAR OPHTHALMIC SOLUTION	3	

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Drug Name	Drug Tier	Requirements/Limits
ACUVAIL OPHTHALMIC SOLUTION	3	
ALREX OPHTHALMIC SUSPENSION	3	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	3	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	3	
BROMSITE OPHTHALMIC SOLUTION	3	
CEQUA OPHTHALMIC SOLUTION	3	ST; QL (60 EA per 30 days)
CIPRO HC OTIC SUSPENSION	3	
<i>ciprofloxacin-dexamethasone otic suspension</i>	3	
<i>cyclosporine ophthalmic emulsion</i>	3	QL (60 EA per 30 days)
DERMOTIC OTIC OIL	3	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	
<i>diclofenac sodium ophthalmic solution</i>	1	
<i>difluprednate ophthalmic emulsion</i>	3	
DUREZOL OPHTHALMIC EMULSION	3	
EYSUVIS OPHTHALMIC SUSPENSION	3	PA
FLAC OTIC OIL	3	
FLAREX OPHTHALMIC SUSPENSION	3	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	2	
<i>fluocinolone acetonide otic oil</i>	3	
<i>fluorometholone ophthalmic suspension</i>	2	
<i>flurbiprofen sodium ophthalmic solution</i>	2	
<i>fluticasone propionate nasal suspension</i>	1	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION	3	
<i>hydrocortisone-acetic acid otic solution</i>	3	
ILEVRO OPHTHALMIC SUSPENSION	3	
INVELTYS OPHTHALMIC SUSPENSION	3	
<i>ketorolac tromethamine ophthalmic solution</i>	3	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	
LOTEMAX SM OPHTHALMIC GEL	3	
<i>loteprednol etabonate ophthalmic gel</i>	3	
<i>loteprednol etabonate ophthalmic suspension</i>	3	
MAXIDEX OPHTHALMIC SUSPENSION	3	
MAXITROL OPHTHALMIC OINTMENT	3	

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Drug Name	Drug Tier	Requirements/Limits
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	
<i>mometasone furoate nasal suspension</i>	3	QL (34 GM per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	3	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	3	
NEVANAC OPHTHALMIC SUSPENSION	3	
OMNARIS NASAL SUSPENSION	3	ST
PRED FORTE OPHTHALMIC SUSPENSION	3	
PRED MILD OPHTHALMIC SUSPENSION	3	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	3	
PROLENSA OPHTHALMIC SOLUTION	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	3	ST
QNASL NASAL AEROSOL SOLUTION	3	ST
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	QL (60 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION	2	QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	3	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	2	
VERKAZIA OPHTHALMIC EMULSION	3	PA; QL (120 EA per 30 days)
VEVYE OPHTHALMIC SOLUTION	3	ST; QL (6 ML per 30 days)
XHANCE NASAL EXHALER SUSPENSION	3	ST
XIIDRA OPHTHALMIC SOLUTION	3	QL (60 EA per 30 days)
ZYLET OPHTHALMIC SUSPENSION	3	
Eent Drugs, Miscellaneous		
<i>acetic acid otic solution</i>	1	
<i>apraclonidine hcl ophthalmic solution</i>	2	
CYSTADROPS OPHTHALMIC SOLUTION	3	PA; QL (20 ML per 28 days)
CYSTARAN OPHTHALMIC SOLUTION	3	PA; QL (60 ML per 28 days)
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO OPHTHALMIC SOLUTION	3	QL (12 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OXERVATE OPHTHALMIC SOLUTION	3	PA; QL (56 ML per 28 days)
RHOPRESSA OPHTHALMIC SOLUTION	2	
TYRVAYA NASAL SOLUTION	3	QL (8.4 ML per 30 days)
Local Anesthetics		
<i>lidocaine viscous hcl mouth/throat solution</i>	1	
Mydriatics		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
Gastrointestinal Drugs		
Antidiarrhea Agents		
<i>diphenoxylate-atropine oral liquid</i>	3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
LOMOTIL ORAL TABLET	3	
<i>loperamide hcl oral capsule</i>	1	
MYTESI ORAL TABLET DELAYED RELEASE	3	PA
XERMELO ORAL TABLET	3	PA
Antiemetics		
<i>aprepitant oral capsule 125 mg</i>	3	PA; QL (4 EA per 30 days)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	3	PA; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	3	PA; QL (12 EA per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE	3	
DICLEGIS ORAL TABLET DELAYED RELEASE	3	
<i>doxylamine-pyridoxine oral tablet delayed release</i>	3	
<i>dronabinol oral capsule 10 mg</i>	3	PA
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	3	PA; QL (60 EA per 30 days)
EMEND BIPACK ORAL CAPSULE	3	PA; QL (8 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	PA; QL (6 EA per 30 days)
EMEND TRIPACK ORAL CAPSULE	3	PA; QL (12 EA per 30 days)
<i>granisetron hcl oral tablet</i>	1	PA; QL (60 EA per 30 days)
MARINOL ORAL CAPSULE 2.5 MG	3	PA
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>ondansetron hcl oral solution</i>	1	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA; QL (45 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	PA; QL (45 EA per 30 days)
SANCUSO TRANSDERMAL PATCH	3	ST; QL (4 EA per 28 days)
<i>scopolamine transdermal patch 72 hour</i>	3	
<i>trimethobenzamide hcl oral capsule</i>	3	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	PA

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Drug Name	Drug Tier Requirements/Limits	
Anti-Inflammatory Agents		
alosetron hcl oral tablet	3	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
balsalazide disodium oral capsule	3	
CANASA RECTAL SUPPOSITORY	3	
DIPENTUM ORAL CAPSULE	3	
LIALDA ORAL TABLET DELAYED RELEASE	3	
LOTRONEX ORAL TABLET	3	
mesalamine er oral capsule extended release	3	
mesalamine er oral capsule extended release 24 hour	3	
mesalamine oral capsule delayed release	3	
mesalamine oral tablet delayed release	3	
mesalamine rectal enema	3	
mesalamine rectal suppository	3	
PENTASA ORAL CAPSULE EXTENDED RELEASE	3	
ROWASA RECTAL KIT	3	
Antiulcer Agents And Acid Suppressants		
ACIPHEX ORAL TABLET DELAYED RELEASE	3	ST; QL (30 EA per 30 days)
amoxicill-clarithro-lansopraz oral therapy pack	3	QL (112 EA per 180 days)
bismuth/metronidaz/tetracyclin oral capsule	3	
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
cimetidine hcl oral solution 300 mg/5ml	3	
cimetidine oral tablet 200 mg	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	3	
CYTOTEC ORAL TABLET	3	
DEXILANT ORAL CAPSULE DELAYED RELEASE	3	ST; QL (30 EA per 30 days)
dexlansoprazole oral capsule delayed release	3	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release	1	QL (60 EA per 30 days)
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	3	QL (30 EA per 30 days)
esomeprazole magnesium oral packet 2.5 mg, 5 mg	3	ST; QL (30 EA per 30 days)
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	1	
HELIDAC THERAPY ORAL	3	
KONVOMEF ORAL SUSPENSION RECONSTITUTED	3	ST; QL (600 ML per 30 days)
lansoprazole oral capsule delayed release	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral tablet delayed release dispersible</i>	3	QL (60 EA per 30 days)
<i>misoprostol oral tablet</i>	2	
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	ST; QL (60 EA per 30 days)
NEXIUM ORAL PACKET	3	ST; QL (30 EA per 30 days)
<i>nizatidine oral capsule</i>	3	
<i>omeprazole oral capsule delayed release</i>	1	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule</i>	3	ST; QL (30 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet</i>	3	ST; QL (30 EA per 30 days)
<i>pantoprazole sodium oral packet</i>	3	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	1	QL (60 EA per 30 days)
PEPCID ORAL TABLET	3	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	ST; QL (60 EA per 30 days)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	ST; QL (60 EA per 30 days)
PRILOSEC ORAL PACKET	3	ST; QL (60 EA per 30 days)
PROTONIX ORAL PACKET	3	ST; QL (60 EA per 30 days)
PROTONIX ORAL TABLET DELAYED RELEASE	3	ST; QL (60 EA per 30 days)
PYLERA ORAL CAPSULE	3	
<i>rabeprazole sodium oral tablet delayed release</i>	2	ST; QL (30 EA per 30 days)
<i>sucralfate oral suspension</i>	3	
<i>sucralfate oral tablet</i>	1	
TALICIA ORAL CAPSULE DELAYED RELEASE	3	QL (168 EA per 180 days)
VOQUEZNA DUAL PAK ORAL THERAPY PACK	3	PA; QL (112 EA per 180 days)
VOQUEZNA ORAL TABLET 10 MG	3	PA; QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 20 MG	3	PA; QL (60 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	3	PA; QL (112 EA per 180 days)
Cathartics And Laxatives		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML	2	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED	1	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
MOVIPREP ORAL SOLUTION RECONSTITUTED	3	
<i>na sulfate-k sulfate-mg sulf oral solution</i>	3	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	3	
PLENVU ORAL SOLUTION RECONSTITUTED	3	
SUFLAVE ORAL SOLUTION RECONSTITUTED	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION	3	
SUTAB ORAL TABLET	2	
<i>Cholelitholytic Agents</i>		
CHENODAL ORAL TABLET	3	
CTEXLI ORAL TABLET	3	
IQIRVO ORAL TABLET	3	PA; QL (30 EA per 30 days)
LIVDELZI ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML	3	PA; QL (60 ML per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; QL (90 ML per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG	3	PA; QL (60 EA per 30 days)
LIVMARLI ORAL TABLET 30 MG	3	PA; QL (30 EA per 30 days)
RELTONE ORAL CAPSULE	3	ST
URSO FORTE ORAL TABLET	3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	3	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	3	
<i>Digestants</i>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
GATTEX SUBCUTANEOUS KIT	3	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
VIOKACE ORAL TABLET	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	2	
<i>Gi Drugs, Miscellaneous</i>		
AMITIZA ORAL CAPSULE	3	QL (60 EA per 30 days)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	3	PA
BYLVAY ORAL CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements/Limits
CHOLBAM ORAL CAPSULE	3	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (1.36 ML per 28 days)
IBSRELA ORAL TABLET	3	ST; QL (60 EA per 30 days)
LINZESS ORAL CAPSULE	2	QL (30 EA per 30 days)
<i>lubiprostone oral capsule</i>	2	QL (60 EA per 30 days)
MOTEGRITY ORAL TABLET	3	ST
MOVANTIK ORAL TABLET	3	
OICALIVA ORAL TABLET	3	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
<i>prucalopride succinate oral tablet</i>	3	ST
RELISTOR ORAL TABLET	3	ST
RELISTOR SUBCUTANEOUS SOLUTION	3	ST
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA
SYMPROIC ORAL TABLET	3	ST
TRULANCE ORAL TABLET	3	ST
VIBERZI ORAL TABLET	3	QL (60 EA per 30 days)
Immunomodulatory Agents		
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
Prokinetic Agents		
GIMOTI NASAL SOLUTION	3	ST
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	3	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	3	
REGLAN ORAL TABLET	3	
Gold Compounds		
Gold Compounds		
RIDAURA ORAL CAPSULE	3	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE	3	
CUPRIMINE ORAL CAPSULE 250 MG	3	ST
CUVRIOR ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox granules oral packet</i>	3	PA
<i>deferasirox oral tablet</i>	2	PA
<i>deferasirox oral tablet soluble 125 mg</i>	3	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	1	PA
<i>deferiprone oral tablet 1000 mg</i>	3	PA
<i>deferiprone oral tablet 500 mg</i>	1	PA
DEPEN TITRATABS ORAL TABLET	3	
EXJADE ORAL TABLET SOLUBLE	3	PA
FERRIPROX ORAL SOLUTION	3	PA
FERRIPROX ORAL TABLET 1000 MG	3	PA
FERRIPROX TWICE-A-DAY ORAL TABLET	3	PA
JADENU ORAL TABLET	3	PA
JADENU SPRINKLE ORAL PACKET	3	PA
<i>penicillamine oral capsule</i>	3	
<i>penicillamine oral tablet</i>	3	
SYPRINE ORAL CAPSULE	3	
<i>trientine hcl oral capsule 250 mg</i>	3	
<i>trientine hcl oral capsule 500 mg</i>	3	PA
Hormones And Synthetic Substitutes		
Adrenals		
AGAMREE ORAL SUSPENSION	3	PA; QL (225 ML per 30 days)
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	3	
ALVESCO INHALATION AEROSOL SOLUTION	3	ST
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	2	QL (30 EA per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT	2	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	ST
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	ST
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	ST
ASMANEX HFA INHALATION AEROSOL	3	ST

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Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	2	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	2	
BREYNA INHALATION AEROSOL	3	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	2	QL (23.6 GM per 28 days)
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide inhalation suspension</i>	3	PA; QL (120 ML per 30 days)
<i>budesonide oral capsule delayed release particles</i>	3	
<i>budesonide-formoterol fumarate inhalation aerosol</i>	3	QL (13.8 GM per 30 days)
CORTEF ORAL TABLET	3	
<i>deflazacort oral suspension</i>	3	PA
<i>deflazacort oral tablet</i>	3	PA
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablet therapy pack</i>	3	
DULERA INHALATION AEROSOL	3	QL (13 GM per 30 days)
EMFLAZA ORAL SUSPENSION	3	PA
EMFLAZA ORAL TABLET	3	PA
<i>fludrocortisone acetate oral tablet</i>	2	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	3	PA; QL (60 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	3	ST; QL (120 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	3	ST; QL (240 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	3	ST; QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	3	ST; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	3	ST; QL (10.6 GM per 30 days)
HEMADY ORAL TABLET	3	
<i>hydrocortisone oral tablet</i>	2	
INTRAROSA VAGINAL INSERT	3	PA
KHINDIVI ORAL SOLUTION	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablet therapy pack</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ORAPRED ODT ORAL TABLET DISPERSIBLE	3	
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	3	PA
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	3	
PREDNISONE INTENSOL ORAL CONCENTRATE	3	
<i>prednisone oral solution</i>	3	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	ST
PULMICORT INHALATION SUSPENSION	3	PA; QL (120 ML per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	3	ST
SYMBICORT INHALATION AEROSOL	2	QL (13.8 GM per 30 days)
TARPEYO ORAL CAPSULE DELAYED RELEASE	3	PA; QL (120 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	QL (60 EA per 30 days)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST
Androgens		
AVEED INTRAMUSCULAR SOLUTION	3	PA
<i>danazol oral capsule</i>	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
JATENZO ORAL CAPSULE	3	PA
<i>methitest oral tablet</i>	3	
<i>methyltestosterone oral capsule</i>	3	
TESTIM TRANSDERMAL GEL	3	ST
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular solution</i>	2	PA
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	3	PA
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	2	PA
<i>testosterone transdermal solution</i>	3	PA
TLANDO ORAL CAPSULE	3	PA
UNDECATREX ORAL CAPSULE	3	PA
VOGELXO PUMP TRANSDERMAL GEL	3	ST

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Drug Name	Drug Tier	Requirements/Limits
VOGELXO TRANSDERMAL GEL	3	ST
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
Antidiabetic Agents		
<i>acarbose oral tablet</i>	1	QL (90 EA per 30 days)
ACTOPLUS MET ORAL TABLET 15-850 MG	3	QL (90 EA per 30 days)
ACTOS ORAL TABLET	3	QL (30 EA per 30 days)
ADMELOG INJECTION SOLUTION	3	ST
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	3	PA
<i>alogliptin benzoate oral tablet</i>	1	QL (30 EA per 30 days)
<i>alogliptin-metformin hcl oral tablet</i>	1	QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	1	QL (30 EA per 30 days)
APIDRA INJECTION SOLUTION	3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
CYCLOSET ORAL TABLET	3	QL (180 EA per 30 days)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>	3	PA; QL (30 EA per 30 days)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	3	PA; QL (60 EA per 30 days)
<i>dapagliflozin propanediol oral tablet</i>	2	QL (30 EA per 30 days)
DUETACT ORAL TABLET	3	QL (30 EA per 30 days)
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml</i>	3	PA; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous solution pen-injector 5 mcg/0.02ml</i>	3	PA; QL (1.2 ML per 30 days)
FARXIGA ORAL TABLET	2	QL (30 EA per 30 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
FIASP INJECTION SOLUTION	2	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 3 mg</i>	3	QL (60 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	3	QL (480 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (180 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG	3	QL (60 EA per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	3	QL (120 EA per 30 days)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	3	PA; QL (60 EA per 30 days)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	3	PA; QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet</i>	1	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET	2	QL (30 EA per 30 days)
HUMALOG INJECTION SOLUTION	2	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN N SUBCUTANEOUS SUSPENSION	2	
HUMULIN R INJECTION SOLUTION	2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
<i>insulin glargine max solostar subcutaneous solution pen-injector</i>	3	PA
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	3	PA
<i>insulin glargine-yfgn subcutaneous solution</i>	3	ST
<i>insulin glargine-yfgn subcutaneous solution pen-injector</i>	3	ST
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	2	
<i>insulin lispro injection solution</i>	2	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	2	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	2	
INVOKAMET ORAL TABLET	3	ST; QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL (60 EA per 30 days)
INVOKANA ORAL TABLET	3	ST; QL (30 EA per 30 days)
JANUMET ORAL TABLET	2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	2	QL (60 EA per 30 days)
JANUVIA ORAL TABLET	2	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET	2	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG	3	ST; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; QL (30 EA per 30 days)
KORLYM ORAL TABLET	3	PA
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	

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Drug Name	Drug Tier	Requirements/Limits
LANTUS SUBCUTANEOUS SOLUTION	2	
<i>liraglutide subcutaneous solution pen-injector</i>	2	PA; QL (9 ML per 30 days)
LYUMJEV INJECTION SOLUTION	3	ST
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	3	PA; QL (60 EA per 30 days)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	3	PA; QL (120 EA per 30 days)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	3	ST; QL (60 EA per 30 days)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	3	ST; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral solution</i>	1	QL (765 ML per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 625 mg, 750 mg</i>	3	PA; QL (120 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	3	PA
<i>miglitol oral tablet</i>	1	QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 EA per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION	2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	2	
NOVOLIN R INJECTION SOLUTION	2	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
NOVOLOG INJECTION SOLUTION	2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	2	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (360 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
RYBELSUS ORAL TABLET	2	PA; QL (30 EA per 30 days)
<i>saxagliptin hcl oral tablet</i>	3	ST; QL (30 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	3	ST; QL (60 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	3	ST; QL (30 EA per 30 days)
SEGLUROMET ORAL TABLET	3	ST
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	3	ST
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST
<i>sitagliptin base-metformin hcl oral tablet</i>	3	ST; QL (60 EA per 30 days)
<i>sitagliptin oral tablet</i>	3	ST; QL (30 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (18 ML per 28 days)
STEGLATRO ORAL TABLET	3	ST
STEGLUJAN ORAL TABLET	3	ST
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (10.8 ML per 30 days)

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Drug Name	Drug Tier Requirements/Limits	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	2	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	2	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	2	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	2	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRADJENTA ORAL TABLET	3	ST; QL (30 EA per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRESIBA SUBCUTANEOUS SOLUTION	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (9 ML per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-500 MG	2	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	2	QL (60 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (15 ML per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
ZITUVIMET ORAL TABLET	3	ST; QL (60 EA per 30 days)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	3	ST; QL (30 EA per 30 days)
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	3	ST; QL (60 EA per 30 days)
ZITUVIO ORAL TABLET	3	ST; QL (30 EA per 30 days)
Antihypoglycemic Agents		
BAQSIMI ONE PACK NASAL POWDER	2	
<i>diazoxide oral suspension</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>glucagon emergency injection kit</i>	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE KIT SUBCUTANEOUS SOLUTION	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	2	
PROGLYCEM ORAL SUSPENSION	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST
Contraceptives		
ALTAVERA ORAL TABLET	1	
<i>alyacen 1/35 oral tablet</i>	1	
ANNOVERA VAGINAL RING	3	QL (1 EA per 365 days)
APRI ORAL TABLET	1	
ARANELLE ORAL TABLET	1	
ASHLYNA ORAL TABLET	3	
AUBRA EQ ORAL TABLET	1	
AVIANE ORAL TABLET	1	
AZURETTE ORAL TABLET	3	
BALCOLTRA ORAL TABLET	3	
BALZIVA ORAL TABLET	1	
BEYAZ ORAL TABLET	3	
BLISOVI 24 FE ORAL TABLET	1	
BLISOVI FE 1.5/30 ORAL TABLET	1	
<i>briellyn oral tablet</i>	1	
CAMILA ORAL TABLET	1	
CAMRESE LO ORAL TABLET	3	
CRYSSELLE-28 ORAL TABLET	1	
CYRED EQ ORAL TABLET	1	
DEBLITANE ORAL TABLET	2	
DOLISHALE ORAL TABLET	1	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	3	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	
ELURYNG VAGINAL RING	2	
ENILLORING VAGINAL RING	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	

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Drug Name	Drug Tier Requirements/Limits
ERRIN ORAL TABLET	1
ESTARYLLA ORAL TABLET	1
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2
FALMINA ORAL TABLET	1
FEIRZA 1.5/30 ORAL TABLET	3
FEIRZA 1/20 ORAL TABLET	3
FEMLYV ORAL TABLET DISPERSIBLE	3
FINZALA ORAL TABLET CHEWABLE	3
GALBRIELA ORAL TABLET CHEWABLE	3
GEMMILY ORAL CAPSULE	3
HAILEY 24 FE ORAL TABLET	1
HALOETTE VAGINAL RING	2
HEATHER ORAL TABLET	1
ICLEVIA ORAL TABLET	1
INCASSIA ORAL TABLET	1
INTROVALE ORAL TABLET	3
ISIBLOOM ORAL TABLET	1
JAIMIESS ORAL TABLET	3
JASMIEL ORAL TABLET	1
JOYEAUX ORAL TABLET	3
JULEBER ORAL TABLET	1
JUNEL 1.5/30 ORAL TABLET	1
JUNEL 1/20 ORAL TABLET	1
JUNEL FE 1.5/30 ORAL TABLET	1
JUNEL FE 1/20 ORAL TABLET	1
JUNEL FE 24 ORAL TABLET	1
KAITLIB FE ORAL TABLET CHEWABLE	3
KARIVA ORAL TABLET	1
KELNOR 1/35 ORAL TABLET	1
KELNOR 1/50 ORAL TABLET	1
KURVELO ORAL TABLET	1
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	3
LARIN 1.5/30 ORAL TABLET	1
LARIN 1/20 ORAL TABLET	1
LARIN FE 1.5/30 ORAL TABLET	1
LARIN FE 1/20 ORAL TABLET	1
LESSINA ORAL TABLET	1

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Drug Name	Drug Tier Requirements/Limits
LEVONEST ORAL TABLET	1
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	3
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1
LEVORA 0.15/30 (28) ORAL TABLET	1
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	2
LO LOESTRIN FE ORAL TABLET	3
LOESTRIN 1.5/30 (21) ORAL TABLET	3
LOESTRIN 1/20 (21) ORAL TABLET	3
LOESTRIN FE 1.5/30 ORAL TABLET	3
LOESTRIN FE 1/20 ORAL TABLET	3
LOJAIMIESS ORAL TABLET	3
LORYNA ORAL TABLET	1
LOW-OGESTREL ORAL TABLET	1
LUTERA ORAL TABLET	1
LYLEQ ORAL TABLET	1
LYZA ORAL TABLET	1
<i>marlissa oral tablet</i>	1
MELEYA ORAL TABLET	3
MERZEE ORAL CAPSULE	3
MIBELAS 24 FE ORAL TABLET CHEWABLE	3
MICROGESTIN 1.5/30 ORAL TABLET	1
MICROGESTIN 1/20 ORAL TABLET	2
MICROGESTIN FE 1.5/30 ORAL TABLET	1
MICROGESTIN FE 1/20 ORAL TABLET	1
MILI ORAL TABLET	1
MINZOYA ORAL TABLET	3
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	3
NATAZIA ORAL TABLET	3
NECON 0.5/35 (28) ORAL TABLET	1
NEXPLANON SUBCUTANEOUS IMPLANT	2
NEXTSTELLIS ORAL TABLET	3
NIKKI ORAL TABLET	1

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Drug Name	Drug Tier Requirements/Limits
NORA-BE ORAL TABLET	2
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	2
<i>norethin ace-eth estrad-fe oral capsule</i>	3
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	3
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1
<i>norethindrone oral tablet</i>	1
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1
<i>norgestim-eth estrad triphasic oral tablet</i>	1
NORTREL 0.5/35 (28) ORAL TABLET	1
NORTREL 1/35 (21) ORAL TABLET	1
NORTREL 1/35 (28) ORAL TABLET	1
NORTREL 7/7/7 ORAL TABLET	1
NUVARING VAGINAL RING	3
NYLIA 1/35 ORAL TABLET	1
NYLIA 7/7/7 ORAL TABLET	1
OCELLA ORAL TABLET	3
PIMTREA ORAL TABLET	1
PORTIA-28 ORAL TABLET	1
RECLIPSEN ORAL TABLET	1
RIVELSA ORAL TABLET	3
ROSYRAH ORAL TABLET	3
SAFYRAL ORAL TABLET	3
SETLAKIN ORAL TABLET	1
SHAROBEL ORAL TABLET	2
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	3
SPRINTEC 28 ORAL TABLET	1
SRONYX ORAL TABLET	1
SYEDA ORAL TABLET	1
TARINA 24 FE ORAL TABLET	1
TARINA FE 1/20 EQ ORAL TABLET	1
TILIA FE ORAL TABLET	3
TRI-ESTARYLLA ORAL TABLET	1
TRI-LEGEST FE ORAL TABLET	1
TRI-LO-ESTARYLLA ORAL TABLET	1
TRI-LO-SPRINTEC ORAL TABLET	1
TRI-MILI ORAL TABLET	1
TRI-SPRINTEC ORAL TABLET	1

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Drug Name	Drug Tier	Requirements/Limits
TRI-VYLIBRA LO ORAL TABLET	1	
TRI-VYLIBRA ORAL TABLET	1	
TURQOZ ORAL TABLET	1	
VALTYA 1/50 ORAL TABLET	3	
VELIVET ORAL TABLET	1	
VESTURA ORAL TABLET	1	
VIENVA ORAL TABLET	1	
VYFEMLA ORAL TABLET	1	
VYLIBRA ORAL TABLET	1	
WYMZYA FE ORAL TABLET CHEWABLE	1	
XARAH FE ORAL TABLET	3	
XULANE TRANSDERMAL PATCH WEEKLY	2	
YASMIN 28 ORAL TABLET	3	
YAZ ORAL TABLET	3	
ZAFEMY TRANSDERMAL PATCH WEEKLY	2	
ZOVIA 1/35 (28) ORAL TABLET	1	
Estrogens And Antiestrogens		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA
<i>anastrozole oral tablet</i>	1	
ANGELIQ ORAL TABLET	3	PA
ARIMIDEX ORAL TABLET	3	
AROMASIN ORAL TABLET	3	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	PA
CLIMARA TRANSDERMAL PATCH WEEKLY	3	PA
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	3	PA
DUAVEE ORAL TABLET	3	
ESTRACE VAGINAL CREAM	3	
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal patch twice weekly</i>	2	PA
<i>estradiol transdermal patch weekly</i>	2	PA
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	3	
<i>estradiol valerate intramuscular oil</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol-norethindrone acet oral tablet</i>	3	PA
ESTRING VAGINAL RING 7.5 MCG/24HR	3	
EVAMIST TRANSDERMAL SOLUTION	3	PA
EVISTA ORAL TABLET	3	
<i>exemestane oral tablet</i>	3	
FEMARA ORAL TABLET	3	
FEMRING VAGINAL RING	3	
FYAVOLV ORAL TABLET	3	PA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG	3	PA
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG	3	PA
JINTELI ORAL TABLET	2	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (91 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA; QL (91 EA per 28 days)
<i>letrozole oral tablet</i>	2	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	3	PA
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	PA
MIMVEY ORAL TABLET	3	PA
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	3	PA
<i>norethindrone-eth estradiol oral tablet</i>	3	PA
OSPHENA ORAL TABLET	3	PA
PREMARIN ORAL TABLET	2	PA
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
<i>raloxifene hcl oral tablet</i>	1	
SOLTAMOX ORAL SOLUTION	3	
<i>tamoxifen citrate oral tablet</i>	1	
<i>toremifene citrate oral tablet</i>	1	
VAGIFEM VAGINAL TABLET 10 MCG	3	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	3	PA
YUVAFEM VAGINAL TABLET	3	
Estrogens, Antiestrogens & Estrogen Agonist-Antagonists		
ABIGALE LO ORAL TABLET	3	PA
BIJUVA ORAL CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements/Limits
DIVIGEL TRANSDERMAL GEL	3	PA
ELESTRIN TRANSDERMAL GEL	3	PA
<i>estradiol transdermal gel</i>	3	PA
Estrogens, Antiestrogens + Estrogen Agonist-Antagonists		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG	3	PA
IMVEXXY STARTER PACK VAGINAL INSERT 4 MCG	3	PA
Gonadotropins And Antigonadotropins		
ELIGARD SUBCUTANEOUS KIT	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	
<i>leuprolide acetate (3 month) intramuscular injectable</i>	3	
<i>leuprolide acetate injection kit</i>	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	3	QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	3	QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	3	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	3	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	3	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	3	
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT	3	
MYFEMBREE ORAL TABLET	3	PA; QL (30 EA per 30 days)
ORGOVYX ORAL TABLET	3	PA; QL (30 EA per 28 days)
ORIAHNN ORAL CAPSULE THERAPY PACK	3	PA
ORLISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORLISSA ORAL TABLET 200 MG	3	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION	3	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA
Leptins		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
Parathyroid And Antiparathyroid Agents		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (2.24 ML per 28 days)
<i>calcitonin (salmon) nasal solution</i>	2	

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Drug Name	Drug Tier Requirements/Limits	
<i>cinacalcet hcl oral tablet</i>	3	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	3	PA; QL (2.4 ML per 28 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	3	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML	3	PA; QL (1.12 ML per 28 days)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML	3	PA; QL (1.96 ML per 28 days)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML	3	PA; QL (2.8 ML per 28 days)
Pituitary		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	3	PA
ACTHAR INJECTION GEL	3	PA
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE	3	PA
CORTROPHIN INJECTION GEL	3	PA
CRENESSITY ORAL CAPSULE 100 MG	3	PA; QL (120 EA per 30 days)
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	3	PA; QL (90 EA per 30 days)
CRENESSITY ORAL SOLUTION	3	PA; QL (240 ML per 30 days)
DDAVP ORAL TABLET	3	
<i>desmopressin ace spray refrig nasal solution</i>	3	
<i>desmopressin acetate oral tablet</i>	2	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE	3	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
Progestins		
CRINONE VAGINAL GEL	3	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
GALLIFREY ORAL TABLET	1	
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate oral tablet</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	3	
<i>megestrol acetate oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	1	
<i>progesterone oral capsule</i>	2	
PROMETRIUM ORAL CAPSULE	3	
PROVERA ORAL TABLET	3	
Somatostatin Agonists And Antagonists		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	3	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	3	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; QL (60 ML per 30 days)
Somatotropin Agonists And Antagonists		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
GENOTROPIN MINIQUEL SUBCUTANEOUS PREFILLED SYRINGE	3	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA
HUMATROPE INJECTION CARTRIDGE	3	PA
INCRELEX SUBCUTANEOUS SOLUTION	3	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA

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Drug Name	Drug Tier Requirements/Limits	
Thyroid And Antithyroid Agents		
CYTOMEL ORAL TABLET	3	
ERMEZA ORAL SOLUTION	3	
levothyroxine sodium oral capsule	3	
levothyroxine sodium oral tablet	1	
LEVOXYL ORAL TABLET	2	
liothyronine sodium oral tablet	1	
methimazole oral tablet	1	
propylthiouracil oral tablet	1	
REZDIFFRA ORAL TABLET	3	PA; QL (30 EA per 30 days)
SYNTHROID ORAL TABLET	2	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
UNITHROID ORAL TABLET	2	
Immunomodulatory Agents		
Disease-Modifying Antirheumatic Drugs		
adalimumab-aacf (2 pen) subcutaneous auto-injector kit	2	PA
adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit	2	PA
adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit	2	PA
adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit	2	PA
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit	3	PA
adalimumab-adaz subcutaneous solution auto-injector	3	PA
adalimumab-adaz subcutaneous solution prefilled syringe	3	PA
adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit	3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	2	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA

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Drug Name	Drug Tier Requirements/Limits	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	3	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
OTEZLA ORAL TABLET	2	PA
OTEZLA ORAL TABLET THERAPY PACK	2	PA
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
RINVOQ LQ ORAL SOLUTION	2	PA
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	PA
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>ustekinumab subcutaneous solution</i>	3	PA; QL (3 ML per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ustekinumab subcutaneous solution prefilled syringe</i>	3	PA; QL (3 ML per 84 days)
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe</i>	3	PA; QL (3 ML per 84 days)
WEZLANA SUBCUTANEOUS SOLUTION	3	PA; QL (3 ML per 84 days)
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION	2	PA; QL (3 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL (3 ML per 84 days)
Myasthenia Gravis Agents		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
AVODART ORAL CAPSULE	3	
<i>dutasteride oral capsule</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	3	
<i>finasteride oral tablet 5 mg</i>	1	
JALYN ORAL CAPSULE	3	
PROSCAR ORAL TABLET	3	
Antidotes		
<i>acetylcysteine inhalation solution</i>	1	PA
<i>leucovorin calcium oral tablet</i>	2	
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol oral tablet 200 mg</i>	3	ST
<i>colchicine oral capsule</i>	3	
<i>colchicine oral tablet</i>	2	
<i>febuxostat oral tablet</i>	2	ST
GLOPERBA ORAL SOLUTION	3	ST
MITIGARE ORAL CAPSULE	3	
ULORIC ORAL TABLET	3	ST
Antisense Oligonucleotides		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (0.8 ML per 28 days)
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG	3	ST; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; QL (4 EA per 28 days)
<i>alendronate sodium oral solution</i>	1	QL (300 ML per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
ATELVIA ORAL TABLET DELAYED RELEASE	3	ST; QL (4 EA per 28 days)
BINOSTO ORAL TABLET EFFERVESCENT	3	ST; QL (4 EA per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; QL (4 EA per 28 days)
FOSAMAX PLUS D ORAL TABLET	3	ST; QL (4 EA per 28 days)
<i>ibandronate sodium oral tablet</i>	2	QL (1 EA per 30 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (2 ML per 365 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (2 ML per 365 days)
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	3	QL (120 EA per 365 days)
<i>risedronate sodium oral tablet 35 mg</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	3	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	3	QL (4 EA per 28 days)
XGEVA SUBCUTANEOUS SOLUTION	3	PA
Carbonic Anhydrase Inhibitors		
KEVEYIS ORAL TABLET	3	PA
Cariostatic Agents		
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	3	
Complement Inhibitors		
BERINERT INTRAVENOUS KIT	3	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
EMPAVELI SUBCUTANEOUS SOLUTION	3	PA
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (27 ML per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	3	PA; QL (27 ML per 30 days)
ORLADEYO ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (27 ML per 30 days)
TAVNEOS ORAL CAPSULE	3	PA; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Disease-Modifying Antirheumatic Drugs		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	3	PA
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit</i>	3	PA
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit</i>	3	PA
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	3	PA
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	3	PA
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit</i>	3	PA
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit</i>	3	PA
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit</i>	3	PA
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit</i>	3	PA
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit</i>	3	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	3	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ARAVA ORAL TABLET	3	
CIBINQO ORAL TABLET	3	PA; QL (30 EA per 30 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	3	PA
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA

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Drug Name	Drug Tier	Requirements/Limits
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	2	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	2	PA; QL (4.08 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	2	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (8 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	3	PA
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	PA; QL (6 EA per 365 days)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA; QL (6 EA per 365 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>leflunomide oral tablet</i>	3	
OLUMIANT ORAL TABLET	3	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA

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Drug Name	Drug Tier	Requirements/Limits
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
XELJANZ ORAL SOLUTION	2	PA
XELJANZ ORAL TABLET	2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA; QL (2 EA per 28 days)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA; QL (2 EA per 28 days)
Immunomodulatory Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	
AUBAGIO ORAL TABLET	3	ST; QL (30 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	QL (1 EA per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	3	ST; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT	3	QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	ST; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	ST; QL (12 ML per 28 days)
dimethyl fumarate oral capsule delayed release 120 mg	3	QL (14 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	3	QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	3	QL (120 EA per 365 days)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>fingolimod hcl oral capsule</i>	3	QL (30 EA per 30 days)
GILENYA ORAL CAPSULE	3	QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	1	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	1	QL (12 ML per 28 days)
JOENJA ORAL TABLET	3	PA; QL (60 EA per 30 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL (6 ML per 365 days)
MAYZENT ORAL TABLET 0.25 MG	3	ST; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	3	ST; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	ST; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	ST; QL (14 EA per 365 days)
PONVORY ORAL TABLET	3	ST; QL (30 EA per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	3	ST; QL (28 EA per 365 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	ST; QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	ST; QL (8.4 ML per 365 days)
TASCENSO ODT ORAL TABLET DISPERSIBLE	3	ST; QL (30 EA per 30 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	3	QL (14 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	3	QL (120 EA per 365 days)
<i>teriflunomide oral tablet</i>	3	QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA
VELSIPITY ORAL TABLET	3	PA; QL (30 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE	3	ST
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA; QL (56 EA per 365 days)
Immunosuppressive Agents		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA
AZASAN ORAL TABLET	3	PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	PA
<i>azathioprine oral tablet 50 mg</i>	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
CELLCEPT ORAL CAPSULE	3	PA
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	PA
CELLCEPT ORAL TABLET	3	PA
<i>cyclosporine modified oral capsule</i>	3	PA
<i>cyclosporine modified oral solution</i>	3	PA
<i>cyclosporine oral capsule</i>	3	PA
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	PA
<i>everolimus oral tablet 1 mg</i>	3	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	3	PA
IMURAN ORAL TABLET	3	PA
LUPKYNIS ORAL CAPSULE	3	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	3	ST
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	3	ST
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	3	ST
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	3	ST
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	3	ST

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	3	ST
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	3	ST
<i>mycophenolate mofetil oral capsule</i>	2	PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	1	PA
<i>mycophenolate mofetil oral tablet</i>	2	PA
<i>mycophenolate sodium oral tablet delayed release</i>	3	PA
MYFORTIC ORAL TABLET DELAYED RELEASE	3	PA
MYHIBBIN ORAL SUSPENSION	3	PA
NEORAL ORAL CAPSULE	3	PA
NEORAL ORAL SOLUTION	3	PA
PROGRAF ORAL CAPSULE	3	PA
PROGRAF ORAL PACKET	3	PA
SANDIMMUNE ORAL CAPSULE	3	PA
<i>sirolimus oral solution</i>	3	PA
<i>sirolimus oral tablet</i>	3	PA
<i>tacrolimus oral capsule</i>	3	PA
ZORTRESS ORAL TABLET	3	PA
Kallikrein-Kinin System Inhibitors		
FABHALTA ORAL CAPSULE	3	PA; QL (60 EA per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
VOYDEYA ORAL TABLET	3	PA; QL (180 EA per 30 days)
VOYDEYA ORAL TABLET THERAPY PACK	3	PA; QL (90 EA per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
Other Miscellaneous Therapeutic Agents		
AQNEURSA ORAL PACKET	3	PA; QL (120 EA per 30 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
<i>betaine oral powder</i>	3	
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
CERDELGA ORAL CAPSULE	3	PA
CYSTADANE ORAL POWDER	3	
CYSTAGON ORAL CAPSULE	3	
DEMSER ORAL CAPSULE	3	
DUVYZAT ORAL SUSPENSION	3	PA; QL (360 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ELMIRON ORAL CAPSULE	3	
ENDARI ORAL PACKET	3	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (2.34 ML per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA
EVRYSDI ORAL TABLET	3	PA; QL (30 EA per 30 days)
FILSPARI ORAL TABLET	3	PA; QL (30 EA per 30 days)
FIRDAPSE ORAL TABLET	3	PA
GALAFOLD ORAL CAPSULE	3	PA; QL (14 EA per 28 days)
ISTURISA ORAL TABLET 1 MG	3	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	3	PA; QL (60 EA per 30 days)
JAVYGTOR ORAL PACKET	3	
JAVYGTOR ORAL TABLET	3	
KUVAN ORAL PACKET	3	
KUVAN ORAL TABLET	3	
<i>levocarnitine oral solution</i>	3	
<i>levocarnitine oral tablet</i>	3	
<i>L-glutamine oral packet</i>	3	PA
LODOCO ORAL TABLET	3	PA; QL (30 EA per 30 days)
<i>metyrosine oral capsule</i>	3	
<i>miglustat oral capsule</i>	3	PA
<i>nitisinone oral capsule</i>	3	
NITYR ORAL TABLET	3	
ORFADIN ORAL CAPSULE	3	
ORFADIN ORAL SUSPENSION	3	
PROCYSBI ORAL PACKET	3	PA
RECORLEV ORAL TABLET	3	PA; QL (240 EA per 30 days)
REZUROCK ORAL TABLET	3	PA; QL (30 EA per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION	3	PA; QL (1 ML per 28 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	3	PA; QL (0.8 ML per 28 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	3	PA; QL (1 ML per 28 days)
<i>sapropterin dihydrochloride oral packet</i>	3	
<i>sapropterin dihydrochloride oral tablet</i>	3	
SKYCLARYS ORAL CAPSULE	3	PA; QL (90 EA per 30 days)
SOHONOS ORAL CAPSULE	3	PA
THIOLA EC ORAL TABLET DELAYED RELEASE	3	

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Drug Name	Drug Tier Requirements/Limits	
THIOLA ORAL TABLET	3	
<i>tiopronin oral tablet</i>	3	
<i>tiopronin oral tablet delayed release</i>	3	
TYBOST ORAL TABLET	2	QL (30 EA per 30 days)
VENXXIVA ORAL TABLET DELAYED RELEASE	3	
VIJOICE ORAL PACKET	3	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	3	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	3	PA; QL (60 EA per 30 days)
VOWST ORAL CAPSULE	3	PA
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
YARGESA ORAL CAPSULE	3	PA
ZAVESCA ORAL CAPSULE	3	PA
Protective Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; QL (60 EA per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour</i>	2	PA; QL (60 EA per 30 days)
<i>mesna oral tablet</i>	3	
MESNEX ORAL TABLET	3	
Respiratory Tract Agents		
Antifibrotic Agents		
ESBRIET ORAL CAPSULE	3	PA
ESBRIET ORAL TABLET	3	PA
OFEV ORAL CAPSULE	3	PA
<i>pirfenidone oral capsule</i>	3	PA
<i>pirfenidone oral tablet</i>	3	PA
Anti-Inflammatory Agents		
<i>cromolyn sodium inhalation nebulization solution</i>	2	PA
<i>cromolyn sodium oral concentrate</i>	3	
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
GASTROCROM ORAL CONCENTRATE	3	
<i>montelukast sodium oral packet</i>	3	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet</i>	1	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	1	QL (30 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA

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Drug Name	Drug Tier Requirements/Limits	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
SINGULAIR ORAL PACKET	3	QL (30 EA per 30 days)
SINGULAIR ORAL TABLET	3	QL (30 EA per 30 days)
SINGULAIR ORAL TABLET CHEWABLE	3	QL (30 EA per 30 days)
<i>zafirlukast oral tablet</i>	3	QL (60 EA per 30 days)
<i>zileuton er oral tablet extended release 12 hour</i>	3	QL (120 EA per 30 days)
ZYFLO ORAL TABLET	3	QL (120 EA per 30 days)
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
ALYFTREK ORAL TABLET 10-50-125 MG	3	PA; QL (56 EA per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	3	PA; QL (84 EA per 28 days)
KALYDECO ORAL PACKET	3	PA
KALYDECO ORAL TABLET	3	PA
ORKAMBI ORAL PACKET	3	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	3	PA; QL (120 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK	3	PA
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA
TRIKAFTA ORAL THERAPY PACK	3	PA
Dual Phosphodiesterase Inhibitors		
OHTUVAYRE INHALATION SUSPENSION	3	PA; QL (150 ML per 30 days)
Mucolytic Agents		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	3	PA
Phosphodiesterase Type 4 Inhibitors		
DALIRESP ORAL TABLET	3	
<i>roflumilast oral tablet</i>	3	
Respiratory Tract Agents, Miscellaneous		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	3	PA
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA
WINREVAIR SUBCUTANEOUS KIT	3	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA

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Drug Name	Drug Tier Requirements/Limits	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA
Vasodilating Agents		
ADEMPAS ORAL TABLET	3	PA
<i>ambrisentan oral tablet</i>	1	PA
<i>bosentan oral tablet</i>	1	PA
LETAIRIS ORAL TABLET	3	PA
OPSUMIT ORAL TABLET	3	PA
OPSYNVI ORAL TABLET	3	PA; QL (30 EA per 30 days)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA
TRACLEER ORAL TABLET	3	PA
TRACLEER ORAL TABLET SOLUBLE	3	PA
TRYVIO ORAL TABLET	3	PA; QL (30 EA per 30 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; QL (112 EA per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	3	PA; QL (504 EA per 365 days)
UPTRAVI ORAL TABLET 1000 MCG, 400 MCG, 800 MCG	3	PA
UPTRAVI ORAL TABLET 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 600 MCG	3	PA; QL (60 EA per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	3	PA
VANRAFIA ORAL TABLET	3	
Skin And Mucous Membrane Agents		
Anti-Infectives		
ACANYA EXTERNAL GEL	3	
CABTREO EXTERNAL GEL	3	PA
CLINDAGEL EXTERNAL GEL	3	
<i>clindamycin phos (once-daily) external gel</i>	2	
<i>clindamycin phos (twice-daily) external gel</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	3	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	2	
ELIMITE EXTERNAL CREAM	3	

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Drug Name	Drug Tier Requirements/Limits	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST
NYAMYC EXTERNAL POWDER	1	QL (120 GM per 30 days)
<i>nystatin external powder</i>	1	QL (120 GM per 30 days)
NYSTOP EXTERNAL POWDER	1	QL (120 GM per 30 days)
ONEXTON EXTERNAL GEL	3	
Anti-Inflammatory Agents		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
ALA SCALP EXTERNAL LOTION	3	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL	3	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>fluocinolone acetonide scalp external oil</i>	3	
<i>halcinonide external solution</i>	3	
<i>hydrocortisone external lotion 2 %</i>	3	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external solution 2.5 %</i>	3	
KOURZEQ MOUTH/THROAT PASTE	3	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL (2 EA per 28 days)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA; QL (4 ML per 28 days)
TEXACORT EXTERNAL SOLUTION	3	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	3	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>triamcinolone acetonide mouth/throat paste</i>	2	
ZORYVE EXTERNAL CREAM 0.15 %	3	PA
Antipruritics And Local Anesthetics		
<i>doxepin hcl external cream</i>	3	
<i>lidocaine external ointment 5 %</i>	1	QL (150 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine external patch 5 %</i>	3	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	QL (30 GM per 30 days)
LIDOCAN EXTERNAL PATCH	3	QL (90 EA per 30 days)
TRIDACAINE II EXTERNAL PATCH	3	QL (90 EA per 30 days)
ZTLIDO EXTERNAL PATCH	3	PA; QL (90 EA per 30 days)
Cell Stimulants And Proliferants		
ALTRENO EXTERNAL LOTION	3	PA
ATRALIN EXTERNAL GEL	3	PA
RETIN-A EXTERNAL CREAM	3	PA
RETIN-A EXTERNAL GEL	3	PA
RETIN-A MICRO EXTERNAL GEL	3	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA
<i>tretinoin external cream</i>	2	PA
<i>tretinoin external gel</i>	3	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	3	PA
<i>tretinoin microsphere pump external gel 0.08 %</i>	3	PA
TWYNEO EXTERNAL CREAM	3	PA
Emollients, Demulcents, And Protectants		
<i>ammonium lactate external cream</i>	1	
<i>ammonium lactate external lotion</i>	1	
<i>nitroglycerin rectal ointment</i>	3	
RECTIV RECTAL OINTMENT	3	
Keratolytic Agents		
<i>adapalene external gel 0.3 %</i>	3	PA
AMNESTEEM ORAL CAPSULE 30 MG	3	
CONDYLOX EXTERNAL GEL	3	
DIFFERIN EXTERNAL GEL 0.3 %	3	PA
<i>podofilox external gel</i>	3	
<i>tazarotene external cream 0.05 %</i>	3	
<i>tazarotene external cream 0.1 %</i>	2	
TAZORAC EXTERNAL CREAM	3	
Skin And Mucous Membrane Agents, Misc		
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	3	PA; QL (4 ML per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	3	PA; QL (6 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier Requirements/Limits	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	3	PA; QL (4 ML per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	3	PA; QL (6 ML per 28 days)
FILSUEVZ EXTERNAL GEL	3	PA
<i>fluorouracil external cream 5 %</i>	1	
LITFULO ORAL CAPSULE	3	PA; QL (30 EA per 30 days)
ZORYVE EXTERNAL FOAM	3	PA
Skin And Mucous Membrane Preparations		
Anti-Infectives		
<i>acyclovir external cream</i>	3	QL (5 GM per 30 days)
<i>acyclovir external ointment</i>	1	QL (30 GM per 30 days)
AMZEEQ EXTERNAL FOAM	3	
BENZAMYCIN EXTERNAL GEL	3	
<i>benzoyl peroxide-erythromycin external gel</i>	2	
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external cream</i>	2	
<i>ciclopirox olamine external suspension</i>	2	
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
CLEOCIN-T EXTERNAL LOTION	3	QL (75 ML per 30 days)
CLINDACIN ETZ EXTERNAL SWAB	3	
CLINDACIN EXTERNAL FOAM	3	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	3	
<i>clindamycin phosphate external foam</i>	3	
<i>clindamycin phosphate external lotion</i>	1	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate vaginal cream</i>	3	
CLINDESSE VAGINAL CREAM	3	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	1	
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier	Requirements/Limits
CROTAN EXTERNAL LOTION	3	
DENAVIR EXTERNAL CREAM	3	QL (5 GM per 30 days)
<i>econazole nitrate external cream</i>	2	
EPSOLAY EXTERNAL CREAM	3	PA
ERTACZO EXTERNAL CREAM	3	
<i>ery external pad</i>	2	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	3	
EXELDERM EXTERNAL CREAM	3	
EXELDERM EXTERNAL SOLUTION	3	
<i>gentamicin sulfate external cream</i>	2	
<i>gentamicin sulfate external ointment</i>	2	
GYNAZOLE-1 VAGINAL CREAM	3	
<i>ivermectin external cream</i>	3	QL (45 GM per 30 days)
JUBLIA EXTERNAL SOLUTION	3	PA
<i>ketconazole external cream</i>	1	QL (90 GM per 30 days)
<i>ketconazole external foam</i>	3	
<i>ketconazole external shampoo 2 %</i>	1	
KETODAN EXTERNAL FOAM	3	
KLARON EXTERNAL LOTION	3	
<i>luliconazole external cream</i>	3	
LUZU EXTERNAL CREAM	3	
<i>malathion external lotion</i>	3	
METROCREAM EXTERNAL CREAM	3	
METROGEL EXTERNAL GEL	3	
METROLOTION EXTERNAL LOTION	3	
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	3	
<i>metronidazole external lotion</i>	3	
<i>metronidazole vaginal gel</i>	2	
<i>miconazole 3 vaginal suppository</i>	3	
<i>mupirocin calcium external cream</i>	2	
<i>mupirocin external ointment</i>	1	QL (110 GM per 30 days)
<i>naftifine hcl external cream</i>	3	
<i>naftifine hcl external gel 2 %</i>	3	
NAFTIN EXTERNAL GEL 2 %	3	
NATROBA EXTERNAL SUSPENSION	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier	Requirements/Limits
NEUAC EXTERNAL GEL	3	
NORITATE EXTERNAL CREAM	3	
<i>nystatin external cream</i>	1	
<i>nystatin external ointment</i>	1	
OVIDE EXTERNAL LOTION	3	
<i>oxiconazole nitrate external cream</i>	3	
OXISTAT EXTERNAL LOTION	3	
<i>penciclovir external cream</i>	3	QL (5 GM per 30 days)
<i>permethrin external cream</i>	2	
<i>selenium sulfide external lotion</i>	1	
SILVADENE EXTERNAL CREAM	3	
<i>silver sulfadiazine external cream</i>	1	
SOOLANTRA EXTERNAL CREAM	3	QL (45 GM per 30 days)
<i>spinosad external suspension</i>	3	
SSD EXTERNAL CREAM	1	
<i>sulfacetamide sodium (acne) external lotion</i>	3	
SULFAMYLON EXTERNAL CREAM	3	
<i>tavaborole external solution</i>	3	PA
<i>terconazole vaginal cream 0.4 %</i>	1	
<i>terconazole vaginal cream 0.8 %</i>	2	
<i>terconazole vaginal suppository</i>	3	
VANDAZOLE VAGINAL GEL	3	
XACIATO VAGINAL GEL	3	
XERESE EXTERNAL CREAM	3	
ZILXI EXTERNAL FOAM	3	
ZOVIRAX EXTERNAL CREAM	3	QL (5 GM per 30 days)
ZOVIRAX EXTERNAL OINTMENT	3	QL (30 GM per 30 days)
Anti-Inflammatory Agents		
<i>ala-cort external cream 1 %</i>	3	
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>amcinonide external cream</i>	3	
<i>amcinonide external ointment</i>	3	
ANUSOL-HC EXTERNAL CREAM	3	
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate aug external gel</i>	3	
<i>betamethasone dipropionate aug external lotion</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier Requirements/Limits
<i>betamethasone dipropionate aug external ointment</i>	3
<i>betamethasone dipropionate external cream</i>	2
<i>betamethasone dipropionate external lotion</i>	2
<i>betamethasone dipropionate external ointment</i>	2
<i>betamethasone valerate external cream</i>	1
<i>betamethasone valerate external foam</i>	3
<i>betamethasone valerate external lotion</i>	2
<i>betamethasone valerate external ointment</i>	1
BRYHALI EXTERNAL LOTION	3
<i>budesonide rectal foam 2 mg</i>	3
<i>calcipotriene-betameth diprop external ointment</i>	3
<i>calcipotriene-betameth diprop external suspension</i>	3
<i>clobetasol propionate e external cream</i>	3
<i>clobetasol propionate emulsion external foam</i>	3
<i>clobetasol propionate external cream 0.05 %</i>	3
<i>clobetasol propionate external foam</i>	3
<i>clobetasol propionate external gel</i>	3
<i>clobetasol propionate external liquid</i>	3
<i>clobetasol propionate external lotion</i>	3
<i>clobetasol propionate external ointment</i>	3
<i>clobetasol propionate external shampoo</i>	3
<i>clobetasol propionate external solution</i>	3
CLOBEX EXTERNAL LOTION	3
CLOBEX EXTERNAL SHAMPOO	3
CLOBEX SPRAY EXTERNAL LIQUID	3
<i>clocortolone pivalate external cream</i>	3
CLODAN EXTERNAL SHAMPOO	3
CORDRAN EXTERNAL TAPE	3
<i>desonide external cream</i>	3
<i>desonide external gel</i>	3
<i>desonide external lotion</i>	3
<i>desonide external ointment</i>	3
DESOWEN EXTERNAL CREAM	3
<i>desoximetasone external cream</i>	3
<i>desoximetasone external gel</i>	3
<i>desoximetasone external liquid</i>	3
<i>desoximetasone external ointment</i>	3

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium external gel 3 %</i>	3	PA
<i>diclofenac sodium external solution</i>	3	
<i>diflorasone diacetate external cream</i>	3	
<i>diflorasone diacetate external ointment</i>	3	
DIPROLENE EXTERNAL OINTMENT	3	
DUOBRII EXTERNAL LOTION	3	
ENSTILAR EXTERNAL FOAM	3	
EUCRISA EXTERNAL OINTMENT	3	PA
<i>fluocinolone acetonide external cream</i>	3	
<i>fluocinolone acetonide external ointment</i>	2	
<i>fluocinolone acetonide external solution</i>	3	
<i>fluocinonide emulsified base external cream</i>	2	
<i>fluocinonide external cream 0.05 %</i>	2	
<i>fluocinonide external cream 0.1 %</i>	3	
<i>fluocinonide external gel</i>	3	
<i>fluocinonide external ointment</i>	3	
<i>fluocinonide external solution</i>	2	
<i>flurandrenolide external lotion</i>	3	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external lotion</i>	3	
<i>fluticasone propionate external ointment</i>	3	
<i>halcinonide external cream</i>	3	
<i>halobetasol propionate external cream</i>	3	
<i>halobetasol propionate external foam</i>	3	
<i>halobetasol propionate external ointment</i>	3	
HALOG EXTERNAL CREAM	3	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone butyrate external cream</i>	3	
<i>hydrocortisone butyrate external lotion</i>	3	
<i>hydrocortisone butyrate external ointment</i>	3	
<i>hydrocortisone butyrate external solution</i>	3	
<i>hydrocortisone external cream 1 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone rectal enema</i>	3	
<i>hydrocortisone valerate external cream</i>	3	
<i>hydrocortisone valerate external ointment</i>	3	
LEXETTE EXTERNAL FOAM	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate external cream</i>	1	
<i>mometasone furoate external ointment</i>	1	
<i>mometasone furoate external solution</i>	1	
NEO-SYNALAR EXTERNAL CREAM	3	
<i>nystatin-triamcinolone external cream</i>	3	
<i>nystatin-triamcinolone external ointment</i>	3	
PROCTO-MED HC EXTERNAL CREAM	1	
PROCTOSOL HC EXTERNAL CREAM	1	
PROCTOZONE-HC EXTERNAL CREAM	1	
SYNALAR EXTERNAL CREAM	3	
SYNALAR EXTERNAL OINTMENT	3	
TACLONEX EXTERNAL SUSPENSION	3	
TOPICORT EXTERNAL OINTMENT 0.05 %	3	
TOPICORT SPRAY EXTERNAL LIQUID	3	
TOVET EXTERNAL FOAM	3	
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	3	
TRIDERM EXTERNAL CREAM 0.5 %	3	
UCERIS RECTAL FOAM	3	
VANOS EXTERNAL CREAM	3	
Antipruritics And Local Anesthetics		
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	3	
PROCTOFOAM HC EXTERNAL FOAM	3	
PRUDOXIN EXTERNAL CREAM	3	
ZONALON EXTERNAL CREAM	3	
Depigmenting And Pigmenting Agents		
<i>methoxsalen rapid oral capsule</i>	3	
Skin And Mucous Membrane Agents, Misc		
ABSORICA LD ORAL CAPSULE	3	
ABSORICA ORAL CAPSULE	3	
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	
<i>acitretin oral capsule</i>	3	
ACZONE EXTERNAL GEL	3	
<i>adapalene external cream</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.
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Drug Name	Drug Tier	Requirements/Limits
<i>adapalene external pad</i>	3	PA
<i>adapalene-benzoyl peroxide external gel</i>	3	PA
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
AKLIEF EXTERNAL CREAM	3	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	
ARAZLO EXTERNAL LOTION	3	
<i>azelaic acid external gel</i>	3	
AZELEX EXTERNAL CREAM	3	
<i>bexarotene external gel</i>	3	PA
<i>brimonidine tartrate external gel</i>	3	
<i>calcipotriene external cream</i>	3	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	3	
<i>calcipotriene external ointment</i>	3	
<i>calcipotriene external solution</i>	2	
<i>calcitriol external ointment</i>	3	
CLARAVIS ORAL CAPSULE	3	
<i>clindamycin-tretinoin external gel</i>	3	PA
<i>dapsone external gel</i>	3	
DIFFERIN EXTERNAL CREAM	3	PA
<i>doxycycline oral capsule delayed release</i>	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
ELIDEL EXTERNAL CREAM	3	
EPIDUO EXTERNAL GEL	3	PA
EPIDUO FORTE EXTERNAL GEL	3	PA
FABIOR EXTERNAL FOAM	3	
FINACEA EXTERNAL FOAM	3	
<i>fluorouracil external solution</i>	2	QL (10 ML per 30 days)
HYFTOR EXTERNAL GEL	3	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
<i>imiquimod external cream 5 %</i>	1	
<i>imiquimod pump external cream</i>	1	
<i>isotretinoin oral capsule</i>	3	
KLISYRI (250 MG) EXTERNAL OINTMENT	3	PA
MIRVASO EXTERNAL GEL	3	
OPZELURA EXTERNAL CREAM	3	PA; QL (240 GM per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORACEA ORAL CAPSULE DELAYED RELEASE	3	ST
PANRETIN EXTERNAL GEL	3	
<i>pimecrolimus external cream</i>	3	
<i>podofilox external solution</i>	3	
QBREXZA EXTERNAL PAD	3	PA; QL (30 EA per 30 days)
REGRANEX EXTERNAL GEL	3	
RHOFADE EXTERNAL CREAM	3	
SANTYL EXTERNAL OINTMENT	3	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
SORILUX EXTERNAL FOAM	3	
SOTYKTU ORAL TABLET	3	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	PA; QL (3 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 84 days)
<i>tacrolimus external ointment</i>	3	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TARGRETIN EXTERNAL GEL	3	PA
<i>tazarotene external foam</i>	3	
<i>tazarotene external gel</i>	3	
TAZORAC EXTERNAL GEL	3	
VALCHLOR EXTERNAL GEL	3	PA; QL (60 GM per 30 days)
VECTICAL EXTERNAL OINTMENT	3	
VEREGEN EXTERNAL OINTMENT	3	
VTAMA EXTERNAL CREAM	3	PA
WINLEVI EXTERNAL CREAM	3	
ZENATANE ORAL CAPSULE	3	
ZIANA EXTERNAL GEL	3	PA
ZORYVE EXTERNAL CREAM 0.3 %	3	PA
ZYCLARA PUMP EXTERNAL CREAM	3	PA

Smooth Muscle Relaxants

Genitourinary Smooth Muscle Relaxants

<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	3
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Drug Name	Drug Tier	Requirements/Limits
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	2	
<i>flavoxate hcl oral tablet</i>	3	
GEMTESA ORAL TABLET	3	
<i>mirabegron er oral tablet extended release 24 hour</i>	3	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	1	
<i>oxybutynin chloride oral solution</i>	3	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	3	PA
<i>solifenacin succinate oral tablet</i>	2	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	3	
<i>tolterodine tartrate oral tablet</i>	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>trospium chloride er oral capsule extended release 24 hour</i>	3	
<i>trospium chloride oral tablet</i>	2	
VESICARE LS ORAL SUSPENSION	3	PA
VESICARE ORAL TABLET	3	PA
Respiratory Smooth Muscle Relaxants		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
<i>theophylline er oral tablet extended release 12 hour</i>	3	
<i>theophylline er oral tablet extended release 24 hour 400 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 600 mg</i>	3	
<i>theophylline oral solution</i>	3	
Vitamins		
Multivitamin Preparations		
<i>prenatal oral tablet 27-1 mg</i>	1	
Vitamin D		
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	3	
<i>doxercalciferol oral capsule</i>	3	
<i>paricalcitol oral capsule</i>	3	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	3	
ROCALTROL ORAL CAPSULE	3	
ROCALTROL ORAL SOLUTION	3	

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Drug Name	Drug Tier Requirements/Limits
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3

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<i>abacavir sulfate</i>	16	<i>adalimumab-adbm (2 syringe)</i> ..	107	<i>alprazolam</i>	61
<i>abacavir sulfate-lamivudine</i>	16	<i>adalimumab-adbm(cdluc/hs</i> <i>strt)</i>	107	<i>alprazolam er</i>	61
ABELCET.....	13	<i>adalimumab-adbm(ps/uv</i> <i>starter)</i>	107	ALPRAZOLAM INTENSOL.....	61
ABIGALE LO.....	99	<i>adalimumab-fkjp (2 pen)</i>	107	ALREX.....	78
ABILIFY.....	64	<i>adalimumab-fkjp (2 syringe)</i>	107	ALTAVERA.....	94
ABILIFY ASIMTUFII.....	64	<i>adalimumab-ryvk (2 pen)</i>	107	ALTRENO.....	118
ABILIFY MAINTENA.....	64	<i>adalimumab-ryvk (2 syringe)</i>	103	ALUNBRIG.....	20
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