Providence
Medicare Advantage Plans

Providence Medicare Advantage Plans 2024 Formulary (List of Covered Drugs) : Choice Plan

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN OUR **CHOICE + RX (HMO-POS) PLAN.**

Formulary ID:00024037 Version: 23

This formulary was updated on 09/24/2024

For more recent information or other questions, please contact Providence Health Assurance Customer Service at 503-574-8000 or 1-800-603-2340 (TTY users should call 711), seven days a week, between 8 a.m. and 8 p.m. (Pacific Time), or visit **ProvidenceHealthAssurance.com**.

PROVIDENCE MEDICARE ADVANTAGE PLANS

CHOICE + RX (HMO-POS)

2024 Formulary

(List of Covered Drugs)

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 Providence Health Assurance. When it refers to "plan" or "our plan," it means Providence Medicare Choice + Rx (HMO-POS).

This document includes a list of the drugs (formulary) for our plan which is current as of 09/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Providence Medicare Advantage Plans Choice + Rx (HMO-POS) Formulary?

A formulary is a list of covered drugs selected by Providence Medicare Choice + Rx (HMO-POS) 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. Providence Medicare Choice + Rx (HMO-POS) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Providence Medicare Choice + Rx (HMO-POS) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Providence Medicare Advantage Plans Choice + Rx (HMO-POS)'s Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify

affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug at retail or mail-order or 31-day supply of the drug at long-term care (LTC).

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

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

The enclosed formulary is current as of 09/2024. To get updated information about the drugs covered by Providence Medicare Choice + Rx (HMO-POS), please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, we will either notify you via the Explanation of Benefits (EOBs) or errata sheet of changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 4. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 108. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Providence Medicare Choice + Rx (HMO-POS) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Providence Medicare Choice + Rx (HMO-POS) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Providence Medicare Choice + Rx (HMO-POS) before you fill your prescriptions. If you don't get approval, Providence Medicare Choice + Rx (HMO-POS) may not cover the drug.

- **Quantity Limits:** For certain drugs, Providence Medicare Choice + Rx (HMO-POS) limits the amount of the drug that Providence Medicare Choice + Rx (HMO-POS) will cover. For example, Providence Medicare Choice + Rx (HMO-POS) provides 2 tablets per day per prescription for Xtampza ER®. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Providence Medicare Choice + Rx (HMO-POS) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Providence Medicare Choice + Rx (HMO-POS) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Providence Medicare Choice + Rx (HMO-POS) 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 4. 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 Providence Medicare Choice + Rx (HMO-POS) 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 Providence Medicare Advantage Plans Choice + Rx (HMO-POS)'s formulary?" on page vi for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Providence Medicare Choice + Rx (HMO-POS) does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Providence Medicare Choice + Rx (HMO-POS). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered b-y Providence Medicare Choice + Rx (HMO-POS).

- You can ask Providence Medicare Choice + Rx (HMO-POS) to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Providence Medicare Advantage Plans Choice + Rx (HMO-POS)'s Formulary?

You can ask Providence Medicare Choice + Rx (HMO-POS) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Providence Medicare Choice + Rx (HMO-POS) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Providence Medicare Choice + Rx (HMO-POS) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Level of care change:	**Day Supply**
For members transitioning from a SNF to LTC:	31-day supply
SNF to Home (Retail):	30-day supply
LTC-LTC:	31-day supply
Hospital to Home (Retail):	30-day supply

For more information

For more detailed information about your Providence Medicare Choice + Rx (HMO-POS) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Providence Medicare Choice + Rx (HMO-POS), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Providence Medicare Choice + Rx (HMO-POS)'s Formulary

The formulary that begins on page 4 provides coverage information about the drugs covered by Providence Medicare Choice + Rx (HMO-POS). If you have trouble finding your drug in the list, turn to the Index that begins on page 108.

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

The second column of the chart lists the Drug Tier. The Drug Tier name lets you know the amount you will pay at the pharmacy.

- Tier 1 is the lowest cost share tier, and you will pay your preferred generic copay.
- Tier 2 you will pay your generic drug copay.
- Tier 3 you will pay your preferred brand-name drug copay.
- Tier 4 you will pay your non-preferred drug copay.
- Tier 5 is the highest cost share tier, and you will pay your specialty coinsurance.

Please note that the generic and brand-name status of a drug may be different during the Coverage Gap Phase as determined by the Food and Drug Administration (FDA) regulatory status.

The information in the Requirements/Limits column tells you if Providence Medicare Choice + Rx (HMO-POS) has any special requirements for coverage of your drug.

The following abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from Providence Medicare Choice + Rx (HMO-POS) before you fill your prescription for this drug. Without prior approval, Providence Medicare Choice + Rx (HMO-POS) may not cover this drug.
QL	Quantity Limit Restriction	Providence Medicare Choice + Rx (HMO-POS) limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Providence Medicare Choice + Rx (HMO-POS) will provide coverage for this drug, you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.
Other Special Requirements for Coverage		
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Customer Service at 503-574-8000 or 1-800-603-2340 (TTY users should call 711), seven days a week, between 8 a.m. and 8 p.m. (Pacific Time), or visit www.providencehealthassurance.com.
AC	Additional Coverage	We provide additional coverage of this Tier 1 or Tier 2 prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
ED	Excluded Drugs	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs. In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

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Form Approved
OMB# 0938-1421

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-603-2340 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-603-2340 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-603-2340 (TTY: 711)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-603-2340 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-603-2340 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-603-2340 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-603-2340 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-603-2340 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Form Approved
OMB# 0938-1421

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-603-2340 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-603-2340 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على1-800-603-2340 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-603-2340 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-603-2340 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-603-2340 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan1-800-603-2340 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-603-2340 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-603-2340 (TTY: 711)にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Providence Medicare Advantage Plans 2024 Formulary

(List of Covered Drugs)

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List of Abbreviations

1: Preferred Retail/Mail Order Pharmacy: $0/$0/$0 (30/60/100-day supply); Standard Retail Pharmacy: $14/$28/$42 (30/60/100-day supply)

2: Preferred Retail/Mail Order Pharmacy: $10/$10/$10 (30/60/100-day supply); Standard Retail Pharmacy: $20/$40/$60 (30/60/100-day supply)

3: Preferred Retail Pharmacy: $37/$74/$88.80 (30/60/100-day supply); Standard Retail Pharmacy: $37/$74/$111 (30/60/100-day supply); Mail Order Pharmacy: $37/$74/$74 (30/60/100-day supply)

4: Preferred Retail/Mail Order Pharmacy: $100/$200/$240 (30/60/100-day supply); Standard Retail Pharmacy $100/$200/$300 (30/60/100-day supply)

5: Pharmacy: 33% Coinsurance (30-day supply)

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

Vaccines: Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

Drug Name	Tier	Requirements/Limits
ANALGESICS		
Nonsteroidal Anti-Inflammatory Drugs		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	3	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	AC
diclofenac potassium oral tablet 50 mg	2	AC
diclofenac sodium oral tablet extended release 24 hr 100 mg	3	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	3	
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg, 75 mg	2	AC
diclofenac sodium topical drops 1.5 %	4	
diclofenac sodium topical gel 1 %	2	AC
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	4	
diflunisal oral tablet 500 mg	3	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG	2	AC
etodolac oral capsule 200 mg, 300 mg	3	
etodolac oral tablet 400 mg, 500 mg	3	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	4	
flurbiprofen oral tablet 100 mg	3	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	2	AC
ibuprofen oral suspension 100 mg/5 ml	2	AC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	AC
indomethacin oral capsule 25 mg, 50 mg	2	AC
indomethacin oral capsule, extended release 75 mg	3	
ketoprofen oral capsule 50 mg	4	QL (6 EA per 1 day)
meloxicam oral tablet 15 mg, 7.5 mg	1	AC
nabumetone oral tablet 500 mg, 750 mg	2	AC
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	AC
naproxen oral tablet,delayed release (dr/ec) 375 mg	2	AC
naproxen sodium oral tablet 275 mg, 550 mg	2	AC
piroxicam oral capsule 10 mg, 20 mg	2	AC
sulindac oral tablet 150 mg, 200 mg	2	AC

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

Drug Name	Tier	Requirements/Limits
Opioid Analgesics, Long-Acting		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	4	PA; QL (2 EA per 1 day)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	4	PA; QL (4 EA per 28 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; QL (15 EA per 30 days)
levorphanol tartrate oral tablet 2 mg	5	PA; QL (4 EA per 1 day)
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	3	PA
methadone oral tablet 10 mg, 5 mg	3	PA
morphine oral tablet extended release 100 mg	3	QL (2 EA per 1 day)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	3	QL (3 EA per 1 day)
tramadol oral tablet extended release 24 hr 100 mg	3	QL (3 EA per 1 day)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	3	QL (1 EA per 1 day)
tramadol oral tablet, er multiphase 24 hr 100 mg	3	QL (3 EA per 1 day)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	3	QL (1 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	4	PA; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG, 36 MG	5	PA; QL (2 EA per 1 day)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	AC
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	2	AC
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	3	
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	3	
butorphanol nasal spray,non-aerosol 10 mg/ml	4	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	3	
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	3	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; QL (4 EA per 1 day)

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

Drug Name	Tier	Requirements/Limits
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; QL (4 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	3	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3	
hydrocodone-ibuprofen oral tablet 7.5-200 mg	3	
hydromorphone (pf) injection solution 10 mg/ml	4	
hydromorphone oral liquid 1 mg/ml	3	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	3	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	3	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	3	
morphine oral tablet 15 mg, 30 mg	3	
oxycodone oral capsule 5 mg	4	
oxycodone oral concentrate 20 mg/ml	4	
oxycodone oral solution 5 mg/5 ml	4	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	3	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	
oxymorphone oral tablet 10 mg, 5 mg	3	
tramadol oral tablet 50 mg	2	QL (8 EA per 1 day); AC
tramadol-acetaminophen oral tablet 37.5-325 mg	2	QL (10 EA per 1 day); AC
ANESTHETICS		
Local Anesthetics		
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	3	
lidocaine hcl mucous membrane jelly in applicator 2 %	3	
lidocaine hcl mucous membrane solution 2 %	2	AC
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	3	
lidocaine topical adhesive patch,medicated 5 %	4	PA
lidocaine topical ointment 5 %	3	PA
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	2	AC

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

Drug Name	Tier	Requirements/Limits
lidocaine-prilocaine topical cream 2.5-2.5 %	3	PA
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA
TRIDACAINE II TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA
TRIDACAINE III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA
TRIDACAINE TOPICAL ADHESIVE PATCH,MEDICATED 5 %	4	PA
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	3	
disulfiram oral tablet 250 mg, 500 mg	3	
naltrexone oral tablet 50 mg	2	AC
Opioid Dependence		
buprenorphine hcl sublingual tablet 2 mg, 8 mg	2	QL (4 EA per 1 day); AC
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg	3	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 8-2 mg	3	QL (4 EA per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	2	QL (4 EA per 1 day); AC
buprenorphine-naloxone sublingual tablet 8-2 mg	2	QL (3 EA per 1 day); AC
Opioid Reversal Agents		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	4	
naloxone injection solution 0.4 mg/ml	1	AC
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	AC
naloxone nasal spray,non-aerosol 4 mg/actuation	2	AC
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	3	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	4	

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

Drug Name	Tier	Requirements/Limits
Smoking Cessation Agents		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	2	AC
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	4	
varenicline oral tablet 0.5 mg, 1 mg	3	
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	3	
ANTIBACTERIALS		
Aminoglycosides		
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml	4	
gentamicin injection solution 40 mg/ml	4	
gentamicin topical cream 0.1 %	3	
gentamicin topical ointment 0.1 %	3	
neomycin oral tablet 500 mg	3	
paromomycin oral capsule 250 mg	4	
streptomycin intramuscular recon soln 1 gram	5	
tobramycin sulfate injection recon soln 1.2 gram	4	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	4	
Antibacterials, Other		
aztreonam injection recon soln 1 gram, 2 gram	4	
CLINDACIN ETZ TOPICAL SWAB 1 %	4	
CLINDACIN P TOPICAL SWAB 1 %	4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	AC
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	4	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	4	
clindamycin phosphate injection solution 150 mg/ml	4	
clindamycin phosphate topical swab 1 %	4	
clindamycin phosphate vaginal cream 2 %	4	
colistin (colistimethate na) injection recon soln 150 mg	4	
daptomycin intravenous recon soln 350 mg, 500 mg	5	
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	
fosfomycin tromethamine oral packet 3 gram	4	

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

Drug Name	Tier	Requirements/Limits
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	4	
linezolid oral suspension for reconstitution 100 mg/5 ml	5	
linezolid oral tablet 600 mg	4	
methenamine hippurate oral tablet 1 gram	3	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	4	
metronidazole oral tablet 250 mg, 500 mg	2	AC
metronidazole topical cream 0.75 %	3	
metronidazole topical gel 0.75 %	2	AC
metronidazole topical gel 1 %	3	
metronidazole topical gel with pump 1 %	4	
metronidazole topical lotion 0.75 %	4	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	2	AC
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	2	AC
nitrofurantoin oral suspension 25 mg/5 ml	4	
polymyxin b sulfate injection recon soln 500,000 unit	4	
SIVEXTRO ORAL TABLET 200 MG	5	QL (6 EA per 30 days)
tigecycline intravenous recon soln 50 mg	5	
tinidazole oral tablet 250 mg, 500 mg	3	
trimethoprim oral tablet 100 mg	2	AC
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	4	
vancomycin oral capsule 125 mg, 250 mg	4	
vancomycin oral recon soln 25 mg/ml	4	
Beta-Lactam, Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	3	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	4	
cefadroxil oral capsule 500 mg	3	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	4	
cefadroxil oral tablet 1 gram	3	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 20 gram, 300 gram, 500 mg	4	
cefazolin intravenous recon soln 1 gram	4	

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

Drug Name	Tier	Requirements/Limits
cefdinir oral capsule 300 mg	3	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	3	
cefepime injection recon soln 1 gram, 2 gram	4	
cefixime oral capsule 400 mg	4	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	4	
cefotetan injection recon soln 1 gram, 2 gram	4	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	4	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	3	
cefpodoxime oral tablet 100 mg, 200 mg	3	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	3	
cefprozil oral tablet 250 mg, 500 mg	3	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	4	
ceftriaxone injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg	4	
ceftriaxone intravenous recon soln 1 gram, 2 gram	4	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	AC
cefuroxime sodium injection recon soln 750 mg	4	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	4	
cephalexin oral capsule 250 mg, 500 mg	2	AC
cephalexin oral capsule 750 mg	4	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	AC
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	4	
TAZICEF INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM	4	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	5	
Beta-Lactam, Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	1	AC

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

Drug Name	Tier	Requirements/Limits
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	AC
amoxicillin oral tablet 500 mg, 875 mg	1	AC
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	AC
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	2	AC
amoxicillin-pot clavulanate oral tablet 250-125 mg	4	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	2	AC
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	4	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	4	
ampicillin oral capsule 500 mg	3	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	4	
ampicillin sodium intravenous recon soln 1 gram	4	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	4	
ampicillin-sulbactam intravenous recon soln 1.5 gram	4	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
dicloxacillin oral capsule 250 mg, 500 mg	3	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	4	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	4	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	4	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	4	
penicillin g sodium injection recon soln 5 million unit	4	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	3	
penicillin v potassium oral tablet 250 mg, 500 mg	2	AC
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	4	

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

Drug Name	Tier	Requirements/Limits
Carbapenems		
ertapenem injection recon soln 1 gram	4	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	4	
meropenem intravenous recon soln 1 gram, 500 mg	4	
Macrolides		
azithromycin intravenous recon soln 500 mg	4	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	3	
azithromycin oral tablet 250 mg, 500 mg	1	AC
azithromycin oral tablet 600 mg	2	AC
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	4	
clarithromycin oral tablet 250 mg, 500 mg	3	
clarithromycin oral tablet extended release 24 hr 500 mg	4	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	5	QL (20 EA per 10 days)
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	4	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	4	
erythromycin ethylsuccinate oral tablet 400 mg	4	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	4	
erythromycin oral tablet 250 mg, 500 mg	4	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	4	
Quinolones		
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	2	AC
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	AC
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	4	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	4	

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

Drug Name	Tier	Requirements/Limits
levofloxacin intravenous solution 25 mg/ml	4	
levofloxacin oral solution 250 mg/10 ml	4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	AC
moxifloxacin oral tablet 400 mg	3	
moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml	4	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	4	
ofloxacin oral tablet 300 mg, 400 mg	4	
Sulfonamides		
sulfacetamide sodium (acne) topical suspension 10 %	4	
sulfadiazine oral tablet 500 mg	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	3	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	AC
Tetracyclines		
AVIDOXY ORAL TABLET 100 MG	2	AC
demeclocycline oral tablet 150 mg, 300 mg	4	
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	AC
doxycycline hyclate oral tablet 100 mg, 20 mg	2	AC
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	AC
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	2	AC
minocycline oral capsule 100 mg, 50 mg, 75 mg	2	AC
minocycline oral tablet 100 mg, 50 mg, 75 mg	4	
tetracycline oral capsule 250 mg, 500 mg	4	
ANTICONVULSANTS		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	5	ST; QL (20 ML per 1 day)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	ST; QL (2 EA per 1 day)
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (12 EA per 1 day); LA
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (6 EA per 1 day); LA

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

Drug Name	Tier	Requirements/Limits
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA; QL (12 EA per 1 day); LA
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	PA; QL (6 EA per 1 day); LA
divalproex oral capsule, delayed rel sprinkle 125 mg	2	AC
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	2	AC
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	2	AC
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; LA
EPRONTIA ORAL SOLUTION 25 MG/ML	4	
felbamate oral suspension 600 mg/5 ml	4	
felbamate oral tablet 400 mg, 600 mg	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; QL (12 ML per 1 day); LA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; QL (24 ML per 1 day)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST; QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (2 EA per 1 day)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	AC
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	4	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	3	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	2	AC
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	2	AC
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	2	AC
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA; QL (10 EA per 30 days)
ROWEEPRA ORAL TABLET 500 MG	2	AC
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	ST
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	1	AC
topiramate oral capsule, sprinkle 15 mg, 25 mg	2	AC
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	AC
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	2	AC

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

Drug Name	Tier	Requirements/Limits
valproic acid oral capsule 250 mg	2	AC
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	ST
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	ST; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	ST; QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	ST
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	ST
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; QL (36 ML per 1 day); LA
Calcium Channel Modifying Agents		
ethosuximide oral capsule 250 mg	3	
ethosuximide oral solution 250 mg/5 ml	3	
methsuximide oral capsule 300 mg	4	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	4	
clobazam oral tablet 10 mg, 20 mg	3	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	4	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	2	AC
gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	4	
gabapentin oral tablet 600 mg, 800 mg	2	AC
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	PA
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	3	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	3	
primidone oral tablet 125 mg, 250 mg, 50 mg	2	AC
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	ST
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	4	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	PA; QL (10 EA per 30 days)
vigabatrin oral powder in packet 500 mg	5	ST; LA

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

Drug Name	Tier	Requirements/Limits
vigabatrin oral tablet 500 mg	5	ST; LA
VIGADRONE ORAL POWDER IN PACKET 500 MG	5	ST; LA
VIGADRONE ORAL TABLET 500 MG	5	ST; LA
VIGAFYDE ORAL SOLUTION 100 MG/ML	5	ST
VIGPODER ORAL POWDER IN PACKET 500 MG	5	
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	4	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	4	
carbamazepine oral tablet 200 mg	2	AC
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	4	
carbamazepine oral tablet,chewable 100 mg	3	
DILANTIN ORAL CAPSULE 30 MG	4	
EPITOL ORAL TABLET 200 MG	2	AC
lacosamide oral solution 10 mg/ml	4	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	3	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	3	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	2	AC
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	2	AC
phenytoin oral tablet,chewable 50 mg	2	AC
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	2	AC
rufinamide oral suspension 40 mg/ml	5	ST
rufinamide oral tablet 200 mg, 400 mg	4	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	AC
ANTIDEMENTIA AGENTS		
Cholinesterase Inhibitors		
donepezil oral tablet 10 mg, 5 mg	1	AC
donepezil oral tablet 23 mg	2	AC
donepezil oral tablet,disintegrating 10 mg, 5 mg	2	AC

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

Drug Name	Tier	Requirements/Limits
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	3	
galantamine oral solution 4 mg/ml	3	
galantamine oral tablet 12 mg, 4 mg, 8 mg	3	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	3	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	4	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine oral capsule,sprinkle,er 24hr 14 mg	4	QL (2 EA per 1 day)
memantine oral capsule,sprinkle,er 24hr 21 mg, 28 mg	4	QL (1 EA per 1 day)
memantine oral capsule,sprinkle,er 24hr 7 mg	4	QL (4 EA per 1 day)
memantine oral solution 2 mg/ml	4	
memantine oral tablet 10 mg, 5 mg	2	AC
memantine oral tablets,dose pack 5-10 mg	4	
ANTIDEPRESSANTS		
Antidepressants, Other		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	ST; QL (2 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	2	AC
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	2	AC
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	2	AC
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; QL (1 EA per 1 day)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	2	AC
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	2	AC
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; QL (28 EA per 180 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; QL (14 EA per 180 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	
MARPLAN ORAL TABLET 10 MG	4	
phenelzine oral tablet 15 mg	3	

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

Drug Name	Tier	Requirements/Limits
tranylcypromine oral tablet 10 mg	4	
Ssris/Snris (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
citalopram oral solution 10 mg/5 ml	3	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	AC
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	2	AC
escitalopram oxalate oral solution 5 mg/5 ml	3	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	AC
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (1 EA per 1 day)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	AC
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	2	AC
fluoxetine oral tablet 10 mg, 20 mg, 60 mg	2	AC
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	3	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
paroxetine hcl oral suspension 10 mg/5 ml	4	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	AC
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	4	
sertraline oral concentrate 20 mg/ml	3	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	AC
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	AC
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	2	AC
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	AC
vilazodone oral tablet 10 mg, 20 mg, 40 mg	4	ST; QL (1 EA per 1 day)
Tricyclics		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	AC
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	4	

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

Drug Name	Tier	Requirements/Limits
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	3	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	3	
doxepin oral concentrate 10 mg/ml	3	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	AC
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	4	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	2	AC
nortriptyline oral solution 10 mg/5 ml	3	
protriptyline oral tablet 10 mg, 5 mg	4	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	4	
ANTIEMETICS		
Antiemetics, Other		
COMPRO RECTAL SUPPOSITORY 25 MG	4	
meclizine oral tablet 12.5 mg, 25 mg	2	AC
metoclopramide hcl oral solution 5 mg/5 ml	2	AC
metoclopramide hcl oral tablet 10 mg, 5 mg	1	AC
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	4	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml	4	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	AC
prochlorperazine rectal suppository 25 mg	4	
promethazine oral tablet 50 mg	3	
promethazine rectal suppository 12.5 mg, 25 mg	4	
scopolamine base transdermal patch 3 day 1 mg over 3 days	4	
Emetogenic Therapy Adjuncts		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	QL (4 EA per 28 days)
aprepitant oral capsule 125 mg	4	QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	4	QL (8 EA per 30 days)
aprepitant oral capsule 80 mg	4	QL (4 EA per 30 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	4	QL (6 EA per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	

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

Drug Name	Tier	Requirements/Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	QL (2 EA per 30 days)
granisetron hcl oral tablet 1 mg	4	QL (2 EA per 1 day)
ondansetron hcl (pf) injection solution 4 mg/2 ml	4	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	4	
ondansetron hcl intravenous solution 2 mg/ml	4	
ondansetron hcl oral solution 4 mg/5 ml	4	
ondansetron hcl oral tablet 4 mg, 8 mg	2	AC
ondansetron oral tablet,disintegrating 4 mg, 8 mg	2	AC
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	PA
amphotericin b injection recon soln 50 mg	4	PA
amphotericin b liposome intravenous suspension for reconstitution 50 mg	5	PA
caspofungin intravenous recon soln 50 mg	5	
caspofungin intravenous recon soln 70 mg	4	
clotrimazole mucous membrane troche 10 mg	2	AC
clotrimazole topical cream 1 %	2	AC
clotrimazole topical solution 1 %	3	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA
econazole topical cream 1 %	3	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	5	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	4	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	3	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	AC
flucytosine oral capsule 250 mg, 500 mg	5	
griseofulvin microsize oral suspension 125 mg/5 ml	4	
griseofulvin microsize oral tablet 500 mg	4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	

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

Drug Name	Tier	Requirements/Limits
itraconazole oral capsule 100 mg	3	
itraconazole oral solution 10 mg/ml	5	PA
ketoconazole oral tablet 200 mg	4	
ketoconazole topical cream 2 %	3	
ketoconazole topical shampoo 2 %	2	AC
micafungin intravenous recon soln 100 mg, 50 mg	5	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	3	
naftifine topical cream 1 %	4	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	2	AC
nystatin oral suspension 100,000 unit/ml	2	AC
nystatin oral tablet 500,000 unit	3	
nystatin topical cream 100,000 unit/gram	2	AC
nystatin topical ointment 100,000 unit/gram	2	AC
nystatin topical powder 100,000 unit/gram	2	AC
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	2	AC
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	5	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	5	PA
terbinafine hcl oral tablet 250 mg	2	AC
terconazole vaginal cream 0.4 %, 0.8 %	3	
terconazole vaginal suppository 80 mg	4	
voriconazole intravenous recon soln 200 mg	5	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	5	PA
voriconazole oral tablet 200 mg, 50 mg	4	PA
ANTIGOUT AGENTS		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	AC
colchicine oral capsule 0.6 mg	3	
colchicine oral tablet 0.6 mg	3	
febuxostat oral tablet 40 mg, 80 mg	4	
probenecid oral tablet 500 mg	2	AC
probenecid-colchicine oral tablet 500-0.5 mg	2	AC

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

Drug Name	Tier	Requirements/Limits
ANTIMIGRAINE AGENTS		
Antimigraine Agents, Other		
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (18 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 EA per 30 days)
Ergot Alkaloids		
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	5	QL (8 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	3	QL (40 EA per 28 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	5	QL (20 EA per 28 days)
Prophylactic		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 ML per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (1 EA per 1 day)
Serotonin (5-Ht) Receptor Agonist		
eletriptan oral tablet 20 mg, 40 mg	3	QL (12 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	3	QL (9 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	2	QL (12 EA per 30 days); AC
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	2	QL (12 EA per 30 days); AC
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	4	QL (12 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	QL (9 EA per 30 days); AC
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	4	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	4	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	4	QL (4 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	3	QL (9 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	3	QL (9 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
pyridostigmine bromide oral syrup 60 mg/5 ml	4	
pyridostigmine bromide oral tablet 60 mg	3	
pyridostigmine bromide oral tablet extended release 180 mg	4	
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
dapsone oral tablet 100 mg, 25 mg	3	
rifabutin oral capsule 150 mg	4	
Antituberculars		
ethambutol oral tablet 100 mg, 400 mg	3	
isoniazid oral solution 50 mg/5 ml	2	AC
isoniazid oral tablet 100 mg, 300 mg	1	AC
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	4	
rifampin intravenous recon soln 600 mg	4	
rifampin oral capsule 150 mg, 300 mg	3	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	LA
TRECATOR ORAL TABLET 250 MG	4	
ANTINEOPLASTICS		
Alkylating Agents		
cyclophosphamide oral capsule 25 mg, 50 mg	3	PA
cyclophosphamide oral tablet 25 mg, 50 mg	4	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA
LEUKERAN ORAL TABLET 2 MG	5	
MATULANE ORAL CAPSULE 50 MG	5	LA
VALCHLOR TOPICAL GEL 0.016 %	5	LA
Antiandrogens		
abiraterone oral tablet 250 mg	3	PA
bicalutamide oral tablet 50 mg	2	AC
ERLEADA ORAL TABLET 240 MG, 60 MG	5	PA; LA
nilutamide oral tablet 150 mg	5	PA
NUBEQA ORAL TABLET 300 MG	5	PA; LA
toremifene oral tablet 60 mg	5	PA

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

Drug Name	Tier	Requirements/Limits
XTANDI ORAL CAPSULE 40 MG	5	PA; LA
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA; LA
Antiangiogenic Agents		
lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg	5	PA; QL (1 EA per 1 day); LA
lenalidomide oral capsule 15 mg, 20 mg, 25 mg	5	PA; QL (21 EA per 28 days); LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA
REVLIMID ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	5	PA; QL (1 EA per 1 day); LA
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 25 MG	5	PA; QL (21 EA per 28 days); LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	LA
Antiestrogens/Modifiers		
ORSERDU ORAL TABLET 345 MG, 86 MG	5	PA; LA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	
tamoxifen oral tablet 10 mg, 20 mg	2	AC
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
hydroxyurea oral capsule 500 mg	2	AC
INQOVI ORAL TABLET 35-100 MG	5	PA; LA
mercaptopurine oral tablet 50 mg	3	
PURIXAN ORAL SUSPENSION 20 MG/ML	5	LA
TABLOID ORAL TABLET 40 MG	4	
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; LA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA; LA
BRUKINSA ORAL CAPSULE 80 MG	5	PA; LA
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (105 EA per 28 days); LA
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 EA per 28 days); LA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (1 EA per 1 day); LA
INREBIC ORAL CAPSULE 100 MG	5	PA; LA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA; LA
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	3	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; LA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA

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

Drug Name	Tier	Requirements/Limits
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA
QINLOCK ORAL TABLET 50 MG	5	PA; LA
TAZVERIK ORAL TABLET 200 MG	5	PA; LA
WELIREG ORAL TABLET 40 MG	5	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA
ZOLINZA ORAL CAPSULE 100 MG	5	PA
Aromatase Inhibitors, 3Rd Generation		
anastrozole oral tablet 1 mg	1	AC
exemestane oral tablet 25 mg	3	
letrozole oral tablet 2.5 mg	1	AC
Enzyme Inhibitors		
IWILFIN ORAL TABLET 192 MG	5	PA; LA
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	5	PA; LA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5	PA; LA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	5	PA; LA
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (8 EA per 1 day); LA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; LA
BOSULIF ORAL CAPSULE 100 MG, 50 MG	5	PA; LA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA; LA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; QL (1 EA per 1 day); LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA; LA
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA; LA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; LA
COTELLIC ORAL TABLET 20 MG	5	PA; QL (63 EA per 28 days); LA
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
erlotinib oral tablet 100 mg, 150 mg, 25 mg	4	PA
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; QL (1 EA per 1 day)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 5 mg	5	PA; QL (2 EA per 1 day)
everolimus (antineoplastic) oral tablet for suspension 3 mg	5	PA; QL (3 EA per 1 day)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; LA
GAVRETO ORAL CAPSULE 100 MG	5	PA; LA
gefitinib oral tablet 250 mg	5	PA; QL (1 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; LA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days); LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days); LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; QL (1 EA per 1 day); LA
imatinib oral tablet 100 mg, 400 mg	3	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA; LA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; LA
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (2 EA per 1 day); LA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	5	PA; LA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63 EA per 28 days)
KRAZATI ORAL TABLET 200 MG	5	PA; LA
lapatinib oral tablet 250 mg	5	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA; LA
LORBRENA ORAL TABLET 100 MG	5	PA; QL (1 EA per 1 day); LA
LORBRENA ORAL TABLET 25 MG	5	PA; QL (3 EA per 1 day); LA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	5	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA; QL (5 EA per 1 day); LA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; LA
MEKTOVI ORAL TABLET 15 MG	5	PA; LA
NERLYNX ORAL TABLET 40 MG	5	PA; QL (6 EA per 1 day); LA
ODOMZO ORAL CAPSULE 200 MG	5	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	5	PA; LA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (1 EA per 1 day); LA
pazopanib oral tablet 200 mg	5	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (6 EA per 1 day); LA
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (4 EA per 1 day); LA
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (2 EA per 1 day); LA
RETEVMO ORAL TABLET 40 MG	5	PA; QL (6 EA per 1 day); LA
RETEVMO ORAL TABLET 80 MG	5	PA; QL (4 EA per 1 day); LA
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA; LA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; LA
RYDAPT ORAL CAPSULE 25 MG	5	PA
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (4 EA per 1 day)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (2 EA per 1 day)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (10 EA per 1 day)
sorafenib oral tablet 200 mg	5	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA
STIVARGA ORAL TABLET 40 MG	5	PA; LA
sunitinib malate oral capsule 12.5 mg	5	PA; QL (3 EA per 1 day)

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

Drug Name	Tier	Requirements/Limits
sunitinib malate oral capsule 25 mg	5	PA; QL (2 EA per 1 day)
sunitinib malate oral capsule 37.5 mg, 50 mg	5	PA; QL (1 EA per 1 day)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; QL (1 EA per 1 day); LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA
TEPMETKO ORAL TABLET 225 MG	5	PA; LA
TIBSOVO ORAL TABLET 250 MG	5	PA; LA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA; QL (1 EA per 1 day)
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; QL (64 EA per 28 days); LA
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; LA
TURALIO ORAL CAPSULE 125 MG	5	PA; LA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; QL (2 EA per 1 day); LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; LA
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	5	PA; LA
XOSPATA ORAL TABLET 40 MG	5	PA; LA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; QL (1 EA per 1 day); LA
ZELBORAF ORAL TABLET 240 MG	5	PA; LA
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (2 EA per 1 day); LA
ZYKADIA ORAL TABLET 150 MG	5	PA; LA
Retinoids		
bexarotene oral capsule 75 mg	5	PA
bexarotene topical gel 1 %	5	PA

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

Drug Name	Tier	Requirements/Limits
PANRETIN TOPICAL GEL 0.1 %	5	PA
tretinoin (antineoplastic) oral capsule 10 mg	5	PA
Treatment Adjuncts		
MESNEX ORAL TABLET 400 MG	5	
VONJO ORAL CAPSULE 100 MG	5	PA; QL (4 EA per 1 day); LA
ANTIPARASITICS		
Anthelminthics		
albendazole oral tablet 200 mg	4	
EMVERM ORAL TABLET,CHEWABLE 100 MG	5	PA
ivermectin oral tablet 3 mg	3	
Antiprotozoals		
atovaquone oral suspension 750 mg/5 ml	4	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	3	
benznidazole oral tablet 100 mg, 12.5 mg	4	LA
chloroquine phosphate oral tablet 250 mg, 500 mg	4	
COARTEM ORAL TABLET 20-120 MG	4	
hydroxychloroquine oral tablet 200 mg	2	AC
mefloquine oral tablet 250 mg	2	AC
nitazoxanide oral tablet 500 mg	4	QL (6 EA per 30 days)
pentamidine inhalation recon soln 300 mg	4	PA
pentamidine injection recon soln 300 mg	4	
primaquine oral tablet 26.3 mg (15 mg base)	3	
pyrimethamine oral tablet 25 mg	5	
ANTIPARKINSON AGENTS		
Anticholinergics		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	2	AC
trihexyphenidyl oral elixir 0.4 mg/ml	2	AC
trihexyphenidyl oral tablet 2 mg, 5 mg	2	AC
Antiparkinson Agents, Other		
amantadine hcl oral capsule 100 mg	2	AC
amantadine hcl oral solution 50 mg/5 ml	2	AC
amantadine hcl oral tablet 100 mg	4	
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	4	

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

Drug Name	Tier	Requirements/Limits
entacapone oral tablet 200 mg	4	
Dopamine Agonists		
apomorphine subcutaneous cartridge 10 mg/ml	5	
bromocriptine oral capsule 5 mg	4	
bromocriptine oral tablet 2.5 mg	4	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	QL (1 EA per 1 day)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	AC
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	AC
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	3	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet 25 mg	4	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	AC
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	2	AC
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	4	
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline oral tablet 0.5 mg, 1 mg	4	
selegiline hcl oral capsule 5 mg	3	
selegiline hcl oral tablet 5 mg	3	
ANTIPSYCHOTICS		
1St Generation/Typical		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
fluphenazine decanoate injection solution 25 mg/ml	4	
fluphenazine hcl injection solution 2.5 mg/ml	4	
fluphenazine hcl oral concentrate 5 mg/ml	4	
fluphenazine hcl oral elixir 2.5 mg/5 ml	4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	

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

Drug Name	Tier	Requirements/Limits
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	4	
haloperidol lactate injection solution 5 mg/ml	4	
haloperidol lactate oral concentrate 2 mg/ml	2	AC
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	AC
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	AC
molindone oral tablet 10 mg, 25 mg, 5 mg	4	
pimozide oral tablet 1 mg, 2 mg	3	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	3	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	4	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	3	
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	
aripiprazole oral solution 1 mg/ml	4	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	AC
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	5	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	5	
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	4	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA; QL (1 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; QL (2 EA per 1 day)

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

Drug Name	Tier	Requirements/Limits
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	PA; QL (2 EA per 1 day)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	5	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	3	QL (1 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; QL (1 EA per 1 day); LA
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (1 EA per 1 day); LA
olanzapine intramuscular recon soln 10 mg	4	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	AC
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	4	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	4	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	4	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	5	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	AC
quetiapine oral tablet 150 mg	4	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (1 EA per 1 day)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml	4	
risperidone microspheres intramuscular suspension,extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	5	
risperidone oral solution 1 mg/ml	3	

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

Drug Name	Tier	Requirements/Limits
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	AC
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	4	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	PA; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; QL (1 EA per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	3	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	4	
Treatment-Resistant		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	3	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	
ANTISPASTICITY AGENTS		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	AC
dantrolene oral capsule 100 mg, 25 mg, 50 mg	3	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	4	
tizanidine oral tablet 2 mg, 4 mg	2	AC
ANTIVIRALS		
Anti-Cytomegalovirus (Cmv) Agents		
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; QL (1 EA per 1 day)
valganciclovir oral recon soln 50 mg/ml	5	
valganciclovir oral tablet 450 mg	3	
Anti-Hepatitis B (Hbv) Agents		
adefovir oral tablet 10 mg	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	
entecavir oral tablet 0.5 mg, 1 mg	4	
lamivudine oral tablet 100 mg	4	
VEMLIDY ORAL TABLET 25 MG	5	
Anti-Hepatitis C (Hcv) Agents		
ledipasvir-sofosbuvir oral tablet 90-400 mg	5	PA
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	5	PA

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

Drug Name	Tier	Requirements/Limits
MAVYRET ORAL TABLET 100-40 MG	5	PA
ribavirin oral capsule 200 mg	3	
ribavirin oral tablet 200 mg	3	
sofosbuvir-velpatasvir oral tablet 400-100 mg	5	PA
VOSEVI ORAL TABLET 400-100-100 MG	5	PA
Antiherpetic Agents		
acyclovir oral capsule 200 mg	2	AC
acyclovir oral suspension 200 mg/5 ml	4	
acyclovir oral tablet 400 mg, 800 mg	2	AC
acyclovir sodium intravenous solution 50 mg/ml	4	PA
famciclovir oral tablet 125 mg, 250 mg, 500 mg	3	
valacyclovir oral tablet 1 gram, 500 mg	2	AC
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	
DOVATO ORAL TABLET 50-300 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	
TIVICAY ORAL TABLET 50 MG	5	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	5	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
EDURANT ORAL TABLET 25 MG	5	
efavirenz oral capsule 200 mg, 50 mg	2	AC
efavirenz oral tablet 600 mg	2	AC
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	4	

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

Drug Name	Tier	Requirements/Limits
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	5	
etravirine oral tablet 100 mg, 200 mg	4	
INTELENCE ORAL TABLET 25 MG	3	
nevirapine oral suspension 50 mg/5 ml	2	AC
nevirapine oral tablet 200 mg	2	AC
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	2	AC
ODEFSEY ORAL TABLET 200-25-25 MG	5	
PIFELTRO ORAL TABLET 100 MG	5	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir oral solution 20 mg/ml	2	AC
abacavir oral tablet 300 mg	2	AC
abacavir-lamivudine oral tablet 600-300 mg	2	AC
CIMDUO ORAL TABLET 300-300 MG	5	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	
emtricitabine oral capsule 200 mg	2	AC
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	2	AC
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
lamivudine oral solution 10 mg/ml	2	AC
lamivudine oral tablet 150 mg, 300 mg	2	AC
lamivudine-zidovudine oral tablet 150-300 mg	2	AC
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
tenofovir disoproxil fumarate oral tablet 300 mg	2	AC
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
zidovudine oral capsule 100 mg	2	AC
zidovudine oral syrup 10 mg/ml	2	AC
zidovudine oral tablet 300 mg	2	AC
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	

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

Drug Name	Tier	Requirements/Limits
maraviroc oral tablet 150 mg, 300 mg	5	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SUNLENCA ORAL TABLET 300 MG	5	
TYBOST ORAL TABLET 150 MG	3	
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	5	
atazanavir oral capsule 150 mg, 200 mg, 300 mg	2	AC
darunavir oral tablet 600 mg	4	
darunavir oral tablet 800 mg	5	
EVOTAZ ORAL TABLET 300-150 MG	5	
fosamprenavir oral tablet 700 mg	4	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	2	AC
lopinavir-ritonavir oral tablet 100-25 mg	2	AC
lopinavir-ritonavir oral tablet 200-50 mg	4	
NORVIR ORAL POWDER IN PACKET 100 MG	3	
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 75 MG	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	
ritonavir oral tablet 100 mg	2	AC
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
Anti-Influenza Agents		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	3	
oseltamivir oral suspension for reconstitution 6 mg/ml	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (120 EA per 365 days)
rimantadine oral tablet 100 mg	3	
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	
Antivirals		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	

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

Drug Name	Tier	Requirements/Limits
ANXIOLYTICS		
Anxiolytics, Other		
buspirone oral tablet 10 mg, 15 mg, 5 mg	1	AC
buspirone oral tablet 30 mg, 7.5 mg	2	AC
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	AC
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	AC
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	3	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	4	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	AC
diazepam oral concentrate 5 mg/ml	2	AC
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	2	AC
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	AC
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	AC
lorazepam oral concentrate 2 mg/ml	2	AC
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	AC
BIPOLAR AGENTS		
Mood Stabilizers		
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	AC
lithium carbonate oral tablet 300 mg	1	AC
lithium carbonate oral tablet extended release 300 mg, 450 mg	2	AC
lithium citrate oral solution 8 meq/5 ml	4	
BLOOD GLUCOSE REGULATORS		
Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	AC
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	3	PA; QL (3.4 ML per 28 days)
CYCLOSET ORAL TABLET 0.8 MG	4	
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (1 EA per 1 day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	AC

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

Drug Name	Tier	Requirements/Limits
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	AC
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	AC
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	AC
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (1 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (1 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	3	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (1 EA per 1 day)
metformin oral solution 500 mg/5 ml	2	AC
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	AC
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	AC
miglitol oral tablet 100 mg, 25 mg, 50 mg	2	AC
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	AC
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 ML per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	AC
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	2	AC
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	AC
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (1 EA per 1 day)
saxagliptin oral tablet 2.5 mg, 5 mg	2	AC
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	2	AC
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (2 EA per 1 day)

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

Drug Name	Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	3	QL (2 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	3	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	3	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG	3	QL (2 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	QL (2 EA per 1 day)
Glycemic Agents		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	3	
diazoxide oral suspension 50 mg/ml	4	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
Insulins		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	

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

Drug Name	Tier	Requirements/Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	3	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	

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

Drug Name	Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	4	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	4	
heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	3	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	AC
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	AC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (2 EA per 1 day)
Blood Products And Modifiers, Other		
anagrelide oral capsule 0.5 mg, 1 mg	3	
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	
LEUKINE INJECTION RECON SOLN 250 MCG	5	

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

Drug Name	Tier	Requirements/Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	5	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; QL (2 EA per 1 day); LA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	5	PA; QL (2 EA per 1 day); LA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	5	
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	
Hemostasis Agents		
tranexamic acid oral tablet 650 mg	3	
Platelet Modifying Agents		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	4	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; QL (1 EA per 1 day); LA
cilostazol oral tablet 100 mg, 50 mg	2	AC
clopidogrel oral tablet 75 mg	1	AC
prasugrel oral tablet 10 mg, 5 mg	3	
CARDIOVASCULAR AGENTS		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	AC

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

Drug Name	Tier	Requirements/Limits
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	4	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	4	PA
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	4	
Alpha-Adrenergic Blocking Agents		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	AC
phenoxybenzamine oral capsule 10 mg	5	
prazosin oral capsule 1 mg, 2 mg, 5 mg	2	AC
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	AC
Angiotensin Ii Receptor Antagonists		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	AC
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	AC
losartan oral tablet 100 mg, 25 mg, 50 mg	1	AC
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	AC
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	AC
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	AC
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	AC
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	2	AC
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	AC
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	AC
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	AC
moexipril oral tablet 15 mg, 7.5 mg	2	AC
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	2	AC
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	AC
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	AC
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	AC
Antiarrhythmics		
amiodarone oral tablet 100 mg, 400 mg	4	
amiodarone oral tablet 200 mg	1	AC
disopyramide phosphate oral capsule 100 mg, 150 mg	4	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	3	
flecainide oral tablet 100 mg, 150 mg, 50 mg	2	AC
mexiletine oral capsule 150 mg, 200 mg, 250 mg	4	

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

Drug Name	Tier	Requirements/Limits
MULTAQ ORAL TABLET 400 MG	4	
PACERONE ORAL TABLET 200 MG	1	AC
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	4	
propafenone oral tablet 150 mg, 225 mg, 300 mg	2	AC
quinidine gluconate oral tablet extended release 324 mg	4	
quinidine sulfate oral tablet 200 mg, 300 mg	4	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	2	AC
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	AC
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	3	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	AC
betaxolol oral tablet 10 mg, 20 mg	3	
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	AC
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	AC
labetalol oral tablet 100 mg, 200 mg, 300 mg	2	AC
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	AC
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	AC
nadolol oral tablet 20 mg, 40 mg, 80 mg	3	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	
pindolol oral tablet 10 mg, 5 mg	3	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	2	AC
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	2	AC
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	AC
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	3	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	AC
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	2	AC

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

Drug Name	Tier	Requirements/Limits
isradipine oral capsule 2.5 mg, 5 mg	4	
nicardipine oral capsule 20 mg, 30 mg	4	
nifedipine oral capsule 10 mg, 20 mg	3	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	2	AC
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	2	AC
nimodipine oral capsule 30 mg	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	2	AC
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	2	AC
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	4	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	AC
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	AC
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	AC
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	2	AC
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	4	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	AC
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	4	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	3	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	4	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	AC
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	2	AC

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

Drug Name	Tier	Requirements/Limits
Cardiovascular Agents, Other		
acetazolamide oral capsule, extended release 500 mg	3	
acetazolamide oral tablet 125 mg, 250 mg	3	
aliskiren oral tablet 150 mg, 300 mg	4	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	AC
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	AC
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	AC
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	2	AC
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	3	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	2	AC
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	2	AC
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	2	AC
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; QL (1 EA per 1 day); LA
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	3	
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA; LA
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	2	AC
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	2	AC
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	AC
ENTRESTO ORAL TABLET 24-26 MG	3	QL (3 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (2 EA per 1 day)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	2	AC
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	2	AC
ivabradine oral tablet 5 mg, 7.5 mg	4	PA
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	AC

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

Drug Name	Tier	Requirements/Limits
LODOCO ORAL TABLET 0.5 MG	4	PA
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	AC
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	3	
metyrosine oral capsule 250 mg	5	PA
NEXLETOL ORAL TABLET 180 MG	4	PA
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	4	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	2	AC
pentoxifylline oral tablet extended release 400 mg	2	AC
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	3	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	2	AC
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	4	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	3	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	4	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	AC
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	AC
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	2	AC
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; QL (1 EA per 1 day); LA
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; QL (4 EA per 1 day); LA
Diuretics, Loop		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	AC
ethacrynic acid oral tablet 25 mg	4	
furosemide injection solution 10 mg/ml	4	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	AC
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	AC
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	AC

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

Drug Name	Tier	Requirements/Limits
Diuretics, Potassium-Sparing		
amiloride oral tablet 5 mg	2	AC
eplerenone oral tablet 25 mg, 50 mg	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (1 EA per 1 day)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	AC
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg	1	AC
hydrochlorothiazide oral capsule 12.5 mg	1	AC
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	AC
indapamide oral tablet 1.25 mg, 2.5 mg	2	AC
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	AC
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	2	AC
fenofibrate oral tablet 160 mg, 54 mg	2	AC
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	3	
fenofibric acid oral tablet 105 mg, 35 mg	3	
gemfibrozil oral tablet 600 mg	1	AC
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	AC
fluvastatin oral capsule 20 mg, 40 mg	4	
fluvastatin oral tablet extended release 24 hr 80 mg	4	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	AC
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	4	
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	AC
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	AC
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	AC
Dyslipidemics, Other		
cholestyramine (with sugar) oral powder 4 gram	4	
cholestyramine (with sugar) oral powder in packet 4 gram	4	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	4	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	4	

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

Drug Name	Tier	Requirements/Limits
cholestyramine-aspartame oral powder in packet 4 gram	4	
colesevelam oral powder in packet 3.75 gram	4	
colesevelam oral tablet 625 mg	4	
colestipol oral granules 5 gram	4	
colestipol oral packet 5 gram	4	
colestipol oral tablet 1 gram	3	
ezetimibe oral tablet 10 mg	1	AC
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	3	
icosapent ethyl oral capsule 0.5 gram, 1 gram	4	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; LA
NEXLIZET ORAL TABLET 180-10 MG	4	PA
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	3	
omega-3 acid ethyl esters oral capsule 1 gram	2	AC
PREVALITE ORAL POWDER 4 GRAM	4	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	4	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA
Vasodilators, Direct-Acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	3	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	AC
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	AC
nitroglycerin rectal ointment 0.4 % (w/w)	4	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	2	AC
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	AC
Vasodilators, Direct-Acting Arterial		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	AC
minoxidil oral tablet 10 mg, 2.5 mg	2	AC

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

Drug Name	Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM AGENTS		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg	4	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 5 mg	4	QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	4	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 25 mg, 30 mg, 5 mg	3	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg	3	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	2	AC
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	4	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG, 5 MG	4	
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	3	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	4	
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	4	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	2	AC
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	2	AC
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	4	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg	4	QL (6 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg, 60 mg	4	QL (1 EA per 1 day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	2	AC

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

Drug Name	Tier	Requirements/Limits
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	4	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	4	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	4	QL (2 EA per 1 day)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; QL (3 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG	5	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG, 6 MG	5	PA; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (1 EA per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	3	
edaravone intravenous solution 30 mg/100 ml	5	PA
FIRDAPSE ORAL TABLET 10 MG	5	PA; QL (8 EA per 1 day); LA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; LA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; QL (1 EA per 1 day); LA
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA; QL (2 EA per 1 day)
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	5	PA; LA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	5	PA; QL (70 ML per 28 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	5	PA; QL (70 ML per 28 days)
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	5	PA; QL (2 EA per 1 day); LA
riluzole oral tablet 50 mg	3	
tetrabenazine oral tablet 12.5 mg, 25 mg	3	PA
Fibromyalgia Agents		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	

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

Drug Name	Tier	Requirements/Limits
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	AC
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	3	
pregabalin oral solution 20 mg/ml	4	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	QL (55 EA per 28 days)
Multiple Sclerosis Agents		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	5	
dalfampridine oral tablet extended release 12 hr 10 mg	3	QL (2 EA per 1 day)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	3	QL (2 EA per 1 day)
fingolimod oral capsule 0.5 mg	5	QL (1 EA per 1 day)
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	5	
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	5	
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	LA
MAYZENT ORAL TABLET 0.25 MG	5	QL (4 EA per 1 day); LA
MAYZENT ORAL TABLET 1 MG, 2 MG	5	QL (1 EA per 1 day); LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	LA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	5	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	
teriflunomide oral tablet 14 mg, 7 mg	2	QL (1 EA per 1 day); AC

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

Drug Name	Tier	Requirements/Limits
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	AC
KOURZEQ DENTAL PASTE 0.1 %	3	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	1	AC
pilocarpine hcl oral tablet 5 mg, 7.5 mg	4	
triamcinolone acetonide dental paste 0.1 %	3	
DERMATOLOGICAL AGENTS		
Acne And Rosacea Agents		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	
adapalene topical cream 0.1 %	4	PA
ALTRENO TOPICAL LOTION 0.05 %	4	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	
azelaic acid topical gel 15 %	3	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
clindamycin-benzoyl peroxide topical gel 1-5 %	4	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	4	
erythromycin-benzoyl peroxide topical gel 3-5 %	4	
FINACEA TOPICAL FOAM 15 %	4	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
tazarotene topical cream 0.1 %	4	PA
tazarotene topical gel 0.05 %, 0.1 %	4	PA
TAZORAC TOPICAL CREAM 0.05 %	4	PA
tretinoin microspheres topical gel 0.04 %, 0.1 %	4	PA
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	4	PA
tretinoin topical cream 0.025 %, 0.05 %	3	PA
tretinoin topical cream 0.1 %	4	PA
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	4	PA

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

Drug Name	Tier	Requirements/Limits
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
Dermatitis And Pruritus Agents		
alclometasone topical cream 0.05 %	3	
alclometasone topical ointment 0.05 %	3	
ammonium lactate topical cream 12 %	2	AC
ammonium lactate topical lotion 12 %	2	AC
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	AC
betamethasone dipropionate topical cream 0.05 %	2	AC
betamethasone dipropionate topical lotion 0.05 %	2	AC
betamethasone dipropionate topical ointment 0.05 %	3	
betamethasone valerate topical cream 0.1 %	2	AC
betamethasone valerate topical foam 0.12 %	4	
betamethasone valerate topical lotion 0.1 %	2	AC
betamethasone valerate topical ointment 0.1 %	2	AC
betamethasone, augmented topical cream 0.05 %	2	AC
betamethasone, augmented topical gel 0.05 %	3	
betamethasone, augmented topical lotion 0.05 %	3	
betamethasone, augmented topical ointment 0.05 %	3	
clobetasol scalp solution 0.05 %	3	
clobetasol topical cream 0.05 %	3	
clobetasol topical foam 0.05 %	4	
clobetasol topical gel 0.05 %	4	
clobetasol topical lotion 0.05 %	4	
clobetasol topical ointment 0.05 %	4	
clobetasol topical shampoo 0.05 %	4	
clobetasol-emollient topical cream 0.05 %	4	
CLODAN TOPICAL SHAMPOO 0.05 %	4	
desonide topical cream 0.05 %	3	
desonide topical lotion 0.05 %	4	
desonide topical ointment 0.05 %	3	
desoximetasone topical cream 0.25 %	3	
desoximetasone topical ointment 0.25 %	3	
EPIFOAM TOPICAL FOAM 1-1 %	4	
fluocinolone and shower cap scalp oil 0.01 %	3	

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

Drug Name	Tier	Requirements/Limits
fluocinolone topical cream 0.01 %, 0.025 %	3	
fluocinolone topical oil 0.01 %	3	
fluocinolone topical ointment 0.025 %	3	
fluocinolone topical solution 0.01 %	3	
fluocinonide topical cream 0.05 %, 0.1 %	3	
fluocinonide topical gel 0.05 %	3	
fluocinonide topical ointment 0.05 %	3	
fluocinonide topical solution 0.05 %	3	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	3	
fluocinonide-emollient topical cream 0.05 %	3	
fluticasone propionate topical cream 0.05 %	2	AC
fluticasone propionate topical ointment 0.005 %	2	AC
halobetasol propionate topical cream 0.05 %	4	
halobetasol propionate topical ointment 0.05 %	4	
hydrocortisone butyrate topical cream 0.1 %	4	
hydrocortisone butyrate topical ointment 0.1 %	4	
hydrocortisone butyrate topical solution 0.1 %	4	
hydrocortisone topical cream 1 %, 2.5 %	2	AC
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	2	AC
hydrocortisone topical lotion 2.5 %	2	AC
hydrocortisone topical ointment 1 %, 2.5 %	2	AC
hydrocortisone valerate topical cream 0.2 %	4	
hydrocortisone valerate topical ointment 0.2 %	4	
mometasone topical cream 0.1 %	2	AC
mometasone topical ointment 0.1 %	2	AC
mometasone topical solution 0.1 %	2	AC
OPZELURA TOPICAL CREAM 1.5 %	5	PA; QL (240 GM per 28 days)
pimecrolimus topical cream 1 %	4	ST
PROCTOFOAM HC RECTAL FOAM 1-1 %	4	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	AC
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	AC
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	AC

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

Drug Name	Tier	Requirements/Limits
selenium sulfide topical lotion 2.5 %	2	AC
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
tacrolimus topical ointment 0.03 %, 0.1 %	3	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	2	AC
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	3	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	AC
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	2	AC
Dermatological Agents, Other		
calcipotriene scalp solution 0.005 %	3	
calcipotriene topical cream 0.005 %	4	
calcipotriene topical ointment 0.005 %	4	
calcitriol topical ointment 3 mcg/gram	4	
clotrimazole-betamethasone topical cream 1-0.05 %	2	AC
clotrimazole-betamethasone topical lotion 1-0.05 %	4	
diclofenac sodium topical gel 3 %	3	
fluorouracil topical cream 5 %	4	
fluorouracil topical solution 2 %, 5 %	4	
imiquimod topical cream in packet 5 %	2	AC
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	5	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	3	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	3	
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA
podofilox topical solution 0.5 %	3	
REGRANEX TOPICAL GEL 0.01 %	5	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (30 GM per 30 days)
SILVADENE TOPICAL CREAM 1 %	2	AC
silver sulfadiazine topical cream 1 %	2	AC
SSD TOPICAL CREAM 1 %	2	AC

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

Drug Name	Tier	Requirements/Limits
Pediculicides/Scabicides		
ivermectin topical cream 1 %	4	ST
permethrin topical cream 5 %	3	
Topical Anti-Infectives		
acyclovir topical ointment 5 %	3	
CICLODAN TOPICAL SOLUTION 8 %	2	AC
ciclopirox topical cream 0.77 %	2	AC
ciclopirox topical gel 0.77 %	3	
ciclopirox topical shampoo 1 %	3	
ciclopirox topical solution 8 %	2	AC
ciclopirox topical suspension 0.77 %	3	
CLINDACIN TOPICAL FOAM 1 %	4	
clindamycin phosphate topical foam 1 %	4	
clindamycin phosphate topical gel 1 %	4	
clindamycin phosphate topical gel, once daily 1 %	4	
clindamycin phosphate topical lotion 1 %	4	
clindamycin phosphate topical solution 1 %	3	
ERY PADS TOPICAL SWAB 2 %	4	
erythromycin with ethanol topical gel 2 %	4	
erythromycin with ethanol topical solution 2 %	3	
mupirocin topical ointment 2 %	2	AC
SULFAMYLON TOPICAL CREAM 85 MG/G	4	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/Mineral Replacement		
carglumic acid oral tablet, dispersible 200 mg	5	PA
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	PA
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	AC
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	2	AC
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	2	AC
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	2	AC
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	2	AC

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

Drug Name	Tier	Requirements/Limits
levocarnitine oral tablet 330 mg	3	PA
magnesium sulfate injection solution 500 mg/ml (50 %)	4	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA
OMEGAVEN INTRAVENOUS EMULSION 10 %	4	PA
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l	4	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	4	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	4	
potassium chloride intravenous solution 2 meq/ml	4	
potassium chloride oral capsule, extended release 10 meq, 8 meq	2	AC
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	4	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	2	AC
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	2	AC
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	4	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	4	
SMOFLIPID INTRAVENOUS EMULSION 20 %	4	PA
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	4	
sodium chloride 0.9 % intravenous parenteral solution	4	
sodium chloride 0.9 % intravenous piggyback	4	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	5	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	5	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	3	
deferasirox oral tablet, dispersible 125 mg	4	
deferasirox oral tablet, dispersible 250 mg, 500 mg	5	
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; LA
tolvaptan oral tablet 15 mg, 30 mg	5	PA
trientine oral capsule 250 mg	5	PA
Phosphate Binders		
AURYXIA ORAL TABLET 210 MG IRON	5	PA
calcium acetate(phosphat bind) oral capsule 667 mg	3	
calcium acetate(phosphat bind) oral tablet 667 mg	3	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	5	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	5	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	4	
sevelamer carbonate oral tablet 800 mg	3	
Potassium Binders		
sodium polystyrene sulfonate oral powder	2	AC
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
Vitamins		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	2	AC; ED
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	4	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	4	
d5 %-0.45 % sodium chloride intravenous parenteral solution	4	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	4	
dextrose 5 % in water (d5w) intravenous parenteral solution	4	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	4	

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

Drug Name	Tier	Requirements/Limits
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	4	
folic acid oral tablet 1 mg	2	AC; ED
levocarnitine (with sugar) oral solution 100 mg/ml	3	PA
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	2	AC
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	2	AC
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	2	AC
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	2	AC
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	2	AC
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	2	AC
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	2	AC
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	2	AC
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	4	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	2	AC
WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	2	AC
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	2	AC
ZIPHEX ORAL TABLET 13 MG IRON- 1 MG	2	AC
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	2	AC
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	2	AC
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	2	AC
lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml	2	AC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	
lubiprostone oral capsule 24 mcg, 8 mcg	3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	
RELISTOR ORAL TABLET 150 MG	5	PA; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; QL (18 ML per 30 days)

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

Drug Name	Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; QL (12 ML per 30 days)
SYMPROIC ORAL TABLET 0.2 MG	4	
Anti-Diarrheal Agents		
alosetron oral tablet 0.5 mg, 1 mg	4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	2	AC
loperamide oral capsule 2 mg	2	QL (8 EA per 1 day); AC
VIBERZI ORAL TABLET 100 MG, 75 MG	5	PA
XERMELO ORAL TABLET 250 MG	5	PA; LA
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (3 EA per 1 day)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (3 EA per 1 day)
Antispasmodics, Gastrointestinal		
dicyclomine oral capsule 10 mg	2	AC
dicyclomine oral tablet 20 mg	2	AC
glycopyrrolate oral tablet 1 mg, 2 mg	2	AC
methscopolamine oral tablet 2.5 mg, 5 mg	4	
Gastrointestinal Agents, Other		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	4	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; LA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; LA
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 - 5.84 GRAM	2	AC
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 - 5.86 GRAM	2	AC
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; QL (1 EA per 1 day); LA
opium tincture oral tincture 10 mg/ml (morphine)	4	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram	2	AC
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	4	
peg-electrolyte soln oral recon soln 420 gram	2	AC
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	4	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	4	
ursodiol oral capsule 300 mg	3	

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

Drug Name	Tier	Requirements/Limits
ursodiol oral tablet 250 mg, 500 mg	3	
Histamine2 (H2) Receptor Antagonists		
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	3	
famotidine (pf) intravenous solution 20 mg/2 ml	4	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	4	
famotidine oral tablet 20 mg, 40 mg	2	AC
nizatidine oral capsule 150 mg, 300 mg	2	AC
Protectants		
misoprostol oral tablet 100 mcg, 200 mcg	3	
sucralfate oral suspension 100 mg/ml	4	
sucralfate oral tablet 1 gram	2	AC
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	2	AC
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	2	AC
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	AC
pantoprazole intravenous recon soln 40 mg	4	
pantoprazole oral granules dr for susp in packet 40 mg	4	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	1	AC
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	3	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	5	PA; LA
betaine oral powder 1 gram/scoop	5	
CERDELGA ORAL CAPSULE 84 MG	5	PA
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	3	
cromolyn oral concentrate 100 mg/5 ml	4	

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

Drug Name	Tier	Requirements/Limits
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	5	LA
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	5	QL (20 ML per 28 days); LA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	LA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	QL (60 ML per 30 days); LA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	5	PA; LA
glutamine (sickle cell) oral powder in packet 5 gram	5	ST; QL (6 EA per 1 day)
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	5	LA
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	5	LA
miglustat oral capsule 100 mg	5	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	5	
ORFADIN ORAL SUSPENSION 4 MG/ML	5	LA
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA; LA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; LA
sapropterin oral powder in packet 100 mg, 500 mg	5	
sapropterin oral tablet,soluble 100 mg	5	
sodium phenylbutyrate oral powder 0.94 gram/gram	5	PA
sodium phenylbutyrate oral tablet 500 mg	5	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	LA
VIJOICE ORAL GRANULES IN PACKET 50 MG	5	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; QL (2 EA per 1 day)
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	5	PA; LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
GENITOURINARY AGENTS		
Antispasmodics, Urinary		
flavoxate oral tablet 100 mg	3	
GEMTESA ORAL TABLET 75 MG	3	QL (1 EA per 1 day)

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

Drug Name	Tier	Requirements/Limits
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	3	QL (10 ML per 1 day)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	QL (1 EA per 1 day)
oxybutynin chloride oral syrup 5 mg/5 ml	2	AC
oxybutynin chloride oral tablet 5 mg	2	AC
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	2	AC
solifenacin oral tablet 10 mg, 5 mg	2	AC
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	3	
tolterodine oral tablet 1 mg, 2 mg	3	
trospium oral capsule,extended release 24hr 60 mg	4	
trospium oral tablet 20 mg	2	AC
Benign Prostatic Hypertrophy Agents		
alfuzosin oral tablet extended release 24 hr 10 mg	1	AC
dutasteride oral capsule 0.5 mg	2	AC
finasteride oral tablet 5 mg	1	AC
silodosin oral capsule 4 mg, 8 mg	3	
tadalafil oral tablet 2.5 mg, 5 mg	2	PA; QL (1 EA per 1 day); AC; ED
tamsulosin oral capsule 0.4 mg	1	AC
Genitourinary Agents, Other		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	AC
ELMIRON ORAL CAPSULE 100 MG	5	QL (3 EA per 1 day)
methylergonovine oral tablet 0.2 mg	4	
penicillamine oral tablet 250 mg	5	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	4	
sildenafil oral tablet 100 mg, 25 mg, 50 mg	2	QL (1 EA per 1 day); AC; ED
tadalafil oral tablet 10 mg	2	QL (1 EA per 1 day); AC; ED
tiopronin oral tablet 100 mg	5	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone oral elixir 0.5 mg/5 ml	2	AC

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

Drug Name	Tier	Requirements/Limits
dexamethasone oral solution 0.5 mg/5 ml	2	AC
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	2	AC
fludrocortisone oral tablet 0.1 mg	2	AC
ISTURISA ORAL TABLET 1 MG, 5 MG	5	PA; LA
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	4	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	AC
methylprednisolone oral tablets,dose pack 4 mg	2	AC
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	4	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	4	
mifepristone oral tablet 300 mg	5	PA
prednisolone oral solution 15 mg/5 ml	2	AC
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml)	2	AC
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	4	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg	4	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
prednisone oral solution 5 mg/5 ml	2	AC
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	AC
prednisone oral tablets,dose pack 10 mg, 5 mg	1	AC
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	4	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	4	
desmopressin oral tablet 0.1 mg, 0.2 mg	2	AC
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
Androgens		
danazol oral capsule 100 mg, 200 mg, 50 mg	3	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	2	AC
testosterone enanthate intramuscular oil 200 mg/ml	3	
testosterone transdermal gel 50 mg/5 gram (1 %)	3	
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	3	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	3	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	3	
Estrogens		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	3	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	3	
APRI ORAL TABLET 0.15-0.03 MG	3	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	3	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	3	
AUBRA ORAL TABLET 0.1-20 MG-MCG	3	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	

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

Drug Name	Tier	Requirements/Limits
AVIANE ORAL TABLET 0.1-20 MG-MCG	3	
AYUNA ORAL TABLET 0.15-0.03 MG	3	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	3	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	3	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	4	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	3	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	3	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	3	
CYRED EQ ORAL TABLET 0.15-0.03 MG	3	
CYRED ORAL TABLET 0.15-0.03 MG	3	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	3	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	3	
DOLISHALE ORAL TABLET 90-20 MCG (28)	3	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	4	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	3	
ELINEST ORAL TABLET 0.3-30 MG-MCG	3	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	4	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	4	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	3	
ENSKYCE ORAL TABLET 0.15-0.03 MG	3	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	AC

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

Drug Name	Tier	Requirements/Limits
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	4	
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	4	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	3	
estradiol transdermal patch semiweekly 0.0375 mg/24 hr	4	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	3	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	2	AC
estradiol vaginal tablet 10 mcg	3	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	4	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	3	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	4	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	4	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	3	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	4	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	2	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	4	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
HAILEY ORAL TABLET 1.5-30 MG-MCG	3	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	4	

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

Drug Name	Tier	Requirements/Limits
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	3	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	3	
JASMIEL (28) ORAL TABLET 3-0.02 MG	3	
JINTELI ORAL TABLET 1-5 MG-MCG	2	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	3	
JULEBER ORAL TABLET 0.15-0.03 MG	3	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	4	
KALLIGA ORAL TABLET 0.15-0.03 MG	3	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	3	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	3	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	3	
LESSINA ORAL TABLET 0.1-20 MG-MCG	3	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	3	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	3	

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

Drug Name	Tier	Requirements/Limits
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	3	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	3	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	3	
LORYNA (28) ORAL TABLET 3-0.02 MG	3	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	3	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	3	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	3	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	4	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	3	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	4	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	4	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
MILI ORAL TABLET 0.25-35 MG-MCG	3	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	3	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
NIKKI (28) ORAL TABLET 3-0.02 MG	3	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	4	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	4	

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

Drug Name	Tier	Requirements/Limits
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	3	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	4	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)	3	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	4	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	3	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	3	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	3	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	3	
NYMYO ORAL TABLET 0.25-35 MG-MCG	3	
OCELLA ORAL TABLET 3-0.03 MG	3	
PHILITH ORAL TABLET 0.4-35 MG-MCG	3	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	3	

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

Drug Name	Tier	Requirements/Limits
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	3	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	3	
SRONYX ORAL TABLET 0.1-20 MG-MCG	3	
SYEDA ORAL TABLET 3-0.03 MG	3	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	3	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	3	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	3	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	3	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	3	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	3	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	3	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	3	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	3	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	3	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	3	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	3	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	3	

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

Drug Name	Tier	Requirements/Limits
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	3	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	3	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	3	
VESTURA (28) ORAL TABLET 3-0.02 MG	3	
VIENVA ORAL TABLET 0.1-20 MG-MCG	3	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	3	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	3	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	3	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	4	
YUVAFEM VAGINAL TABLET 10 MCG	3	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	4	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	3	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers), Other		
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
MIMVEY ORAL TABLET 1-0.5 MG	2	
Progestins		
CAMILA ORAL TABLET 0.35 MG	3	
DEBLITANE ORAL TABLET 0.35 MG	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	4	
EMZAHH ORAL TABLET 0.35 MG	3	
ERRIN ORAL TABLET 0.35 MG	3	

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

Drug Name	Tier	Requirements/Limits
HEATHER ORAL TABLET 0.35 MG	3	
INCASSIA ORAL TABLET 0.35 MG	3	
JENCYCLA ORAL TABLET 0.35 MG	3	
LYLEQ ORAL TABLET 0.35 MG	3	
LYZA ORAL TABLET 0.35 MG	3	
medroxyprogesterone intramuscular suspension 150 mg/ml	4	
medroxyprogesterone intramuscular syringe 150 mg/ml	4	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	2	AC
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	2	AC
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	4	
megestrol oral tablet 20 mg, 40 mg	2	AC
NORA-BE ORAL TABLET 0.35 MG	3	
norethindrone (contraceptive) oral tablet 0.35 mg	3	
norethindrone acetate oral tablet 5 mg	2	AC
progesterone micronized oral capsule 100 mg, 200 mg	2	AC
SHAROBEL ORAL TABLET 0.35 MG	3	
TULANA ORAL TABLET 0.35 MG	3	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	4	
raloxifene oral tablet 60 mg	2	AC
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	4	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	4	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	AC

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

Drug Name	Tier	Requirements/Limits
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	2	AC
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	4	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET 500 MG	5	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline oral tablet 0.5 mg	2	AC
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	4	PA
leuprolide subcutaneous kit 1 mg/0.2 ml	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA

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

Drug Name	Tier	Requirements/Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PA; AC
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	4	
ORGOVYX ORAL TABLET 120 MG	5	PA; LA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; LA
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	5	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	1	AC
propylthiouracil oral tablet 50 mg	3	
IMMUNOLOGICAL AGENTS		
Angioedema Agents		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; LA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA; LA
icatibant subcutaneous syringe 30 mg/3 ml	5	PA; QL (18 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; QL (1 EA per 1 day); LA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	PA; QL (18 ML per 30 days); LA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; QL (4 ML per 28 days); LA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (2 ML per 28 days); LA

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

Drug Name	Tier	Requirements/Limits
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	5	PA; QL (4 ML per 28 days); LA
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 10 %	5	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; LA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA
PANZYGA INTRAVENOUS SOLUTION 10 %	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA
Immunological Agents, Other		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; QL (4 ML per 28 days); LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; QL (4 ML per 28 days); LA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; LA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; LA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA

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

Drug Name	Tier	Requirements/Limits
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	5	PA; LA
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; LA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; LA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; LA

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Drug Name	Tier	Requirements/Limits
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	PA
azathioprine oral tablet 50 mg	2	PA; AC
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	4	PA
cyclosporine modified oral solution 100 mg/ml	4	PA
cyclosporine oral capsule 100 mg, 25 mg	4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA
everolimus (immunosuppressive) oral tablet 0.25 mg	4	PA; QL (2 EA per 1 day)
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	5	PA; QL (2 EA per 1 day)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	PA
GENGRAF ORAL SOLUTION 100 MG/ML	4	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	5	PA
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA

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

Drug Name	Tier	Requirements/Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA
JYLAMVO ORAL SOLUTION 2 MG/ML	4	
leflunomide oral tablet 10 mg, 20 mg	3	
methotrexate sodium (pf) injection solution 25 mg/ml	2	AC
methotrexate sodium injection solution 25 mg/ml	2	AC
methotrexate sodium oral tablet 2.5 mg	2	AC
mycophenolate mofetil oral capsule 250 mg	2	PA; AC
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	5	PA
mycophenolate mofetil oral tablet 500 mg	2	PA; AC
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	4	PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA
sirolimus oral solution 1 mg/ml	5	PA
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	PA
tacrolimus oral capsule 0.5 mg, 1 mg	2	PA; AC
tacrolimus oral capsule 5 mg	4	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	
XATMEP ORAL SOLUTION 2.5 MG/ML	4	
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	

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

Drug Name	Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	PA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	

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

Drug Name	Tier	Requirements/Limits
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	

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Drug Name	Tier	Requirements/Limits
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
INFLAMMATORY BOWEL DISEASE AGENTS		
Aminosalicylates		
balsalazide oral capsule 750 mg	3	
DIPENTUM ORAL CAPSULE 250 MG	5	
mesalamine oral capsule (with del rel tablets) 400 mg	4	
mesalamine oral capsule, extended release 500 mg	5	
mesalamine oral capsule,extended release 24hr 0.375 gram	3	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	4	
mesalamine rectal enema 4 gram/60 ml	4	
mesalamine rectal suppository 1,000 mg	4	

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Drug Name	Tier	Requirements/Limits
sulfasalazine oral tablet 500 mg	2	AC
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	3	
Glucocorticoids		
budesonide oral capsule,delayed,extend.release 3 mg	4	
budesonide oral tablet,delayed and ext.release 9 mg	5	PA
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	AC
hydrocortisone rectal enema 100 mg/60 ml	4	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
alendronate oral solution 70 mg/75 ml	4	
alendronate oral tablet 10 mg, 35 mg, 70 mg	1	AC
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	3	PA
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	PA; AC
calcitriol oral solution 1 mcg/ml	2	PA; AC
cinacalcet oral tablet 30 mg, 60 mg	4	PA; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	4	PA; QL (4 EA per 1 day)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	4	PA
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	2	QL (4 EA per 28 days); AC; ED
ibandronate oral tablet 150 mg	2	AC
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	4	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	
risedronate oral tablet 150 mg, 35 mg	2	AC
risedronate oral tablet 30 mg, 5 mg	4	
risedronate oral tablet,delayed release (dr/ec) 35 mg	4	
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)	5	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	2	AC; ED
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	4	PA

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Drug Name	Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC AGENTS		
Miscellaneous Therapeutic Agents		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	2	
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
ALCOHOL PADS TOPICAL PADS, MEDICATED	2	AC
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
alcohol swabs topical pads, medicated	2	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	2	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	
BAND-AID GAUZE PADS TOPICAL BANDAGE 2 X 2 "	2	
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	2	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	2	AC

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Drug Name	Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	2	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	2	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	2	
BORDERED GAUZE TOPICAL BANDAGE 2 X 2 "	2	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	2	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	2	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	

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

Drug Name	Tier	Requirements/Limits
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	2	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	2	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	2	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32"	2	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	2	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	2	
CURITY GAUZE TOPICAL BANDAGE 2 X 2 "	2	
DERMACEA TOPICAL BANDAGE 2 X 2 "	2	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	2	AC

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Drug Name	Tier	Requirements/Limits
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	2	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	2	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	2	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	2	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	2	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	2	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	2	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	2	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	

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

Drug Name	Tier	Requirements/Limits
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	2	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	2	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	2	AC
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML	2	AC
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	2	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	2	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	2	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	2	AC
EMBRACE PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	2	
EXTENDED RESERVOIR 3 ML	2	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
gauze bandage topical bandage 2 x 2 "	2	

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

Drug Name	Tier	Requirements/Limits
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	AC
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"	2	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"	2	
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge	2	AC
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
IV PREP WIPES TOPICAL PADS, MEDICATED	2	

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

Drug Name	Tier	Requirements/Limits
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	2	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	2	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	2	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	2	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	2	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	2	
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	2	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	2	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	2	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	4	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	4	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
PARADIGM RESERVOIR 1.8 ML, 3 ML	2	

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

Drug Name	Tier	Requirements/Limits
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
pen needle, diabetic needle 29 gauge x 1/2"	2	AC
pen needle, diabetic needle 29 gauge x 15/32", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"	2	
pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"	2	
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	2	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	2	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	2	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	2	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	2	

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

Drug Name	Tier	Requirements/Limits
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	2	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	2	
sodium chloride irrigation solution 0.9 %	3	
STERILE PADS TOPICAL BANDAGE 2 X 2 "	2	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	2	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	2	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	2	

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Drug Name	Tier	Requirements/Limits
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	2	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	2	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	2	AC
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	2	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	2	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	2	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	2	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	2	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	2	

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

Drug Name	Tier	Requirements/Limits
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	2	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	2	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	2	
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	2	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	2	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	2	
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	2	AC
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	2	

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

Drug Name	Tier	Requirements/Limits
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	2	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	2	
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	2	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	2	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	2	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	2	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	2	

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

Drug Name	Tier	Requirements/Limits
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	2	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	2	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	2	
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	2	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	2	
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	2	
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	2	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	2	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	2	
WEBCOL TOPICAL PADS, MEDICATED	2	AC
XIAFLEX INJECTION RECON SOLN 0.9 MG	5	PA; LA

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

Drug Name	Tier	Requirements/Limits
NON-FRF		
Non-Frf		
tadalafil oral tablet 20 mg	2	QL (1 EA per 1 day); AC; ED
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		
atropine ophthalmic (eye) drops 1 %	3	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	2	AC
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	4	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	4	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	AC
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	3	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	3	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	2	AC
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	2	AC
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	3	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	4	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	3	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	3	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	2	AC
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	4	QL (5.5 ML per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (2 EA per 1 day)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	4	ST
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	2	AC

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

Drug Name	Tier	Requirements/Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	4	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	4	
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	5	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (2 EA per 1 day)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	4	
Ophthalmic Anti-Allergy Agents		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	4	
azelastine ophthalmic (eye) drops 0.05 %	3	
cromolyn ophthalmic (eye) drops 4 %	2	AC
epinastine ophthalmic (eye) drops 0.05 %	3	
olopatadine ophthalmic (eye) drops 0.1 %	2	AC
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	
bacitracin ophthalmic (eye) ointment 500 unit/gram	4	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	2	AC
gatifloxacin ophthalmic (eye) drops 0.5 %	3	
gentamicin ophthalmic (eye) drops 0.3 %	2	AC
levofloxacin ophthalmic (eye) drops 1.5 %	4	
moxifloxacin ophthalmic (eye) drops 0.5 %	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
ofloxacin ophthalmic (eye) drops 0.3 %	2	AC
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	AC
sulfacetamide sodium ophthalmic (eye) drops 10 %	3	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	3	
tobramycin ophthalmic (eye) drops 0.3 %	2	AC
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	4	
trifluridine ophthalmic (eye) drops 1 %	3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
Ophthalmic Anti-Inflammatories		
bromfenac ophthalmic (eye) drops 0.07 %	3	

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

Drug Name	Tier	Requirements/Limits
bromfenac ophthalmic (eye) drops 0.09 %	4	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	3	
diclofenac sodium ophthalmic (eye) drops 0.1 %	2	AC
difluprednate ophthalmic (eye) drops 0.05 %	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	3	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	2	AC
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
ketorolac ophthalmic (eye) drops 0.4 %	3	
ketorolac ophthalmic (eye) drops 0.5 %	2	AC
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	4	
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	4	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 0.5 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	4	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	2	AC
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	2	AC
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol ophthalmic (eye) drops 0.5 %	3	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	4	
carteolol ophthalmic (eye) drops 1 %	2	AC
levobunolol ophthalmic (eye) drops 0.5 %	2	AC
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	AC

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

Drug Name	Tier	Requirements/Limits
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
apraclonidine ophthalmic (eye) drops 0.5 %	3	
brimonidine ophthalmic (eye) drops 0.1 %	3	
brimonidine ophthalmic (eye) drops 0.15 %	4	
brimonidine ophthalmic (eye) drops 0.2 %	1	AC
brinzolamide ophthalmic (eye) drops,suspension 1 %	4	
dorzolamide ophthalmic (eye) drops 2 %	1	AC
methazolamide oral tablet 25 mg, 50 mg	4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	3	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	4	
Ophthalmic Prostaglandin And Prostamide Analogs		
bimatoprost ophthalmic (eye) drops 0.03 %	3	
latanoprost ophthalmic (eye) drops 0.005 %	1	AC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
travoprost ophthalmic (eye) drops 0.004 %	3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	4	
OTIC AGENTS		
Otic Agents		
acetic acid otic (ear) solution 2 %	2	AC
ciprofloxacin hcl otic (ear) dropperette 0.2 %	4	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	4	
fluocinolone acetonide oil otic (ear) drops 0.01 %	3	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	3	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	3	

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

Drug Name	Tier	Requirements/Limits
ofloxacin otic (ear) drops 0.3 %	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
Antihistamines		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	2	AC
cetirizine oral solution 1 mg/ml	2	AC
desloratadine oral tablet 5 mg	2	AC
diphenhydramine hcl injection solution 50 mg/ml	4	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	AC
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	2	AC
levocetirizine oral solution 2.5 mg/5 ml	3	
levocetirizine oral tablet 5 mg	1	AC
olopatadine nasal spray,non-aerosol 0.6 %	3	
promethazine oral tablet 12.5 mg, 25 mg	3	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	4	PA
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	3	
fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation	3	
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	3	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	3	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	3	QL (10.6 GM per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	AC

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

Drug Name	Tier	Requirements/Limits
mometasone nasal spray,non-aerosol 50 mcg/actuation	3	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 GM per 30 days)
Antileukotrienes		
montelukast oral granules in packet 4 mg	2	AC
montelukast oral tablet 10 mg	1	AC
montelukast oral tablet,chewable 4 mg, 5 mg	1	AC
zafirlukast oral tablet 10 mg, 20 mg	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (26 GM per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	2	PA; AC
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	2	AC
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 EA per 30 days)
Bronchodilators, Sympathomimetic		
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML)	4	
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	2	QL (17 GM per 30 days); AC
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	2	PA; AC
albuterol sulfate oral syrup 2 mg/5 ml	2	AC
albuterol sulfate oral tablet 2 mg, 4 mg	4	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	3	
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	4	PA
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	4	PA

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

Drug Name	Tier	Requirements/Limits
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	4	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 EA per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	4	
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	LA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; QL (2 EA per 1 day); LA
KALYDECO ORAL TABLET 150 MG	5	PA; QL (2 EA per 1 day); LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; QL (2 EA per 1 day); LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (4 EA per 1 day); LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; QL (2 EA per 1 day); LA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	QL (8 EA per 1 day); LA
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	5	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; QL (2 EA per 1 day); LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; QL (3 EA per 1 day); LA
Mast Cell Stabilizers		
cromolyn inhalation solution for nebulization 20 mg/2 ml	4	PA
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast oral tablet 250 mcg, 500 mcg	4	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	3	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	3	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; LA
ALYQ ORAL TABLET 20 MG	2	PA; QL (2 EA per 1 day); AC

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

Drug Name	Tier	Requirements/Limits
ambrisentan oral tablet 10 mg, 5 mg	4	PA; LA
bosentan oral tablet 125 mg, 62.5 mg	3	PA; LA
OPSUMIT ORAL TABLET 10 MG	5	PA; LA
sildenafil (pulm.hypertension) oral tablet 20 mg	2	PA; AC
tadalafil (pulm. hypertension) oral tablet 20 mg	2	PA; QL (2 EA per 1 day); AC
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; LA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; LA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; LA
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; LA
pirfenidone oral capsule 267 mg	5	PA
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	5	PA
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	4	PA
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 EA per 30 days)
benzonatate oral capsule 100 mg, 200 mg	2	QL (3 EA per 1 day); AC; ED
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (10.3 GM per 30 days); AC
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	2	QL (10.2 GM per 30 days); AC
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 GM per 30 days)

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

Drug Name	Tier	Requirements/Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	QL (13 GM per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; QL (1 ML per 28 days); LA
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	2	QL (1 EA per 30 days); AC
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	2	QL (60 EA per 30 days); AC
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	2	PA; AC
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days); LA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; QL (3 EA per 28 days); LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days); LA
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (0.4 ML per 28 days); LA
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (60 EA per 30 days); AC
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
cyclobenzaprine oral tablet 10 mg, 5 mg	2	AC
cyclobenzaprine oral tablet 7.5 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	2	AC
SLEEP DISORDER AGENTS		
Sleep Promoting Agents		
eszopiclone oral tablet 1 mg	3	QL (3 EA per 1 day)
eszopiclone oral tablet 2 mg, 3 mg	3	QL (1 EA per 1 day)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; QL (5 ML per 1 day); LA
tasimelteon oral capsule 20 mg	5	PA; QL (1 EA per 1 day)
temazepam oral capsule 15 mg, 30 mg	2	AC
temazepam oral capsule 7.5 mg	4	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg	3	QL (2 EA per 1 day)

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

Drug Name	Tier	Requirements/Limits
zaleplon oral capsule 5 mg	3	QL (4 EA per 1 day)
zolpidem oral tablet 10 mg	2	QL (1 EA per 1 day); AC
zolpidem oral tablet 5 mg	2	QL (2 EA per 1 day); AC
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	3	
modafinil oral tablet 100 mg, 200 mg	3	
sodium oxybate oral solution 500 mg/ml	5	PA; QL (18 ML per 1 day); LA
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (1 EA per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	PA; QL (2 EA per 1 day); LA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	5	PA; QL (18 ML per 1 day); LA

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Providence
Medicare Advantage Plans

Our Mission

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

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Compassion | Dignity | Justice | Excellence | Integrity

We're here to help.

This formulary was updated on 09/24/2024

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