# Keystone 65 Rx HMO, Personal Choice 65℠ Rx PPO, and Select Option® PDP 2027 Formulary or "Drug List"

(List of Covered Drugs)

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

FID 00027278

This formulary was updated on **10/23/2026**. 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 Never stop caring

Group 3-tier open
10/23/2026

**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 **10/23/2026**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2028, 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**.

**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 that it should 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 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 **10/23/2026**. 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 types 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 require 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 based on specific criteria 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 limit 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 provide 60 units per prescription for Glipizide ER 10 mg. 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 require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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 Keystone 65 Rx, Personal Choice 65 Rx, or Select Option Rx.
- You can ask Keystone 65 Rx, Personal Choice 65 Rx, or 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 limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, 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 for 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 prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, 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 units per prescription for Glipizide ER 10 mg. 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 er oral suspension extended release* | 3 | PA |
| *carbinoxamine maleate oral solution* | 3 | PA |
| *carbinoxamine maleate oral tablet* | 3 | PA |
| *carbzah oral solution* | 3 | PA |
| *clemastine fumarate oral syrup* | 3 | PA |
| *clemastine fumarate oral tablet 2.68 mg* | 3 | PA |
| CLEMSZA ORAL TABLET | 3 | PA |
| *corphena oral solution* | 3 | |
| *cyproheptadine hcl oral syrup 2 mg/5ml* | 3 | |
| *cyproheptadine hcl oral tablet* | 1 | |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE | 3 | PA |
| *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 solution* | 3 | |
| *desloratadine oral tablet* | 2 | |
| *desloratadine oral tablet dispersible* | 3 | |
| *levocetirizine dihydrochloride oral solution* | 3 | |
| *levocetirizine dihydrochloride oral tablet* | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **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 | |
| *praziquantel oral tablet* | 3 | |
| STROMECTOL ORAL TABLET | 3 | |
| ***Antibacterials*** | | |
| *amikacin sulfate injection solution 500 mg/2ml* | 3 | |
| *amoxicillin oral capsule* | 1 | |
| *amoxicillin oral suspension reconstituted* | 1 | |
| *amoxicillin oral tablet* | 1 | |
| *amoxicillin oral tablet chewable 125 mg, 250 mg* | 1 | |
| *amoxicillin-pot clavulanate er oral tablet extended release 12 hour* | 3 | |
| *amoxicillin-pot clavulanate oral suspension reconstituted* | 3 | |
| *amoxicillin-pot clavulanate oral tablet* | 1 | |
| *amoxicillin-pot clavulanate oral tablet chewable* | 3 | |
| *ampicillin oral capsule 500 mg* | 1 | |
| *ampicillin sodium injection solution reconstituted 1 gm, 2 gm* | 3 | |
| *ampicillin sodium intravenous solution reconstituted 10 gm* | 3 | |
| *ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm* | 3 | |
| *ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm* | 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 2 GM | 3 | |
| *azithromycin intravenous solution reconstituted* | 3 | |
| *azithromycin oral suspension reconstituted* | 1 | |
| *azithromycin oral tablet* | 1 | |
| *aztreonam injection solution reconstituted* | 3 | |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION | 3 | |
| BICILLIN C-R INTRAMUSCULAR SUSPENSION | 3 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| BLUJEPA ORAL TABLET | 3 | PA; QL (20 EA per 90 days) |
| CAYSTON INHALATION SOLUTION RECONSTITUTED | 3 | PA |
| *cefaclor er oral tablet extended release 12 hour* | 3 | |
| *cefaclor oral capsule* | 2 | |
| *cefaclor oral suspension reconstituted 250 mg/5ml* | 3 | |
| *cefadroxil oral capsule* | 1 | |
| *cefadroxil oral suspension reconstituted* | 2 | |
| *cefadroxil oral tablet* | 3 | |
| *cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg* | 3 | |
| *cefdinir oral capsule* | 1 | |
| *cefdinir oral suspension reconstituted* | 2 | |
| *cefepime hcl injection solution reconstituted 1 gm* | 3 | |
| *cefepime hcl intravenous solution reconstituted 2 gm* | 3 | |
| *cefixime oral capsule* | 3 | |
| *cefixime oral suspension reconstituted* | 3 | |
| *cefixime oral tablet* | 3 | |
| *cefotetan disodium injection solution reconstituted 1 gm, 2 gm* | 3 | |
| *cefoxitin sodium intravenous solution reconstituted* | 3 | |
| *cefpodoxime proxetil oral suspension reconstituted* | 3 | |
| *cefpodoxime proxetil oral tablet* | 2 | |
| *cefprozil oral suspension reconstituted* | 3 | |
| *cefprozil oral tablet* | 1 | |
| *ceftaroline fosamil intravenous solution reconstituted* | 3 | |
| *ceftazidime injection solution reconstituted 1 gm, 6 gm* | 3 | |
| *ceftazidime intravenous solution reconstituted* | 3 | |
| *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ceftriaxone sodium intravenous solution reconstituted 10 gm* | 3 | |
| *cefuroxime axetil oral tablet* | 1 | |
| *cefuroxime sodium injection solution reconstituted 750 mg* | 3 | |
| *cefuroxime sodium intravenous solution reconstituted 1.5 gm* | 3 | |
| *cephalexin oral capsule 250 mg, 500 mg* | 1 | |
| *cephalexin oral capsule 750 mg* | 3 | |
| *cephalexin oral suspension reconstituted* | 1 | |
| *cephalexin oral tablet* | 3 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | 3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | 3 | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg* | 1 | |
| *ciprofloxacin in d5w intravenous solution 200 mg/100ml* | 3 | |
| *clarithromycin er oral tablet extended release 24 hour* | 3 | |
| *clarithromycin oral suspension reconstituted* | 3 | |
| *clarithromycin oral tablet* | 1 | |
| CLEOCIN ORAL SOLUTION RECONSTITUTED | 3 | |
| *clindamycin hcl oral capsule* | 1 | |
| *clindamycin palmitate hcl oral solution reconstituted* | 3 | |
| *clindamycin phosphate in d5w intravenous solution* | 3 | |
| *clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml* | 3 | |
| *colistimethate sodium (cba) injection solution reconstituted* | 3 | |
| *dalbavancin hcl intravenous solution reconstituted* | 3 | PA |
| DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| *daptomycin intravenous solution reconstituted 350 mg* | 3 | |
| *daptomycin intravenous solution reconstituted 500 mg* | 1 | |
| *demeclocycline hcl oral tablet* | 3 | |
| *dicloxacillin sodium oral capsule* | 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 | |
| *doxycycline hyclate intravenous solution reconstituted* | 3 | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | 1 | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | 2 | |
| *doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg* | 3 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 1 | |
| *doxycycline monohydrate oral capsule 150 mg, 75 mg* | 3 | |
| *doxycycline monohydrate oral suspension reconstituted* | 3 | |
| *doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg* | 2 | |
| *doxycycline monohydrate oral tablet 150 mg* | 3 | |
| E.E.S. 400 ORAL TABLET | 3 | |
| *ertapenem sodium injection solution reconstituted* | 3 | |
| ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG | 3 | |
| *erythromycin base oral capsule delayed release particles* | 3 | |
| *erythromycin base oral tablet* | 3 | |
| *erythromycin ethylsuccinate oral suspension reconstituted* | 3 | |
| *erythromycin oral tablet delayed release* | 3 | |
| *fidaxomicin oral tablet* | 3 | QL (60 EA per 30 days) |
| FIRVANQ ORAL SOLUTION RECONSTITUTED | 3 | |
| *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-%* | 3 | |
| *gentamicin sulfate injection solution 40 mg/ml* | 3 | |
| *imipenem-cilastatin intravenous solution reconstituted* | 2 | |
| KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION | 3 | PA |
| *levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml* | 3 | |
| *levofloxacin oral solution* | 3 | |
| *levofloxacin oral tablet* | 1 | |
| *linezolid intravenous solution 600 mg/300ml* | 3 | |
| *linezolid oral suspension reconstituted* | 3 | QL (1680 ML per 28 days) |
| *linezolid oral tablet* | 3 | QL (56 EA per 28 days) |
| *meropenem intravenous solution reconstituted 1 gm* | 3 | |
| *meropenem intravenous solution reconstituted 500 mg* | 2 | |
| *minocycline hcl er oral tablet extended release 24 hour* | 3 | |
| *minocycline hcl oral capsule* | 1 | |
| *minocycline hcl oral tablet* | 3 | |
| *moxifloxacin hcl in nacl intravenous solution* | 3 | |
| *moxifloxacin hcl oral tablet* | 2 | |
| *nafcillin sodium injection solution reconstituted 1 gm, 2 gm* | 3 | |
| *nafcillin sodium intravenous solution reconstituted 10 gm* | 3 | |
| *neomycin sulfate oral tablet* | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| NUZYRA ORAL TABLET | 3 | PA |
| *ofloxacin oral tablet 400 mg* | 3 | |
| *oxacillin sodium in dextrose intravenous solution 2 gm/50ml* | 3 | |
| *oxacillin sodium injection solution reconstituted 1 gm, 2 gm* | 3 | |
| *oxacillin sodium intravenous solution reconstituted* | 3 | |
| *penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml* | 3 | |
| *penicillin g potassium injection solution reconstituted 20000000 unit* | 3 | |
| *penicillin g sodium injection solution reconstituted* | 3 | |
| *penicillin v potassium oral solution reconstituted* | 1 | |
| *penicillin v potassium oral tablet* | 1 | |
| *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* | 3 | |
| *polymyxin b sulfate injection solution reconstituted* | 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) |
| *streptomycin sulfate intramuscular solution reconstituted* | 1 | |
| *sulfadiazine oral tablet* | 3 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim oral tablet* | 1 | |
| *sulfasalazine oral tablet* | 1 | |
| *sulfasalazine oral tablet delayed release* | 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 | |
| *tetracycline hcl oral capsule* | 3 | |
| *tetracycline hcl oral tablet* | 3 | ST |
| *tigecycline intravenous solution reconstituted* | 3 | |
| TOBI INHALATION NEBULIZATION SOLUTION | 3 | PA |
| TOBI PODHALER INHALATION CAPSULE | 3 | PA |
| *tobramycin inhalation nebulization solution 300 mg/4ml* | 3 | PA |
| *tobramycin inhalation nebulization solution 300 mg/5ml* | 1 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml* | 3 | |
| TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| TYZAVAN INTRAVENOUS SOLUTION 1000 MG/200ML | 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 |
| VANCOCIN ORAL CAPSULE | 3 | |
| *vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg* | 3 | |
| *vancomycin hcl oral capsule* | 3 | |
| *vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml* | 3 | |
| XIFAXAN ORAL TABLET 200 MG | 2 | QL (9 EA per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 2 | PA |
| ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| ZEVTERA INTRAVENOUS SOLUTION RECONSTITUTED 667 MG | 3 | PA |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML | 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) |
| ***Antifungals*** | | |
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED | 3 | PA |
| *amphotericin b intravenous solution reconstituted* | 3 | PA |
| *amphotericin b liposome intravenous suspension reconstituted* | 3 | PA |
| ANCOBON ORAL CAPSULE | 3 | |
| *caspofungin acetate intravenous solution reconstituted* | 3 | |
| CRESEMBA ORAL CAPSULE | 3 | PA |
| DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML | 3 | |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED | 3 | |
| *fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluconazole oral suspension reconstituted* | 1 | |
| *fluconazole oral tablet* | 1 | |
| *flucytosine oral capsule 250 mg* | 3 | |
| *flucytosine oral capsule 500 mg* | 1 | |
| *griseofulvin microsize oral suspension* | 3 | |
| *griseofulvin microsize oral tablet* | 3 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | 3 | |
| *griseofulvin ultramicrosize oral tablet 165 mg* | 3 | ST |
| *itraconazole oral capsule* | 3 | |
| *itraconazole oral solution* | 3 | |
| *ketoconazole oral tablet* | 1 | |
| *micafungin sodium intravenous solution reconstituted* | 3 | |
| NOXAFIL ORAL PACKET | 3 | PA |
| *nystatin mouth/throat suspension 100000 unit/ml* | 1 | |
| *nystatin oral tablet* | 2 | |
| *posaconazole oral suspension* | 3 | PA |
| *posaconazole oral tablet delayed release* | 1 | PA |
| *terbinafine hcl oral tablet* | 1 | |
| *tolsura oral capsule* | 3 | |
| VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED | 3 | PA |
| VFEND ORAL SUSPENSION RECONSTITUTED | 3 | PA |
| VIVJOA ORAL CAPSULE THERAPY PACK | 3 | PA |
| *voriconazole intravenous solution reconstituted* | 3 | PA |
| *voriconazole oral suspension reconstituted* | 3 | PA |
| *voriconazole oral tablet* | 3 | PA |
| ***Antimycobacterials*** | | |
| *cycloserine oral capsule* | 3 | |
| *dapsone oral tablet* | 2 | |
| *ethambutol hcl oral tablet* | 2 | |
| *isoniazid oral syrup* | 3 | |
| *isoniazid oral tablet* | 1 | |
| *pretomanid oral tablet* | 3 | PA |
| PRIFTIN ORAL TABLET | 3 | |
| *pyrazinamide oral tablet* | 3 | |
| *rifabutin oral capsule* | 3 | |
| *rifampin intravenous solution reconstituted* | 1 | |
| *rifampin oral capsule* | 2 | |
| *rifapentine oral tablet* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SIRTURO ORAL TABLET | 3 | PA |
| ***Antiprotozoals*** | | |
| *atovaquone oral suspension* | 1 | |
| *atovaquone-proguanil hcl oral tablet* | 3 | |
| *benznidazole oral tablet* | 3 | |
| *chloroquine phosphate oral tablet* | 3 | |
| COARTEM ORAL TABLET | 3 | |
| DARAPRIM ORAL TABLET | 3 | |
| HUMATIN ORAL CAPSULE | 3 | |
| *hydroxychloroquine sulfate oral tablet* | 1 | |
| KRINTAFEL ORAL TABLET | 3 | |
| LAMPIT ORAL TABLET | 3 | |
| MALARONE ORAL TABLET | 3 | |
| *mefloquine hcl oral tablet* | 3 | |
| MEPRON ORAL SUSPENSION | 3 | |
| *metronidazole intravenous solution 500 mg/100ml* | 1 | |
| *metronidazole oral capsule* | 3 | |
| *metronidazole oral tablet* | 1 | |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED | 3 | PA |
| *nitazoxanide oral tablet* | 1 | |
| PENTAM INJECTION SOLUTION RECONSTITUTED | 3 | |
| *pentamidine isethionate inhalation solution reconstituted* | 3 | PA |
| *pentamidine isethionate injection solution reconstituted* | 3 | |
| PLAQUENIL ORAL TABLET | 3 | |
| *primaquine phosphate oral tablet 26.3 (15 base) mg* | 2 | |
| *pyrimethamine oral tablet* | 3 | |
| *quinine sulfate oral capsule* | 3 | PA |
| SOLOSEC ORAL PACKET | 3 | |
| SOVUNA ORAL TABLET | 3 | |
| *tinidazole oral tablet 250 mg* | 3 | |
| *tinidazole oral tablet 500 mg* | 2 | |
| ***Antivirals*** | | |
| *abacavir sulfate oral solution* | 3 | |
| *abacavir sulfate oral tablet* | 3 | QL (60 EA per 30 days) |
| *abacavir sulfate-lamivudine oral tablet* | 3 | QL (30 EA per 30 days) |
| *acyclovir oral capsule* | 1 | |
| *acyclovir oral suspension 200 mg/5ml* | 3 | |
| *acyclovir oral tablet* | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *acyclovir sodium intravenous solution* | 3 | PA |
| *adefovir dipivoxil oral tablet* | 3 | QL (30 EA per 30 days) |
| APTIVUS ORAL CAPSULE | 3 | QL (120 EA per 30 days) |
| *atazanavir sulfate oral capsule 150 mg, 300 mg* | 3 | QL (30 EA per 30 days) |
| *atazanavir sulfate oral capsule 200 mg* | 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) |
| *darunavir oral tablet 600 mg* | 3 | QL (60 EA per 30 days) |
| *darunavir oral tablet 800 mg* | 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) |
| EDURANT PED ORAL TABLET SOLUBLE | 3 | QL (180 EA per 30 days) |
| *efavirenz oral tablet* | 3 | QL (30 EA per 30 days) |
| *efavirenz-emtricitab-tenofo df oral tablet* | 3 | QL (30 EA per 30 days) |
| *efavirenz-lamivudine-tenofovir oral tablet* | 1 | |
| *emtricitabine oral capsule* | 3 | QL (30 EA per 30 days) |
| *emtricitabine-tenofovir df oral tablet* | 3 | QL (30 EA per 30 days) |
| *emtricitab-rilpivir-tenofov df oral tablet* | 3 | QL (30 EA per 30 days) |
| EMTRIVA ORAL SOLUTION | 3 | |
| *entecavir oral tablet* | 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) |
| 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) |
| *etravirine oral tablet 100 mg* | 3 | QL (120 EA per 30 days) |
| *etravirine oral tablet 200 mg* | 3 | QL (60 EA per 30 days) |
| EVOTAZ ORAL TABLET | 3 | QL (30 EA per 30 days) |
| *famciclovir oral tablet* | 2 | |
| *fosamprenavir calcium oral tablet* | 1 | QL (120 EA per 30 days) |
| GENVOYA ORAL TABLET | 3 | QL (30 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| HEPCLUDEX SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL (30 EA per 30 days) |
| IDVYNSO ORAL TABLET | 3 | QL (30 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) |
| *lamivudine oral solution 10 mg/ml* | 2 | |
| *lamivudine oral tablet 100 mg* | 2 | |
| *lamivudine oral tablet 150 mg* | 2 | QL (60 EA per 30 days) |
| *lamivudine oral tablet 300 mg* | 2 | QL (30 EA per 30 days) |
| *lamivudine-zidovudine oral tablet* | 3 | QL (60 EA per 30 days) |
| *ledipasvir-sofosbuvir oral tablet* | 3 | PA; QL (168 EA per 365 days) |
| LIVTENCITY ORAL TABLET | 3 | PA; QL (360 EA per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* | 3 | QL (240 EA per 30 days) |
| *lopinavir-ritonavir oral tablet 200-50 mg* | 3 | QL (120 EA per 30 days) |
| *maraviroc oral tablet* | 3 | |
| MAVYRET ORAL PACKET | 3 | PA; QL (560 EA per 365 days) |
| MAVYRET ORAL TABLET | 3 | PA; QL (336 EA per 365 days) |
| *nevirapine er oral tablet extended release 24 hour 400 mg* | 3 | QL (30 EA per 30 days) |
| *nevirapine oral suspension* | 3 | |
| *nevirapine oral tablet* | 1 | QL (60 EA per 30 days) |
| NORVIR ORAL TABLET | 3 | QL (360 EA per 30 days) |
| ODEFSEY ORAL TABLET | 3 | QL (30 EA per 30 days) |
| *oseltamivir phosphate oral capsule 30 mg* | 2 | QL (60 EA per 30 days) |
| *oseltamivir phosphate oral capsule 45 mg, 75 mg* | 2 | QL (30 EA per 30 days) |
| *oseltamivir phosphate oral suspension reconstituted* | 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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| PREVYMIS ORAL PACKET | 3 | QL (120 EA per 30 days) |
| PREVYMIS ORAL TABLET | 3 | QL (28 EA per 28 days) |
| PREZCOBIX ORAL TABLET | 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 | |
| *ribavirin oral capsule* | 3 | |
| *ribavirin oral tablet 200 mg* | 2 | |
| *rilpivirine hcl oral tablet* | 3 | QL (30 EA per 30 days) |
| *rimantadine hcl oral tablet* | 3 | |
| *ritonavir oral tablet* | 2 | QL (360 EA per 30 days) |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | QL (60 EA per 30 days) |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 3 | |
| *sofosbuvir-velpatasvir oral tablet* | 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 75 MG | 3 | QL (30 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | 3 | QL (540 ML per 30 days) |
| *tenofovir disoproxil fumarate oral tablet* | 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) |
| *triumeq pd oral tablet soluble* | 3 | QL (180 EA per 30 days) |
| TRUVADA ORAL TABLET | 2 | QL (30 EA per 30 days) |
| *valacyclovir hcl oral tablet 1 gm* | 1 | QL (90 EA per 30 days) |
| *valacyclovir hcl oral tablet 500 mg* | 1 | QL (60 EA per 30 days) |
| VALCYTE ORAL SOLUTION RECONSTITUTED | 3 | |
| *valganciclovir hcl oral solution reconstituted* | 3 | |
| *valganciclovir hcl oral tablet* | 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 | |
| VIREAD ORAL TABLET | 3 | QL (30 EA per 30 days) |
| VOSEVI ORAL TABLET | 3 | PA |
| XOCOVA ORAL TABLET | 3 | QL (14 EA per 365 days) |
| 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) |
| ZIAGEN ORAL SOLUTION | 3 | |
| *zidovudine oral capsule* | 3 | |
| *zidovudine oral syrup* | 2 | |
| *zidovudine oral tablet* | 2 | QL (60 EA per 30 days) |
| ***Urinary Anti-Infectives*** | | |
| *fosfomycin tromethamine oral packet* | 3 | |
| MACROBID ORAL CAPSULE | 3 | |
| *methenamine hippurate oral tablet* | 3 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | 1 | |
| *nitrofurantoin macrocrystal oral capsule 25 mg* | 3 | |
| *nitrofurantoin monohyd macro oral capsule* | 2 | |
| *nitrofurantoin oral suspension 25 mg/5ml, 50 mg/5ml* | 3 | |
| ORLYNVAH ORAL TABLET | 3 | PA; QL (10 EA per 90 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *trimethoprim oral tablet* | 2 | |
| **Antineoplastic Agents** | | |
| ***Antineoplastic Agents*** | | |
| *abiraterone acetate oral tablet 250 mg* | 3 | PA; QL (120 EA per 30 days) |
| *abiraterone acetate oral tablet 500 mg* | 3 | PA; QL (60 EA per 30 days) |
| ABIRTEGA ORAL TABLET | 2 | PA; QL (120 EA per 30 days) |
| 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 | PA; QL (28 EA per 28 days) |
| BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL (1 ML per 28 days) |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (2 ML per 28 days) |
| *bexarotene oral capsule* | 3 | PA |
| *bicalutamide oral tablet* | 1 | QL (30 EA per 30 days) |
| 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) |
| *bosutinib oral tablet 400 mg* | 3 | PA; QL (30 EA per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 3 | PA; QL (180 EA per 30 days) |
| BRUKINSA ORAL TABLET | 3 | PA; QL (60 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 | ST; QL (30 EA per 30 days) |
| 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 |
| *cyclophosphamide oral capsule* | 2 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cyclophosphamide oral tablet 50 mg* | 3 | PA |
| DANZITEN ORAL TABLET | 3 | PA |
| *dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg* | 3 | PA; QL (30 EA per 30 days) |
| *dasatinib oral tablet 20 mg* | 3 | PA; QL (90 EA per 30 days) |
| DAURISMO ORAL TABLET | 3 | PA |
| DROXIA ORAL CAPSULE | 3 | |
| ENSACOVE ORAL CAPSULE | 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) |
| *erlotinib hcl oral tablet* | 3 | PA |
| EULEXIN ORAL CAPSULE | 3 | |
| *everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 3 | PA; QL (30 EA per 30 days) |
| *everolimus oral tablet soluble* | 3 | PA |
| FOTIVDA ORAL CAPSULE | 3 | PA; QL (21 EA per 28 days) |
| FRUZAQLA ORAL CAPSULE | 3 | PA; QL (21 EA per 28 days) |
| *gefitinib oral tablet* | 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 |
| GOMEKLI ORAL CAPSULE | 3 | PA |
| GOMEKLI ORAL TABLET SOLUBLE | 3 | PA |
| HERNEXEOS ORAL TABLET | 3 | PA |
| HYDREA ORAL CAPSULE | 3 | |
| *hydroxyurea oral capsule* | 1 | |
| HYRNUO ORAL TABLET | 3 | PA |
| IBRANCE ORAL CAPSULE 125 MG | 3 | PA; QL (21 EA per 28 days) |
| IBRANCE ORAL TABLET | 3 | PA; QL (21 EA per 28 days) |
| IBTROZI ORAL CAPSULE | 3 | PA |
| ICLUSIG ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| IDHIFA ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| *imatinib mesylate oral tablet* | 2 | 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) |
| *imkeldi oral solution* | 3 | PA |
| INLURIYO ORAL TABLET | 3 | PA; QL (90 EA per 30 days) |
| INLYTA ORAL TABLET | 3 | PA; QL (120 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL (30 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) |
| JIDEYTRO ORAL TABLET 100 MG | 3 | PA; QL (30 EA per 30 days) |
| JIDEYTRO ORAL TABLET 25 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) |
| KOMZIFTI ORAL CAPSULE | 3 | PA; QL (90 EA per 30 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 3 | PA; QL (240 EA per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 3 | PA; QL (120 EA per 30 days) |
| KOSELUGO ORAL CAPSULE SPRINKLE 5 MG | 3 | PA; QL (600 EA per 30 days) |
| KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG | 3 | PA; QL (360 EA per 30 days) |
| KRAZATI ORAL TABLET | 3 | PA; QL (180 EA per 30 days) |
| *lapatinib ditosylate oral tablet* | 1 | PA |
| LAZCLUZE ORAL TABLET | 3 | PA |
| *lenalidomide oral capsule* | 3 | PA; QL (30 EA per 30 days) |
| 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) |
| 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; QL (60 EA per 30 days) |
| LEUKERAN ORAL TABLET | 3 | |
| LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; QL (18 EA per 28 days) |
| LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; QL (27 EA per 28 days) |
| *lomustine oral capsule* | 3 | PA |
| LONSURF ORAL TABLET | 3 | PA; QL (240 EA per 30 days) |
| LORBRENA ORAL TABLET 100 MG | 3 | PA; QL (30 EA per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 3 | PA; QL (90 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) |
| *mercaptopurine oral suspension* | 3 | |
| *mercaptopurine oral tablet* | 2 | |
| *methotrexate sodium (pf) injection solution 50 mg/2ml* | 1 | |
| *methotrexate sodium injection solution 50 mg/2ml* | 1 | |
| *methotrexate sodium oral tablet* | 1 | |
| MODEYSO ORAL CAPSULE | 3 | PA |
| NERLYNX ORAL TABLET | 3 | PA; QL (180 EA per 30 days) |
| NEXAVAR ORAL TABLET | 3 | PA |
| *nilotinib d-tartrate oral capsule* | 3 | PA; QL (112 EA per 28 days) |
| *nilotinib hcl oral capsule* | 3 | PA; QL (112 EA per 28 days) |
| *nilutamide oral tablet* | 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) |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 3 | PA |
| OJEMDA ORAL SUSPENSION RECONSTITUTED | 3 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| *pazopanib hcl oral tablet 200 mg* | 3 | PA; QL (120 EA per 30 days) |
| PEMAZYRE ORAL TABLET | 3 | PA; QL (28 EA per 28 days) |
| PHYRAGO ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG | 3 | PA; QL (30 EA per 30 days) |
| PHYRAGO ORAL TABLET 20 MG | 3 | PA; QL (90 EA per 30 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) |
| *pomalidomide oral capsule* | 3 | PA; QL (30 EA per 30 days) |
| POMALYST ORAL CAPSULE | 3 | PA; QL (30 EA per 30 days) |
| 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; QL (30 EA per 30 days) |
| REVUFORJ ORAL TABLET | 3 | PA |
| REZLIDHIA ORAL CAPSULE | 3 | PA; QL (60 EA per 30 days) |
| ROMVIMZA ORAL CAPSULE | 3 | PA; QL (8 EA per 28 days) |
| 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; QL (240 EA per 30 days) |
| SIKLOS ORAL TABLET | 3 | |
| *sorafenib tosylate oral tablet* | 3 | PA; QL (120 EA per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG | 3 | PA; QL (30 EA per 30 days) |
| SPRYCEL ORAL TABLET 20 MG | 3 | PA; QL (90 EA per 30 days) |
| STIVARGA ORAL TABLET | 3 | PA; QL (84 EA per 28 days) |
| *sunitinib malate oral capsule* | 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TAFINLAR ORAL CAPSULE | 3 | PA; QL (120 EA per 30 days) |
| TAFINLAR ORAL TABLET SOLUBLE | 3 | PA |
| TAGRISSO ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| TALZENNA ORAL CAPSULE | 3 | PA; QL (30 EA per 30 days) |
| TARGRETIN ORAL CAPSULE | 3 | PA |
| TASIGNA ORAL CAPSULE | 3 | PA; QL (112 EA per 28 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 |
| *tretinoin oral capsule* | 1 | |
| TREXALL ORAL TABLET | 3 | PA |
| TRUQAP ORAL TABLET 200 MG | 3 | PA; QL (64 EA per 28 days) |
| TRUQAP ORAL TABLET THERAPY PACK 160 MG | 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) |
| VONJO ORAL CAPSULE | 3 | PA; QL (120 EA per 30 days) |
| VORANIGO ORAL TABLET | 3 | PA |
| VOTRIENT ORAL TABLET | 3 | PA; QL (120 EA per 30 days) |
| 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; QL (16 EA per 28 days) |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 3 | PA; QL (8 EA per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG | 3 | PA; QL (4 EA per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK | 3 | PA; QL (32 EA per 28 days) |
| 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; QL (240 EA per 30 days) |
| YULITHIRA ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| ZEJULA ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| ZELBORAF ORAL TABLET | 3 | PA; QL (240 EA per 30 days) |
| ZENBEXUS ORAL CAPSULE | 3 | PA; QL (21 EA per 28 days) |
| ZOLINZA ORAL CAPSULE | 3 | PA |
| ZYKADIA ORAL TABLET | 3 | PA |
| ZYTIGA ORAL TABLET 250 MG | 3 | PA; QL (120 EA per 30 days) |
| ZYTIGA ORAL TABLET 500 MG | 3 | PA |
| **Antineoplastics** | | |
| ***Antineoplastics, Other*** | | |
| GAVRETO ORAL CAPSULE | 3 | PA; QL (120 EA per 30 days) |
| **Antitoxins, Immune Globulins, Toxoids, And Vaccines** | | |
| ***Allergenic Extracts*** | | |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL | 2 | PA |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL | 3 | PA |
| ***Antitoxins And Immune Globulins*** | | |
| BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML | 3 | PA |
| GAMMAGARD ERC INJECTION SOLUTION | 3 | PA |
| GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 5 GM/50ML | 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML | 3 | PA |
| PANZYGA INTRAVENOUS SOLUTION | 3 | PA |
| PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML | 3 | PA |
| *qivigy intravenous solution* | 3 | PA |
| YIMMUGO INTRAVENOUS SOLUTION | 3 | PA |
| ***Toxoids*** | | |
| ADACEL INTRAMUSCULAR SUSPENSION | 1 | |
| ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 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) |
| *bcg vaccine injection solution reconstituted* | 1 | |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 1 | PA |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE | 1 | PA |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | 1 | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML | 1 | |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML | 3 | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 1 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HIBERIX INJECTION SOLUTION RECONSTITUTED | 3 | |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | 1 | |
| IPOL INJECTION SUSPENSION | 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 | |
| PEDVAXHIB INTRAMUSCULAR SUSPENSION | 3 | |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | 1 | |
| *penmenvy 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 PREFILLED SYRINGE | 1 | |
| 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 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 1 | |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML | 3 | |
| VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 1 | |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML | 3 | |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/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 SUSPENSION RECONSTITUTED | 1 | |
| **Antivirals** | | |
| ***Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)*** | | |
| EMTRIVA ORAL CAPSULE | 3 | QL (30 EA per 30 days) |
| **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) |
| *chlordiazepoxide-clidinium oral capsule* | 3 | PA |
| CUVPOSA ORAL SOLUTION | 3 | |
| *dicyclomine hcl oral capsule* | 1 | |
| *dicyclomine hcl oral solution 10 mg/5ml* | 3 | |
| *dicyclomine hcl oral tablet 20 mg* | 1 | |
| *dicyclomine hcl oral tablet 40 mg* | 3 | PA; QL (120 EA per 30 days) |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | QL (2 EA per 30 days) |
| GLYCATE ORAL TABLET | 3 | |
| *glycopyrrolate oral solution 1 mg/5ml* | 3 | |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 1 | |
| *glycopyrrolate oral tablet 1.5 mg* | 3 | |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | 2 | QL (30 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ipratropium bromide hfa inhalation aerosol solution* | 3 | PA; QL (25.8 GM per 30 days) |
| *ipratropium bromide inhalation solution* | 1 | PA |
| *ipratropium bromide nasal solution* | 1 | |
| LIBRAX ORAL CAPSULE | 3 | PA |
| *methscopolamine bromide oral tablet* | 3 | |
| SPIRIVA HANDIHALER INHALATION CAPSULE | 2 | QL (30 EA per 30 days) |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION | 2 | QL (4 GM per 30 days) |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION | 2 | QL (4 GM per 30 days) |
| *tiotropium bromide inhalation capsule* | 3 | ST; QL (30 EA per 30 days) |
| TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR | 3 | |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | ST |
| *umeclidinium ellipta inhalation aerosol powder breath activated* | 3 | PA; QL (30 EA per 30 days) |
| *umeclidinium-vilanterol inhalation aerosol powder breath activated* | 3 | PA |
| YUPELRI INHALATION NEBULIZATION SOLUTION | 3 | PA |
| ***Autonomic Drugs, Miscellaneous*** | | |
| CHANTIX ORAL TABLET 1 MG | 3 | QL (504 EA per 365 days) |
| *varenicline tartrate oral tablet* | 3 | QL (504 EA per 365 days) |
| *varenicline tartrate(continue) oral tablet* | 3 | QL (504 EA per 365 days) |
| ***Parasympathomimetic (Cholinergic) Agents*** | | |
| ARICEPT ORAL TABLET | 3 | |
| *bethanechol chloride oral tablet* | 1 | |
| *cevimeline hcl oral capsule* | 3 | |
| *donepezil hcl oral tablet 10 mg, 5 mg* | 1 | |
| *donepezil hcl oral tablet 23 mg* | 3 | |
| *donepezil hcl oral tablet dispersible* | 1 | |
| EVOXAC ORAL CAPSULE | 3 | |
| EXELON TRANSDERMAL PATCH 24 HOUR | 3 | |
| *galantamine hydrobromide er oral capsule extended release 24 hour* | 3 | |
| *galantamine hydrobromide oral solution* | 3 | |
| *galantamine hydrobromide oral tablet* | 1 | |
| MESTINON ORAL SOLUTION | 3 | |
| MESTINON ORAL TABLET | 3 | |
| MESTINON ORAL TABLET EXTENDED RELEASE | 3 | |
| *pilocarpine hcl oral tablet* | 3 | |
| *pyridostigmine bromide er oral tablet extended release* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pyridostigmine bromide oral solution* | 3 | |
| *pyridostigmine bromide oral tablet 30 mg* | 3 | |
| *pyridostigmine bromide oral tablet 60 mg* | 2 | |
| *rivastigmine tartrate oral capsule* | 2 | |
| *rivastigmine transdermal patch 24 hour* | 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 |
| *baclofen oral solution 10 mg/5ml, 5 mg/5ml* | 3 | PA |
| *baclofen oral suspension* | 3 | PA |
| *baclofen oral tablet* | 1 | |
| *carisoprodol oral tablet 250 mg* | 2 | PA |
| *carisoprodol oral tablet 350 mg* | 1 | PA |
| *chlorzoxazone oral tablet* | 3 | PA |
| *cyclobenzaprine hcl er oral capsule extended release 24 hour* | 3 | PA |
| *cyclobenzaprine hcl oral tablet 10 mg, 5 mg* | 1 | PA |
| *cyclobenzaprine hcl oral tablet 7.5 mg* | 3 | PA |
| DANTRIUM ORAL CAPSULE 25 MG | 3 | |
| *dantrolene sodium oral capsule* | 3 | |
| FEXMID ORAL TABLET | 3 | PA |
| FLEQSUVY ORAL SUSPENSION | 3 | PA |
| *metaxalone oral tablet 400 mg, 640 mg* | 3 | PA |
| *metaxalone oral tablet 800 mg* | 2 | PA |
| *methocarbamol oral tablet 1000 mg* | 3 | PA |
| *methocarbamol oral tablet 500 mg, 750 mg* | 1 | |
| ONTRALFY ORAL SOLUTION | 3 | PA |
| *orphenadrine citrate er oral tablet extended release 12 hour* | 3 | PA |
| OZOBAX DS ORAL SOLUTION | 3 | PA |
| SOMA ORAL TABLET | 3 | PA |
| TANLOR ORAL TABLET | 3 | PA |
| *tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg* | 1 | |
| *tizanidine hcl oral capsule 8 mg* | 3 | PA |
| *tizanidine hcl oral tablet* | 1 | |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG | 3 | |
| ZANAFLEX ORAL CAPSULE 8 MG | 3 | PA |
| ZANAFLEX ORAL TABLET | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Smoking Cessation Agents*** | | |
| CHANTIX CONTINUING MONTH PAK ORAL TABLET | 3 | QL (504 EA per 365 days) |
| CHANTIX ORAL TABLET 0.5 MG | 3 | QL (504 EA per 365 days) |
| CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK | 3 | QL (504 EA per 365 days) |
| NICOTROL NS NASAL SOLUTION | 3 | |
| *varenicline tartrate (starter) oral tablet therapy pack* | 3 | QL (504 EA per 365 days) |
| ***Sympatholytic (Adrenergic Blocking) Agents*** | | |
| *alfuzosin hcl er oral tablet extended release 24 hour* | 2 | |
| BREKIYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL (24 ML per 28 days) |
| *dihydroergotamine mesylate nasal solution* | 3 | QL (8 ML per 28 days) |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL | 3 | |
| *phenoxybenzamine hcl oral capsule* | 3 | |
| *silodosin oral capsule* | 3 | |
| *tamsulosin hcl oral capsule* | 1 | |
| TRUDHESA NASAL AEROSOL SOLUTION | 3 | QL (12 ML per 28 days) |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| ***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 | 2 | 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 | |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | 2 | QL (8 GM per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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) |
| *midodrine hcl oral tablet* | 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) |
| *terbutaline sulfate oral tablet* | 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*** | | |
| *tranexamic acid oral tablet* | 2 | |
| ***Antithrombotic Agents*** | | |
| ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE | 2 | QL (420 EA per 28 days) |
| ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE | 2 | QL (560 EA per 28 days) |
| ELIQUIS ORAL CAPSULE SPRINKLE | 2 | QL (84 EA per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ELIQUIS ORAL TABLET SOLUBLE | 2 | QL (140 EA per 28 days) |
| ORMALVI ORAL TABLET | 3 | PA |
| *rivaroxaban oral suspension reconstituted* | 2 | QL (600 ML per 30 days) |
| *rivaroxaban oral tablet* | 2 | QL (60 EA per 30 days) |
| ***Blood Formation, Coagulation, And Thrombosis Agents Misc.*** | | |
| WAYRILZ ORAL TABLET | 3 | PA; 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) |
| DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE | 3 | PA |
| *eltrombopag olamine oral packet 12.5 mg* | 3 | PA; QL (360 EA per 30 days) |
| *eltrombopag olamine oral packet 25 mg* | 3 | PA; QL (180 EA per 30 days) |
| *eltrombopag olamine oral tablet 12.5 mg* | 3 | PA; QL (360 EA per 30 days) |
| *eltrombopag olamine oral tablet 25 mg* | 3 | PA; QL (180 EA per 30 days) |
| *eltrombopag olamine oral tablet 50 mg* | 3 | PA; QL (90 EA per 30 days) |
| *eltrombopag olamine oral tablet 75 mg* | 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) |
| ***Hemorrheologic Agents*** | | |
| *pentoxifylline er oral tablet extended release* | 3 | |
| **Blood Formation,Coagulation & Thrombosis** | | |
| ***Antithrombotic Agents*** | | |
| AGRYLIN ORAL CAPSULE | 3 | |
| *anagrelide hcl oral capsule* | 3 | |
| ARIXTRA SUBCUTANEOUS SOLUTION | 3 | |
| *aspirin-dipyridamole er oral capsule extended release 12 hour* | 3 | |
| BRILINTA ORAL TABLET | 3 | |
| CABLIVI INJECTION KIT | 3 | QL (30 EA per 30 days) |
| *cilostazol oral tablet* | 1 | |
| *clopidogrel bisulfate oral tablet 300 mg* | 3 | QL (30 EA per 30 days) |
| *clopidogrel bisulfate oral tablet 75 mg* | 1 | QL (30 EA per 30 days) |
| *dabigatran etexilate mesylate oral capsule* | 3 | QL (60 EA per 30 days) |
| EFFIENT ORAL TABLET | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| *enoxaparin sodium injection solution prefilled syringe* | 3 | |
| *fondaparinux sodium subcutaneous solution* | 3 | |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML | 3 | |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | |
| *heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml* | 2 | |
| JANTOVEN ORAL TABLET | 1 | |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE | 3 | |
| PLAVIX ORAL TABLET 75 MG | 3 | QL (30 EA per 30 days) |
| PRADAXA ORAL CAPSULE | 3 | ST; QL (60 EA per 30 days) |
| *prasugrel hcl oral tablet* | 2 | |
| SAVAYSA ORAL TABLET | 3 | ST |
| *ticagrelor oral tablet* | 2 | |
| *warfarin sodium oral tablet* | 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) |
| ***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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 300 MCG/ML | 2 | |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | |
| 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) |
| PROMACTA ORAL TABLET 75 MG | 3 | PA; QL (60 EA per 30 days) |
| *releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml* | 2 | |
| *releuko subcutaneous solution prefilled syringe 480 mcg/0.8ml* | 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 |
| ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | ST; QL (2.4 ML per 28 days) |
| STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | ST; QL (2.4 ML per 28 days) |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | QL (2.4 ML per 28 days) |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | QL (2.4 ML per 28 days) |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | ST; QL (2.4 ML per 28 days) |
| **Blood Formation,Coagulation + Thrombosis Agents** | | |
| ***Blood Formation, Coagulation, And Thrombosis Agents Misc.*** | | |
| AQVESME ORAL TABLET | 3 | PA; QL (56 EA per 28 days) |
| ***Hematopoietic Agents*** | | |
| ARMLUPEG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | ST; QL (2.4 ML per 28 days) |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML (1 ML) | 3 | PA |
| **Blood Formation,Coagulation + Thrombosis** | | |
| ***Antithrombotic Agents*** | | |
| PRADAXA ORAL PACKET | 3 | ST; QL (120 EA per 30 days) |
| **Cardiovascular Drugs** | | |
| ***Alpha-Adrenergic Blocking Agents*** | | |
| CARDURA ORAL TABLET | 3 | |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| *doxazosin mesylate oral tablet* | 1 | |
| *prazosin hcl oral capsule 1 mg, 2 mg* | 1 | |
| *prazosin hcl oral capsule 5 mg* | 3 | |
| *terazosin hcl oral capsule* | 2 | |
| ***Antilipemic Agents*** | | |
| ATORVALIQ ORAL SUSPENSION | 3 | ST; QL (600 ML per 30 days) |
| *atorvastatin calcium oral tablet* | 1 | QL (30 EA per 30 days) |
| *cholestyramine light oral packet* | 3 | |
| *cholestyramine oral packet* | 2 | |
| *colesevelam hcl oral packet* | 3 | |
| *colesevelam hcl oral tablet* | 2 | |
| COLESTID ORAL TABLET | 3 | |
| *colestipol hcl oral packet* | 3 | |
| *colestipol hcl oral tablet* | 2 | |
| CRESTOR ORAL TABLET | 3 | ST; QL (30 EA per 30 days) |
| *ezetimibe oral tablet* | 1 | QL (30 EA per 30 days) |
| *ezetimibe-simvastatin oral tablet* | 1 | QL (30 EA per 30 days) |
| *fenofibrate micronized oral capsule 130 mg, 43 mg* | 3 | |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | 2 | |
| *fenofibrate oral capsule 150 mg, 50 mg* | 3 | |
| *fenofibrate oral tablet 120 mg, 40 mg* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg* | 1 | |
| *fenofibric acid oral capsule delayed release* | 2 | |
| *flolipid oral suspension 20 mg/5ml* | 3 | ST; QL (225 ML per 30 days) |
| *flolipid oral suspension 40 mg/5ml* | 3 | ST; QL (150 ML per 30 days) |
| *fluvastatin sodium er oral tablet extended release 24 hour* | 1 | |
| *fluvastatin sodium oral capsule* | 1 | |
| *gemfibrozil oral tablet* | 1 | |
| *icosapent ethyl oral capsule* | 3 | |
| JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG | 3 | PA |
| LEROCHOL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (1.2 ML per 28 days) |
| 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 | |
| *lovastatin oral tablet 10 mg* | 1 | QL (30 EA per 30 days) |
| *lovastatin oral tablet 20 mg, 40 mg* | 1 | QL (60 EA per 30 days) |
| LOVAZA ORAL CAPSULE | 3 | |
| NEXLETOL ORAL TABLET | 3 | PA |
| NEXLIZET ORAL TABLET | 3 | PA |
| *niacin (antihyperlipidemic) oral tablet* | 3 | |
| *niacin er (antihyperlipidemic) oral tablet extended release* | 2 | |
| NIACOR ORAL TABLET | 3 | |
| *omega-3-acid ethyl esters oral capsule* | 2 | |
| *pitavastatin calcium oral tablet* | 1 | |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; QL (2 ML per 28 days) |
| *pravastatin sodium oral tablet* | 1 | QL (30 EA per 30 days) |
| PREVALITE ORAL PACKET | 3 | |
| QUESTRAN LIGHT ORAL POWDER | 3 | |
| QUESTRAN ORAL POWDER | 1 | |
| REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (0.5 ML per 84 days) |
| 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) |
| *rosuvastatin calcium oral tablet* | 1 | QL (30 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *simvastatin oral tablet 10 mg, 20 mg, 5 mg* | 1 | QL (45 EA per 30 days) |
| *simvastatin oral tablet 40 mg, 80 mg* | 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*** | | |
| *acebutolol hcl oral capsule* | 1 | |
| *atenolol oral tablet* | 1 | |
| *atenolol-chlorthalidone oral tablet* | 1 | |
| BETAPACE AF ORAL TABLET | 3 | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | 3 | |
| *betaxolol hcl oral tablet* | 3 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 1 | |
| *bisoprolol fumarate oral tablet 2.5 mg* | 3 | |
| *bisoprolol-hydrochlorothiazide oral tablet* | 1 | |
| BYSTOLIC ORAL TABLET | 3 | |
| *carvedilol oral tablet* | 1 | |
| *carvedilol phosphate er oral capsule extended release 24 hour* | 3 | |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| COREG ORAL TABLET | 3 | |
| HEMANGEOL ORAL SOLUTION | 3 | |
| INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| *labetalol hcl oral tablet 100 mg, 200 mg, 300 mg* | 1 | |
| *labetalol hcl oral tablet 400 mg* | 3 | |
| LOPRESSOR ORAL SOLUTION | 3 | PA |
| LOPRESSOR ORAL TABLET | 3 | |
| *metoprolol succinate er oral tablet extended release 24 hour* | 1 | |
| *metoprolol tartrate oral tablet* | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metoprolol-hydrochlorothiazide oral tablet* | 1 | |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | 3 | |
| *nebivolol hcl oral tablet* | 2 | |
| *pindolol oral tablet* | 3 | |
| *propranolol hcl er oral capsule extended release 24 hour* | 1 | |
| *propranolol hcl oral solution* | 1 | |
| *propranolol hcl oral tablet* | 1 | |
| *sotalol hcl (af) oral tablet* | 1 | |
| *sotalol hcl oral tablet* | 1 | |
| SOTYLIZE ORAL SOLUTION | 3 | |
| TENORMIN ORAL TABLET | 3 | |
| *timolol maleate oral tablet* | 3 | |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| ***Calcium-Channel Blocking Agents*** | | |
| *amlodipine besy-benazepril hcl oral capsule* | 1 | |
| *amlodipine besylate oral tablet* | 1 | |
| *amlodipine besylate-valsartan oral tablet* | 1 | |
| *amlodipine-atorvastatin oral tablet* | 1 | |
| *amlodipine-olmesartan oral tablet* | 1 | |
| *amlodipine-valsartan-hctz oral tablet* | 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 | |
| *diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg* | 1 | |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg* | 1 | |
| *diltiazem hcl er oral capsule extended release 12 hour* | 1 | |
| *diltiazem hcl er oral tablet extended release 24 hour* | 1 | |
| *diltiazem hcl oral tablet* | 1 | |
| *dilt-xr oral capsule extended release 24 hour* | 1 | |
| EXFORGE HCT ORAL TABLET | 3 | ST |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EXFORGE ORAL TABLET | 3 | ST |
| *felodipine er oral tablet extended release 24 hour* | 1 | |
| *isradipine oral capsule* | 3 | |
| KATERZIA ORAL SUSPENSION | 3 | ST |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR | 1 | |
| *nicardipine hcl oral capsule* | 3 | |
| *nifedipine er oral tablet extended release 24 hour* | 2 | |
| *nifedipine er osmotic release oral tablet extended release 24 hour* | 2 | |
| *nifedipine oral capsule* | 3 | |
| *nimodipine oral capsule* | 3 | |
| *nimodipine oral solution* | 3 | |
| *nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg* | 3 | |
| NORLIQVA ORAL SOLUTION | 3 | ST |
| NORVASC ORAL TABLET | 3 | ST |
| NYMALIZE ORAL SOLUTION 6 MG/ML | 3 | |
| *olmesartan-amlodipine-hctz oral tablet* | 1 | |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG | 3 | |
| SDAMLO ORAL SOLUTION RECONSTITUTED | 3 | ST |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG | 3 | |
| *telmisartan-amlodipine oral tablet* | 1 | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 1 | |
| TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| *trandolapril-verapamil hcl er oral tablet extended release* | 1 | |
| TRIBENZOR ORAL TABLET | 3 | ST |
| *verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg* | 2 | |
| *verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg* | 1 | |
| *verapamil hcl er oral tablet extended release* | 1 | |
| *verapamil hcl oral tablet* | 1 | |
| ***Cardiac Drugs*** | | |
| *amiodarone hcl oral tablet 100 mg, 400 mg* | 3 | |
| *amiodarone hcl oral tablet 200 mg* | 1 | |
| ATTRUBY ORAL TABLET THERAPY PACK | 3 | PA; QL (120 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CAMZYOS ORAL CAPSULE | 3 | PA; QL (30 EA per 30 days) |
| CARDAMYST NASAL SOLUTION | 3 | PA; QL (6 EA per 365 days) |
| *digoxin oral solution* | 2 | QL (150 ML per 30 days) |
| *digoxin oral tablet 125 mcg, 250 mcg* | 1 | QL (30 EA per 30 days) |
| *digoxin oral tablet 62.5 mcg* | 3 | QL (30 EA per 30 days) |
| *disopyramide phosphate oral capsule* | 3 | |
| *dofetilide oral capsule* | 2 | |
| *flecainide acetate oral tablet* | 1 | |
| *ivabradine hcl oral tablet* | 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 | |
| *mexiletine hcl oral capsule* | 3 | |
| MULTAQ ORAL TABLET | 2 | |
| MYQORZO ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| NORPACE ORAL CAPSULE | 3 | |
| PACERONE ORAL TABLET 100 MG | 3 | |
| PACERONE ORAL TABLET 200 MG | 1 | |
| *propafenone hcl er oral capsule extended release 12 hour* | 3 | |
| *propafenone hcl oral tablet* | 1 | |
| *quinidine gluconate er oral tablet extended release* | 3 | |
| *quinidine sulfate oral tablet* | 1 | |
| *ranolazine er oral tablet extended release 12 hour* | 3 | |
| TIKOSYN ORAL CAPSULE | 3 | |
| VYNDAMAX ORAL CAPSULE | 3 | PA |
| ***Central Alpha-Agonists*** | | |
| JAVADIN ORAL SOLUTION | 3 | PA; QL (3600 ML per 30 days) |
| *methyldopa oral tablet* | 3 | |
| ***Diuretics*** | | |
| ENBUMYST NASAL SOLUTION | 3 | PA |
| HEMICLOR ORAL TABLET | 3 | |
| INZIRQO ORAL SUSPENSION RECONSTITUTED | 3 | PA |
| LASIX ONYU SUBCUTANEOUS CARTRIDGE KIT | 3 | PA |
| ***Hypotensive Agents*** | | |
| *clonidine er oral tablet extended release 24 hour* | 3 | ST |
| *clonidine hcl er oral tablet extended release 12 hour* | 1 | QL (120 EA per 30 days) |
| *clonidine hcl oral tablet* | 1 | |
| *clonidine transdermal patch weekly* | 3 | |
| *guanfacine hcl oral tablet* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydralazine hcl oral tablet* | 1 | |
| *minoxidil oral tablet* | 1 | |
| NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST |
| VECAMYL ORAL TABLET | 3 | PA |
| ***Kallikrein-Kinin System Inhibitors*** | | |
| ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL (2.4 ML per 28 days) |
| DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL (0.8 ML per 28 days) |
| EKTERLY ORAL TABLET | 3 | PA; QL (12 EA per 30 days) |
| ***Renin-Angiotensin-Aldosterone Sys Inhib*** | | |
| ALDACTONE ORAL TABLET 50 MG | 3 | |
| *aliskiren fumarate oral tablet* | 3 | QL (30 EA per 30 days) |
| ARBLI ORAL SUSPENSION | 3 | ST; QL (300 ML 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 |
| *azilsartan medoxomil oral tablet* | 3 | |
| BAXFENDY ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| *benazepril hcl oral tablet* | 1 | |
| *benazepril-hydrochlorothiazide oral tablet* | 1 | |
| BENICAR HCT ORAL TABLET | 3 | ST |
| BENICAR ORAL TABLET | 3 | ST |
| *candesartan cilexetil oral tablet* | 1 | |
| *candesartan cilexetil-hctz oral tablet* | 1 | |
| *captopril oral tablet* | 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) |
| EDARBI ORAL TABLET | 3 | ST |
| EDARBYCLOR ORAL TABLET | 3 | ST |
| *enalapril maleate oral solution* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *enalapril maleate oral tablet* | 1 | |
| *enalapril-hydrochlorothiazide oral tablet* | 1 | |
| ENTRESTO ORAL CAPSULE SPRINKLE | 3 | QL (240 EA per 30 days) |
| ENTRESTO ORAL TABLET 24-26 MG | 3 | QL (180 EA per 30 days) |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG | 3 | QL (60 EA per 30 days) |
| *eplerenone oral tablet* | 3 | |
| *fosinopril sodium oral tablet* | 1 | |
| *fosinopril sodium-hctz oral tablet* | 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) |
| *irbesartan oral tablet* | 1 | |
| *irbesartan-hydrochlorothiazide oral tablet* | 1 | |
| KERENDIA ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| *lisinopril oral tablet* | 1 | |
| *lisinopril-hydrochlorothiazide oral tablet* | 1 | |
| *losartan potassium oral tablet 100 mg* | 1 | QL (30 EA per 30 days) |
| *losartan potassium oral tablet 25 mg, 50 mg* | 1 | QL (60 EA per 30 days) |
| *losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg* | 1 | QL (30 EA per 30 days) |
| *losartan potassium-hctz oral tablet 50-12.5 mg* | 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) |
| *moexipril hcl oral tablet* | 1 | |
| *olmesartan medoxomil oral tablet* | 1 | |
| *olmesartan medoxomil-hctz oral tablet* | 1 | |
| *perindopril erbumine oral tablet* | 1 | |
| QBRELIS ORAL SOLUTION | 3 | |
| *quinapril hcl oral tablet* | 1 | |
| *quinapril-hydrochlorothiazide oral tablet* | 1 | |
| *ramipril oral capsule* | 1 | |
| *sacubitril-valsartan oral tablet 24-26 mg* | 2 | QL (180 EA per 30 days) |
| *sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg* | 2 | QL (60 EA per 30 days) |
| *spironolactone oral suspension 25 mg/5ml* | 3 | |
| *spironolactone oral tablet* | 1 | |
| *spironolactone-hctz oral tablet* | 1 | |
| TEKTURNA ORAL TABLET | 3 | ST; QL (30 EA per 30 days) |
| *telmisartan oral tablet* | 1 | QL (30 EA per 30 days) |
| *telmisartan-hctz oral tablet* | 1 | QL (30 EA per 30 days) |
| *trandolapril oral tablet* | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *valsartan oral solution* | 3 | ST; QL (2400 ML per 30 days) |
| *valsartan oral tablet 160 mg, 40 mg, 80 mg* | 1 | QL (60 EA per 30 days) |
| *valsartan oral tablet 320 mg* | 1 | QL (30 EA per 30 days) |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg* | 1 | QL (60 EA per 30 days) |
| *valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg* | 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) |
| *dipyridamole oral tablet* | 2 | PA |
| *isosorb dinitrate-hydralazine oral tablet 20-37.5 mg* | 3 | |
| *isosorbide dinitrate oral tablet* | 3 | |
| *isosorbide mononitrate er oral tablet extended release 24 hour* | 1 | |
| *isosorbide mononitrate oral tablet* | 1 | |
| NITRO-BID TRANSDERMAL OINTMENT | 3 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR | 3 | |
| *nitroglycerin sublingual tablet sublingual* | 1 | |
| *nitroglycerin transdermal patch 24 hour* | 2 | |
| *nitroglycerin translingual solution* | 3 | |
| NITROLINGUAL TRANSLINGUAL SOLUTION | 3 | |
| NITROSTAT SUBLINGUAL TABLET SUBLINGUAL | 3 | |
| REVATIO ORAL TABLET | 3 | PA; QL (360 EA per 30 days) |
| *sildenafil citrate oral suspension reconstituted* | 3 | PA; QL (180 ML per 30 days) |
| *sildenafil citrate oral tablet 20 mg* | 2 | PA; QL (360 EA per 30 days) |
| *tadalafil (pah) oral tablet* | 1 | PA; QL (60 EA per 30 days) |
| *tadalafil oral tablet 2.5 mg, 5 mg* | 1 | PA; QL (30 EA per 30 days) |
| TADLIQ ORAL SUSPENSION | 3 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VERQUVO ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| **Central Nervous System Agents** | | |
| ***Analgesics And Antipyretics*** | | |
| *acetaminophen-codeine oral solution 120-12 mg/5ml* | 1 | NDS; QL (2700 ML per 30 days) |
| *acetaminophen-codeine oral tablet* | 1 | NDS; 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; NDS; QL (180 EA per 30 days) |
| BELBUCA BUCCAL FILM 150 MCG, 75 MCG | 3 | NDS; QL (60 EA per 30 days) |
| BELBUCA BUCCAL FILM 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG | 3 | PA; NDS; QL (60 EA per 30 days) |
| *buprenorphine hcl sublingual tablet sublingual* | 2 | QL (120 EA per 30 days) |
| *buprenorphine hcl-naloxone hcl sublingual film* | 1 | |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual* | 1 | |
| *buprenorphine transdermal patch weekly* | 3 | NDS; QL (4 EA per 28 days) |
| *butalbital-acetaminophen oral capsule* | 3 | PA; QL (180 EA per 30 days) |
| *butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg* | 3 | PA; QL (180 EA per 30 days) |
| *butalbital-apap-caff-cod oral capsule* | 3 | PA; NDS; QL (180 EA per 30 days) |
| *butalbital-apap-caffeine oral capsule 50-300-40 mg* | 2 | PA; QL (180 EA per 30 days) |
| *butalbital-apap-caffeine oral capsule 50-325-40 mg* | 3 | PA; QL (180 EA per 30 days) |
| *butalbital-apap-caffeine oral tablet 50-325-40 mg* | 2 | PA; QL (180 EA per 30 days) |
| *butalbital-asa-caff-codeine oral capsule* | 3 | PA; NDS; QL (180 EA per 30 days) |
| *butalbital-aspirin-caffeine oral capsule* | 3 | PA; QL (180 EA per 30 days) |
| *butorphanol tartrate nasal solution* | 3 | NDS; QL (7.5 ML per 30 days) |
| BUTRANS TRANSDERMAL PATCH WEEKLY | 3 | NDS; 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 |
| *celecoxib oral capsule 100 mg, 200 mg, 50 mg* | 1 | QL (60 EA per 30 days) |
| *celecoxib oral capsule 400 mg* | 1 | |
| *codeine sulfate oral tablet* | 3 | NDS; QL (180 EA per 30 days) |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; NDS; QL (30 EA per 30 days) |
| DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML | 3 | PA; NDS |
| *diclofenac epolamine external patch* | 3 | PA; QL (60 EA per 30 days) |
| *diclofenac potassium oral capsule* | 3 | ST |
| *diclofenac potassium oral tablet 25 mg* | 3 | ST |
| *diclofenac potassium oral tablet 50 mg* | 1 | |
| *diclofenac potassium(migraine) oral packet* | 3 | ST |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diclofenac sodium er oral tablet extended release 24 hour* | 1 | |
| *diclofenac sodium oral tablet delayed release* | 1 | |
| *diclofenac-misoprostol oral tablet delayed release* | 3 | |
| *diflunisal oral tablet* | 1 | |
| DILAUDID ORAL LIQUID | 3 | ST; NDS; QL (1500 ML per 30 days) |
| DILAUDID ORAL TABLET 2 MG | 3 | ST; NDS; QL (240 EA per 30 days) |
| DILAUDID ORAL TABLET 4 MG, 8 MG | 3 | NDS; 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) |
| *etodolac er oral tablet extended release 24 hour* | 3 | |
| *etodolac oral capsule* | 2 | |
| *etodolac oral tablet* | 2 | |
| *fenoprofen calcium oral capsule 200 mg, 400 mg* | 3 | |
| *fenoprofen calcium oral capsule 300 mg* | 3 | ST |
| FENOPRON ORAL CAPSULE | 3 | ST |
| *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* | 3 | PA; NDS; QL (15 EA per 30 days) |
| *fentanyl transdermal patch 72 hour 12 mcg/hr* | 3 | NDS; QL (15 EA per 30 days) |
| FIORICET ORAL CAPSULE | 3 | PA; QL (180 EA per 30 days) |
| FLECTOR EXTERNAL PATCH | 3 | PA; QL (60 EA per 30 days) |
| *flurbiprofen oral tablet 100 mg* | 1 | |
| *gabapentin (once-daily) oral tablet 300 mg, 600 mg* | 3 | PA |
| GRALISE ORAL TABLET | 3 | PA |
| *hydrocodone bitartrate er oral capsule extended release 12 hour* | 3 | PA; NDS; QL (60 EA per 30 days) |
| *hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent* | 3 | PA; NDS; QL (30 EA per 30 days) |
| *hydrocodone-acetaminophen oral solution 10-300 mg/15ml* | 3 | NDS; QL (2700 ML per 30 days) |
| *hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml* | 3 | NDS; QL (3600 ML per 30 days) |
| *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* | 3 | NDS; QL (180 EA per 30 days) |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg* | 3 | NDS; QL (150 EA per 30 days) |
| *hydrocodone-ibuprofen oral tablet 7.5-200 mg* | 2 | NDS; QL (150 EA per 30 days) |
| *hydromorphone hcl er oral tablet extended release 24 hour* | 3 | PA; NDS; QL (120 EA per 30 days) |
| *hydromorphone hcl oral liquid 1 mg/ml* | 3 | NDS; QL (1500 ML per 30 days) |
| *hydromorphone hcl oral tablet* | 2 | NDS; QL (240 EA per 30 days) |
| *hydromorphone hcl pf injection solution 10 mg/ml* | 3 | PA |
| *hydromorphone hcl pf injection solution 50 mg/5ml* | 3 | PA; NDS |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 3 | PA; NDS; QL (30 EA per 30 days) |
| IBU ORAL TABLET 600 MG, 800 MG | 1 | |
| *ibuprofen oral suspension 100 mg/5ml* | 1 | |
| *ibuprofen oral tablet 300 mg* | 3 | ST |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 1 | |
| *ibuprofen-famotidine oral tablet* | 3 | PA |
| INDOCIN ORAL SUSPENSION | 3 | PA |
| INDOCIN RECTAL SUPPOSITORY | 3 | PA |
| *indomethacin er oral capsule extended release* | 1 | |
| *indomethacin oral capsule 25 mg, 50 mg* | 1 | |
| *indomethacin oral suspension* | 3 | PA |
| *indomethacin rectal suppository 50 mg* | 3 | PA |
| JOURNAVX ORAL TABLET | 3 | QL (30 EA per 90 days) |
| *ketoprofen er oral capsule extended release 24 hour* | 3 | |
| *ketoprofen oral capsule 25 mg, 50 mg* | 3 | |
| *ketoprofen oral capsule 75 mg* | 3 | ST |
| *ketorolac tromethamine oral tablet* | 1 | PA; QL (20 EA per 30 days) |
| *levorphanol tartrate oral tablet 2 mg* | 3 | NDS; QL (180 EA per 30 days) |
| *levorphanol tartrate oral tablet 3 mg* | 3 | PA; NDS; 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 |
| LURBIRO ORAL TABLET | 3 | |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA; QL (60 EA per 30 days) |
| *meclofenamate sodium oral capsule* | 3 | |
| *mefenamic acid oral capsule* | 3 | |
| *meloxicam oral capsule* | 3 | |
| *meloxicam oral suspension* | 3 | |
| *meloxicam oral tablet* | 1 | |
| *meperidine hcl injection solution 100 mg/ml, 50 mg/ml* | 3 | PA; NDS |
| *meperidine hcl injection solution 25 mg/ml* | 3 | PA |
| *meperidine hcl oral solution* | 3 | PA; NDS; QL (2000 ML per 30 days) |
| *meperidine hcl oral tablet 50 mg* | 3 | PA; NDS; QL (180 EA per 30 days) |
| *methadone hcl oral solution* | 3 | PA; NDS |
| *methadone hcl oral tablet* | 3 | PA; NDS |
| *morphine sulfate (concentrate) oral solution 100 mg/5ml* | 2 | NDS; QL (150 ML per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *morphine sulfate er beads oral capsule extended release 24 hour 120 mg* | 3 | PA; NDS; QL (30 EA per 30 days) |
| *morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg* | 3 | NDS; QL (30 EA per 30 days) |
| *morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 50 mg* | 3 | NDS; QL (60 EA per 30 days) |
| *morphine sulfate er oral capsule extended release 24 hour 100 mg, 60 mg, 80 mg* | 3 | PA; NDS; QL (60 EA per 30 days) |
| *morphine sulfate er oral tablet extended release 100 mg, 60 mg* | 2 | PA; NDS; QL (90 EA per 30 days) |
| *morphine sulfate er oral tablet extended release 15 mg, 30 mg* | 2 | NDS; QL (90 EA per 30 days) |
| *morphine sulfate er oral tablet extended release 200 mg* | 3 | PA; NDS; QL (90 EA per 30 days) |
| *morphine sulfate oral solution* | 2 | NDS; QL (1000 ML per 30 days) |
| *morphine sulfate oral tablet* | 2 | NDS; QL (180 EA per 30 days) |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG | 3 | ST; NDS; QL (90 EA per 30 days) |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG | 3 | PA; NDS; QL (90 EA per 30 days) |
| *nabumetone oral tablet* | 1 | |
| *nalocet oral tablet* | 3 | ST; NDS; QL (240 EA per 30 days) |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG | 3 | ST |
| *naproxen dr oral tablet delayed release 500 mg* | 1 | |
| *naproxen oral suspension* | 3 | |
| *naproxen oral tablet* | 1 | |
| *naproxen oral tablet delayed release 375 mg* | 1 | |
| *naproxen sodium er oral tablet extended release 24 hour* | 3 | |
| *naproxen sodium oral tablet 275 mg* | 3 | |
| *naproxen sodium oral tablet 550 mg* | 1 | |
| *naproxen-esomeprazole mg oral tablet delayed release* | 3 | PA; QL (60 EA per 30 days) |
| *norgesic forte oral tablet* | 3 | PA |
| NORGESIC ORAL TABLET | 3 | PA |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA; NDS; QL (60 EA per 30 days) |
| NUCYNTA ORAL TABLET 100 MG, 75 MG | 3 | PA; NDS; QL (180 EA per 30 days) |
| NUCYNTA ORAL TABLET 50 MG | 3 | ST; NDS; QL (180 EA per 30 days) |
| *orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg* | 3 | PA |
| *orudis oral capsule* | 3 | ST |
| *oxaprozin oral tablet* | 1 | |
| *oxycodone hcl oral capsule* | 3 | NDS; QL (180 EA per 30 days) |
| *oxycodone hcl oral concentrate 100 mg/5ml* | 3 | NDS; QL (180 ML per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *oxycodone hcl oral solution* | 3 | NDS; QL (900 ML per 30 days) |
| *oxycodone hcl oral tablet* | 2 | NDS; QL (180 EA per 30 days) |
| *oxycodone hcl oral tablet abuse-deterrent* | 3 | PA; NDS; QL (180 EA per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg* | 3 | ST; NDS; QL (240 EA per 30 days) |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg* | 3 | NDS; QL (240 EA per 30 days) |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | 3 | PA; NDS; QL (90 EA per 30 days) |
| *oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg* | 3 | NDS; QL (90 EA per 30 days) |
| *oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg* | 3 | PA; NDS; QL (90 EA per 30 days) |
| *oxymorphone hcl oral tablet 10 mg* | 3 | PA; NDS; QL (180 EA per 30 days) |
| *oxymorphone hcl oral tablet 5 mg* | 3 | NDS; QL (180 EA per 30 days) |
| *pentazocine-naloxone hcl oral tablet* | 3 | PA; NDS |
| PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG | 3 | ST; NDS; QL (240 EA per 30 days) |
| *piroxicam oral capsule 10 mg* | 1 | |
| *piroxicam oral capsule 20 mg* | 2 | |
| *pregabalin er oral tablet extended release 24 hour* | 3 | PA; QL (60 EA per 30 days) |
| PROLATE ORAL SOLUTION | 3 | ST; NDS; QL (900 ML per 30 days) |
| PROLATE ORAL TABLET | 3 | ST; NDS; QL (240 EA per 30 days) |
| RELAFEN DS ORAL TABLET | 3 | ST |
| ROXICODONE ORAL TABLET 15 MG | 3 | ST; NDS; QL (180 EA per 30 days) |
| ROXICODONE ORAL TABLET 30 MG | 3 | NDS; QL (180 EA per 30 days) |
| ROXYBOND ORAL TABLET ABUSE-DETERRENT | 3 | PA; NDS; QL (180 EA per 30 days) |
| SPRIX NASAL SOLUTION | 3 | PA; QL (5 EA per 30 days) |
| SUBOXONE SUBLINGUAL FILM | 3 | |
| *sulindac oral tablet* | 1 | |
| *tapentadol hcl er oral tablet extended release 12 hour* | 3 | PA; NDS; QL (60 EA per 30 days) |
| *tapentadol hcl oral tablet 100 mg, 75 mg* | 3 | PA; NDS; QL (180 EA per 30 days) |
| *tapentadol hcl oral tablet 50 mg* | 3 | NDS; QL (180 EA per 30 days) |
| TENCON ORAL TABLET 50-325 MG | 3 | PA; QL (180 EA per 30 days) |
| TOLECTIN 600 ORAL TABLET | 3 | |
| TOLECTIN DS ORAL CAPSULE | 3 | |
| *tolmetin sodium oral capsule* | 3 | |
| *tolmetin sodium oral tablet 600 mg* | 3 | |
| *tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg* | 3 | NDS; QL (30 EA per 30 days) |
| *tramadol hcl er oral tablet extended release 24 hour* | 3 | NDS; QL (30 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tramadol hcl oral tablet 100 mg* | 3 | NDS; QL (120 EA per 30 days) |
| *tramadol hcl oral tablet 25 mg* | 3 | NDS; QL (480 EA per 30 days) |
| *tramadol hcl oral tablet 50 mg* | 1 | NDS; QL (240 EA per 30 days) |
| *tramadol hcl oral tablet 75 mg* | 1 | NDS; QL (150 EA per 30 days) |
| *tramadol-acetaminophen oral tablet* | 1 | NDS; QL (240 EA per 30 days) |
| VYSCOXA ORAL SUSPENSION | 3 | PA; QL (1200 ML per 30 days) |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT | 3 | PA; NDS; QL (60 EA per 30 days) |
| ZIPSOR ORAL CAPSULE | 3 | ST |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL | 3 | |
| ZYBIC ORAL SUSPENSION | 3 | PA |
| ***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) |
| *amphetamine er oral tablet extended release dispersible* | 3 | QL (30 EA per 30 days) |
| *amphetamine sulfate oral tablet* | 3 | PA; QL (180 EA per 30 days) |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour* | 1 | QL (30 EA per 30 days) |
| *amphetamine-dextroamphetamine oral tablet* | 2 | QL (60 EA per 30 days) |
| *amphet-dextroamphet 3-bead er oral capsule extended release 24 hour* | 3 | QL (30 EA per 30 days) |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg* | 3 | PA; QL (30 EA per 30 days) |
| *armodafinil oral tablet 50 mg* | 3 | PA; QL (60 EA per 30 days) |
| ARYNTA ORAL SOLUTION | 3 | PA; QL (240 ML per 34 days) |
| *atomoxetine hcl oral solution* | 3 | PA; QL (750 ML per 30 days) |
| ATONCY ORAL SOLUTION | 3 | PA; QL (750 ML 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| *dexmethylphenidate hcl er oral capsule extended release 24 hour* | 3 | QL (30 EA per 30 days) |
| *dexmethylphenidate hcl oral tablet* | 3 | QL (60 EA per 30 days) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg* | 3 | QL (180 EA per 30 days) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg* | 3 | QL (120 EA per 30 days) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg* | 3 | QL (90 EA per 30 days) |
| *dextroamphetamine sulfate oral solution* | 3 | QL (1800 ML per 30 days) |
| *dextroamphetamine sulfate oral tablet 10 mg* | 2 | QL (180 EA per 30 days) |
| *dextroamphetamine sulfate oral tablet 15 mg, 20 mg* | 3 | QL (90 EA per 30 days) |
| *dextroamphetamine sulfate oral tablet 30 mg* | 3 | QL (60 EA per 30 days) |
| *dextroamphetamine sulfate oral tablet 5 mg* | 2 | QL (150 EA per 30 days) |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE | 3 | ST; QL (240 ML per 30 days) |
| DYANAVEL 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) |
| *lisdexamfetamine dimesylate oral capsule* | 3 | PA; QL (30 EA per 30 days) |
| *lisdexamfetamine dimesylate oral tablet chewable* | 3 | PA; QL (30 EA per 30 days) |
| 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) |
| *methamphetamine hcl oral tablet* | 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) |
| *methylphenidate er oral tablet extended release dispersible 17.3 mg* | 3 | ST; QL (90 EA per 30 days) |
| *methylphenidate er oral tablet extended release dispersible 25.9 mg* | 3 | ST; QL (60 EA per 30 days) |
| *methylphenidate er oral tablet extended release dispersible 8.6 mg* | 3 | ST; QL (180 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg* | 3 | QL (60 EA per 30 days) |
| *methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg* | 3 | QL (30 EA per 30 days) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg* | 3 | QL (60 EA per 30 days) |
| *methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg* | 3 | QL (30 EA per 30 days) |
| *methylphenidate hcl er (osm) oral tablet extended release 18 mg* | 3 | QL (120 EA per 30 days) |
| *methylphenidate hcl er (osm) oral tablet extended release 27 mg, 45 mg, 54 mg, 63 mg, 72 mg* | 3 | QL (30 EA per 30 days) |
| *methylphenidate hcl er (osm) oral tablet extended release 36 mg* | 3 | QL (60 EA per 30 days) |
| *methylphenidate hcl er (xr) oral capsule extended release 24 hour* | 3 | QL (30 EA per 30 days) |
| *methylphenidate hcl er oral tablet extended release 10 mg* | 3 | QL (180 EA per 30 days) |
| *methylphenidate hcl er oral tablet extended release 20 mg* | 3 | QL (90 EA per 30 days) |
| *methylphenidate hcl er oral tablet extended release 24 hour 18 mg* | 3 | QL (120 EA per 30 days) |
| *methylphenidate hcl oral solution 10 mg/5ml* | 3 | QL (900 ML per 30 days) |
| *methylphenidate hcl oral solution 5 mg/5ml* | 3 | QL (1800 ML per 30 days) |
| *methylphenidate hcl oral tablet 10 mg* | 2 | QL (180 EA per 30 days) |
| *methylphenidate hcl oral tablet 20 mg, 5 mg* | 2 | QL (90 EA per 30 days) |
| *methylphenidate hcl oral tablet chewable* | 3 | QL (180 EA per 30 days) |
| *methylphenidate transdermal patch* | 3 | QL (30 EA per 30 days) |
| *modafinil oral tablet 100 mg* | 2 | PA; QL (30 EA per 30 days) |
| *modafinil oral tablet 200 mg* | 2 | PA; QL (60 EA per 30 days) |
| 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RELEXXII ORAL TABLET EXTENDED RELEASE 27 MG, 45 MG, 54 MG, 63 MG, 72 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 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 150 MG | 3 | PA; QL (90 EA per 30 days) |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG | 3 | PA; QL (390 EA per 30 days) |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG | 3 | PA; QL (210 EA per 30 days) |
| 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 | |
| *brivaracetam oral solution* | 3 | |
| *brivaracetam oral tablet* | 3 | QL (60 EA per 30 days) |
| BRIVIACT ORAL SOLUTION | 3 | |
| BRIVIACT ORAL TABLET | 3 | QL (60 EA per 30 days) |
| *carbamazepine er oral capsule extended release 12 hour* | 3 | |
| *carbamazepine er oral tablet extended release 12 hour 100 mg* | 2 | |
| *carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg* | 3 | |
| *carbamazepine oral suspension 100 mg/5ml* | 3 | |
| *carbamazepine oral tablet* | 1 | |
| *carbamazepine oral tablet chewable* | 2 | |
| CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 3 | |
| CELONTIN ORAL CAPSULE | 3 | |
| *clobazam oral suspension 2.5 mg/ml* | 3 | QL (480 ML per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clobazam oral tablet 10 mg* | 1 | QL (60 EA per 30 days) |
| *clobazam oral tablet 20 mg* | 2 | QL (60 EA per 30 days) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | 1 | QL (270 EA per 30 days) |
| *clonazepam oral tablet 2 mg* | 1 | QL (300 EA per 30 days) |
| *clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | 1 | QL (270 EA per 30 days) |
| *clonazepam oral tablet dispersible 2 mg* | 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 |
| *diazepam rectal gel* | 3 | |
| DILANTIN INFATABS ORAL TABLET CHEWABLE | 3 | |
| DILANTIN ORAL CAPSULE | 3 | |
| DILANTIN-125 ORAL SUSPENSION | 3 | |
| *divalproex sodium er oral tablet extended release 24 hour 250 mg* | 1 | |
| *divalproex sodium er oral tablet extended release 24 hour 500 mg* | 2 | |
| *divalproex sodium oral capsule delayed release sprinkle* | 3 | |
| *divalproex sodium oral tablet delayed release* | 1 | |
| EPIDIOLEX ORAL SOLUTION | 3 | PA |
| EPRONTIA ORAL SOLUTION | 3 | ST |
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 3 | |
| *eslicarbazepine acetate oral tablet* | 3 | |
| *ethosuximide oral capsule* | 2 | |
| *ethosuximide oral solution* | 3 | |
| *felbamate oral suspension* | 3 | |
| *felbamate oral tablet* | 3 | |
| FELBATOL ORAL TABLET | 3 | |
| FINTEPLA ORAL SOLUTION | 3 | PA |
| FYCOMPA ORAL SUSPENSION | 3 | |
| FYCOMPA ORAL TABLET | 3 | |
| *gabapentin (once-daily) oral tablet 450 mg, 750 mg, 900 mg* | 3 | PA |
| *gabapentin oral capsule 100 mg, 300 mg* | 1 | QL (180 EA per 30 days) |
| *gabapentin oral capsule 200 mg* | 3 | ST; QL (540 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *gabapentin oral capsule 400 mg* | 1 | |
| *gabapentin oral solution 250 mg/5ml* | 3 | |
| *gabapentin oral tablet 600 mg* | 1 | QL (180 EA per 30 days) |
| *gabapentin oral tablet 800 mg* | 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) |
| *lacosamide oral solution 10 mg/ml* | 3 | |
| *lacosamide oral tablet* | 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 | |
| *lamotrigine er oral tablet extended release 24 hour* | 3 | |
| *lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg* | 3 | |
| *lamotrigine oral tablet* | 1 | |
| *lamotrigine oral tablet chewable* | 1 | |
| *lamotrigine oral tablet dispersible* | 3 | |
| *lamotrigine starter kit-blue oral kit* | 3 | |
| *lamotrigine starter kit-green oral kit* | 3 | |
| *lamotrigine starter kit-orange oral kit* | 3 | |
| *levetiracetam er oral tablet extended release 24 hour* | 3 | |
| *levetiracetam oral solution 100 mg/ml* | 1 | |
| *levetiracetam oral tablet* | 1 | |
| *levetiracetam oral tablet disintegrating soluble* | 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *magnesium sulfate injection solution 50 %, 50 % (10ml syringe)* | 1 | |
| *methsuximide oral capsule* | 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) |
| *oxcarbazepine er oral tablet extended release 24 hour* | 3 | |
| *oxcarbazepine oral suspension* | 3 | |
| *oxcarbazepine oral tablet* | 2 | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| *perampanel oral suspension* | 3 | |
| *perampanel oral tablet* | 3 | |
| PHENYTEK ORAL CAPSULE | 3 | |
| *phenytoin oral suspension 125 mg/5ml* | 3 | |
| *phenytoin oral tablet chewable* | 2 | |
| *phenytoin sodium extended oral capsule 100 mg* | 1 | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg* | 2 | QL (90 EA per 30 days) |
| *pregabalin oral capsule 225 mg, 300 mg* | 2 | QL (60 EA per 30 days) |
| *pregabalin oral solution* | 2 | QL (900 ML per 30 days) |
| *primidone oral tablet* | 1 | |
| RELGAABI ORAL CAPSULE 200 MG | 3 | ST; QL (540 EA per 30 days) |
| RELGAABI ORAL CAPSULE 300 MG | 3 | ST; QL (360 EA per 30 days) |
| RELGAABI ORAL CAPSULE 400 MG | 3 | ST; QL (270 EA per 30 days) |
| ROWEEPRA ORAL TABLET 500 MG | 3 | |
| *rufinamide oral suspension 40 mg/ml* | 3 | |
| *rufinamide oral tablet* | 3 | |
| SABRIL ORAL PACKET | 3 | |
| SABRIL ORAL TABLET | 3 | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SUBVENITE ORAL SUSPENSION | 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 | |
| *tiagabine hcl oral tablet* | 3 | |
| TOPAMAX ORAL TABLET | 3 | |
| TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE | 3 | |
| *topiramate er oral capsule er 24 hour sprinkle* | 3 | |
| *topiramate er oral capsule extended release 24 hour* | 3 | |
| *topiramate oral capsule sprinkle* | 3 | |
| *topiramate oral solution 25 mg/ml* | 3 | |
| *topiramate oral tablet* | 1 | |
| TRILEPTAL ORAL SUSPENSION | 3 | |
| TRILEPTAL ORAL TABLET | 3 | |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| *valproic acid oral capsule* | 1 | |
| *valproic acid oral solution 250 mg/5ml* | 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) |
| VALTOCO 5 MG DOSE NASAL LIQUID | 3 | PA; QL (10 EA per 30 days) |
| *vigabatrin oral packet* | 1 | |
| *vigabatrin oral tablet* | 1 | |
| VIGADRONE ORAL PACKET | 3 | |
| VIGADRONE ORAL TABLET | 3 | |
| VIGAFYDE ORAL SOLUTION | 3 | PA |
| VIMPAT ORAL SOLUTION | 3 | |
| VIMPAT ORAL TABLET | 3 | |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 3 | ST |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| *zonisamide oral capsule 100 mg* | 2 | |
| *zonisamide oral capsule 25 mg, 50 mg* | 1 | |
| ZTALMY ORAL SUSPENSION | 3 | PA |
| ***Antimanic Agents*** | | |
| *lithium carbonate er oral tablet extended release* | 1 | |
| *lithium carbonate oral capsule* | 1 | |
| *lithium carbonate oral tablet* | 1 | |
| *lithium oral solution* | 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 |
| *almotriptan malate oral tablet* | 3 | QL (8 EA per 30 days) |
| CAFERGOT ORAL TABLET | 3 | |
| *eletriptan hydrobromide oral tablet* | 3 | QL (6 EA per 30 days) |
| 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) |
| *ergotamine-caffeine oral tablet* | 2 | |
| *frovatriptan succinate oral tablet* | 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| *naratriptan hcl oral tablet* | 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) |
| *rizatriptan benzoate oral tablet* | 1 | QL (12 EA per 30 days) |
| *rizatriptan benzoate oral tablet dispersible* | 2 | QL (12 EA per 30 days) |
| *sumatriptan nasal solution 20 mg/act* | 3 | QL (8 EA per 30 days) |
| *sumatriptan nasal solution 5 mg/act* | 3 | QL (32 EA per 30 days) |
| *sumatriptan succinate oral tablet* | 1 | QL (8 EA per 30 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5ml* | 3 | QL (8 ML per 30 days) |
| *sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml* | 3 | QL (8 ML per 30 days) |
| *sumatriptan-naproxen sodium oral tablet* | 3 | QL (10 EA per 30 days) |
| SYMBRAVO ORAL TABLET | 3 | PA; QL (7 EA per 30 days) |
| 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) |
| 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) |
| *zolmitriptan nasal solution 5 mg* | 3 | ST; QL (8 EA per 30 days) |
| *zolmitriptan oral tablet* | 1 | QL (6 EA per 30 days) |
| *zolmitriptan oral tablet dispersible 2.5 mg* | 3 | QL (6 EA per 30 days) |
| *zolmitriptan oral tablet dispersible 5 mg* | 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*** | | |
| *amantadine hcl oral capsule* | 2 | |
| *amantadine hcl oral solution 50 mg/5ml* | 1 | |
| *amantadine hcl oral tablet* | 2 | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA |
| *apomorphine hcl subcutaneous solution cartridge* | 3 | PA |
| AZILECT ORAL TABLET | 3 | |
| *benztropine mesylate oral tablet* | 1 | |
| *bromocriptine mesylate oral capsule* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *bromocriptine mesylate oral tablet* | 3 | |
| *cabergoline oral tablet* | 2 | |
| *carbidopa oral tablet* | 3 | |
| *carbidopa-levodopa er oral capsule extended release* | 3 | |
| *carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg* | 2 | |
| *carbidopa-levodopa oral tablet* | 1 | |
| *carbidopa-levodopa oral tablet dispersible* | 1 | |
| *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* | 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 |
| *entacapone oral tablet* | 3 | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA |
| INBRIJA INHALATION CAPSULE | 3 | PA |
| LODOSYN ORAL TABLET | 3 | |
| NEUPRO TRANSDERMAL PATCH 24 HOUR | 3 | |
| ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | PA |
| ONGENTYS ORAL CAPSULE | 3 | PA |
| PARLODEL ORAL CAPSULE | 3 | |
| PARLODEL ORAL TABLET | 3 | |
| *pramipexole dihydrochloride er oral tablet extended release 24 hour* | 3 | |
| *pramipexole dihydrochloride oral tablet* | 1 | |
| *rasagiline mesylate oral tablet* | 3 | |
| *ropinirole hcl er oral tablet extended release 24 hour* | 3 | |
| *ropinirole hcl oral tablet* | 1 | |
| RYTARY ORAL CAPSULE EXTENDED RELEASE | 3 | |
| *selegiline hcl oral capsule* | 2 | |
| *selegiline hcl oral tablet* | 2 | |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 3 | |
| TASMAR ORAL TABLET 100 MG | 3 | |
| *tolcapone oral tablet* | 3 | |
| *trihexyphenidyl hcl oral solution* | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *trihexyphenidyl hcl oral tablet* | 1 | |
| ZELAPAR ORAL TABLET DISPERSIBLE | 3 | |
| ***Anxiolytics, Sedatives, And Hypnotics*** | | |
| *alprazolam er oral tablet extended release 24 hour* | 3 | QL (30 EA per 30 days) |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE | 3 | QL (300 ML per 30 days) |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg* | 1 | QL (90 EA per 30 days) |
| *alprazolam oral tablet 2 mg* | 1 | QL (150 EA per 30 days) |
| *alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg* | 3 | QL (90 EA per 30 days) |
| *alprazolam oral tablet dispersible 2 mg* | 3 | QL (150 EA per 30 days) |
| AMBIEN CR ORAL TABLET EXTENDED RELEASE | 3 | PA; QL (30 EA per 30 days) |
| AMBIEN ORAL TABLET | 3 | PA; 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) |
| BUCAPSOL ORAL CAPSULE 10 MG | 3 | ST; QL (180 EA per 30 days) |
| BUCAPSOL ORAL CAPSULE 15 MG | 3 | ST; QL (120 EA per 30 days) |
| BUCAPSOL ORAL CAPSULE 7.5 MG | 3 | ST; QL (240 EA per 30 days) |
| *buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 1 | |
| *buspirone hcl oral tablet 12.5 mg, 2.5 mg* | 3 | ST |
| *chlordiazepoxide hcl oral capsule* | 3 | QL (120 EA per 30 days) |
| *clorazepate dipotassium oral tablet 15 mg* | 3 | QL (180 EA per 30 days) |
| *clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg* | 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) |
| *diazepam oral solution 5 mg/5ml* | 3 | QL (1200 ML per 30 days) |
| *diazepam oral tablet* | 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) |
| *estazolam oral tablet* | 3 | QL (30 EA per 30 days) |
| *eszopiclone oral tablet 1 mg, 2 mg* | 1 | QL (30 EA per 30 days) |
| *eszopiclone oral tablet 3 mg* | 1 | PA; QL (30 EA per 30 days) |
| *flurazepam hcl oral capsule* | 3 | QL (30 EA per 30 days) |
| HETLIOZ LQ ORAL SUSPENSION | 3 | PA |
| HETLIOZ ORAL CAPSULE | 3 | PA |
| *hydroxyzine hcl oral syrup 10 mg/5ml* | 2 | PA |
| *hydroxyzine hcl oral tablet* | 2 | PA |
| *hydroxyzine pamoate oral capsule* | 2 | PA |
| LORAZEPAM INTENSOL ORAL CONCENTRATE | 2 | QL (150 ML per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lorazepam oral tablet 0.5 mg, 1 mg* | 1 | QL (90 EA per 30 days) |
| *lorazepam oral tablet 2 mg* | 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 | 3 | PA; QL (30 EA per 30 days) |
| *meprobamate oral tablet* | 3 | PA; QL (90 EA per 30 days) |
| *oxazepam oral capsule* | 3 | QL (120 EA per 30 days) |
| *phenobarbital oral elixir 20 mg/5ml* | 3 | QL (1500 ML per 30 days) |
| *phenobarbital oral tablet* | 1 | QL (90 EA per 30 days) |
| QUVIVIQ ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| *ramelteon oral tablet* | 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) |
| ROZEREM ORAL TABLET | 3 | QL (30 EA per 30 days) |
| *tasimelteon oral capsule* | 3 | PA |
| *temazepam oral capsule 15 mg, 22.5 mg, 30 mg* | 3 | QL (30 EA per 30 days) |
| *temazepam oral capsule 7.5 mg* | 3 | QL (60 EA per 30 days) |
| *triazolam oral tablet* | 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 2 MG | 3 | ST; QL (30 EA per 30 days) |
| *zaleplon oral capsule* | 2 | QL (30 EA per 30 days) |
| *zolpidem tartrate er oral tablet extended release 12.5 mg* | 3 | PA; QL (30 EA per 30 days) |
| *zolpidem tartrate er oral tablet extended release 6.25 mg* | 3 | QL (30 EA per 30 days) |
| *zolpidem tartrate oral capsule* | 3 | PA; QL (30 EA per 30 days) |
| *zolpidem tartrate oral tablet* | 1 | QL (30 EA per 30 days) |
| *zolpidem tartrate sublingual tablet sublingual 1.75 mg* | 3 | QL (30 EA per 30 days) |
| *zolpidem tartrate sublingual tablet sublingual 3.5 mg* | 3 | PA; QL (30 EA per 30 days) |
| ***Central Nervous System Agents, Misc*** | | |
| *atomoxetine hcl oral capsule* | 3 | QL (30 EA per 30 days) |
| DAYBUE ORAL SOLUTION | 3 | PA; QL (3600 ML per 30 days) |
| DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG | 3 | PA; QL (120 EA per 30 days) |
| DAYBUE STIX ORAL PACKET 8000 MG | 3 | PA; QL (60 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *guanfacine hcl er oral tablet extended release 24 hour* | 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) |
| LYNKUET ORAL CAPSULE | 3 | PA; QL (60 EA per 30 days) |
| *memantine hcl er oral capsule extended release 24 hour* | 3 | |
| *memantine hcl oral solution 2 mg/ml* | 3 | |
| *memantine hcl oral tablet 10 mg, 5 mg* | 1 | |
| *memantine hcl-donepezil hcl er oral capsule extended release 24 hour* | 2 | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG | 3 | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG | 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 |
| *riluzole oral tablet* | 3 | |
| *sodium oxybate oral solution* | 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*** | | |
| *milnacipran hcl oral tablet 100 mg* | 3 | ST |
| *milnacipran hcl oral tablet 12.5 mg, 25 mg, 50 mg* | 3 | ST; QL (60 EA per 30 days) |
| 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) |
| TONMYA SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; QL (60 EA per 30 days) |
| ***Opiate Antagonists*** | | |
| KLOXXADO NASAL LIQUID | 3 | |
| *naloxone hcl injection solution 0.4 mg/ml* | 1 | |
| *naloxone hcl injection solution cartridge* | 3 | |
| *naltrexone hcl oral tablet* | 1 | |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Opioid Antagonists*** | | |
| *naloxone hcl injection solution prefilled syringe* | 3 | |
| OPVEE NASAL SOLUTION | 2 | |
| REZENOPY NASAL LIQUID | 3 | |
| ZURNAI INJECTION SOLUTION AUTO-INJECTOR | 3 | |
| ***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 |
| *amitriptyline hcl oral tablet* | 2 | |
| *amoxapine oral tablet* | 2 | |
| ANAFRANIL ORAL CAPSULE | 3 | |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST |
| *aripiprazole oral solution* | 3 | |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 5 mg* | 2 | QL (30 EA per 30 days) |
| *aripiprazole oral tablet 30 mg* | 2 | |
| *aripiprazole oral tablet dispersible* | 3 | |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE | 3 | |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE | 3 | |
| *asenapine maleate sublingual tablet sublingual* | 3 | |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG | 3 | PA; QL (60 EA per 30 days) |
| *bupropion hcl er (smoking det) oral tablet extended release 12 hour* | 2 | QL (60 EA per 30 days) |
| *bupropion hcl er (sr) oral tablet extended release 12 hour* | 1 | QL (60 EA per 30 days) |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg* | 1 | QL (90 EA per 30 days) |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg* | 1 | QL (30 EA per 30 days) |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg* | 3 | QL (30 EA per 30 days) |
| *bupropion hcl oral tablet* | 1 | |
| CAPLYTA ORAL CAPSULE | 3 | PA; QL (30 EA per 30 days) |
| CELEXA ORAL TABLET | 3 | ST |
| *chlordiazepoxide-amitriptyline oral tablet* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *chlorpromazine hcl oral concentrate* | 3 | |
| *chlorpromazine hcl oral tablet* | 3 | |
| *citalopram hydrobromide oral capsule* | 3 | ST |
| *citalopram hydrobromide oral solution 10 mg/5ml* | 2 | |
| *citalopram hydrobromide oral tablet* | 1 | |
| *clomipramine hcl oral capsule* | 1 | |
| *clozapine oral tablet* | 2 | |
| *clozapine oral tablet dispersible* | 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 | |
| *desipramine hcl oral tablet 10 mg, 25 mg* | 2 | |
| *desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | 3 | |
| *desvenlafaxine er oral tablet extended release 24 hour 100 mg* | 3 | |
| *desvenlafaxine er oral tablet extended release 24 hour 50 mg* | 3 | QL (30 EA per 30 days) |
| *desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg* | 2 | |
| *desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg* | 2 | QL (30 EA per 30 days) |
| *doxepin hcl oral capsule* | 2 | |
| *doxepin hcl oral concentrate* | 2 | |
| *doxepin hcl oral tablet* | 2 | QL (30 EA per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE | 3 | ST |
| *duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg* | 1 | QL (30 EA per 30 days) |
| *duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg* | 1 | QL (60 EA per 30 days) |
| *duloxetine hcl oral capsule delayed release particles 30 mg* | 1 | QL (90 EA per 30 days) |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | ST |
| *escitalopram oxalate oral capsule* | 3 | ST |
| *escitalopram oxalate oral solution 5 mg/5ml* | 3 | |
| *escitalopram oxalate oral tablet* | 1 | |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL (30 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL (30 EA per 30 days) |
| FANAPT ORAL TABLET | 3 | ST |
| FANAPT TITRATION PACK A ORAL TABLET | 3 | ST; QL (16 EA per 365 days) |
| FANAPT TITRATION PACK B ORAL TABLET | 3 | ST; QL (24 EA per 365 days) |
| FANAPT TITRATION PACK C ORAL TABLET | 3 | ST; QL (16 EA per 365 days) |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK | 3 | ST |
| *fluoxetine hcl (pmdd) oral tablet* | 3 | |
| *fluoxetine hcl oral capsule* | 1 | |
| *fluoxetine hcl oral capsule delayed release* | 3 | QL (4 EA per 28 days) |
| *fluoxetine hcl oral solution* | 3 | |
| *fluoxetine hcl oral tablet* | 2 | |
| *fluphenazine decanoate injection solution* | 3 | |
| *fluphenazine hcl injection solution* | 3 | |
| *fluphenazine hcl oral concentrate* | 3 | |
| *fluphenazine hcl oral elixir* | 3 | |
| *fluphenazine hcl oral tablet* | 3 | |
| *fluvoxamine maleate er oral capsule extended release 24 hour* | 3 | |
| *fluvoxamine maleate oral tablet* | 2 | |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | |
| GEODON ORAL CAPSULE | 3 | ST; QL (60 EA per 30 days) |
| *haloperidol decanoate intramuscular solution* | 1 | |
| *haloperidol lactate injection solution* | 3 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | 1 | |
| *haloperidol oral tablet* | 1 | |
| *imipramine hcl oral tablet* | 1 | |
| *imipramine pamoate oral capsule* | 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| *loxapine succinate oral capsule* | 3 | |
| *lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg* | 3 | QL (30 EA per 30 days) |
| *lurasidone hcl oral tablet 80 mg* | 3 | QL (60 EA per 30 days) |
| LYBALVI ORAL TABLET | 3 | ST; QL (30 EA per 30 days) |
| MARPLAN ORAL TABLET | 3 | |
| *mirtazapine oral tablet* | 1 | |
| *mirtazapine oral tablet dispersible* | 2 | |
| *molindone hcl oral tablet* | 3 | |
| NARDIL ORAL TABLET | 3 | |
| *nefazodone hcl oral tablet* | 3 | |
| *nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg* | 1 | |
| *nortriptyline hcl oral capsule 75 mg* | 3 | |
| *nortriptyline hcl oral solution* | 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) |
| *olanzapine intramuscular solution reconstituted* | 3 | |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg* | 1 | QL (30 EA per 30 days) |
| *olanzapine oral tablet 20 mg* | 1 | |
| *olanzapine oral tablet dispersible* | 1 | |
| *olanzapine-fluoxetine hcl oral capsule* | 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) |
| *paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg* | 3 | QL (30 EA per 30 days) |
| *paliperidone er oral tablet extended release 24 hour 6 mg* | 3 | QL (60 EA per 30 days) |
| PARNATE ORAL TABLET | 3 | |
| *paroxetine hcl er oral tablet extended release 24 hour* | 3 | |
| *paroxetine hcl oral suspension* | 3 | |
| *paroxetine hcl oral tablet* | 1 | |
| *paroxetine mesylate oral capsule* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| PAXIL ORAL TABLET | 3 | ST |
| *perphenazine oral tablet* | 3 | |
| *perphenazine-amitriptyline oral tablet* | 3 | |
| *phenelzine sulfate oral tablet* | 2 | |
| *pimozide oral tablet* | 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) |
| *prochlorperazine maleate oral tablet* | 1 | |
| *prochlorperazine rectal suppository* | 3 | |
| *protriptyline hcl oral tablet* | 3 | |
| *quetiapine fumarate er oral tablet extended release 24 hour* | 2 | |
| *quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg, 50 mg* | 1 | |
| *quetiapine fumarate oral tablet 25 mg* | 1 | QL (90 EA per 30 days) |
| 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 |
| *risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg* | 3 | QL (2 EA per 28 days) |
| *risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg* | 3 | |
| *risperidone oral solution 1 mg/ml* | 1 | |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg* | 1 | QL (60 EA per 30 days) |
| *risperidone oral tablet 4 mg* | 1 | |
| *risperidone oral tablet dispersible* | 3 | |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL | 3 | ST |
| SECUADO TRANSDERMAL PATCH 24 HOUR | 3 | ST |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 300 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 |
| *sertraline hcl oral capsule* | 3 | ST |
| *sertraline hcl oral concentrate* | 3 | |
| *sertraline hcl oral tablet* | 1 | |
| SILENOR ORAL TABLET | 3 | QL (30 EA per 30 days) |
| *thioridazine hcl oral tablet* | 2 | |
| *thiothixene oral capsule* | 3 | |
| *tranylcypromine sulfate oral tablet* | 1 | |
| *trazodone hcl oral tablet 100 mg, 150 mg, 50 mg* | 1 | |
| *trazodone hcl oral tablet 300 mg* | 2 | |
| *trifluoperazine hcl oral tablet* | 2 | |
| *trimipramine maleate oral capsule* | 3 | |
| TRINTELLIX ORAL TABLET | 2 | 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) |
| *venlafaxine besylate er oral tablet extended release 24 hour* | 3 | ST; QL (30 EA per 30 days) |
| *venlafaxine hcl er oral capsule extended release 24 hour* | 1 | |
| *venlafaxine hcl er oral tablet extended release 24 hour* | 3 | |
| *venlafaxine hcl oral tablet* | 1 | |
| VERSACLOZ ORAL SUSPENSION | 3 | |
| VIIBRYD ORAL TABLET | 3 | ST; QL (30 EA per 30 days) |
| *vilazodone hcl oral tablet* | 3 | QL (30 EA per 30 days) |
| VRAYLAR ORAL CAPSULE | 2 | |
| WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | ST; QL (60 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| *ziprasidone hcl oral capsule* | 2 | QL (60 EA per 30 days) |
| *ziprasidone mesylate intramuscular solution reconstituted* | 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 10 MG, 15 MG, 2.5 MG, 5 MG, 7.5 MG | 3 | ST; QL (30 EA per 30 days) |
| ZYPREXA ORAL TABLET 20 MG | 3 | ST |
| ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE | 3 | ST |
| ***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 |
| **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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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*** | | |
| CARBAGLU ORAL TABLET SOLUBLE | 3 | PA |
| *carglumic acid oral tablet soluble* | 3 | PA |
| *constulose oral solution* | 1 | |
| *enulose oral solution* | 1 | |
| *generlac oral solution* | 3 | |
| *glycerol phenylbutyrate oral liquid* | 3 | PA |
| KRISTALOSE ORAL PACKET | 3 | |
| *lactulose oral packet* | 3 | |
| *lactulose oral solution 10 gm/15ml* | 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) |
| *sodium phenylbutyrate oral powder 3 gm/tsp* | 3 | |
| *sodium phenylbutyrate oral tablet* | 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| CLINOLIPID INTRAVENOUS EMULSION | 3 | PA |
| *dextrose intravenous solution 10 %* | 3 | |
| *dextrose intravenous solution 5 %* | 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*** | | |
| *amiloride hcl oral tablet* | 1 | |
| *amiloride-hydrochlorothiazide oral tablet* | 1 | |
| *bumetanide injection solution* | 3 | |
| *bumetanide oral tablet* | 1 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 1 | |
| DYRENIUM ORAL CAPSULE | 3 | |
| EDECRIN ORAL TABLET | 3 | |
| *ethacrynic acid oral tablet* | 3 | |
| FUROSCIX SUBCUTANEOUS CARTRIDGE KIT | 3 | PA |
| *furosemide injection solution* | 3 | |
| *furosemide oral solution 10 mg/ml, 8 mg/ml* | 1 | |
| *furosemide oral tablet* | 1 | |
| *hydrochlorothiazide oral capsule* | 1 | |
| *hydrochlorothiazide oral tablet* | 1 | |
| *indapamide oral tablet* | 1 | |
| JYNARQUE ORAL TABLET | 3 | PA |
| JYNARQUE ORAL TABLET THERAPY PACK | 3 | PA |
| *metolazone oral tablet* | 1 | |
| SAMSCA ORAL TABLET | 3 | PA |
| SOAANZ ORAL TABLET 40 MG | 3 | ST |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| THALITONE ORAL TABLET | 3 | |
| *tolvaptan (hyponatremia) oral tablet* | 3 | PA |
| *tolvaptan oral tablet* | 3 | PA |
| *tolvaptan oral tablet therapy pack* | 3 | PA |
| *torsemide oral tablet* | 1 | |
| *triamterene oral capsule* | 3 | |
| *triamterene-hctz oral capsule 37.5-25 mg* | 1 | |
| *triamterene-hctz oral tablet* | 1 | |
| ***Ion-Removing Agents*** | | |
| FOSRENOL ORAL PACKET | 3 | |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG | 3 | |
| KIONEX COMBINATION SUSPENSION | 3 | |
| *lanthanum carbonate oral tablet chewable* | 3 | |
| LOKELMA ORAL PACKET | 3 | PA |
| *sevelamer carbonate oral packet* | 3 | |
| *sevelamer carbonate oral tablet* | 3 | |
| *sevelamer hcl oral tablet* | 3 | |
| *sodium polystyrene sulfonate combination suspension* | 3 | |
| *sodium polystyrene sulfonate oral powder* | 2 | |
| SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION | 3 | |
| VELPHORO ORAL TABLET CHEWABLE | 3 | |
| VELTASSA ORAL PACKET | 2 | |
| ***Irrigating Solutions*** | | |
| *sodium chloride irrigation solution 0.9 %* | 1 | |
| ***Replacement Preparations*** | | |
| *calcium acetate (phos binder) oral capsule* | 2 | |
| *calcium acetate (phos binder) oral tablet* | 2 | |
| *dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %* | 3 | |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION | 3 | |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION | 3 | |
| *kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%* | 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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KLOR-CON ORAL PACKET 20 MEQ | 3 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE | 1 | |
| *multiple electro type 1 ph 7.4 intravenous solution* | 3 | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | 3 | |
| POKONZA ORAL PACKET | 3 | PA |
| POKONZA ORAL SOLUTION | 3 | PA |
| *potassium chloride crys er oral tablet extended release* | 1 | |
| *potassium chloride er oral capsule extended release* | 1 | |
| *potassium chloride er oral tablet extended release* | 1 | |
| *potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%* | 3 | |
| *potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml* | 3 | |
| *potassium chloride oral packet 20 meq* | 3 | |
| *potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)* | 3 | |
| *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) |
| SEPHIENCE ORAL PACKET | 3 | PA |
| ZELVYSIA ORAL PACKET | 3 | |
| ***Enzyme Inhibitors*** | | |
| HARLIKU ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| ***Enzymes*** | | |
| LOARGYS INJECTION SOLUTION | 3 | PA |
| 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 |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 (31 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 | 3 | |
| AZOPT OPHTHALMIC SUSPENSION | 3 | |
| *betaxolol hcl ophthalmic solution* | 2 | |
| BETIMOL OPHTHALMIC SOLUTION 0.5 % | 3 | |
| *bimatoprost ophthalmic solution 0.03 %* | 3 | |
| *brimonidine tartrate ophthalmic solution 0.1 %* | 2 | |
| *brimonidine tartrate ophthalmic solution 0.15 %* | 3 | |
| *brimonidine tartrate ophthalmic solution 0.2 %* | 1 | |
| *brimonidine tartrate-timolol ophthalmic solution* | 2 | |
| *brinzolamide ophthalmic suspension* | 3 | |
| *carteolol hcl ophthalmic solution* | 1 | |
| COMBIGAN OPHTHALMIC SOLUTION | 3 | |
| COSOPT OPHTHALMIC SOLUTION | 3 | |
| COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % | 3 | |
| *dorzolamide hcl ophthalmic solution* | 1 | |
| *dorzolamide hcl-timolol mal ophthalmic solution* | 1 | |
| *dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %* | 3 | |
| ISTALOL OPHTHALMIC SOLUTION | 3 | |
| IYUZEH OPHTHALMIC SOLUTION | 3 | ST |
| *latanoprost ophthalmic solution* | 1 | |
| *levobunolol hcl ophthalmic solution 0.5 %* | 1 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 2 | |
| *methazolamide oral tablet* | 3 | |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED | 3 | |
| *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %* | 2 | |
| *pilocarpine hcl ophthalmic solution 1.25 %* | 3 | PA |
| ROCKLATAN OPHTHALMIC SOLUTION | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SIMBRINZA OPHTHALMIC SUSPENSION | 2 | |
| *tafluprost (pf) ophthalmic solution* | 3 | |
| *timolol hemihydrate ophthalmic solution* | 1 | |
| *timolol maleate (once-daily) ophthalmic solution* | 3 | |
| *timolol maleate ophthalmic gel forming solution* | 3 | |
| *timolol maleate ophthalmic solution* | 1 | |
| *timolol maleate pf ophthalmic solution* | 3 | |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION | 3 | |
| TRAVATAN Z OPHTHALMIC SOLUTION | 3 | ST |
| *travoprost (bak free) ophthalmic solution* | 2 | |
| VYZULTA OPHTHALMIC SOLUTION | 3 | |
| XALATAN OPHTHALMIC SOLUTION | 3 | ST |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % | 3 | |
| ***Anti-Infectives*** | | |
| AZASITE OPHTHALMIC SOLUTION | 3 | |
| *bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm* | 1 | |
| BESIVANCE OPHTHALMIC SUSPENSION | 3 | |
| *chlorhexidine gluconate mouth/throat solution* | 1 | |
| CILOXAN OPHTHALMIC OINTMENT | 3 | |
| *ciprofloxacin hcl ophthalmic solution* | 1 | |
| *ciprofloxacin hcl otic solution* | 3 | |
| *erythromycin ophthalmic ointment* | 1 | |
| *gatifloxacin ophthalmic solution* | 2 | |
| *gentamicin sulfate ophthalmic solution* | 1 | |
| *levofloxacin ophthalmic solution 0.5 %* | 3 | |
| *moxifloxacin hcl ophthalmic solution* | 2 | |
| NATACYN OPHTHALMIC SUSPENSION | 3 | |
| *neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000* | 2 | |
| *neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025* | 2 | |
| OCUFLOX OPHTHALMIC SOLUTION | 3 | |
| *ofloxacin ophthalmic solution* | 1 | |
| *ofloxacin otic solution* | 1 | |
| PERIOGARD MOUTH/THROAT SOLUTION | 3 | |
| *polymyxin b-trimethoprim ophthalmic solution* | 1 | |
| *sulfacetamide sodium ophthalmic solution* | 2 | |
| *tobramycin ophthalmic solution* | 1 | |

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LOTEMAX OPHTHALMIC SUSPENSION | 3 | |
| LOTEMAX SM OPHTHALMIC GEL | 3 | |
| *loteprednol etabonate ophthalmic gel* | 3 | |
| *loteprednol etabonate ophthalmic suspension* | 3 | |
| MAXIDEX OPHTHALMIC SUSPENSION | 3 | |
| MAXITROL OPHTHALMIC OINTMENT | 3 | |
| MAXITROL OPHTHALMIC SUSPENSION 0.1 % | 3 | |
| *mometasone furoate nasal suspension* | 3 | QL (34 GM per 30 days) |
| *neomycin-polymyxin-dexameth ophthalmic ointment* | 1 | |
| *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1* | 1 | |
| *neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1* | 3 | |
| *neomycin-polymyxin-hc otic solution 1 %* | 2 | |
| *neomycin-polymyxin-hc otic suspension* | 2 | |
| NEVANAC OPHTHALMIC SUSPENSION | 3 | |
| OMNARIS NASAL SUSPENSION | 3 | ST |
| PRED FORTE OPHTHALMIC SUSPENSION | 3 | |
| PRED MILD OPHTHALMIC SUSPENSION | 3 | |
| *prednisolone acetate ophthalmic suspension* | 2 | |
| *prednisolone sodium phosphate ophthalmic solution* | 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) |
| *sulfacetamide-prednisolone ophthalmic solution* | 3 | |
| TOBRADEX OPHTHALMIC OINTMENT | 3 | |
| TOBRADEX ST OPHTHALMIC SUSPENSION | 3 | |
| *tobramycin-dexamethasone ophthalmic suspension* | 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*** | | |
| *acetic acid otic solution* | 1 | |
| *apraclonidine hcl ophthalmic solution* | 2 | |
| CYSTADROPS OPHTHALMIC SOLUTION | 3 | PA; QL (20 ML per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CYSTARAN OPHTHALMIC SOLUTION | 3 | PA; QL (60 ML per 28 days) |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | 3 | |
| MIEBO OPHTHALMIC SOLUTION | 3 | QL (3 ML per 30 days) |
| OXERVATE OPHTHALMIC SOLUTION | 3 | PA; QL (56 ML per 28 days) |
| RHOPRESSA OPHTHALMIC SOLUTION | 2 | |
| TRYPTYR OPHTHALMIC SOLUTION | 3 | ST; QL (60 EA per 30 days) |
| TYRVAYA NASAL SOLUTION | 3 | QL (8.4 ML per 30 days) |
| ***Local Anesthetics*** | | |
| *lidocaine viscous hcl mouth/throat solution* | 1 | |
| ***Mydriatics*** | | |
| *atropine sulfate ophthalmic solution 1 %* | 2 | |
| ***Vasoconstrictors*** | | |
| *oxymetazoline hcl external cream* | 3 | |
| **Eye, Ear, Nose + Throat Preparations** | | |
| ***Antiglaucoma Agents*** | | |
| ZOLYMBUS OPHTHALMIC GEL | 3 | ST |
| ***Anti-Infectives*** | | |
| *besifloxacin hcl ophthalmic suspension* | 3 | PA |
| XTORO OTIC SUSPENSION | 3 | ST |
| ***Anti-Inflammatory Agents*** | | |
| *loteprednol-tobramycin ophthalmic suspension* | 3 | |
| **Eye, Ear, Nose, & Throat Preparations** | | |
| ***Antiglaucoma Agents*** | | |
| *bimatoprost ophthalmic solution 0.01 %* | 3 | ST |
| **Gastrointestinal Drugs** | | |
| ***Antidiarrhea Agents*** | | |
| *diphenoxylate-atropine oral liquid* | 3 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 2 | |
| LOMOTIL ORAL TABLET | 3 | |
| *loperamide hcl oral capsule* | 1 | |
| MOTOFEN ORAL TABLET | 3 | |
| MYTESI ORAL TABLET DELAYED RELEASE | 3 | PA |
| XERMELO ORAL TABLET | 3 | PA |
| ***Antiemetics*** | | |
| *aprepitant oral capsule 125 mg* | 3 | PA; QL (4 EA per 30 days) |
| *aprepitant oral capsule 40 mg, 80 mg* | 3 | PA; QL (8 EA per 30 days) |
| *aprepitant oral capsule therapy pack* | 3 | PA; QL (12 EA per 30 days) |
| BONJESTA ORAL TABLET EXTENDED RELEASE | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DICLEGIS ORAL TABLET DELAYED RELEASE | 3 | |
| *doxylamine-pyridoxine oral tablet delayed release* | 3 | |
| *dronabinol oral capsule 10 mg* | 3 | PA |
| *dronabinol oral capsule 2.5 mg, 5 mg* | 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 THERAPY PACK | 3 | PA; QL (12 EA per 30 days) |
| *granisetron hcl oral tablet* | 1 | PA; QL (60 EA per 30 days) |
| GRANISOL ORAL SOLUTION | 3 | PA; QL (150 ML per 30 days) |
| MARINOL ORAL CAPSULE 2.5 MG | 3 | PA |
| *meclizine hcl oral tablet 12.5 mg, 25 mg* | 1 | |
| *meclizine hcl oral tablet 50 mg* | 3 | |
| *meclizine hcl oral tablet chewable* | 3 | |
| NEREUS ORAL CAPSULE | 3 | PA; QL (36 EA per 365 days) |
| *ondansetron hcl oral solution 4 mg/5ml* | 1 | PA |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 1 | PA; QL (45 EA per 30 days) |
| *ondansetron oral tablet dispersible 4 mg, 8 mg* | 1 | PA; QL (45 EA per 30 days) |
| SANCUSO TRANSDERMAL PATCH | 3 | ST; QL (4 EA per 28 days) |
| *scopolamine transdermal patch 72 hour* | 3 | |
| *trimethobenzamide hcl oral capsule* | 3 | |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA |
| ***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 24 hour* | 3 | |
| *mesalamine er oral capsule extended release 500 mg* | 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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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 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 | |
| KONVOMEP ORAL SUSPENSION RECONSTITUTED | 3 | ST; QL (600 ML per 30 days) |
| *lansoprazole oral capsule delayed release* | 1 | QL (60 EA per 30 days) |
| *lansoprazole oral tablet delayed release dispersible* | 3 | QL (60 EA per 30 days) |
| *misoprostol oral tablet* | 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) |
| *nizatidine oral capsule* | 3 | |
| *omeprazole oral capsule delayed release* | 1 | QL (60 EA per 30 days) |
| *omeprazole-sodium bicarbonate oral capsule* | 3 | ST; QL (30 EA per 30 days) |
| *omeprazole-sodium bicarbonate oral packet* | 3 | ST; QL (30 EA per 30 days) |
| *pantoprazole sodium oral packet* | 3 | QL (60 EA per 30 days) |
| *pantoprazole sodium oral tablet delayed release* | 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 | |
| *rabeprazole sodium oral tablet delayed release* | 2 | ST; QL (30 EA per 30 days) |
| *ranitidine hcl oral tablet 150 mg, 300 mg* | 3 | ST |
| *sucralfate oral suspension* | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sucralfate oral tablet* | 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 | |
| *na sulfate-k sulfate-mg sulf oral solution* | 3 | |
| *peg 3350-kcl-na bicarb-nacl oral solution reconstituted* | 1 | |
| *peg-3350/electrolytes oral solution reconstituted* | 1 | |
| *peg-3350/electrolytes/ascorbat oral solution reconstituted* | 3 | |
| SUFLAVE ORAL SOLUTION RECONSTITUTED | 3 | |
| SUPREP BOWEL PREP KIT ORAL SOLUTION | 3 | |
| SUTAB ORAL TABLET | 2 | |
| ***Cholelitholytic Agents*** | | |
| 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 | |
| *ursodiol oral capsule 200 mg, 400 mg* | 3 | |
| *ursodiol oral capsule 300 mg* | 2 | |
| *ursodiol oral tablet* | 3 | |
| ***Digestants*** | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES | 2 | |
| GATTEX SUBCUTANEOUS KIT | 3 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| ***Gi Drugs, Miscellaneous*** | | |
| AMITIZA ORAL CAPSULE | 3 | ST; QL (60 EA per 30 days) |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE | 3 | PA |
| BYLVAY ORAL CAPSULE | 3 | PA |
| 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) |
| *lubiprostone oral capsule* | 2 | QL (60 EA per 30 days) |
| MOTEGRITY ORAL TABLET | 3 | ST |
| MOVANTIK ORAL TABLET | 2 | |
| *prucalopride succinate oral tablet* | 3 | |
| RELISTOR ORAL TABLET | 3 | ST |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML | 3 | ST |
| RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 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 AUTO-INJECTOR 200 MG/2ML | 3 | PA |
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | 3 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Prokinetic Agents*** | | |
| GIMOTI NASAL SOLUTION | 3 | ST |
| *metoclopramide hcl oral solution 5 mg/5ml* | 3 | |
| *metoclopramide hcl oral tablet* | 1 | |
| REGLAN ORAL TABLET | 3 | |
| **Gold Compounds** | | |
| ***Gold Compounds*** | | |
| *auranofin oral capsule* | 3 | |
| 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 |
| *deferasirox granules oral packet* | 3 | PA |
| *deferasirox oral tablet* | 2 | PA |
| *deferasirox oral tablet soluble 125 mg* | 3 | PA |
| *deferasirox oral tablet soluble 250 mg, 500 mg* | 1 | PA |
| *deferiprone oral tablet 1000 mg* | 3 | PA |
| *deferiprone oral tablet 500 mg* | 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 |
| *penicillamine oral capsule* | 3 | |
| *penicillamine oral tablet* | 3 | |
| SYPRINE ORAL CAPSULE | 3 | |
| *trientine hcl oral capsule 250 mg* | 3 | |
| *trientine hcl oral capsule 500 mg* | 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 | 2 | QL (30 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| *beclomethasone diprop hfa inhalation aerosol solution* | 3 | ST |
| 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 160-18-4.8 MCG/ACT | 2 | QL (10.7 GM per 30 days) |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT | 2 | QL (23.6 GM per 28 days) |
| *budesonide er oral tablet extended release 24 hour* | 1 | QL (30 EA per 30 days) |
| *budesonide inhalation suspension* | 3 | PA; QL (120 ML per 30 days) |
| *budesonide oral capsule delayed release particles* | 3 | |
| *budesonide-formoterol fumarate inhalation aerosol* | 3 | QL (13.8 GM per 30 days) |
| CORTEF ORAL TABLET | 3 | |
| *deflazacort oral suspension* | 3 | PA |
| *deflazacort oral tablet* | 3 | PA |
| *dexamethasone oral solution* | 1 | |
| *dexamethasone oral tablet* | 1 | |
| *dexamethasone oral tablet therapy pack* | 3 | |
| DEXLYT ORAL TABLET | 3 | ST |
| DULERA INHALATION AEROSOL | 3 | QL (13 GM per 30 days) |
| EMFLAZA ORAL SUSPENSION | 3 | PA |
| EMFLAZA ORAL TABLET | 3 | PA |
| EOHILIA ORAL SUSPENSION | 3 | PA; QL (600 ML per 30 days) |
| *fludrocortisone acetate oral tablet* | 2 | |
| *fluticasone furoate ellipta inhalation aerosol powder breath activated* | 3 | PA; QL (30 EA per 30 days) |
| *fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act* | 2 | QL (60 EA per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act* | 3 | ST; QL (120 EA per 30 days) |
| *fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act* | 3 | ST; QL (240 EA per 30 days) |
| *fluticasone propionate hfa inhalation aerosol 110 mcg/act* | 3 | ST; QL (12 GM per 30 days) |
| *fluticasone propionate hfa inhalation aerosol 220 mcg/act* | 3 | ST; QL (24 GM per 30 days) |
| *fluticasone propionate hfa inhalation aerosol 44 mcg/act* | 3 | ST; QL (10.6 GM per 30 days) |
| HEMADY ORAL TABLET | 3 | |
| *hydrocortisone oral tablet* | 2 | |
| INTRAROSA VAGINAL INSERT | 3 | PA |
| *jaythari oral suspension* | 3 | PA |
| *jaythari oral tablet* | 3 | PA |
| KHINDIVI ORAL SOLUTION | 3 | PA |
| KYMBEE ORAL SUSPENSION | 3 | PA |
| KYMBEE ORAL TABLET | 3 | PA |
| MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG | 3 | |
| MEDROL ORAL TABLET THERAPY PACK | 3 | |
| *methylprednisolone oral tablet* | 1 | |
| *methylprednisolone oral tablet therapy pack* | 1 | |
| ORAPRED ODT ORAL TABLET DISPERSIBLE | 3 | |
| *prednisolone oral solution* | 1 | |
| *prednisolone oral tablet* | 3 | PA |
| *prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml* | 3 | |
| *prednisolone sodium phosphate oral tablet dispersible* | 3 | |
| PREDNISONE INTENSOL ORAL CONCENTRATE | 3 | |
| *prednisone oral solution* | 3 | |
| *prednisone oral tablet* | 1 | |
| *prednisone oral tablet delayed release* | 3 | PA |
| *prednisone oral tablet therapy pack* | 1 | |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | 3 | ST |
| PULMICORT INHALATION SUSPENSION | 3 | PA; QL (120 ML per 30 days) |
| PYQUVI ORAL SUSPENSION | 3 | PA |
| 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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; QL (30 EA per 30 days) |
| ***Androgens*** | | |
| AVEED INTRAMUSCULAR SOLUTION | 3 | PA |
| *danazol oral capsule* | 3 | |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | 3 | PA |
| JATENZO ORAL CAPSULE | 3 | PA |
| KYZATREX ORAL CAPSULE 150 MG, 200 MG | 3 | PA |
| *methitest oral tablet* | 3 | |
| *methyltestosterone oral capsule* | 3 | |
| TESTIM TRANSDERMAL GEL | 3 | ST |
| *testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)* | 1 | PA |
| *testosterone enanthate intramuscular solution* | 2 | PA |
| *testosterone transdermal gel 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%)* | 3 | PA |
| *testosterone transdermal gel 20.25 mg/act (1.62%)* | 2 | PA |
| *testosterone transdermal solution* | 3 | PA |
| TLANDO ORAL CAPSULE | 3 | PA |
| VOGELXO PUMP TRANSDERMAL GEL | 3 | ST |
| VOGELXO TRANSDERMAL GEL | 3 | ST |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| ***Antidiabetic Agents*** | | |
| *acarbose oral tablet* | 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 |
| *alogliptin benzoate oral tablet* | 1 | QL (30 EA per 30 days) |
| *alogliptin-metformin hcl oral tablet* | 1 | QL (60 EA per 30 days) |
| *alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg* | 1 | QL (30 EA per 30 days) |
| APIDRA INJECTION SOLUTION | 3 | ST |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST |
| BRYNOVIN ORAL SOLUTION | 3 | ST; QL (120 ML per 30 days) |
| CYCLOSET ORAL TABLET | 3 | QL (180 EA per 30 days) |
| *dapagliflozin oral tablet* | 2 | QL (30 EA per 30 days) |
| *dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg* | 2 | QL (30 EA per 30 days) |
| *dapagliflozin-metformin hcl er oral tablet extended release 24 hour 5-1000 mg* | 2 | QL (60 EA per 30 days) |
| *dapagliflozin-saxagliptin oral tablet* | 3 | ST; QL (30 EA per 30 days) |
| DUETACT ORAL TABLET | 3 | QL (30 EA 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 | |
| *glimepiride oral tablet 1 mg, 2 mg* | 1 | QL (120 EA per 30 days) |
| *glimepiride oral tablet 3 mg* | 3 | QL (60 EA per 30 days) |
| *glimepiride oral tablet 4 mg* | 1 | QL (60 EA per 30 days) |
| *glipizide er oral tablet extended release 24 hour 10 mg* | 1 | QL (60 EA per 30 days) |
| *glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg* | 1 | QL (120 EA per 30 days) |
| *glipizide oral tablet 10 mg* | 1 | QL (120 EA per 30 days) |
| *glipizide oral tablet 15 mg* | 1 | QL (60 EA per 30 days) |
| *glipizide oral tablet 2.5 mg* | 3 | QL (480 EA per 30 days) |
| *glipizide oral tablet 5 mg* | 1 | QL (240 EA per 30 days) |
| *glipizide-metformin hcl oral tablet 2.5-250 mg* | 1 | QL (180 EA per 30 days) |
| *glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg* | 1 | QL (120 EA per 30 days) |
| GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG | 3 | QL (120 EA per 30 days) |
| *glyburide oral tablet 1.25 mg, 2.5 mg* | 1 | QL (240 EA per 30 days) |
| *glyburide oral tablet 5 mg* | 1 | QL (120 EA per 30 days) |
| *glyburide-metformin oral tablet* | 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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| 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 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | |
| *insulin glargine max solostar subcutaneous solution pen-injector* | 3 | PA |
| *insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml* | 3 | PA |
| *insulin glargine-yfgn subcutaneous solution* | 3 | ST |
| *insulin glargine-yfgn subcutaneous solution pen-injector* | 3 | ST |
| *insulin lispro (1 unit dial) subcutaneous solution pen-injector* | 2 | |
| *insulin lispro injection solution* | 2 | |
| *insulin lispro junior kwikpen subcutaneous solution pen-injector* | 2 | |
| *insulin lispro prot & lispro subcutaneous suspension pen-injector* | 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; QL (30 EA per 30 days) |
| KIRSTY INJECTION SOLUTION | 3 | ST |
| KIRSTY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST |
| KORLYM ORAL TABLET | 3 | PA |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | |
| LANTUS SUBCUTANEOUS SOLUTION | 2 | |
| *liraglutide subcutaneous solution pen-injector* | 2 | PA; QL (9 ML per 30 days) |
| LYUMJEV INJECTION SOLUTION | 3 | ST |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST |
| MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST |
| MERILOG SUBCUTANEOUS SOLUTION | 3 | ST |
| *metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg* | 3 | PA; QL (60 EA per 30 days) |
| *metformin hcl er (mod) oral tablet extended release 24 hour 500 mg* | 3 | PA; QL (120 EA per 30 days) |
| *metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg* | 3 | ST; QL (60 EA per 30 days) |
| *metformin hcl er (osm) oral tablet extended release 24 hour 500 mg* | 3 | ST; QL (120 EA per 30 days) |
| *metformin hcl er oral tablet extended release 24 hour 500 mg* | 1 | QL (120 EA per 30 days) |
| *metformin hcl er oral tablet extended release 24 hour 750 mg* | 1 | QL (60 EA per 30 days) |
| *metformin hcl oral solution* | 1 | QL (765 ML per 30 days) |
| *metformin hcl oral tablet 1000 mg* | 1 | QL (60 EA per 30 days) |
| *metformin hcl oral tablet 500 mg* | 1 | QL (150 EA per 30 days) |
| *metformin hcl oral tablet 625 mg, 750 mg* | 3 | PA; QL (120 EA per 30 days) |
| *metformin hcl oral tablet 850 mg* | 1 | QL (90 EA per 30 days) |
| *mifepristone oral tablet 300 mg* | 3 | PA |
| *miglitol oral tablet* | 1 | QL (90 EA per 30 days) |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; QL (2 ML per 28 days) |
| *nateglinide oral tablet 120 mg* | 1 | QL (90 EA per 30 days) |
| *nateglinide oral tablet 60 mg* | 1 | QL (180 EA per 30 days) |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| 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) |
| OZEMPIC ORAL TABLET 1.5 MG | 2 | PA; QL (60 EA per 365 days) |
| OZEMPIC ORAL TABLET 4 MG, 9 MG | 2 | PA; QL (30 EA per 30 days) |
| *pioglitazone hcl oral tablet* | 1 | QL (30 EA per 30 days) |
| *pioglitazone hcl-glimepiride oral tablet* | 1 | QL (30 EA per 30 days) |
| *pioglitazone hcl-metformin hcl oral tablet* | 1 | QL (90 EA per 30 days) |
| *repaglinide oral tablet 0.5 mg* | 1 | QL (360 EA per 30 days) |
| *repaglinide oral tablet 1 mg* | 1 | QL (480 EA per 30 days) |
| *repaglinide oral tablet 2 mg* | 1 | QL (240 EA per 30 days) |
| REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST |
| *saxagliptin hcl oral tablet* | 3 | ST; QL (30 EA per 30 days) |
| *saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg* | 3 | ST; QL (60 EA per 30 days) |
| *saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg* | 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 |
| *sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg, 50-500 mg* | 3 | ST; QL (30 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sitaglip phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg* | 3 | ST; QL (60 EA per 30 days) |
| *sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg, 50-500 mg* | 3 | ST; QL (30 EA per 30 days) |
| *sitaglipt base-metform hcl er oral tablet extended release 24 hour 50-1000 mg* | 3 | ST; QL (60 EA per 30 days) |
| *sitagliptin base-metformin hcl oral tablet* | 3 | ST; QL (60 EA per 30 days) |
| *sitagliptin oral tablet* | 3 | ST; QL (30 EA per 30 days) |
| *sitagliptin phos-metformin hcl oral tablet* | 2 | QL (60 EA per 30 days) |
| *sitagliptin phosphate oral tablet* | 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 |
| 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 | 2 | QL (30 EA per 30 days) |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | ST |
| TRESIBA SUBCUTANEOUS SOLUTION | 3 | ST |
| 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 ORAL TABLET 1.5 MG | 2 | PA; QL (60 EA per 365 days) |
| WEGOVY ORAL TABLET 25 MG, 4 MG, 9 MG | 2 | PA; QL (30 EA per 30 days) |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML | 2 | PA; QL (2 ML per 28 days) |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML | 2 | PA; QL (3 ML per 28 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG | 2 | QL (30 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG | 2 | QL (60 EA per 30 days) |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL (15 ML per 30 days) |
| ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL (2.4 ML per 28 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 | |
| *diazoxide oral suspension* | 2 | |
| *glucagon emergency injection solution reconstituted 1 mg* | 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 | |
| ***Contraceptives*** | | |
| ALTAVERA ORAL TABLET | 1 | |
| *alyacen 1/35 oral tablet* | 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 | |
| *briellyn oral tablet* | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CAMILA ORAL TABLET | 1 | |
| CAMRESE LO ORAL TABLET | 3 | |
| CRYSELLE ORAL TABLET | 1 | |
| CYRED EQ ORAL TABLET | 1 | |
| DEBLITANE ORAL TABLET | 2 | |
| DOLISHALE ORAL TABLET | 1 | |
| *drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg* | 3 | |
| *drospirenone-ethinyl estradiol oral tablet* | 1 | |
| ELURYNG VAGINAL RING | 2 | |
| ENILLORING VAGINAL RING | 2 | |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG | 1 | |
| ERRIN ORAL TABLET | 1 | |
| ESTARYLLA ORAL TABLET | 1 | |
| *etonogestrel-ethinyl estradiol vaginal ring* | 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 | |
| HAILEY FE 1/20 ORAL TABLET | 1 | |
| 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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KARIVA ORAL TABLET | 1 | |
| KELNOR 1/35 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 | |
| LEVONEST ORAL TABLET | 1 | |
| *levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg* | 3 | |
| *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg* | 1 | |
| *levonorgest-eth estradiol-iron oral tablet* | 3 | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg* | 1 | |
| *levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg* | 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 | |
| LUIZZA 1.5/30 ORAL TABLET | 3 | |
| LUIZZA 1/20 ORAL TABLET | 3 | |
| LYLEQ ORAL TABLET | 1 | |
| LYZA ORAL TABLET | 1 | |
| *marlissa oral tablet* | 1 | |
| MELEYA ORAL TABLET | 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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MILI ORAL TABLET | 1 | |
| MINZOYA ORAL TABLET | 3 | |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 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 | |
| NORA-BE ORAL TABLET | 2 | |
| *norelgestromin-eth estradiol transdermal patch weekly* | 2 | |
| *norethin ace-eth estrad-fe oral capsule* | 3 | |
| *norethin ace-eth estrad-fe oral tablet chewable* | 3 | |
| *norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg* | 1 | |
| *norethindrone oral tablet* | 1 | |
| *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg* | 1 | |
| *norgestim-eth estrad triphasic oral tablet* | 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 | |
| ORQUIDEA 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 | |
| SLYND ORAL TABLET | 3 | |
| SPRINTEC 28 ORAL TABLET | 1 | |
| SYEDA ORAL TABLET | 1 | |
| TARINA 24 FE ORAL TABLET | 1 | |
| TARINA FE 1/20 EQ ORAL TABLET | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| TRI-VYLIBRA LO ORAL TABLET | 1 | |
| TRI-VYLIBRA ORAL TABLET | 1 | |
| TURQOZ ORAL TABLET | 1 | |
| TWIRLA TRANSDERMAL PATCH WEEKLY | 3 | |
| TYBLUME ORAL TABLET CHEWABLE | 3 | |
| TYDEMY ORAL TABLET | 3 | |
| VALTYA 1/35 ORAL TABLET | 3 | |
| VALTYA 1/50 ORAL TABLET | 3 | |
| VELIVET ORAL TABLET | 1 | |
| VESTURA ORAL TABLET | 1 | |
| VIENVA ORAL TABLET | 1 | |
| *viorele oral tablet* | 3 | |
| 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 |
| *anastrozole oral tablet* | 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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DEPO-ESTRADIOL INTRAMUSCULAR OIL | 3 | |
| DOTTI TRANSDERMAL PATCH TWICE WEEKLY | 3 | |
| DUAVEE ORAL TABLET | 3 | |
| ESTRACE VAGINAL CREAM 0.01 % | 3 | |
| *estradiol oral tablet* | 1 | |
| *estradiol transdermal patch twice weekly* | 2 | |
| *estradiol transdermal patch weekly* | 2 | |
| *estradiol vaginal cream 0.01 %* | 2 | |
| *estradiol vaginal tablet* | 3 | |
| *estradiol valerate intramuscular oil* | 3 | |
| *estradiol-norethindrone acet oral tablet* | 3 | PA |
| ESTRING VAGINAL RING 7.5 MCG/24HR | 3 | |
| EVAMIST TRANSDERMAL SOLUTION | 3 | PA |
| EVISTA ORAL TABLET | 3 | |
| *exemestane oral tablet* | 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 | |
| *letrozole oral tablet* | 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 |
| *norethindrone-eth estradiol oral tablet* | 3 | PA |
| OSPHENA ORAL TABLET | 3 | PA |
| PREMARIN ORAL TABLET | 2 | PA |
| PREMARIN VAGINAL CREAM | 2 | |
| PREMPHASE ORAL TABLET | 2 | |
| PREMPRO ORAL TABLET | 2 | |
| *raloxifene hcl oral tablet* | 1 | |
| SOLTAMOX ORAL SOLUTION | 3 | |
| *tamoxifen citrate oral tablet* | 1 | |
| *toremifene citrate oral tablet* | 1 | |
| VAGIFEM VAGINAL TABLET 10 MCG | 3 | |
| VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY | 3 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| YUVAFEM VAGINAL TABLET | 3 | |
| ***Estrogens, Antiestrogens & Estrogen Agonist-Antagonists*** | | |
| ABIGALE LO ORAL TABLET | 3 | PA |
| ABIGALE ORAL TABLET | 3 | PA |
| BIJUVA ORAL CAPSULE | 3 | PA |
| DIVIGEL TRANSDERMAL GEL | 3 | PA |
| ELESTRIN TRANSDERMAL GEL | 3 | PA |
| *estradiol transdermal gel* | 3 | PA |
| *estrogens conjugated oral tablet* | 3 | PA; QL (30 EA per 30 days) |
| ***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 | PA |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 3 | PA |
| *leuprolide acetate injection kit* | 3 | |
| 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 | |
| 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 |
| ORILISSA ORAL TABLET 150 MG | 3 | PA; QL (30 EA per 30 days) |
| ORILISSA ORAL TABLET 200 MG | 3 | PA; QL (60 EA per 30 days) |
| SYNAREL NASAL SOLUTION | 3 | |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | PA |
| VABRINTY SUBCUTANEOUS KIT 22.5 MG | 3 | PA; QL (1 EA per 84 days) |
| VABRINTY SUBCUTANEOUS KIT 30 MG | 3 | PA; QL (1 EA per 112 days) |
| VABRINTY SUBCUTANEOUS KIT 45 MG | 3 | PA; QL (1 EA per 168 days) |
| VABRINTY SUBCUTANEOUS KIT 7.5 MG | 3 | PA; QL (1 EA per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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) |
| *calcitonin (salmon) nasal solution* | 2 | |
| *cinacalcet hcl oral tablet* | 3 | |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML | 3 | PA; QL (2.4 ML per 28 days) |
| *teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml* | 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 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 | |
| DESMODA ORAL SOLUTION | 3 | PA |
| *desmopressin ace spray refrig nasal solution* | 3 | |
| *desmopressin acetate oral tablet* | 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 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 2 | |
| GALLIFREY ORAL TABLET | 1 | |
| *medroxyprogesterone acetate intramuscular suspension* | 2 | |
| *medroxyprogesterone acetate intramuscular suspension prefilled syringe* | 2 | |
| *medroxyprogesterone acetate oral tablet* | 1 | |
| *megestrol acetate oral suspension 40 mg/ml* | 2 | |
| *megestrol acetate oral suspension 625 mg/5ml* | 3 | |
| *megestrol acetate oral tablet* | 2 | |
| *norethindrone acetate oral tablet* | 1 | |
| *progesterone oral capsule* | 2 | |
| PROMETRIUM ORAL CAPSULE | 3 | |
| PROVERA ORAL TABLET 5 MG | 3 | |
| ***Somatostatin Agonists And Antagonists*** | | |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE | 3 | PA |
| *octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml* | 3 | PA |
| PALSONIFY ORAL TABLET 20 MG | 3 | PA; QL (60 EA per 30 days) |
| PALSONIFY ORAL TABLET 30 MG | 3 | PA; QL (120 EA per 30 days) |
| 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 |
| EGRIFTA WR SUBCUTANEOUS KIT | 3 | PA; QL (4 EA per 28 days) |
| GENOTROPIN MINIQUICK 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 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML | 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 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG | 3 | PA |
| ***Thyroid And Antithyroid Agents*** | | |
| CYTOMEL ORAL TABLET | 3 | |
| *levothyroxine sodium oral capsule* | 3 | |
| *levothyroxine sodium oral tablet* | 1 | |
| LEVOXYL ORAL TABLET | 2 | |
| LIOMNY ORAL TABLET | 1 | |
| *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 | |
| THYQUIDITY ORAL SOLUTION | 3 | |
| TIROSINT ORAL CAPSULE | 3 | |
| TIROSINT-SOL ORAL SOLUTION | 3 | |
| UNITHROID ORAL TABLET | 2 | |
| **Immunomodulatory Agents** | | |
| ***Alzheimer Disease Agents*** | | |
| LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL (10 ML per 28 days) |
| LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL (7.2 ML per 28 days) |
| ***Bone-Modifying Agents*** | | |
| AUKELSO SUBCUTANEOUS SOLUTION | 3 | PA |
| BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (2 ML per 365 days) |
| BILPREVDA SUBCUTANEOUS SOLUTION | 3 | PA |
| BOMYNTRA SUBCUTANEOUS SOLUTION | 3 | PA |
| BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA |
| BOSAYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (2 ML per 365 days) |
| CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (2 ML per 365 days) |
| ENOBY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (2 ML per 365 days) |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (2.34 ML per 28 days) |
| JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (2 ML per 365 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OSENVELT SUBCUTANEOUS SOLUTION | 3 | PA |
| OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (2 ML per 365 days) |
| STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (2 ML per 365 days) |
| WYOST SUBCUTANEOUS SOLUTION | 3 | PA |
| XTRENBO SUBCUTANEOUS SOLUTION | 3 | PA |
| ***Disease-Modifying Antirheumatic Drugs*** | | |
| *adalimumab-aacf (2 pen) subcutaneous auto-injector kit* | 2 | PA; QL (2 EA per 28 days) |
| *adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit* | 2 | PA; QL (2 EA per 28 days) |
| *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 40 mg/0.4ml* | 3 | PA; QL (1.6 ML per 28 days) |
| *adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml* | 3 | PA |
| *adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml* | 3 | PA; QL (0.2 ML per 28 days) |
| *adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml* | 3 | PA; QL (0.4 ML per 28 days) |
| *adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml* | 3 | PA; QL (1.6 ML per 28 days) |
| *adalimumab-bwwd subcutaneous solution auto-injector* | 3 | PA; QL (2.4 ML per 28 days) |
| *adalimumab-bwwd subcutaneous solution prefilled syringe* | 3 | PA; QL (2.4 ML per 28 days) |
| *adalimumab-ryvk (1 pen) subcutaneous auto-injector kit* | 3 | PA |
| *adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit* | 3 | PA; QL (6 EA per 28 days) |
| AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA |
| CIMZIA (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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 2 | PA |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML | 3 | PA; QL (1.6 ML per 28 days) |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML | 3 | PA |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML | 3 | PA; QL (0.2 ML per 28 days) |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML | 3 | PA; QL (0.4 ML per 28 days) |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 3 | PA; QL (1.6 ML per 28 days) |
| HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL (3.2 ML per 365 days) |
| IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (3 ML per 84 days) |
| OTEZLA ORAL TABLET | 2 | PA |
| OTEZLA ORAL TABLET THERAPY PACK | 2 | PA |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | PA |
| OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK | 2 | PA |
| OTULFI SUBCUTANEOUS SOLUTION | 3 | PA; QL (3 ML per 84 days) |
| OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (3 ML per 84 days) |
| PYZCHIVA SUBCUTANEOUS SOLUTION | 3 | PA; QL (3 ML per 84 days) |
| PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 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 |
| SAPHNELO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| SAPHNELO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA |
| SELARSDI SUBCUTANEOUS SOLUTION | 3 | PA; QL (3 ML per 84 days) |
| SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (3 ML per 84 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 3 | PA |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML | 3 | PA; QL (2 EA per 28 days) |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML | 3 | PA; QL (6 EA per 28 days) |
| STARJEMZA SUBCUTANEOUS SOLUTION | 3 | PA; QL (3 ML per 84 days) |
| STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (3 ML per 84 days) |
| STEQEYMA SUBCUTANEOUS SOLUTION | 3 | PA; QL (3 ML per 84 days) |
| 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 |
| *ustekinumab subcutaneous solution* | 3 | PA; QL (3 ML per 84 days) |
| *ustekinumab subcutaneous solution prefilled syringe* | 3 | PA; QL (3 ML per 84 days) |
| *ustekinumab-aauz subcutaneous solution prefilled syringe* | 3 | PA; QL (3 ML per 84 days) |
| *ustekinumab-aekn subcutaneous solution prefilled syringe* | 3 | PA; QL (3 ML per 84 days) |
| *ustekinumab-ttwe subcutaneous solution* | 3 | PA; QL (3 ML per 84 days) |
| *ustekinumab-ttwe subcutaneous solution prefilled syringe* | 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) |
| ***Immunosuppressive Therapy*** | | |
| *tacrolimus er oral capsule extended release 24 hour* | 3 | PA |
| ***Multiple Sclerosis Agents*** | | |
| *cladribine (10 tabs) oral tablet therapy pack* | 3 | PA |
| *cladribine (4 tabs) oral tablet therapy pack* | 3 | PA |
| *cladribine (5 tabs) oral tablet therapy pack* | 3 | PA |
| *cladribine (6 tabs) oral tablet therapy pack* | 3 | PA |
| *cladribine (7 tabs) oral tablet therapy pack* | 3 | PA |
| *cladribine (9 tabs) oral tablet therapy pack* | 3 | PA |
| ***Myasthenia Gravis Agents*** | | |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (20 ML per 28 days) |

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

| Drug Name<br>Miscellaneous Therapeutic Agents | Drug Tier | Requirements/Limits |
|---|---|---|
| ***5-Alpha-Reductase Inhibitors*** | | |
| AVODART ORAL CAPSULE | 3 | |
| *dutasteride oral capsule* | 2 | |
| *dutasteride-tamsulosin hcl oral capsule* | 3 | |
| *finasteride oral tablet 5 mg* | 1 | |
| JALYN ORAL CAPSULE | 3 | |
| PROSCAR ORAL TABLET | 3 | |
| ***Antidotes*** | | |
| *acetylcysteine inhalation solution* | 1 | PA |
| *leucovorin calcium oral tablet* | 2 | |
| ***Antigout Agents*** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 1 | |
| *allopurinol oral tablet 200 mg* | 3 | ST |
| *colchicine oral capsule* | 3 | |
| *colchicine oral tablet* | 2 | |
| *febuxostat oral tablet* | 2 | ST |
| GLOPERBA ORAL SOLUTION | 3 | ST |
| MITIGARE ORAL CAPSULE | 3 | ST |
| 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) |
| *alendronate sodium oral solution* | 1 | QL (300 ML per 28 days) |
| *alendronate sodium oral tablet 10 mg* | 1 | QL (30 EA per 30 days) |
| *alendronate sodium oral tablet 35 mg, 70 mg* | 1 | QL (4 EA per 28 days) |
| ATELVIA ORAL TABLET DELAYED RELEASE | 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) |
| *ibandronate sodium oral tablet* | 2 | QL (1 EA per 30 days) |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (2 ML per 365 days) |
| *risedronate sodium oral tablet 150 mg* | 2 | QL (1 EA per 30 days) |
| *risedronate sodium oral tablet 30 mg* | 3 | QL (120 EA per 365 days) |
| *risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)* | 3 | QL (4 EA per 28 days) |
| *risedronate sodium oral tablet 5 mg* | 2 | QL (30 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *risedronate sodium oral tablet delayed release* | 3 | QL (4 EA per 28 days) |
| XGEVA SUBCUTANEOUS SOLUTION | 3 | PA |
| ***Carbonic Anhydrase Inhibitors*** | | |
| *dichlorphenamide oral tablet* | 3 | PA |
| KEVEYIS ORAL TABLET | 3 | PA |
| ***Cariostatic Agents*** | | |
| *sodium fluoride oral tablet 2.2 (1 f) mg* | 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 |
| 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) |
| ***Disease-Modifying Antirheumatic Drugs*** | | |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA |
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML | 3 | PA; QL (2 EA per 28 days) |
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML | 3 | PA; QL (6 EA per 28 days) |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA |
| *adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml* | 3 | PA |
| *adalimumab-aaty (2 pen) subcutaneous auto-injector kit* | 3 | PA |
| *adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit* | 3 | PA |
| *adalimumab-adbm (2 pen) subcutaneous auto-injector kit* | 3 | PA; QL (4 EA per 28 days) |
| *adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml* | 3 | PA; QL (2 EA per 28 days) |
| *adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml, 40 mg/0.8ml* | 3 | PA; QL (4 EA per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *adalimumab-fkjp (2 pen) subcutaneous auto-injector kit* | 3 | PA; QL (6 EA per 28 days) |
| *adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml* | 3 | PA; QL (2 EA per 28 days) |
| *adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml* | 3 | PA; QL (6 EA per 28 days) |
| *adalimumab-ryvk (2 pen) subcutaneous auto-injector kit* | 3 | PA |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML | 3 | PA; QL (2.4 ML per 28 days) |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML | 3 | PA; QL (4.8 EA per 28 days) |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML | 3 | PA; QL (1.6 ML per 28 days) |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 3 | PA; QL (2.4 ML per 28 days) |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML | 3 | PA; QL (4.8 EA per 28 days) |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (0.4 ML per 28 days) |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML | 3 | PA; QL (0.4 ML per 28 days) |
| CIBINQO ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | 3 | PA |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA |
| CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA; QL (4 EA per 28 days) |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML | 3 | PA; QL (2 EA per 28 days) |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML | 3 | PA; QL (4 EA per 28 days) |
| 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 40 MG/0.4ML | 3 | PA; QL (2.4 ML per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML | 3 | PA; QL (1.6 ML per 28 days) |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 3 | PA; QL (2.4 ML per 28 days) |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML | 3 | PA; QL (1.6 ML per 28 days) |
| 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 200 MG/1.14ML | 3 | PA |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA |
| *leflunomide oral tablet* | 3 | |
| OLUMIANT ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | 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 |
| *tofacitinib citrate er oral tablet extended release 24 hour* | 2 | PA |
| *tofacitinib citrate oral solution* | 2 | PA |
| *tofacitinib citrate oral tablet* | 2 | PA |
| XELJANZ ORAL SOLUTION | 3 | PA |
| XELJANZ ORAL TABLET | 3 | PA |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA |
| YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML | 3 | PA |
| YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | 3 | PA |
| YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL (4.8 ML per 28 days) |
| 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 | PA; QL (30 EA per 30 days) |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | 3 | ST; QL (4 EA per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 3 | ST; 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) |
| *dimethyl fumarate oral capsule delayed release 240 mg* | 3 | QL (60 EA per 30 days) |
| *dimethyl fumarate starter pack oral capsule delayed release therapy pack* | 3 | QL (120 EA per 365 days) |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA |
| *fingolimod hcl oral capsule* | 3 | QL (30 EA per 30 days) |
| GILENYA ORAL CAPSULE | 3 | QL (30 EA per 30 days) |
| *glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml* | 1 | QL (30 ML per 30 days) |
| *glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml* | 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 70 MG | 3 | PA; QL (60 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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) |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK | 3 | QL (120 EA per 365 days) |
| *teriflunomide oral tablet* | 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 |
| *azathioprine oral tablet 100 mg, 75 mg* | 3 | PA |
| *azathioprine oral tablet 50 mg* | 1 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| *cyclosporine modified oral capsule* | 3 | PA |
| *cyclosporine modified oral solution* | 3 | PA |
| *cyclosporine oral capsule* | 3 | PA |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA |
| *everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg* | 1 | PA |
| *everolimus oral tablet 1 mg* | 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 | PA |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK | 3 | PA |
| *mycophenolate mofetil oral capsule* | 2 | PA |
| *mycophenolate mofetil oral suspension reconstituted* | 1 | PA |
| *mycophenolate mofetil oral tablet* | 2 | PA |
| *mycophenolate sodium oral tablet delayed release* | 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 |
| *sirolimus oral solution* | 3 | PA |
| *sirolimus oral tablet* | 3 | PA |
| *tacrolimus oral capsule* | 3 | PA |
| ZORTRESS ORAL TABLET | 3 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Kallikrein-Kinin System Inhibitors*** | | |
| FABHALTA ORAL CAPSULE | 3 | PA; QL (60 EA per 30 days) |
| *icatibant acetate subcutaneous solution prefilled syringe* | 3 | PA; QL (27 ML per 30 days) |
| 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 | PA |
| *betaine oral powder* | 3 | |
| CARNITOR ORAL SOLUTION | 3 | |
| CARNITOR ORAL TABLET | 3 | |
| CERDELGA ORAL CAPSULE | 3 | PA |
| CYSTADANE ORAL POWDER | 3 | |
| CYSTAGON ORAL CAPSULE | 3 | |
| DUVYZAT ORAL SUSPENSION | 3 | PA; QL (360 ML per 30 days) |
| ELMIRON ORAL CAPSULE | 3 | |
| ENDARI ORAL PACKET | 3 | PA |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | 3 | PA; QL (240 ML per 30 days) |
| 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 |
| FORZINITY SUBCUTANEOUS SOLUTION | 3 | PA; QL (14 ML per 28 days) |
| 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 (360 EA per 30 days) |
| JAVYGTOR ORAL PACKET | 3 | |
| JAVYGTOR ORAL TABLET | 3 | |
| KUVAN ORAL PACKET | 3 | |
| KUVAN ORAL TABLET | 3 | |
| KYGEVVI ORAL PACKET | 3 | PA |
| *levocarnitine oral solution* | 3 | |
| *levocarnitine oral tablet* | 3 | |
| *l-glutamine oral packet* | 3 | PA |
| LODOCO ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metyrosine oral capsule* | 3 | |
| *miglustat oral capsule* | 3 | PA |
| *nitisinone oral capsule* | 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) |
| *sapropterin dihydrochloride oral packet* | 3 | |
| *sapropterin dihydrochloride oral tablet* | 3 | |
| SKYCLARYS ORAL CAPSULE | 3 | PA; QL (90 EA per 30 days) |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 5 MG | 3 | PA |
| THIOLA EC ORAL TABLET DELAYED RELEASE | 3 | |
| THIOLA ORAL TABLET | 3 | |
| *tiopronin oral tablet* | 3 | |
| *tiopronin oral tablet delayed release* | 3 | |
| 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 |
| VOYXACT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (2 ML per 28 days) |
| YARGESA ORAL CAPSULE | 3 | PA |
| YUVIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; QL (4 EA per 28 days) |
| ZAVESCA ORAL CAPSULE | 3 | PA |
| ZOKINVY ORAL CAPSULE | 3 | PA; QL (120 EA per 30 days) |
| ***Protective Agents*** | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | ST; QL (60 EA per 30 days) |
| *dalfampridine er oral tablet extended release 12 hour* | 2 | PA; QL (60 EA per 30 days) |
| *mesna oral tablet* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MESNEX ORAL TABLET | 3 | |
| **Respiratory Tract Agents** | | |
| ***Antifibrotic Agents*** | | |
| ESBRIET ORAL TABLET | 3 | PA |
| JASCAYD ORAL TABLET | 3 | PA; QL (60 EA per 30 days) |
| *nintedanib esylate oral capsule* | 3 | PA |
| OFEV ORAL CAPSULE | 3 | PA |
| *pirfenidone oral capsule* | 3 | PA |
| *pirfenidone oral tablet* | 3 | PA |
| ***Anti-Inflammatory Agents*** | | |
| BRINSUPRI ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| *cromolyn sodium inhalation nebulization solution* | 2 | PA |
| *cromolyn sodium oral concentrate* | 3 | |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA |
| GASTROCROM ORAL CONCENTRATE | 3 | |
| *montelukast sodium oral packet* | 3 | QL (30 EA per 30 days) |
| *montelukast sodium oral tablet* | 1 | QL (30 EA per 30 days) |
| *montelukast sodium oral tablet chewable* | 1 | QL (30 EA per 30 days) |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA |
| SINGULAIR ORAL TABLET | 3 | QL (30 EA per 30 days) |
| SINGULAIR ORAL TABLET CHEWABLE | 3 | QL (30 EA per 30 days) |
| *zafirlukast oral tablet* | 3 | QL (60 EA per 30 days) |
| *zileuton er oral tablet extended release 12 hour* | 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; QL (84 EA per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRIKAFTA ORAL THERAPY PACK | 3 | PA; QL (56 EA per 28 days) |
| ***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 | |
| *roflumilast oral tablet* | 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 |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| WINREVAIR SUBCUTANEOUS KIT | 3 | PA; QL (1 EA per 21 days) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA |
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG | 3 | PA |
| ***Vasodilating Agents*** | | |
| ADEMPAS ORAL TABLET | 3 | PA |
| *ambrisentan oral tablet* | 1 | PA |
| *bosentan oral tablet* | 1 | PA |
| *bosentan oral tablet soluble* | 3 | PA |
| LETAIRIS ORAL TABLET | 3 | PA |
| *macitentan 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 |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRYVIO ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG | 3 | PA; QL (224 EA per 28 days) |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 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 | PA; QL (30 EA per 30 days) |
| YUTREPIA INHALATION CAPSULE 106 MCG | 3 | PA; QL (224 EA per 28 days) |
| YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG | 3 | PA; QL (140 EA per 28 days) |
| YUTREPIA INHALATION CAPSULE 79.5 MCG | 3 | PA; QL (280 EA per 28 days) |
| **Skin And Mucous Membrane Agents** | | |
| ***Anti-Infectives*** | | |
| ACANYA EXTERNAL GEL | 3 | |
| CABTREO EXTERNAL GEL | 3 | PA |
| CLINDAGEL EXTERNAL GEL | 3 | |
| *clindamycin phos (once-daily) external gel* | 2 | |
| *clindamycin phos (twice-daily) external gel* | 2 | |
| *clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %* | 3 | |
| *clindamycin phos-benzoyl perox external gel 1-5 %* | 2 | |
| *econazole nitrate external foam* | 3 | |
| EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST |
| EURAX EXTERNAL CREAM | 3 | ST; QL (120 GM per 30 days) |
| NYAMYC EXTERNAL POWDER | 1 | QL (120 GM per 30 days) |
| *nystatin external powder* | 1 | QL (120 GM per 30 days) |
| NYSTOP EXTERNAL POWDER | 1 | QL (120 GM per 30 days) |
| ONEXTON EXTERNAL GEL | 3 | |
| PRURADIK EXTERNAL LOTION | 3 | |
| ZELSUVMI EXTERNAL GEL | 3 | PA |
| ***Anti-Inflammatory Agents*** | | |
| ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA |
| ALA SCALP EXTERNAL LOTION | 3 | |
| ANZUPGO EXTERNAL CREAM | 3 | PA; QL (60 GM per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clobetasol propionate external cream 0.025 %* | 3 | |
| DERMA-SMOOTHE/FS SCALP EXTERNAL OIL | 3 | |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | 2 | PA |
| EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA |
| EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA |
| EVESSE EXTERNAL LOTION | 3 | |
| *fluocinolone acetonide scalp external oil* | 3 | |
| *halcinonide external solution* | 3 | |
| *halobetasol propionate external lotion* | 3 | |
| *hydrocortisone acetate external cream 2.5 %* | 3 | |
| *hydrocortisone external lotion 2 %* | 3 | |
| *hydrocortisone external lotion 2.5 %* | 1 | |
| *hydrocortisone external solution 2.5 %* | 3 | |
| ICOTYDE ORAL TABLET | 3 | PA; QL (30 EA per 30 days) |
| KOURZEQ MOUTH/THROAT PASTE | 3 | |
| LEQSELVI ORAL TABLET | 3 | PA; QL (60 EA per 30 days) |
| NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR | 3 | PA; QL (2 EA per 28 days) |
| PRAMOSONE EXTERNAL CREAM 1-1 % | 3 | |
| PRAMOSONE EXTERNAL LOTION | 3 | |
| RHAPSIDO ORAL TABLET | 3 | PA; QL (60 EA per 30 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML | 2 | PA |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; QL (4 ML per 28 days) |
| TEXACORT EXTERNAL SOLUTION | 3 | |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | PA; QL (2 ML per 56 days) |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | 3 | PA; QL (2 ML per 28 days) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | PA; QL (2 ML per 56 days) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | 3 | PA; QL (2 ML per 28 days) |
| TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| *triamcinolone acetonide mouth/throat paste* | 2 | |
| ZORYVE EXTERNAL CREAM 0.05 %, 0.15 % | 3 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Antipruritics And Local Anesthetics*** | | |
| ANALPRAM HC EXTERNAL CREAM | 3 | |
| ANALPRAM HC EXTERNAL LOTION | 3 | |
| *doxepin hcl external cream* | 3 | |
| *lidocaine external ointment 5 %* | 1 | QL (150 GM per 30 days) |
| *lidocaine external patch 5 %* | 3 | PA; QL (90 EA per 30 days) |
| *lidocaine hcl external solution* | 1 | |
| *lidocaine-prilocaine external cream* | 1 | QL (30 GM per 30 days) |
| LIDOCAN EXTERNAL PATCH | 3 | ST; QL (90 EA per 30 days) |
| ZTLIDO EXTERNAL PATCH | 3 | ST; QL (90 EA per 30 days) |
| ***Astringents*** | | |
| SOFDRA EXTERNAL GEL | 3 | PA; QL (40.2 ML 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 PUMP EXTERNAL GEL 0.06 %, 0.08 % | 3 | PA |
| *tretinoin external cream* | 2 | PA |
| *tretinoin external gel* | 3 | PA |
| *tretinoin microsphere external gel 0.04 %, 0.1 %* | 3 | PA |
| *tretinoin microsphere pump external gel 0.08 %* | 3 | PA |
| TWYNEO EXTERNAL CREAM | 3 | PA |
| ***Emollients, Demulcents, And Protectants*** | | |
| *ammonium lactate external cream* | 1 | |
| *ammonium lactate external lotion* | 1 | |
| *nitroglycerin rectal ointment* | 3 | |
| ***Keratolytic Agents*** | | |
| *adapalene external gel 0.3 %* | 3 | PA |
| AMNESTEEM ORAL CAPSULE 30 MG | 3 | |
| DIFFERIN EXTERNAL GEL 0.3 % | 3 | PA |
| *podofilox external gel* | 3 | |
| *tazarotene external cream 0.05 %* | 3 | |
| *tazarotene external cream 0.1 %* | 2 | |
| TAZORAC EXTERNAL CREAM | 3 | |
| TRILITAS EXTERNAL GEL | 3 | |
| ***Skin And Mucous Membrane Agents, Misc*** | | |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML | 3 | PA; QL (4 ML per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML | 3 | PA; QL (6 ML per 28 days) |
| 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) |
| FILSUVEZ EXTERNAL GEL | 3 | PA |
| *fluorouracil external cream 5 %* | 1 | |
| LITFULO ORAL CAPSULE | 3 | PA; QL (30 EA per 30 days) |
| ZORYVE EXTERNAL FOAM | 3 | PA |
| **Skin And Mucous Membrane Preparations** | | |
| ***Anti-Infectives*** | | |
| *acyclovir external cream* | 3 | QL (5 GM per 30 days) |
| *acyclovir external ointment* | 1 | QL (30 GM per 30 days) |
| AMZEEQ EXTERNAL FOAM | 3 | |
| BENZAMYCIN EXTERNAL GEL | 3 | |
| *benzoyl peroxide-erythromycin external gel* | 2 | |
| *ciclopirox external gel* | 2 | |
| *ciclopirox external shampoo* | 2 | |
| *ciclopirox external solution* | 2 | |
| *ciclopirox olamine external cream* | 2 | |
| *ciclopirox olamine external suspension* | 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 | |
| *clindamycin phos-benzoyl perox external gel 1.2-5 %* | 3 | |
| *clindamycin phosphate external foam* | 3 | |
| *clindamycin phosphate external lotion* | 1 | QL (75 ML per 30 days) |
| *clindamycin phosphate external solution* | 1 | |
| *clindamycin phosphate external swab* | 1 | |
| *clindamycin phosphate vaginal cream* | 3 | |
| CLINDESSE VAGINAL CREAM | 3 | |
| *clotrimazole external cream* | 1 | |
| *clotrimazole external solution* | 2 | |
| *clotrimazole mouth/throat troche* | 1 | |
| *clotrimazole-betamethasone external cream* | 2 | |
| *clotrimazole-betamethasone external lotion* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CROTAN EXTERNAL LOTION | 3 | |
| DENAVIR EXTERNAL CREAM | 3 | QL (5 GM per 30 days) |
| *econazole nitrate external cream* | 2 | |
| EPSOLAY EXTERNAL CREAM | 3 | PA |
| ERTACZO EXTERNAL CREAM | 3 | |
| *ery external pad* | 2 | |
| *erythromycin external gel* | 1 | |
| *erythromycin external solution* | 3 | |
| EXELDERM EXTERNAL CREAM | 3 | |
| *gentamicin sulfate external cream* | 2 | |
| *gentamicin sulfate external ointment* | 2 | |
| GYNAZOLE-1 VAGINAL CREAM | 3 | |
| *ivermectin external cream* | 3 | QL (45 GM per 30 days) |
| JUBLIA EXTERNAL SOLUTION | 3 | PA |
| *ketoconazole external cream* | 1 | QL (90 GM per 30 days) |
| *ketoconazole external foam* | 3 | |
| *ketoconazole external shampoo 2 %* | 1 | |
| KETODAN EXTERNAL FOAM | 3 | |
| KLARON EXTERNAL LOTION | 3 | |
| *luliconazole external cream* | 3 | |
| LUZU EXTERNAL CREAM | 3 | |
| *malathion external lotion* | 3 | |
| *metronidazole external cream* | 1 | |
| *metronidazole external gel* | 3 | |
| *metronidazole external lotion* | 3 | |
| *metronidazole vaginal gel* | 2 | |
| *miconazole 3 vaginal suppository* | 3 | |
| *mupirocin calcium external cream* | 2 | |
| *mupirocin external ointment* | 1 | QL (110 GM per 30 days) |
| *naftifine hcl external cream* | 3 | |
| *naftifine hcl external gel 2 %* | 3 | |
| NAFTIN EXTERNAL GEL 2 % | 3 | |
| NATROBA EXTERNAL SUSPENSION | 3 | |
| NEUAC EXTERNAL GEL | 3 | |
| NORITATE EXTERNAL CREAM | 3 | |
| NUVESSA VAGINAL GEL | 3 | |
| *nystatin external cream* | 1 | |
| *nystatin external ointment* | 1 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OVIDE EXTERNAL LOTION | 3 | |
| *oxiconazole nitrate external cream* | 3 | |
| *penciclovir external cream* | 3 | QL (5 GM per 30 days) |
| *permethrin external cream* | 2 | |
| *selenium sulfide external lotion* | 1 | |
| SILVADENE EXTERNAL CREAM | 3 | |
| *silver sulfadiazine external cream* | 1 | |
| SOOLANTRA EXTERNAL CREAM | 3 | QL (45 GM per 30 days) |
| *spinosad external suspension* | 3 | |
| SSD EXTERNAL CREAM | 1 | |
| *sulfacetamide sodium (acne) external lotion* | 3 | |
| SULFAMYLON EXTERNAL CREAM | 3 | |
| *tavaborole external solution* | 3 | PA |
| *terconazole vaginal cream 0.4 %* | 1 | |
| *terconazole vaginal cream 0.8 %* | 2 | |
| *terconazole vaginal suppository* | 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*** | | |
| *ala-cort external cream 1 %* | 3 | |
| *alclometasone dipropionate external cream* | 2 | |
| *alclometasone dipropionate external ointment* | 2 | |
| *amcinonide external cream* | 3 | |
| *amcinonide external ointment* | 3 | |
| ANUSOL-HC EXTERNAL CREAM | 3 | |
| *betamethasone dipropionate aug external cream* | 1 | |
| *betamethasone dipropionate aug external gel* | 3 | |
| *betamethasone dipropionate aug external lotion* | 3 | |
| *betamethasone dipropionate aug external ointment* | 3 | |
| *betamethasone dipropionate external cream* | 2 | |
| *betamethasone dipropionate external lotion* | 2 | |
| *betamethasone dipropionate external ointment* | 2 | |
| *betamethasone valerate external cream* | 1 | |
| *betamethasone valerate external foam* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *betamethasone valerate external lotion* | 2 | |
| *betamethasone valerate external ointment* | 1 | |
| BRYHALI EXTERNAL LOTION | 3 | |
| *budesonide rectal foam 2 mg* | 3 | |
| *calcipotriene-betameth diprop external ointment* | 3 | |
| *calcipotriene-betameth diprop external suspension* | 3 | |
| *clobetasol propionate e external cream* | 3 | |
| *clobetasol propionate emulsion external foam* | 3 | |
| *clobetasol propionate external cream 0.05 %* | 3 | |
| *clobetasol propionate external foam* | 3 | |
| *clobetasol propionate external gel* | 3 | |
| *clobetasol propionate external liquid* | 3 | |
| *clobetasol propionate external lotion* | 3 | |
| *clobetasol propionate external ointment* | 3 | |
| *clobetasol propionate external shampoo* | 3 | |
| *clobetasol propionate external solution* | 3 | |
| *clocortolone pivalate external cream* | 3 | |
| CLODAN EXTERNAL SHAMPOO | 3 | |
| CORDRAN EXTERNAL TAPE | 3 | |
| *desonide external cream* | 3 | |
| *desonide external gel* | 3 | |
| *desonide external lotion* | 3 | |
| *desonide external ointment* | 3 | |
| *desoximetasone external cream* | 3 | |
| *desoximetasone external gel* | 3 | |
| *desoximetasone external liquid* | 3 | |
| *desoximetasone external ointment* | 3 | |
| *diclofenac sodium external gel 3 %* | 3 | PA |
| *diclofenac sodium external solution* | 3 | |
| *diflorasone diacetate external cream* | 3 | |
| *diflorasone diacetate external ointment* | 3 | |
| DIPROLENE EXTERNAL OINTMENT | 3 | |
| DUOBRII EXTERNAL LOTION | 3 | |
| ENSTILAR EXTERNAL FOAM | 3 | |
| EUCRISA EXTERNAL OINTMENT | 3 | PA |
| *fluocinolone acetonide external cream* | 3 | |
| *fluocinolone acetonide external ointment* | 2 | |
| *fluocinolone acetonide external solution* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fluocinonide emulsified base external cream* | 2 | |
| *fluocinonide external cream 0.05 %* | 2 | |
| *fluocinonide external cream 0.1 %* | 3 | |
| *fluocinonide external gel* | 3 | |
| *fluocinonide external ointment* | 3 | |
| *fluocinonide external solution* | 2 | |
| *flurandrenolide external lotion* | 3 | |
| *fluticasone propionate external cream* | 1 | |
| *fluticasone propionate external lotion* | 3 | |
| *fluticasone propionate external ointment* | 3 | |
| *halcinonide external cream* | 3 | |
| *halobetasol propionate external cream* | 3 | |
| *halobetasol propionate external foam* | 3 | |
| *halobetasol propionate external ointment* | 3 | |
| HALOG EXTERNAL CREAM | 3 | |
| HALOG EXTERNAL SOLUTION | 3 | |
| *hydrocortisone (perianal) external cream 2.5 %* | 1 | |
| *hydrocortisone butyrate external cream* | 3 | |
| *hydrocortisone butyrate external lotion* | 3 | |
| *hydrocortisone butyrate external ointment* | 3 | |
| *hydrocortisone butyrate external solution* | 3 | |
| *hydrocortisone external cream 1 %* | 1 | |
| *hydrocortisone external ointment 1 %, 2.5 %* | 1 | |
| *hydrocortisone rectal enema* | 3 | |
| *hydrocortisone valerate external cream* | 3 | |
| *hydrocortisone valerate external ointment* | 3 | |
| LEXETTE EXTERNAL FOAM | 3 | |
| *mometasone furoate external cream* | 1 | |
| *mometasone furoate external ointment* | 1 | |
| *mometasone furoate external solution* | 1 | |
| NEO-SYNALAR EXTERNAL CREAM | 3 | |
| *nystatin-triamcinolone external cream* | 3 | |
| *nystatin-triamcinolone external ointment* | 3 | |
| PROCTO-MED HC EXTERNAL CREAM | 1 | |
| PROCTOSOL HC EXTERNAL CREAM | 3 | |
| PROCTOZONE-HC EXTERNAL CREAM | 3 | |
| SYNALAR EXTERNAL CREAM | 3 | |
| SYNALAR EXTERNAL OINTMENT | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TACLONEX EXTERNAL SUSPENSION | 3 | |
| TOPICORT EXTERNAL OINTMENT 0.05 % | 3 | |
| TOPICORT SPRAY EXTERNAL LIQUID | 3 | |
| TOVET EXTERNAL FOAM | 3 | |
| *triamcinolone acetonide external cream* | 1 | |
| *triamcinolone acetonide external lotion* | 1 | |
| *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %* | 1 | |
| *triamcinolone acetonide external ointment 0.05 %* | 3 | |
| TRIDERM EXTERNAL CREAM 0.5 % | 3 | |
| UCERIS RECTAL FOAM | 3 | |
| ULTRAVATE EXTERNAL LOTION | 3 | |
| ***Antipruritics And Local Anesthetics*** | | |
| *hydrocortisone ace-pramoxine external cream 1-1 %* | 3 | |
| PROCTOFOAM HC EXTERNAL FOAM | 3 | |
| PRUDOXIN EXTERNAL CREAM | 3 | |
| ZONALON EXTERNAL CREAM | 3 | |
| ***Depigmenting And Pigmenting Agents*** | | |
| *methoxsalen rapid oral capsule* | 3 | |
| ***Skin And Mucous Membrane Agents, Misc*** | | |
| ABSORICA LD ORAL CAPSULE | 3 | |
| ABSORICA ORAL CAPSULE | 3 | |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG | 3 | |
| *acitretin oral capsule* | 3 | |
| ACZONE EXTERNAL GEL 7.5 % | 3 | |
| *adapalene external cream* | 3 | PA |
| *adapalene external pad* | 3 | PA |
| *adapalene-benzoyl peroxide external gel 0.3-2.5 %* | 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 | |
| *azelaic acid external gel* | 3 | |
| AZELEX EXTERNAL CREAM | 3 | |
| *bexarotene external gel* | 3 | PA |
| *brimonidine tartrate external gel* | 3 | |
| *calcipotriene external cream* | 3 | QL (120 GM per 30 days) |
| *calcipotriene external foam* | 3 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *calcipotriene external ointment* | 3 | |
| *calcipotriene external solution* | 2 | |
| *calcitriol external ointment* | 3 | |
| CLARAVIS ORAL CAPSULE | 3 | |
| *clindamycin-tretinoin external gel* | 3 | PA |
| *dapsone external gel* | 3 | |
| *doxycycline oral capsule delayed release* | 3 | |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA |
| EPIDUO FORTE EXTERNAL GEL | 3 | PA |
| FINACEA EXTERNAL FOAM | 3 | |
| *fluorouracil external cream 0.5 %* | 2 | |
| *fluorouracil external solution* | 2 | QL (10 ML per 30 days) |
| HYFTOR EXTERNAL GEL | 3 | PA |
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA |
| *imiquimod external cream 5 %* | 1 | |
| *imiquimod pump external cream* | 3 | |
| *isotretinoin oral capsule* | 3 | |
| KLISYRI (250 MG) EXTERNAL OINTMENT | 3 | PA |
| MIRVASO EXTERNAL GEL | 3 | |
| OPZELURA EXTERNAL CREAM | 3 | PA; QL (240 GM per 28 days) |
| ORACEA ORAL CAPSULE DELAYED RELEASE | 3 | ST |
| PANRETIN EXTERNAL GEL | 3 | |
| *pimecrolimus external cream* | 3 | |
| *podofilox external solution* | 3 | |
| QBREXZA EXTERNAL PAD | 3 | PA; QL (30 EA per 30 days) |
| 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 150 MG/ML | 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) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tacrolimus external ointment* | 3 | |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| TARGRETIN EXTERNAL GEL | 3 | PA |
| *tazarotene external foam* | 3 | |
| *tazarotene external gel* | 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 3.75 % | 3 | PA |
| **Smooth Muscle Relaxants** | | |
| ***Genitourinary Smooth Muscle Relaxants*** | | |
| *darifenacin hydrobromide er oral tablet extended release 24 hour* | 3 | |
| *fesoterodine fumarate er oral tablet extended release 24 hour* | 2 | |
| *flavoxate hcl oral tablet* | 3 | |
| GEMTESA ORAL TABLET | 3 | |
| *mirabegron er oral suspension reconstituted er* | 3 | PA |
| *mirabegron er oral tablet extended release 24 hour* | 3 | PA |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | |
| *oxybutynin chloride er oral tablet extended release 24 hour* | 1 | |
| *oxybutynin chloride oral solution* | 3 | |
| *oxybutynin chloride oral tablet 2.5 mg* | 3 | |
| *oxybutynin chloride oral tablet 5 mg* | 1 | |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY | 3 | ST |
| *solifenacin succinate oral tablet* | 2 | |
| *tolterodine tartrate er oral capsule extended release 24 hour* | 3 | |
| *tolterodine tartrate oral tablet* | 2 | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | |
| *trospium chloride er oral capsule extended release 24 hour* | 3 | |
| *trospium chloride oral tablet* | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***Respiratory Smooth Muscle Relaxants*** | | |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | |
| *theophylline er oral tablet extended release 12 hour* | 3 | |
| *theophylline er oral tablet extended release 24 hour* | 2 | |
| *theophylline oral solution* | 3 | |
| **Vitamins** | | |
| ***Multivitamin Preparations*** | | |
| *prenatal oral tablet 27-1 mg* | 1 | |
| ***Vitamin D*** | | |
| *calcitriol oral capsule* | 1 | |
| *calcitriol oral solution* | 3 | |
| *doxercalciferol oral capsule* | 3 | |
| *paricalcitol oral capsule* | 3 | |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE | 3 | |
| ROCALTROL ORAL CAPSULE | 3 | |
| ROCALTROL ORAL SOLUTION | 3 | |

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

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