

2024 Formulary

(List of Covered Drugs)

**Highmark Wholecare
Medicare Assured DiamondSM**
(HMO SNP)

**Highmark Wholecare
Medicare Assured RubySM**
(HMO SNP)



This formulary was updated
on 11/01/2024.

For more recent information or other questions, please
contact Highmark Wholecare Member Services at
1-800-685-5209 (TTY users should call 711).

PLEASE READ: This document contains information
about the drugs we cover in these plans.



Our business hours are
8 a.m. – 8 p.m., seven days a
week from October 1 through
March 31. From April 1 through
September 30, our business
hours are 8 a.m. – 8 p.m.,
Monday through Friday.

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Note to existing members: This formulary may have 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 Highmark Wholecare Medicare Assured. When it refers to “plan” or “our plan,” it means Highmark Wholecare Medicare Assured Diamond and Highmark Wholecare Medicare Assured Ruby.

This document includes a list of the drugs (formulary) for our plan which is current as of November 1, 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, 2024, and from time to time during the year.

What is the Highmark Wholecare Medicare Assured Formulary?

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

For a complete listing of all prescription drugs covered by Highmark Wholecare Medicare Assured, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Highmark Wholecare Medicare Assured 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 you if you take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Highmark Wholecare Medicare Assured 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 November 1, 2024. To get updated information about the drugs covered by Highmark Wholecare Medicare Assured please contact us. Our contact information appears on the front and back cover pages. In the event we make changes to our Formulary throughout the year, a Formulary Update Notice will be provided detailing date of change, drug affected, description and reason for change. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Drugs”. If you know what your drug is used for, look for the category name in the list that begins on page 3. 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 101. 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?

Highmark Wholecare Medicare Assured 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:** Highmark Wholecare Medicare Assured requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Highmark Wholecare Medicare Assured before you fill your prescriptions. If you don't get approval, Highmark Wholecare Medicare Assured may not cover the drug.
- **Quantity Limits:** For certain drugs, Highmark Wholecare Medicare Assured limits the amount of the drug that we will cover. For example, Highmark Wholecare Medicare Assured provides 60 tablets per prescription for a 30-day supply of metformin 1000 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Highmark Wholecare Medicare Assured 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, Highmark Wholecare Medicare Assured may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Highmark Wholecare Medicare Assured 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 3. 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 Highmark Wholecare Medicare Assured 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 Highmark Wholecare Medicare Assured Formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Highmark Wholecare Medicare Assured does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Highmark Wholecare Medicare Assured. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Highmark Wholecare Medicare Assured.
- You can ask Highmark Wholecare Medicare Assured 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 Highmark Wholecare Medicare Assured Formulary?

You can ask Highmark Wholecare Medicare Assured 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. Generally, Highmark Wholecare Medicare Assured will only approve your request to cover a drug that is not on our formulary if alternative covered drugs are tried first or the alternative covered drugs would not be as effective in treating your condition and/or would cause you to have adverse medical effects. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Highmark Wholecare Medicare Assured 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, Highmark Wholecare Medicare Assured will only approve your request for an exception if the alternative drug is included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Generally, Highmark Wholecare Medicare Assured will only approve your request for an exception if the alternative drug is included on the plan's formulary, 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 or utilization restriction exception. **When you request a formulary 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.

For more information

For more detailed information about your Highmark Wholecare Medicare Assured prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Highmark Wholecare Medicare Assured, 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>.

Highmark Wholecare Medicare Assured Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Highmark Wholecare Medicare Assured. If you have trouble finding your drug in the list, turn to the Index that begins on page 101.

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

The information in the Requirements/Limits column tells you if Highmark Wholecare Medicare Assured has any special requirements for coverage of your drug.

Drug Tier	Member Cost Share
Tier 1 – Preferred Generic Drugs	\$0
Tier 2 – Generic Drugs	\$0
Tier 3 – Preferred Brand Drugs	\$0
Tier 4 – Non-Preferred Drugs	\$0
Tier 5 – Specialty Tier Drugs	\$0

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Requirements/Limits

* = For certain kinds of drugs, you can use the plan's network mail-order services. The drugs that are not available through the plan's mail-order service are marked with an asterisk in our drug list.

30DS = For certain kinds of drugs, you may only fill up to a 30 Day Supply

B/D = This drug may be covered under Medicare Part B or D

LA = Limited Access: Access to this drug is limited to certain pharmacies

PA = Prior Authorization

PA (NS) = Prior Authorization for New Starts Only

QL = Quantity Limit

ST = Step Therapy

ST (NS) = Step Therapy for New Starts Only

Drug Tier

1 = Preferred Generic

2 = Generic

3 = Preferred Brand

4 = Non-Preferred Drug

5 = Specialty Tier

italics = Generic drugs

UPPERCASE = Brand name drugs

Drug Name	Drug Tier	Requirements/Limits
Antihistamine Drugs		
Antihistamine Drugs		
<i>Cetirizine HCl Oral Solution</i>	2	
<i>Cyproheptadine HCl Oral</i>	2	PA
<i>Levocetirizine Dihydrochloride Oral</i>	2	
<i>Promethazine HCl Oral</i>	2	PA
Anti-Infective Agents		
Aminoglycosides		
<i>Amikacin Sulfate Injection Solution 1 GM/4ML, 500 MG/2ML</i>	4	
<i>Gentamicin in Saline Intravenous Solution 0.8-0.9 MG/ML-%, 1-0.9 MG/ML-%, 1.2-0.9 MG/ML-%, 1.6-0.9 MG/ML-%, 2-0.9 MG/ML-%</i>	2	
<i>Gentamicin Sulfate Injection</i>	2	
KITABIS PAK	5	B/D; *; LA; 30DS; Not available at mail-order; QL (280 ML per 28 days)
<i>Neomycin Sulfate Oral</i>	2	
<i>Tobramycin Inhalation Nebulization Solution 300 MG/4ML</i>	5	B/D; *; 30DS; Not available at mail-order; QL (224 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Tobramycin Inhalation Nebulization Solution 300 MG/5ML</i>	5	B/D; *; 30DS; Not available at mail-order; QL (280 ML per 28 days)
<i>Tobramycin Sulfate Injection</i>	2	
Anthelmintics		
<i>Albendazole Oral</i>	4	
<i>Ivermectin Oral</i>	2	
<i>Praziquantel Oral</i>	4	
Antibacterials, Miscellaneous		
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 900 MG/6ML	2	
<i>Clindamycin HCl Oral Capsule 150 MG, 300 MG</i>	1	QL (120 EA per 30 days)
<i>Clindamycin HCl Oral Capsule 75 MG</i>	1	
<i>Clindamycin Palmitate HCl</i>	3	
<i>Clindamycin Phosphate Injection Solution 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML</i>	2	
<i>Colistimethate Sodium (CBA)</i>	5	30DS
<i>Dapsone Oral</i>	3	
<i>DAPTOmycin</i>	5	30DS
<i>Ertapenem Sodium</i>	3	
<i>Linezolid in Sodium Chloride</i>	4	
<i>Linezolid Intravenous Solution 600 MG/300ML</i>	4	
<i>Linezolid Oral Suspension Reconstituted</i>	5	30DS
<i>Linezolid Oral Tablet</i>	4	QL (60 EA per 30 days)
<i>Vancomycin HCl Intravenous Solution 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML</i>	4	
<i>Vancomycin HCl Intravenous Solution Reconstituted 1 GM, 10 GM, 100 GM, 5 GM</i>	3	
<i>Vancomycin HCl Intravenous Solution Reconstituted 1.25 GM, 1.5 GM, 250 MG</i>	4	
<i>Vancomycin HCl Intravenous Solution Reconstituted 500 MG, 750 MG</i>	2	
<i>Vancomycin HCl Oral Capsule 125 MG</i>	4	QL (120 EA per 30 days)
<i>Vancomycin HCl Oral Capsule 250 MG</i>	4	QL (240 EA per 30 days)
Antifungals		
ABELCET	4	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
AMBISOME	5	B/D; 30DS
<i>Amphotericin B Intravenous</i>	4	B/D
<i>Amphotericin B Liposome</i>	5	B/D; 30DS
<i>Caspofungin Acetate Intravenous Solution Reconstituted 50 MG</i>	5	30DS
<i>Caspofungin Acetate Intravenous Solution Reconstituted 70 MG</i>	4	
<i>Fluconazole in Sodium Chloride Intravenous Solution 200-0.9 MG/100ML-%</i>	3	
<i>Fluconazole in Sodium Chloride Intravenous Solution 400-0.9 MG/200ML-%</i>	2	
<i>Fluconazole Oral</i>	1	
<i>Flucytosine Oral</i>	5	30DS
<i>Griseofulvin Microsize Oral Suspension</i>	2	
<i>Griseofulvin Microsize Oral Tablet</i>	4	
<i>Griseofulvin Ultramicrosize Oral Tablet 125 MG</i>	2	
<i>Griseofulvin Ultramicrosize Oral Tablet 250 MG</i>	4	
<i>Itraconazole Oral Capsule</i>	4	QL (120 EA per 30 days)
<i>Itraconazole Oral Solution</i>	4	
<i>Ketoconazole Oral</i>	2	
<i>Micafungin Sodium-NaCl</i>	5	30DS
NOXAFIL ORAL SUSPENSION	NF	
<i>Nystatin Mouth/Throat</i>	2	
<i>Nystatin Oral Tablet</i>	1	
<i>Posaconazole Oral Suspension</i>	5	PA; 30DS; QL (630 ML per 30 days)
<i>Posaconazole Oral Tablet Delayed Release</i>	5	PA; 30DS; QL (93 EA per 30 days)
<i>Terbinafine HCl Oral</i>	1	QL (30 EA per 30 days)
<i>Voriconazole Intravenous</i>	5	PA; 30DS
<i>Voriconazole Oral Suspension Reconstituted</i>	5	30DS; QL (300 ML per 30 days)
<i>Voriconazole Oral Tablet 200 MG</i>	4	QL (60 EA per 30 days)
<i>Voriconazole Oral Tablet 50 MG</i>	4	QL (120 EA per 30 days)
Antimalarials		
<i>Atovaquone Oral</i>	4	
<i>Atovaquone-Proguanil HCl Oral Tablet 250-100 MG</i>	3	
<i>Atovaquone-Proguanil HCl Oral Tablet 62.5-25 MG</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Chloroquine Phosphate Oral</i>	2	
COARTEM	3	
<i>Hydroxychloroquine Sulfate Oral Tablet 100 MG, 200 MG, 300 MG</i>	3	
<i>Mefloquine HCl</i>	2	
<i>Primaquine Phosphate Oral Tablet 26.3 (15 Base) MG</i>	3	
<i>Pyrimethamine Oral</i>	5	30DS
<i>QuiNINE Sulfate Oral</i>	3	
Antiprotozoals, Miscellaneous		
<i>metroNIDAZOLE Intravenous Solution 500 MG/100ML</i>	2	
<i>metroNIDAZOLE Oral Tablet</i>	1	
<i>Nitazoxanide Oral</i>	5	30DS
<i>Pentamidine Isethionate Inhalation</i>	2	B/D
<i>Pentamidine Isethionate Injection</i>	4	
Antiretrovirals		
<i>Abacavir Sulfate</i>	4	*; Not available at mail-order
<i>Abacavir Sulfate-lamiVUDine</i>	4	*; Not available at mail-order
APRETUDE	5	LA; 30DS
APTIVUS ORAL CAPSULE	5	*; 30DS; Not available at mail-order
<i>Atazanavir Sulfate</i>	4	*; Not available at mail-order
BIKTARVY	5	*; 30DS; Not available at mail-order
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	5	30DS; QL (4 ML per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	5	30DS; QL (6 ML per 28 days)
CIMDUO	5	*; 30DS; Not available at mail-order
COMPLERA	5	*; 30DS; Not available at mail-order
<i>Darunavir Oral Tablet 600 MG</i>	5	30DS; QL (60 EA per 30 days)
<i>Darunavir Oral Tablet 800 MG</i>	5	30DS; QL (30 EA per 30 days)
DELSTRIGO	5	*; 30DS; Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
DESCOVY	5	*; 30DS; Not available at mail-order
DOVATO	5	*; 30DS; Not available at mail-order
EDURANT	5	*; 30DS; Not available at mail-order
<i>Efavirenz Oral Capsule</i>	2	*; Not available at mail-order
<i>Efavirenz Oral Tablet</i>	4	*; Not available at mail-order
<i>Efavirenz-Emtricitab-Tenofo DF</i>	5	*; 30DS; Not available at mail-order
<i>Efavirenz-lamiVUDine-Tenofovir</i>	4	*; Not available at mail-order
<i>Emtricitabine</i>	3	*; Not available at mail-order
<i>Emtricitabine-Tenofovir DF Oral Tablet 100-150 MG, 133-200 MG, 167-250 MG</i>	5	*; 30DS; Not available at mail-order
<i>Emtricitabine-Tenofovir DF Oral Tablet 200-300 MG</i>	4	*; Not available at mail-order
EMTRIVA ORAL SOLUTION	3	*; Not available at mail-order
EPCLUSA ORAL TABLET 200-50 MG	5	PA; *; 30DS; Not available at mail-order; QL (28 EA per 28 days)
<i>Etravirine Oral Tablet 100 MG</i>	5	*; 30DS; Not available at mail-order; QL (120 EA per 30 days)
<i>Etravirine Oral Tablet 200 MG</i>	5	*; 30DS; Not available at mail-order; QL (60 EA per 30 days)
EVOTAZ	5	*; 30DS; Not available at mail-order; QL (30 EA per 30 days)
<i>Fosamprenavir Calcium</i>	5	*; 30DS; Not available at mail-order
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	*; LA; 30DS; Not available at mail-order
GENVOYA	5	*; 30DS; Not available at mail-order
INTELENCE ORAL TABLET 25 MG	3	*; Not available at mail-order; QL (120 EA per 30 days)
ISENTRESS HD	5	*; 30DS; Not available at mail-order; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	3	*; Not available at mail-order
ISENTRESS ORAL TABLET	5	*; 30DS; Not available at mail-order; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	*; 30DS; Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	*; Not available at mail-order
JULUCA	5	*; 30DS; Not available at mail-order
<i>lamiVUDine Oral Solution</i>	2	*; Not available at mail-order
<i>LamiVUDine Oral Tablet</i>	3	*; Not available at mail-order
<i>lamiVUDine-Zidovudine</i>	2	*; Not available at mail-order
LEXIVA ORAL SUSPENSION	3	*; Not available at mail-order
<i>Lopinavir-Ritonavir</i>	4	*; Not available at mail-order
<i>Maraviroc Oral Tablet 150 MG</i>	5	*; 30DS; Not available at mail-order; QL (60 EA per 30 days)
<i>Maraviroc Oral Tablet 300 MG</i>	5	*; 30DS; Not available at mail-order; QL (120 EA per 30 days)
<i>Nevirapine</i>	2	*; Not available at mail-order
<i>Nevirapine ER Oral Tablet Extended Release 24 Hour 100 MG</i>	2	*; Not available at mail-order
<i>Nevirapine ER Oral Tablet Extended Release 24 Hour 400 MG</i>	4	*; Not available at mail-order
NORVIR ORAL PACKET	4	*; Not available at mail-order
NORVIR ORAL SOLUTION	4	
ODEFSEY	5	*; 30DS; Not available at mail-order
PIFELTRO	5	*; 30DS; Not available at mail-order
PREZCOBIX	5	*; 30DS; Not available at mail-order; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	*; 30DS; Not available at mail-order; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	*; 30DS; Not available at mail-order; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	3	*; Not available at mail-order; QL (480 EA per 30 days)
REYATAZ ORAL PACKET	5	*; 30DS; Not available at mail-order
<i>Ritonavir</i>	3	*; Not available at mail-order
RUKOBIA	5	*; 30DS; Not available at mail-order; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	3	*; Not available at mail-order; QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	*; Not available at mail-order; QL (480 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL TABLET 75 MG	5	*; 30DS; Not available at mail-order; QL (60 EA per 30 days)
<i>Stavudine Oral Capsule</i>	2	
STRIBILD	5	*; 30DS; Not available at mail-order
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	*; LA; 30DS; Not available at mail-order; QL (4 EA per 180 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	*; LA; 30DS; Not available at mail-order; QL (5 EA per 180 days)
SUNLENCA SUBCUTANEOUS	5	LA; 30DS; QL (3 ML per 180 days)
SYMTUZA	5	*; 30DS; Not available at mail-order; QL (30 EA per 30 days)
<i>Tenofovir Disoproxil Fumarate</i>	4	*; Not available at mail-order
TIVICAY ORAL TABLET 10 MG	3	*; Not available at mail-order; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	*; 30DS; Not available at mail-order; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	*; 30DS; Not available at mail-order; QL (60 EA per 30 days)
TIVICAY PD	5	*; 30DS; Not available at mail-order; QL (180 EA per 30 days)
TRIUMEQ	5	*; 30DS; Not available at mail-order
<i>Triumeq PD</i>	5	*; 30DS; Not available at mail-order
TRIZIVIR	5	*; 30DS; Not available at mail-order
VIRACEPT ORAL TABLET	5	*; 30DS; Not available at mail-order
VIREAD ORAL POWDER	5	*; 30DS; Not available at mail-order
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	*; 30DS; Not available at mail-order
<i>Zidovudine</i>	2	*; Not available at mail-order
Antituberculosis Agents		
<i>Ethambutol HCl Oral</i>	2	
<i>Isoniazid Oral</i>	1	
PRIFTIN	4	
<i>Pyrazinamide Oral</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Rifabutin</i>	4	
<i>Rifampin Intravenous</i>	2	
<i>rifAMPin Oral</i>	2	
SIRTURO	5	PA; LA; 30DS
TRECTOR	3	
Antivirals		
<i>Acyclovir Oral Capsule</i>	2	
<i>Acyclovir Oral Suspension</i>	3	
<i>Acyclovir Oral Tablet</i>	2	
<i>Acyclovir Sodium Intravenous Solution</i>	2	B/D
<i>Adefovir Dipivoxil</i>	4	*; Not available at mail-order
BARACLUDE ORAL SOLUTION	5	PA; *; 30DS; Not available at mail-order
<i>Entecavir</i>	4	*; Not available at mail-order
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; *; 30DS; Not available at mail-order; QL (28 EA per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; *; 30DS; Not available at mail-order; QL (56 EA per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; *; 30DS; Not available at mail-order; QL (28 EA per 28 days)
EPIVIR HBV ORAL SOLUTION	3	PA; *; Not available at mail-order
<i>Famciclovir Oral Tablet 125 MG, 250 MG</i>	3	
<i>Famciclovir Oral Tablet 500 MG</i>	2	
HARVONI ORAL PACKET 33.75-150 MG	5	PA; *; 30DS; Not available at mail-order; QL (28 EA per 28 days)
HARVONI ORAL PACKET 45-200 MG	5	PA; *; 30DS; Not available at mail-order; QL (56 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; *; 30DS; Not available at mail-order; QL (56 EA per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; *; 30DS; Not available at mail-order; QL (28 EA per 28 days)
LAGEVRIO	4	QL (360 EA per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
MAVYRET ORAL PACKET	5	PA; *; 30DS; Not available at mail-order; QL (140 EA per 28 days)
MAVYRET ORAL TABLET	5	PA; *; 30DS; Not available at mail-order; QL (90 EA per 30 days)
<i>Oseltamivir Phosphate Oral Capsule 30 MG</i>	3	QL (84 EA per 180 days)
<i>Oseltamivir Phosphate Oral Capsule 45 MG, 75 MG</i>	3	QL (42 EA per 180 days)
<i>Oseltamivir Phosphate Oral Suspension Reconstituted</i>	3	QL (540 ML per 180 days)
PAXLOVID (150/100)	4	QL (40 EA per 30 days)
PAXLOVID (300/100)	4	QL (60 EA per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	*; 30DS; Not available at mail-order
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	*; 30DS; Not available at mail-order
PREVYMIS ORAL	5	PA; 30DS; QL (28 EA per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	3	
<i>Ribavirin Oral Capsule</i>	3	*; Not available at mail-order
<i>Ribavirin Oral Tablet 200 MG</i>	3	*; Not available at mail-order
<i>riMANTAdine HCl</i>	2	
SYNAGIS	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER
<i>valACYclovir HCl Oral Tablet 1 GM</i>	2	
<i>valACYclovir HCl Oral Tablet 500 MG</i>	4	
<i>valGANciclovir HCl Oral Solution Reconstituted</i>	5	30DS
<i>valGANciclovir HCl Oral Tablet</i>	3	
VEMLIDY	5	PA; *; 30DS; Not available at mail-order
VOSEVI	5	PA; *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
Cephalosporins		
<i>Cefaclor ER</i>	4	
<i>Cefaclor Oral Capsule</i>	2	
<i>Cefadroxil Oral Capsule</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Cefadroxil Oral Suspension Reconstituted 250 MG/5ML</i>	2	
<i>Cefadroxil Oral Suspension Reconstituted 500 MG/5ML</i>	3	
<i>Cefadroxil Oral Tablet</i>	3	
<i>CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG</i>	2	
<i>CeFAZolin Sodium Intravenous Solution Reconstituted 1 GM</i>	2	
<i>CeFAZolin Sodium-Dextrose Intravenous Solution 1-4 GM/50ML-%</i>	2	
<i>CeFAZolin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML)</i>	2	
<i>Cefdinir</i>	2	
<i>Cefepime HCl Injection Solution Reconstituted 1 GM</i>	2	
<i>Cefepime HCl Intravenous Solution</i>	2	
<i>Cefepime HCl Intravenous Solution Reconstituted 2 GM</i>	4	
<i>Cefepime-Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)</i>	2	
<i>Cefixime Oral Capsule</i>	3	
<i>Cefixime Oral Suspension Reconstituted</i>	2	
<i>Cefpodoxime Proxetil Oral Suspension Reconstituted 100 MG/5ML</i>	3	
<i>Cefpodoxime Proxetil Oral Suspension Reconstituted 50 MG/5ML</i>	2	
<i>Cefpodoxime Proxetil Oral Tablet 100 MG</i>	3	
<i>Cefpodoxime Proxetil Oral Tablet 200 MG</i>	2	
<i>Cefprozil</i>	2	
<i>cefTAZidime and Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)</i>	2	
<i>CefTAZidime Injection Solution Reconstituted 1 GM, 6 GM</i>	2	
<i>cefTAZidime Intravenous</i>	3	
<i>CefTRIAxone Sodium in Dextrose</i>	2	
<i>cefTRIAxone Sodium Injection Solution Reconstituted 1 GM, 250 MG, 500 MG</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>cefTRIAxone Sodium Injection Solution Reconstituted 2 GM</i>	4	
<i>CefTRIAxone Sodium Intravenous Solution Reconstituted 1 GM</i>	2	
<i>CefTRIAxone Sodium Intravenous Solution Reconstituted 10 GM, 2 GM</i>	4	
<i>CefTRIAxone Sodium-Dextrose Intravenous Solution Reconstituted 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)</i>	2	
<i>Cefuroxime Axetil Oral Tablet</i>	2	
<i>Cefuroxime Sodium Injection Solution Reconstituted 750 MG</i>	2	
<i>Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM</i>	2	
<i>Cephalexin Oral Capsule 250 MG, 500 MG</i>	1	
<i>Cephalexin Oral Suspension Reconstituted</i>	1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 6 GM	2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	3	
TEFLARO	5	PA; 30DS
Macrolides		
<i>Azithromycin Intravenous</i>	2	
<i>Azithromycin Oral Suspension Reconstituted</i>	2	
<i>Azithromycin Oral Tablet</i>	2	
<i>Clarithromycin ER</i>	2	
<i>Clarithromycin Oral</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	5	ST; 30DS; QL (136 ML per 10 days)
DIFICID ORAL TABLET	5	ST; 30DS; QL (20 EA per 10 days)
ERY-TAB	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>Erythromycin Base Oral Tablet 250 MG</i>	4	
<i>Erythromycin Base Oral Tablet 500 MG</i>	3	
<i>Erythromycin Ethylsuccinate Oral Suspension Reconstituted 200 MG/5ML</i>	4	
<i>Erythromycin Ethylsuccinate Oral Tablet</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Erythromycin Oral</i>	4	
Miscellaneous B-Lactam Antibiotics		
<i>Aztreonam Injection Solution Reconstituted 1 GM</i>	1	
<i>Aztreonam Injection Solution Reconstituted 2 GM</i>	4	
CAYSTON	5	*; LA; 30DS; Not available at mail-order
<i>cefOXitin Sodium Intravenous</i>	2	
<i>CefOXitin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)</i>	2	
<i>Imipenem-Cilastatin Intravenous Solution Reconstituted 250 MG</i>	2	
<i>Imipenem-Cilastatin Intravenous Solution Reconstituted 500 MG</i>	4	
<i>Meropenem Intravenous Solution Reconstituted 1 GM</i>	4	QL (90 EA per 30 days)
<i>Meropenem Intravenous Solution Reconstituted 500 MG</i>	2	
<i>Meropenem-Sodium Chloride Intravenous Solution Reconstituted 1 GM/50ML, 500 MG/50ML</i>	2	
Penicillins		
<i>Amoxicillin Oral Capsule</i>	1	
<i>Amoxicillin Oral Suspension Reconstituted</i>	1	
<i>Amoxicillin Oral Tablet</i>	1	
<i>Amoxicillin Oral Tablet Chewable 125 MG, 250 MG</i>	1	
<i>Amoxicillin-Pot Clavulanate ER</i>	3	
<i>Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted 200-28.5 MG/5ML, 400-57 MG/5ML, 600-42.9 MG/5ML</i>	2	
<i>Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted 250-62.5 MG/5ML</i>	3	
<i>Amoxicillin-Pot Clavulanate Oral Tablet</i>	2	
<i>Amoxicillin-Pot Clavulanate Oral Tablet Chewable</i>	2	
<i>Ampicillin Oral Capsule 500 MG</i>	1	
<i>Ampicillin Sodium Injection Solution Reconstituted 1 GM, 125 MG, 2 GM, 250 MG, 500 MG</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Ampicillin Sodium Intravenous Solution Reconstituted 1 GM, 2 GM</i>	2	
<i>Ampicillin Sodium Intravenous Solution Reconstituted 10 GM</i>	4	
<i>Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM</i>	2	
<i>Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 3 (2-1) GM</i>	4	
<i>Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted 1.5 (1-0.5) GM, 15 (10-5) GM</i>	2	
<i>Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted 3 (2-1) GM</i>	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
<i>Dicloxacillin Sodium</i>	1	
<i>Oxacillin Sodium in Dextrose</i>	4	
<i>Oxacillin Sodium Injection Solution Reconstituted 1 GM, 2 GM</i>	4	
<i>Oxacillin Sodium Intravenous</i>	4	
<i>Penicillin G Potassium Injection Solution Reconstituted 20000000 UNIT</i>	4	
<i>Penicillin V Potassium</i>	1	
PFIZERPEN	4	
<i>Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 2.25 (2-0.25) GM</i>	2	
<i>Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 3.375 (3-0.375) GM, 40.5 (36-4.5) GM</i>	3	
<i>Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 4.5 (4-0.5) GM</i>	4	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 4-0.5 GM/100ML	4	
Quinolones		
<i>Ciprofloxacin HCl Oral Tablet 100 MG</i>	NF	
<i>Ciprofloxacin HCl Oral Tablet 250 MG, 500 MG</i>	1	
<i>Ciprofloxacin HCl Oral Tablet 750 MG</i>	1	QL (60 EA per 30 days)
<i>Ciprofloxacin in D5W</i>	4	
<i>levoFLOXacin in D5W</i>	2	
<i>levoFLOXacin Intravenous</i>	2	
<i>levoFLOXacin Ophthalmic Solution 1.5 %</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>levoFLOXacin Oral Solution</i>	3	
<i>levoFLOXacin Oral Tablet</i>	1	
<i>Moxifloxacin HCl in NaCl</i>	2	
<i>Moxifloxacin HCl Intravenous</i>	2	
<i>Moxifloxacin HCl Oral</i>	2	
<i>Ofloxacin Oral Tablet 300 MG, 400 MG</i>	2	
Sulfonamides (Systemic)		
<i>sulfADIAZINE Oral</i>	4	
<i>Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML</i>	1	
<i>Sulfamethoxazole-Trimethoprim Oral Tablet</i>	1	
<i>sulfaSALazine Oral</i>	2	
SULFATRIM PEDIATRIC	1	
Tetracyclines		
<i>Avidoxy</i>	1	
<i>Demeclocycline HCl Oral</i>	4	
DOXY 100	2	B/D
<i>Doxycycline Hyclate Oral Capsule</i>	1	QL (60 EA per 30 days)
<i>Doxycycline Hyclate Oral Tablet 100 MG</i>	1	QL (60 EA per 30 days)
<i>Doxycycline Hyclate Oral Tablet 20 MG</i>	1	
<i>Doxycycline Monohydrate Oral Capsule 100 MG</i>	2	
<i>Doxycycline Monohydrate Oral Capsule 50 MG</i>	1	
<i>Doxycycline Monohydrate Oral Suspension Reconstituted</i>	1	
<i>Doxycycline Monohydrate Oral Tablet 100 MG, 50 MG, 75 MG</i>	1	
<i>Doxycycline Monohydrate Oral Tablet 150 MG</i>	2	
LYMEPAK	1	QL (60 EA per 30 days)
<i>Minocycline HCl Oral Capsule</i>	1	
<i>Minocycline HCl Oral Tablet 75 MG</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
<i>Tetracycline HCl Oral Capsule 250 MG</i>	3	QL (120 EA per 30 days)
<i>Tetracycline HCl Oral Capsule 500 MG</i>	3	
<i>Tigecycline</i>	5	30DS
VIBRAMYCIN ORAL SYRUP	3	
Urinary Anti-Infectives		
<i>Methenamine Hippurate</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Nitrofurantoin Macrocrystal Oral Capsule 100 MG, 50 MG</i>	2	
<i>Nitrofurantoin Macrocrystal Oral Capsule 25 MG</i>	3	
<i>Nitrofurantoin Monohyd Macro</i>	3	
<i>Nitrofurantoin Oral Suspension 25 MG/5ML</i>	5	30DS
<i>Trimethoprim Oral</i>	1	
Antineoplastic Agents		
Antineoplastic Agents		
<i>Abiraterone Acetate Oral Tablet 250 MG</i>	5	PA (NS); *, 30DS; Not available at mail-order; QL (90 EA per 30 days)
<i>Abiraterone Acetate Oral Tablet 500 MG</i>	5	PA (NS); *, 30DS; Not available at mail-order; QL (60 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
AKEEGA ORAL TABLET 50-500 MG	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
ALECENSA	5	PA (NS); *, LA; 30DS; Not available at mail-order
ALUNBRIG	5	PA (NS); LA; 30DS
<i>Anastrozole Oral</i>	2	QL (30 EA per 30 days)
AUGTYRO	5	PA (NS); *, LA; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (240 EA per 30 days)
AYVAKIT	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
BALVERSA	5	PA (NS); *, LA; 30DS; Not available at mail-order
BESREMI	5	PA (NS); LA; 30DS; QL (2 ML per 28 days)
<i>Bexarotene Oral</i>	5	PA (NS); *, 30DS; Not available at mail-order
<i>Bicalutamide</i>	2	
BOSULIF ORAL CAPSULE 100 MG	5	PA (NS); *, 30DS; Not available at mail-order; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA (NS); *, 30DS; Not available at mail-order; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET	5	PA (NS); *; 30DS; Not available at mail-order
BRAFTOVI ORAL CAPSULE 75 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (180 EA per 30 days)
BRUKINSA	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
CABOMETYX	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
CALQUENCE	5	PA (NS); LA; 30DS
CAPRELSA ORAL TABLET 100 MG	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order
COMETRIQ (60 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; Not available at mail-order
COPIKTRA	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
COTELLIC	5	PA (NS); *; LA; 30DS; Not available at mail-order
<i>Cyclophosphamide Oral</i>	3	B/D
DARZALEX FASPRO	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 ML per 28 days)
DAURISMO ORAL TABLET 100 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
DROXIA	3	
ELIGARD SUBCUTANEOUS KIT 22.5 MG	3	PA (NS); *; Not available at mail-order; QL (1 EA per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG	3	PA (NS); *; Not available at mail-order; QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	3	PA (NS); *; Not available at mail-order; QL (1 EA per 168 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA (NS); *; Not available at mail-order; QL (1 EA per 28 days)
EMCYT	3	
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML	5	PA (NS); LA; 30DS; QL (1.6 ML per 28 days)
EPKINLY SUBCUTANEOUS SOLUTION 48 MG/0.8ML	5	PA (NS); LA; 30DS; QL (3.2 ML per 28 days)
ERIVEDGE	5	PA (NS); *; LA; 30DS; Not available at mail-order
ERLEADA ORAL TABLET 240 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order
<i>Erlotinib HCl Oral Tablet 100 MG, 150 MG</i>	5	PA (NS); *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
<i>Erlotinib HCl Oral Tablet 25 MG</i>	5	PA (NS); *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
<i>Everolimus Oral Tablet 10 MG, 7.5 MG</i>	5	PA (NS); *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
<i>Everolimus Oral Tablet 2.5 MG, 5 MG</i>	5	PA (NS); *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
<i>Everolimus Oral Tablet Soluble</i>	5	PA (NS); *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
<i>Exemestane</i>	4	
EXKIVITY	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
FARYDAK	5	PA (NS); *; LA; 30DS; Not available at mail-order
FIRMAGON (240 MG DOSE)	5	PA (NS); *; 30DS; Not available at mail-order
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA (NS); *; Not available at mail-order
FOTIVDA	5	PA (NS); LA; 30DS; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA (NS); 30DS; QL (84 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA ORAL CAPSULE 5 MG	5	PA (NS); 30DS; QL (21 EA per 28 days)
GAVRETO	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
<i>Gefitinib</i>	5	PA (NS); *; 30DS; Not available at mail-order
GILOTRIF	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA (NS); *; Not available at mail-order
<i>Hydroxyurea Oral</i>	2	
IBRANCE	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (21 EA per 28 days)
ICLUSIG	5	PA (NS); LA; 30DS
IDHIFA	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
<i>Imatinib Mesylate</i>	5	PA (NS); *; 30DS; Not available at mail-order
IMBRUVICA ORAL CAPSULE 140 MG	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA (NS); LA; 30DS; QL (240 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA (NS); LA; 30DS; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
INLYTA	5	PA (NS); *; LA; 30DS; Not available at mail-order
INQOVI	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (5 EA per 28 days)
INREBIC	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
IWILFIN	5	PA (NS); LA; 30DS; QL (240 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
JAKAFI	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
KISQALI (200 MG DOSE)	5	PA (NS); *; 30DS; Not available at mail-order
KISQALI (400 MG DOSE)	5	PA (NS); *; 30DS; Not available at mail-order
KISQALI (600 MG DOSE)	5	PA (NS); *; 30DS; Not available at mail-order
KISQALI FEMARA (200 MG DOSE)	5	PA (NS); *; 30DS; Not available at mail-order
KISQALI FEMARA (400 MG DOSE)	5	PA (NS); *; 30DS; Not available at mail-order
KISQALI FEMARA (600 MG DOSE)	5	PA (NS); *; 30DS; Not available at mail-order
KOSELUGO ORAL CAPSULE 10 MG	5	PA (NS); LA; 30DS; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
KRAZATI	5	PA (NS); LA; 30DS; QL (180 EA per 30 days)
<i>Lapatinib Ditosylate</i>	5	PA (NS); *; 30DS; Not available at mail-order; QL (180 EA per 30 days)
<i>Lenalidomide</i>	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
LENVIMA (10 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (18 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE)	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
<i>Letrozole Oral</i>	2	
LEUKERAN	5	30DS
<i>Leuprolide Acetate (3 Month)</i>	4	PA (NS); *; Not available at mail-order; QL (1 EA per 84 days)
<i>Leuprolide Acetate Injection</i>	4	PA (NS); *; Not available at mail-order
LONSURF	5	PA (NS); *; LA; 30DS; Not available at mail-order
LORBRENA ORAL TABLET 100 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (90 EA per 30 days)
LUPANETA PACK	NF	PA; *; NOT AVAILABLE AT MAIL-ORDER
LUPRON DEPOT (1-MONTH)	5	PA (NS); *; 30DS; Not available at mail-order; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH)	5	PA (NS); *; 30DS; Not available at mail-order; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH)	5	PA (NS); *; 30DS; Not available at mail-order; QL (1 EA per 112 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH)	5	PA (NS); *; 30DS; Not available at mail-order; QL (1 EA per 168 days)
LUPRON DEPOT-PED (1-MONTH)	5	PA (NS); *; 30DS; Not available at mail-order; QL (1 EA per 28 days)
LUPRON DEPOT-PED (3-MONTH)	5	PA (NS); *; 30DS; Not available at mail-order; QL (1 EA per 84 days)
LUPRON DEPOT-PED (6-MONTH)	5	PA (NS); *; 30DS; Not available at mail-order; QL (1 EA per 168 days)
LYNPARZA ORAL TABLET	5	PA (NS); *; LA; 30DS; Not available at mail-order
LYSODREN	3	LA
LYTGOBI (12 MG DAILY DOSE)	5	PA (NS); LA; 30DS; QL (150 EA per 30 days)
LYTGOBI (16 MG DAILY DOSE)	5	PA (NS); LA; 30DS; QL (150 EA per 30 days)
LYTGOBI (20 MG DAILY DOSE)	5	PA (NS); LA; 30DS; QL (150 EA per 30 days)
MATULANE	5	LA; 30DS
<i>Megestrol Acetate Oral Suspension 40 MG/ML, 625 MG/5ML</i>	2	PA (NS)
<i>Megestrol Acetate Oral Tablet 20 MG</i>	1	PA (NS)
<i>Megestrol Acetate Oral Tablet 40 MG</i>	2	PA (NS)
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (1210 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order
MEKINIST ORAL TABLET 2 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
MEKTOVI	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (180 EA per 30 days)
<i>Mercaptopurine Oral</i>	3	
<i>Methotrexate Sodium (PF) Injection Solution 250 MG/10ML, 50 MG/2ML</i>	2	B/D
<i>Methotrexate Sodium Injection Solution 1000 MG/40ML, 250 MG/10ML, 50 MG/2ML</i>	2	B/D
<i>Methotrexate Sodium Injection Solution Reconstituted</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Methotrexate Sodium Oral</i>	3	B/D
NERLYNX	5	PA (NS); *; LA; 30DS; Not available at mail-order
<i>Nilutamide</i>	5	30DS
NINLARO	5	PA (NS); *; 30DS; Not available at mail-order
NUBEQA	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
ODOMZO	5	PA (NS); *; LA; 30DS; Not available at mail-order
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA (NS); LA; 30DS; QL (180 EA per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA (NS); LA; 30DS; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG (16 PACK)	5	PA (NS); LA; 30DS; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (24 PACK)	5	PA (NS); LA; 30DS; QL (24 EA per 28 days)
OJJAARA	5	PA (NS); 30DS; QL (30 EA per 30 days)
ONUREG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (14 EA per 28 days)
ORGOVYX	5	PA (NS); LA; 30DS; QL (32 EA per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA (NS); LA; 30DS; QL (90 EA per 30 days)
PANRETIN	5	PA (NS); 30DS; QL (60 GM per 30 days)
<i>PAZOPanib HCl</i>	5	PA (NS); *; LA; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (120 EA per 30 days)
PEMAZYRE	5	PA (NS); LA; 30DS; QL (21 EA per 28 days)
PHESGO	5	PA (NS); *; LA; 30DS; Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
PIQRAY (200 MG DAILY DOSE)	5	PA (NS); *; 30DS; Not available at mail-order; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PA (NS); *; 30DS; Not available at mail-order; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PA (NS); *; 30DS; Not available at mail-order; QL (56 EA per 28 days)
POMALYST	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (21 EA per 28 days)
PURIXAN	5	*; LA; 30DS; Not available at mail-order
QINLOCK	5	PA (NS); LA; 30DS; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (180 EA per 30 days)
REVLIMID	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
REZLIDHIA	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (360 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL PACKET 50 MG	5	PA (NS); *; LA; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (360 EA per 30 days)
RUBRACA	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
RUXIENCE	NF	*; 30DS; NOT AVAILABLE AT MAIL-ORDER
RYDAPT	5	PA (NS); *; 30DS; Not available at mail-order
RYLAZE	5	PA (NS); *; LA; 30DS; Not available at mail-order
SCEMBLIX ORAL TABLET 100 MG	5	PA (NS); 30DS; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA (NS); *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA (NS); *; 30DS; Not available at mail-order; QL (300 EA per 30 days)
SOLTAMOX	5	30DS
<i>SORafenib Tosylate</i>	5	PA (NS); *; 30DS; Not available at mail-order; QL (120 EA per 30 days)
SPRYCEL	5	PA (NS); *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
STIVARGA	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (84 EA per 28 days)
<i>SUNitinib Malate</i>	5	PA (NS); *; 30DS; Not available at mail-order; QL (28 EA per 28 days)
SYNRIBO	5	PA (NS); *; 30DS; Not available at mail-order
TABLOID	4	PA (NS)
TABRECTA	5	PA (NS); *; 30DS; Not available at mail-order; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order
TAFINLAR ORAL CAPSULE 75 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL TABLET SOLUBLE	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (900 EA per 30 days)
TAGRISSE	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
TALZENNA	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
<i>Tamoxifen Citrate Oral</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 50 MG	5	PA (NS); *; 30DS; Not available at mail-order
TASIGNA ORAL CAPSULE 200 MG	5	PA (NS); *; 30DS; Not available at mail-order; QL (120 EA per 30 days)
TAZVERIK	5	PA (NS); LA; 30DS; QL (240 EA per 30 days)
TECVAYLI	5	PA (NS); LA; 30DS
TEPMETKO	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
TIBSOVO	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
<i>Toremifene Citrate</i>	5	30DS
TORPENZ ORAL TABLET 10 MG, 7.5 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
TORPENZ ORAL TABLET 2.5 MG, 5 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	3	PA (NS); *; Not available at mail-order; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	3	PA (NS); *; Not available at mail-order; QL (1 EA per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	3	PA (NS); *; Not available at mail-order; QL (1 EA per 28 days)
<i>Tretinoin Oral</i>	5	30DS
TREXALL	4	B/D
TRUQAP ORAL TABLET	5	PA (NS); 30DS; QL (64 EA per 28 days)
TRUSELTIQ (100MG DAILY DOSE)	5	PA (NS); LA; 30DS; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	5	PA (NS); LA; 30DS; QL (42 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ (50MG DAILY DOSE)	5	PA (NS); LA; 30DS; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	5	PA (NS); LA; 30DS; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA (NS); LA; 30DS; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
UKONIQ	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
VALCHLOR	5	PA (NS); LA; 30DS
VANFLYTA	5	PA (NS); 30DS; QL (28 EA per 21 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA (NS); LA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA (NS); LA; 30DS
VENCLEXTA STARTING PACK	5	PA (NS); LA; 30DS
VERZENIO ORAL TABLET 100 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
VERZENIO ORAL TABLET 150 MG, 200 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
VERZENIO ORAL TABLET 50 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (180 EA per 30 days)
VIJOICE ORAL PACKET	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (56 EA per 28 days)
VITRAKVI	5	PA (NS); *; LA; 30DS; Not available at mail-order
VIZIMPRO	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
VONJO	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
WELIREG	5	PA (NS); LA; 30DS; QL (90 EA per 30 days)
XALKORI ORAL CAPSULE	5	PA (NS); *; LA; 30DS; Not available at mail-order
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (90 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
XATMEP	4	PA (NS)
XOLREMDI	5	PA; LA; 30DS; QL (120 EA per 30 days)
XOSPATA	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA (NS); LA; 30DS; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA (NS); LA; 30DS; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA (NS); LA; 30DS; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA (NS); LA; 30DS; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	5	PA (NS); LA; 30DS; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA (NS); LA; 30DS; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PA (NS); LA; 30DS; QL (32 EA per 28 days)
XTANDI	5	PA (NS); *; LA; 30DS; Not available at mail-order
YONSA	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
ZEJULA	5	PA (NS); *; LA; 30DS; Not available at mail-order
ZELBORAF	5	PA (NS); *; LA; 30DS; Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA	5	PA (NS); *; 30DS; Not available at mail-order; QL (120 EA per 30 days)
ZYDELIG	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET	5	PA (NS); *; LA; 30DS; Not available at mail-order
ZYTIGA ORAL TABLET 500 MG	NF	
Autonomic Drugs		
Antimuscarinics/Antispasmodics		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
<i>Dicyclomine HCl Oral Capsule</i>	1	PA
<i>Dicyclomine HCl Oral Solution</i>	3	PA
<i>Dicyclomine HCl Oral Tablet</i>	1	PA
<i>Glycopyrrolate Oral Tablet 1 MG, 2 MG</i>	2	
<i>Ipratropium Bromide Inhalation</i>	2	B/D; QL (300 ML per 30 days)
<i>Methscopolamine Bromide Oral</i>	3	PA
Autonomic Drugs, Miscellaneous		
NICOTROL	4	
NICOTROL NS	3	
<i>Varenicline Tartrate (Starter)</i>	3	
<i>Varenicline Tartrate Oral Tablet</i>	3	QL (336 EA per 168 days)
<i>Varenicline Tartrate Oral Tablet Therapy Pack</i>	3	
Beta-Adrenergic Agonists		
<i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT</i>	3	QL (17 GM per 30 days)
<i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020503)</i>	3	QL (13.4 GM per 30 days)
<i>Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020983)</i>	3	QL (36 GM per 30 days)
<i>Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML</i>	1	B/D; QL (360 ML per 30 days)
<i>Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/0.5ML</i>	1	B/D; QL (120 EA per 30 days)
<i>Albuterol Sulfate Oral</i>	1	
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
<i>Ipratropium-Albuterol</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
<i>Terbutaline Sulfate Oral Tablet 2.5 MG</i>	2	
<i>Terbutaline Sulfate Oral Tablet 5 MG</i>	4	
Parasympathomimetic (Cholinergic Agents)		
<i>Bethanechol Chloride Oral Tablet 10 MG, 25 MG, 5 MG</i>	2	
<i>Bethanechol Chloride Oral Tablet 50 MG</i>	3	
<i>Cevimeline HCl</i>	4	
<i>Donepezil HCl Oral Tablet 10 MG</i>	2	QL (30 EA per 30 days)
<i>Donepezil HCl Oral Tablet 23 MG, 5 MG</i>	4	QL (30 EA per 30 days)
<i>Donepezil HCl Oral Tablet Dispersible</i>	2	QL (30 EA per 30 days)
<i>Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 16 MG</i>	3	QL (30 EA per 30 days)
<i>Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 24 MG</i>	4	QL (30 EA per 30 days)
<i>Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 8 MG</i>	2	QL (30 EA per 30 days)
<i>Galantamine Hydrobromide Oral Tablet</i>	2	QL (60 EA per 30 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
<i>Pilocarpine HCl Oral</i>	4	
<i>Pyridostigmine Bromide ER</i>	2	
<i>Pyridostigmine Bromide Oral Solution</i>	3	
<i>pyRIDostigmine Bromide Oral Tablet</i>	2	
<i>Rivastigmine</i>	4	QL (30 EA per 30 days)
<i>Rivastigmine Tartrate</i>	3	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Chlorzoxazone Oral Tablet 500 MG</i>	4	PA
<i>Cyclobenzaprine HCl Oral Tablet 10 MG, 5 MG</i>	4	PA; QL (90 EA per 30 days)
<i>Dantrolene Sodium Oral Capsule 100 MG, 50 MG</i>	3	
<i>Dantrolene Sodium Oral Capsule 25 MG</i>	2	
<i>Methocarbamol Oral Tablet 500 MG, 750 MG</i>	1	PA
<i>Orphenadrine Citrate ER</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>tiZANidine HCl Oral Capsule 2 MG</i>	4	
<i>tiZANidine HCl Oral Capsule 4 MG</i>	2	
<i>tiZANidine HCl Oral Capsule 6 MG</i>	3	
<i>tiZANidine HCl Oral Tablet</i>	2	
Sympatholytic Adrenergic Blocking Agents		
<i>Alfuzosin HCl ER</i>	2	QL (30 EA per 30 days)
<i>Tamsulosin HCl</i>	2	
Blood Formation, Coagulation, And Thrombosis		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
<i>Enoxaparin Sodium Injection Solution Prefilled Syringe 100 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML</i>	3	
<i>Enoxaparin Sodium Injection Solution Prefilled Syringe 120 MG/0.8ML</i>	2	
<i>Enoxaparin Sodium Injection Solution Prefilled Syringe 150 MG/ML, 80 MG/0.8ML</i>	4	
<i>Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML</i>	5	30DS
<i>Fondaparinux Sodium Subcutaneous Solution 2.5 MG/0.5ML</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	4	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	
<i>Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 5000 UNIT/ML</i>	2	
<i>Heparin Sodium (Porcine) Injection Solution 10000 UNIT/ML, 20000 UNIT/ML</i>	4	
<i>Heparin Sodium (Porcine) PF Injection Solution 1000 UNIT/ML</i>	2	
JANTOVEN	1	
PRADAXA ORAL CAPSULE	4	QL (60 EA per 30 days)
<i>Warfarin Sodium Oral</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK	3	QL (51 EA per 30 days)
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	5	PA; *; 30DS; Not available at mail-order
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA; *; Not available at mail-order
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	3	PA; *; Not available at mail-order
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA; *; 30DS; Not available at mail-order
DOPTELET	5	PA; *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
PROMACTA ORAL PACKET 12.5 MG	5	PA; *; LA; 30DS; Not available at mail-order; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; *; LA; 30DS; Not available at mail-order; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; *; LA; 30DS; Not available at mail-order; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 25 MG, 50 MG	5	PA; *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA; *; Not available at mail-order
ZARXIO	5	PA; *; 30DS; Not available at mail-order

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ZIEXTENZO	5	PA; *; 30DS; Not available at mail-order
Platelet-Aggregation Inhibitors		
BRILINTA	3	QL (60 EA per 30 days)
<i>Cilostazol</i>	2	
<i>Clopidogrel Bisulfate Oral</i>	1	
<i>Prasugrel HCl</i>	4	QL (30 EA per 30 days)
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
<i>Doxazosin Mesylate Oral</i>	1	
<i>Prazosin HCl Oral</i>	1	
<i>Terazosin HCl Oral</i>	1	
Antiarrhythmic Agents		
<i>Amiodarone HCl Oral Tablet 100 MG, 400 MG</i>	4	
<i>Amiodarone HCl Oral Tablet 200 MG</i>	1	
<i>Dofetilide Oral Capsule 125 MCG, 500 MCG</i>	4	*; Not available at mail-order
<i>Dofetilide Oral Capsule 250 MCG</i>	2	*; Not available at mail-order
<i>Flecainide Acetate Oral Tablet 100 MG, 50 MG</i>	2	
<i>Flecainide Acetate Oral Tablet 150 MG</i>	3	
<i>Mexiletine HCl Oral Capsule 150 MG</i>	3	
<i>Mexiletine HCl Oral Capsule 200 MG</i>	4	
<i>Mexiletine HCl Oral Capsule 250 MG</i>	2	
MULTAQ	3	
PACERONE ORAL TABLET 100 MG, 400 MG	4	
PACERONE ORAL TABLET 200 MG	1	
<i>Propafenone HCl ER Oral Capsule Extended Release 12 Hour 225 MG, 325 MG</i>	4	
<i>Propafenone HCl ER Oral Capsule Extended Release 12 Hour 425 MG</i>	3	
<i>Propafenone HCl Oral Tablet 150 MG, 225 MG</i>	2	
<i>Propafenone HCl Oral Tablet 300 MG</i>	4	
<i>quiNIDine Gluconate ER</i>	2	
<i>quiNIDine Sulfate Oral</i>	2	
Antilipemic Agents		
<i>Atorvastatin Calcium Oral</i>	1	
<i>Cholestyramine Light</i>	3	
<i>Cholestyramine Oral</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Colestipol HCl Oral Granules</i>	4	
<i>Colestipol HCl Oral Packet</i>	4	
<i>Colestipol HCl Oral Tablet</i>	3	
<i>Ezetimibe</i>	3	QL (30 EA per 30 days)
<i>Fenofibrate Micronized Oral Capsule 130 MG</i>	4	
<i>Fenofibrate Micronized Oral Capsule 134 MG, 200 MG, 43 MG</i>	3	
<i>Fenofibrate Micronized Oral Capsule 67 MG</i>	2	
<i>Fenofibrate Oral Tablet 145 MG, 160 MG, 48 MG, 54 MG</i>	2	
<i>Fenofibric Acid Oral Capsule Delayed Release</i>	4	
<i>Gemfibrozil Oral</i>	1	
<i>Icosapent Ethyl Oral Capsule 0.5 GM</i>	3	QL (240 EA per 30 days)
<i>Icosapent Ethyl Oral Capsule 1 GM</i>	3	QL (120 EA per 30 days)
<i>Lovastatin Oral</i>	1	
<i>Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 1000 MG</i>	4	
<i>Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 500 MG</i>	2	
<i>Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 750 MG</i>	3	
NIACOR	4	
<i>Omega-3-acid Ethyl Esters</i>	3	QL (120 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
<i>Pravastatin Sodium</i>	1	
PREVALITE	3	
<i>Rosuvastatin Calcium Oral</i>	1	QL (30 EA per 30 days)
<i>Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG</i>	1	
<i>Simvastatin Oral Tablet 80 MG</i>	1	QL (30 EA per 30 days)
Beta-Adrenergic Blocking Agents		
<i>Acebutolol HCl Oral</i>	2	
<i>Atenolol Oral</i>	1	
<i>Atenolol-Chlorthalidone</i>	1	
<i>Betaxolol HCl Oral</i>	3	
<i>Bisoprolol Fumarate Oral</i>	2	
<i>Bisoprolol-hydroCHLOROthiazide</i>	1	
<i>Carvedilol</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Labetalol HCl Oral</i>	2	
<i>Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG</i>	3	
<i>Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG, 50 MG</i>	2	
<i>Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG</i>	1	
<i>Metoprolol-hydroCHLOROthiazide</i>	2	
<i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i>	1	
<i>Pindolol Oral Tablet 10 MG</i>	3	
<i>Pindolol Oral Tablet 5 MG</i>	2	
<i>Propranolol HCl ER</i>	1	
<i>Propranolol HCl Oral</i>	1	
SORINE	2	
<i>Sotalol HCl (AF)</i>	2	
<i>Sotalol HCl Oral</i>	2	
<i>Timolol Maleate Oral</i>	2	
Calcium-Channel Blocking Agents		
<i>amLODIPine Besy-Benazepril HCl</i>	1	
<i>amLODIPine Besylate Oral</i>	1	
<i>amLODIPine-Olmesartan</i>	1	
CARTIA XT	1	
<i>Diltiazem HCl ER Beads Oral Capsule Extended Release 24 Hour 300 MG, 360 MG, 420 MG</i>	1	
<i>dilTIAZem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG, 300 MG</i>	1	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour 120 MG, 90 MG</i>	4	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour 60 MG</i>	3	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG</i>	1	
<i>dilTIAZem HCl Oral</i>	1	
Dilt-XR	1	
<i>Felodipine ER</i>	1	
<i>NIFEdipine ER</i>	1	
<i>NIFEdipine ER Osmotic Release</i>	1	
<i>niMODipine Oral</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
TAZTIA XT	1	
TIADYLT ER	1	
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG</i>	3	
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 360 MG</i>	4	
<i>Verapamil HCl ER Oral Tablet Extended Release</i>	2	
<i>Verapamil HCl Oral</i>	1	
Cardiac Drugs, Miscellaneous		
CORLANOR ORAL SOLUTION	4	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET	4	PA; QL (60 EA per 30 days)
DIGITEK ORAL TABLET 125 MCG	1	
DIGITEK ORAL TABLET 250 MCG	NF	
DIGOX ORAL TABLET 125 MCG	1	
<i>Digoxin Oral Solution</i>	4	
<i>Digoxin Oral Tablet 125 MCG</i>	1	
<i>Digoxin Oral Tablet 250 MCG</i>	1	ST
<i>Droxidopa</i>	5	PA; *, 30DS; Not available at mail-order; QL (180 EA per 30 days)
ENTRESTO ORAL CAPSULE SPRINKLE	5	30DS; QL (240 EA per 30 days)
ENTRESTO ORAL TABLET	3	QL (60 EA per 30 days)
<i>Ivabradine HCl</i>	4	PA; QL (60 EA per 30 days)
<i>Midodrine HCl</i>	3	
<i>Pentoxifylline ER</i>	2	
<i>Ranolazine ER</i>	4	QL (60 EA per 30 days)
VERQUVO ORAL TABLET 10 MG	3	PA; QL (30 EA per 30 days)
VERQUVO ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (60 EA per 30 days)
Hypotensive Agents		
<i>cloNIDine HCl Oral</i>	1	
<i>cloNIDine Transdermal Patch Weekly 0.1 MG/24HR</i>	3	
<i>cloNIDine Transdermal Patch Weekly 0.2 MG/24HR, 0.3 MG/24HR</i>	4	
<i>Diazoxide Oral</i>	3	
<i>guanFACINE HCl Oral</i>	2	PA
<i>hydrALAZINE HCl Oral</i>	2	
<i>Minoxidil Oral</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>Benazepril HCl Oral</i>	1	
<i>Benazepril-hydroCHLOROthiazide</i>	1	
<i>Candesartan Cilexetil</i>	1	
<i>Candesartan Cilexetil-HCTZ</i>	1	
<i>Captopril Oral</i>	1	
<i>Enalapril Maleate Oral Tablet</i>	1	
<i>Enalapril-Hydrochlorothiazide</i>	1	
<i>Eplerenone</i>	3	
FILSPARI	5	PA; *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
<i>Fosinopril Sodium</i>	1	
<i>Fosinopril Sodium-HCTZ</i>	1	
<i>Irbesartan</i>	1	
<i>Irbesartan-Hydrochlorothiazide</i>	1	
KERENDIA	3	QL (30 EA per 30 days)
<i>Lisinopril Oral</i>	1	
<i>Lisinopril-hydroCHLOROthiazide</i>	1	
<i>Losartan Potassium Oral</i>	1	
<i>Losartan Potassium-HCTZ</i>	1	
<i>Olmesartan Medoxomil-HCTZ</i>	3	QL (30 EA per 30 days)
<i>Quinapril HCl</i>	1	
<i>Quinapril-hydroCHLOROthiazide</i>	1	
<i>Ramipril</i>	1	
<i>Spirolactone Oral Tablet</i>	1	
<i>Spirolactone-HCTZ</i>	1	
<i>Trandolapril</i>	1	
<i>Valsartan Oral Tablet</i>	1	
<i>Valsartan-hydroCHLOROthiazide</i>	1	
Vasodilating Agents		
ALYQ	5	PA; *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
<i>Ambriasantan</i>	5	PA; *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
<i>Aspirin-Dipyridamole ER</i>	1	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Isosorbide Dinitrate Oral Tablet 10 MG, 30 MG, 40 MG, 5 MG</i>	2	
<i>Isosorbide Dinitrate Oral Tablet 20 MG</i>	3	
<i>Isosorbide Mononitrate</i>	2	
<i>Isosorbide Mononitrate ER</i>	2	
NITRO-BID	4	
<i>Nitroglycerin Sublingual</i>	2	
<i>Nitroglycerin Transdermal Patch 24 Hour</i>	2	
<i>Nitroglycerin Translingual Solution</i>	4	
NITROMIST	4	
<i>Sildenafil Citrate Oral Tablet 20 MG</i>	3	PA; *; Not available at mail-order; QL (90 EA per 30 days)
<i>Tadalafil (PAH)</i>	5	PA; *; 30DS; Not available at mail-order; QL (60 EA per 30 days)

Central Nervous System

Opiate Agonists

<i>Meperidine HCl Injection Solution 100 MG/ML, 25 MG/ML, 50 MG/ML</i>	NF	
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Central Nervous System Agents

Anorexigenic Agents And Respiratory And Cns Stimulants

<i>Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 25 MG, 5 MG</i>	4	QL (30 EA per 30 days)
<i>Amphetamine-Dextroamphet ER Oral Capsule Extended Release 24 Hour 30 MG</i>	4	QL (60 EA per 30 days)
<i>Amphetamine-Dextroamphetamine Oral Tablet 10 MG, 5 MG</i>	2	QL (60 EA per 30 days)
<i>Amphetamine-Dextroamphetamine Oral Tablet 12.5 MG, 7.5 MG</i>	3	QL (60 EA per 30 days)
<i>Amphetamine-Dextroamphetamine Oral Tablet 15 MG, 20 MG, 30 MG</i>	4	QL (60 EA per 30 days)
<i>Armodafinil</i>	2	PA; QL (30 EA per 30 days)
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG</i>	3	QL (60 EA per 30 days)
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 15 MG</i>	4	QL (120 EA per 30 days)
<i>Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 5 MG</i>	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Dextroamphetamine Sulfate Oral Tablet 10 MG</i>	2	QL (180 EA per 30 days)
<i>Dextroamphetamine Sulfate Oral Tablet 5 MG</i>	2	QL (120 EA per 30 days)
<i>Modafinil Oral</i>	3	PA
ZENZEDI ORAL TABLET 10 MG	2	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 5 MG	2	QL (120 EA per 30 days)
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	5	30DS; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	30DS; QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS	5	PA (NS); 30DS
BRIVIACT ORAL SOLUTION	5	30DS; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 25 MG, 50 MG	5	30DS; QL (120 EA per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	5	30DS; QL (60 EA per 30 days)
<i>CarBAMazepine ER Oral Capsule Extended Release 12 Hour</i>	3	
<i>carBAMazepine ER Oral Tablet Extended Release 12 Hour 100 MG, 200 MG</i>	3	
<i>carBAMazepine ER Oral Tablet Extended Release 12 Hour 400 MG</i>	4	
<i>carBAMazepine Oral Suspension 100 MG/5ML</i>	3	
<i>carBAMazepine Oral Tablet</i>	4	
<i>carBAMazepine Oral Tablet Chewable</i>	2	
<i>cloBAZam</i>	3	
<i>clonazepam Oral Tablet 0.5 MG, 1 MG</i>	3	PA (NS); QL (90 EA per 30 days)
<i>clonazepam Oral Tablet 2 MG</i>	2	PA (NS); QL (300 EA per 30 days)
<i>clonazepam Oral Tablet Dispersible 0.125 MG, 0.25 MG, 0.5 MG, 1 MG</i>	2	PA (NS); QL (90 EA per 30 days)
<i>clonazepam Oral Tablet Dispersible 2 MG</i>	3	PA (NS); QL (300 EA per 30 days)
<i>Clorazepate Dipotassium Oral Tablet 15 MG</i>	4	PA (NS); QL (180 EA per 30 days)
<i>Clorazepate Dipotassium Oral Tablet 3.75 MG</i>	2	PA (NS); QL (720 EA per 30 days)
<i>Clorazepate Dipotassium Oral Tablet 7.5 MG</i>	2	PA (NS); QL (360 EA per 30 days)
DIACOMIT	5	PA (NS); LA; 30DS
DIAZEPAM INTENSOL	2	PA (NS); QL (240 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>diazePAM Oral Solution 5 MG/5ML</i>	2	PA (NS); QL (1200 ML per 30 days)
<i>diazePAM Oral Tablet 10 MG, 2 MG</i>	2	PA (NS); QL (120 EA per 30 days)
<i>diazePAM Oral Tablet 5 MG</i>	4	PA (NS); QL (120 EA per 30 days)
<i>diazePAM Rectal</i>	4	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 250 MG</i>	4	
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 500 MG</i>	3	
<i>Divalproex Sodium Oral Capsule Delayed Release Sprinkle</i>	3	
<i>Divalproex Sodium Oral Tablet Delayed Release 125 MG, 250 MG</i>	4	
<i>Divalproex Sodium Oral Tablet Delayed Release 500 MG</i>	2	
EPIDIOLEX	5	PA (NS); *; LA; 30DS; Not available at mail-order
EPITOL	4	
EPRONTIA	4	QL (480 ML per 30 days)
<i>Ethosuximide Oral Capsule</i>	4	
<i>Ethosuximide Oral Solution</i>	3	
<i>Felbamate Oral Suspension</i>	5	PA (NS); 30DS
<i>Felbamate Oral Tablet</i>	2	PA (NS)
FINTEPLA	5	PA (NS); LA; 30DS; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	5	PA (NS); 30DS; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 8 MG	5	PA (NS); 30DS; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	PA (NS); QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 6 MG	5	PA (NS); 30DS; QL (60 EA per 30 days)
<i>Gabapentin Oral Capsule 100 MG</i>	3	QL (1080 EA per 30 days)
<i>Gabapentin Oral Capsule 300 MG</i>	2	QL (360 EA per 30 days)
<i>Gabapentin Oral Capsule 400 MG</i>	2	QL (270 EA per 30 days)
<i>Gabapentin Oral Solution 250 MG/5ML</i>	4	QL (2160 ML per 30 days)
<i>Gabapentin Oral Tablet 600 MG</i>	4	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Gabapentin Oral Tablet 800 MG</i>	4	QL (120 EA per 30 days)
<i>Lacosamide Intravenous</i>	4	QL (1200 ML per 30 days)
<i>Lacosamide Oral Solution 10 MG/ML</i>	4	QL (1200 ML per 30 days)
<i>Lacosamide Oral Tablet 100 MG, 150 MG, 200 MG</i>	4	QL (60 EA per 30 days)
<i>Lacosamide Oral Tablet 50 MG</i>	4	QL (120 EA per 30 days)
<i>lamoTRIGine ER</i>	4	
<i>lamoTRIGine Oral Tablet</i>	2	
<i>LamoTRIGine Oral Tablet Chewable 25 MG</i>	3	
<i>LamoTRIGine Oral Tablet Chewable 5 MG</i>	2	
<i>levETIRAcetam ER Oral Tablet Extended Release 24 Hour 500 MG</i>	3	
<i>levETIRAcetam ER Oral Tablet Extended Release 24 Hour 750 MG</i>	4	
<i>levETIRAcetam Oral Solution</i>	2	
<i>levETIRAcetam Oral Tablet 1000 MG, 500 MG, 750 MG</i>	2	
<i>levETIRAcetam Oral Tablet 250 MG</i>	4	
LIBERVANT	4	
<i>Magnesium Sulfate Injection Solution 50 %, 50 % (10ML SYRINGE)</i>	2	
<i>Methsuximide</i>	3	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	ST (NS); 30DS; QL (60 EA per 30 days)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	5	ST (NS); 30DS; QL (60 EA per 30 days)
NAYZILAM	4	
<i>OXcarbazepine</i>	2	
<i>PHENobarbital Oral Elixir</i>	3	PA (NS)
<i>PHENobarbital Oral Tablet 100 MG, 16.2 MG, 32.4 MG, 64.8 MG</i>	2	PA (NS); QL (90 EA per 30 days)
<i>PHENobarbital Oral Tablet 15 MG, 30 MG</i>	2	PA (NS); QL (180 EA per 30 days)
<i>PHENobarbital Oral Tablet 60 MG</i>	2	PA (NS); QL (120 EA per 30 days)
<i>PHENobarbital Oral Tablet 97.2 MG</i>	2	PA (NS); QL (60 EA per 30 days)
<i>Phenytoin Oral Suspension 125 MG/5ML</i>	2	
<i>Phenytoin Oral Tablet Chewable</i>	3	
<i>Phenytoin Sodium Extended Oral Capsule 100 MG, 300 MG</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Phenytoin Sodium Extended Oral Capsule 200 MG</i>	2	
<i>Pregabalin Oral Capsule 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</i>	3	PA (NS); QL (90 EA per 30 days)
<i>Pregabalin Oral Capsule 225 MG, 300 MG</i>	3	PA (NS); QL (60 EA per 30 days)
<i>Pregabalin Oral Solution</i>	3	PA (NS); QL (946 ML per 30 days)
<i>Primidone Oral Tablet 250 MG, 50 MG</i>	2	
ROWEEPRA ORAL TABLET 500 MG	2	
<i>Rufinamide Oral Suspension</i>	5	PA (NS); 30DS
<i>Rufinamide Oral Tablet 200 MG</i>	4	PA (NS)
<i>Rufinamide Oral Tablet 400 MG</i>	5	PA (NS); 30DS
SPRITAM	4	PA (NS)
SUBVENITE	2	
SYMPAZAN	4	
<i>tiaGABine HCl</i>	4	
<i>Topiramate Oral</i>	2	
<i>Valproic Acid Oral Capsule</i>	2	
<i>Valproic Acid Oral Solution 250 MG/5ML</i>	2	
VALTOCO 10 MG DOSE	4	
VALTOCO 15 MG DOSE	4	
VALTOCO 20 MG DOSE	4	
VALTOCO 5 MG DOSE	4	
<i>Vigabatrin</i>	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (180 EA per 30 days)
VIGADRONE	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (180 EA per 30 days)
VIGAFYDE	5	PA (NS); LA; 30DS; QL (900 ML per 30 days)
VIGPODER	5	PA (NS); *; LA; 30DS; Not available at mail-order; QL (180 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	30DS; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	30DS; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	30DS; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	30DS; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	3	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	30DS; QL (28 EA per 28 days)
ZONISADE	4	QL (900 ML per 30 days)
<i>Zonisamide Oral</i>	2	
ZTALMY	5	PA (NS); LA; 30DS; QL (1080 ML per 30 days)
Antidepressants		
<i>Amitriptyline HCl Oral</i>	1	
<i>Amoxapine</i>	2	PA (NS)
AUVELITY	5	PA (NS); 30DS; QL (60 EA per 30 days)
<i>buPROPion HCl ER (Smoking Det)</i>	2	
<i>buPROPion HCl ER (SR) Oral Tablet Extended Release 12 Hour 100 MG</i>	4	
<i>buPROPion HCl ER (SR) Oral Tablet Extended Release 12 Hour 150 MG, 200 MG</i>	2	
<i>buPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG</i>	2	
<i>buPROPion HCl Oral</i>	2	
<i>Citalopram Hydrobromide Oral Solution</i>	3	
<i>Citalopram Hydrobromide Oral Tablet 10 MG</i>	1	QL (90 EA per 30 days)
<i>Citalopram Hydrobromide Oral Tablet 20 MG</i>	1	QL (60 EA per 30 days)
<i>Citalopram Hydrobromide Oral Tablet 40 MG</i>	1	QL (30 EA per 30 days)
<i>clomiPRAMINE HCl Oral</i>	4	PA (NS)
<i>Desipramine HCl Oral Tablet 10 MG</i>	2	PA (NS)
<i>Desipramine HCl Oral Tablet 100 MG, 25 MG</i>	3	PA (NS)
<i>Desipramine HCl Oral Tablet 150 MG, 50 MG, 75 MG</i>	4	PA (NS)
<i>Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 50 MG</i>	4	QL (30 EA per 30 days)
<i>Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 25 MG</i>	3	QL (30 EA per 30 days)
<i>Doxepin HCl Oral Capsule</i>	4	
<i>Doxepin HCl Oral Concentrate</i>	4	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	QL (30 EA per 30 days)
<i>DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG</i>	4	QL (60 EA per 30 days)
<i>DULoxetine HCl Oral Capsule Delayed Release Particles 40 MG</i>	3	QL (30 EA per 30 days)
<i>Escitalopram Oxalate Oral Solution</i>	3	
<i>Escitalopram Oxalate Oral Tablet</i>	1	QL (30 EA per 30 days)
FETZIMA	4	PA (NS); QL (30 EA per 30 days)
FETZIMA TITRATION	4	PA (NS); QL (28 EA per 28 days)
<i>FLUoxetine HCl Oral Capsule 10 MG</i>	1	QL (30 EA per 30 days)
<i>FLUoxetine HCl Oral Capsule 20 MG, 40 MG</i>	1	
<i>FLUoxetine HCl Oral Solution</i>	1	
<i>fluvoxamine Maleate</i>	1	
<i>Imipramine HCl Oral</i>	2	PA (NS)
MARPLAN	3	QL (180 EA per 30 days)
<i>Mirtazapine Oral Tablet 15 MG, 30 MG, 45 MG</i>	2	QL (30 EA per 30 days)
<i>Mirtazapine Oral Tablet 7.5 MG</i>	2	
<i>Mirtazapine Oral Tablet Dispersible</i>	2	QL (30 EA per 30 days)
<i>Nefazodone HCl Oral Tablet 100 MG, 150 MG, 200 MG</i>	4	
<i>Nefazodone HCl Oral Tablet 250 MG, 50 MG</i>	2	
<i>Nortriptyline HCl Oral</i>	1	PA (NS)
<i>OLANzapine-FLUoxetine HCl Oral Capsule 12-25 MG, 3-25 MG, 6-50 MG</i>	2	QL (30 EA per 30 days)
<i>OLANzapine-FLUoxetine HCl Oral Capsule 12-50 MG, 6-25 MG</i>	4	QL (30 EA per 30 days)
<i>PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG, 25 MG</i>	3	ST (NS); QL (30 EA per 30 days)
<i>PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 37.5 MG</i>	3	ST (NS); QL (60 EA per 30 days)
<i>PARoxetine HCl Oral Suspension</i>	3	ST (NS); QL (900 ML per 30 days)
<i>PARoxetine HCl Oral Tablet 10 MG, 20 MG, 40 MG</i>	1	ST (NS); QL (30 EA per 30 days)
<i>PARoxetine HCl Oral Tablet 30 MG</i>	1	ST (NS); QL (60 EA per 30 days)
<i>Phenelzine Sulfate Oral</i>	3	
<i>Protriptyline HCl Oral Tablet 10 MG</i>	2	PA (NS)
<i>Protriptyline HCl Oral Tablet 5 MG</i>	3	PA (NS)
<i>Sertraline HCl Oral Concentrate</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Sertraline HCl Oral Tablet</i>	1	
<i>Tranylcypromine Sulfate</i>	4	
<i>traZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG</i>	1	
<i>traZODone HCl Oral Tablet 300 MG</i>	3	
<i>Trimipramine Maleate Oral Capsule 100 MG</i>	4	PA (NS); QL (60 EA per 30 days)
<i>Trimipramine Maleate Oral Capsule 25 MG, 50 MG</i>	4	PA (NS); QL (120 EA per 30 days)
TRINTELLIX	4	PA (NS); QL (30 EA per 30 days)
<i>Venlafaxine Besylate ER</i>	4	ST (NS); QL (60 EA per 30 days)
<i>Venlafaxine HCl</i>	1	
<i>Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour</i>	1	
<i>Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour</i>	4	
<i>Vilazodone HCl</i>	4	PA (NS); QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA (NS); *, 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (56 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA (NS); *, 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (28 EA per 365 days)
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 ML per 30 days)
AJOVY	3	PA; QL (1.5 ML per 30 days)
<i>Dihydroergotamine Mesylate Nasal</i>	5	PA; 30DS; QL (8 ML per 28 days)
<i>Rizatriptan Benzoate Oral Tablet 10 MG</i>	4	QL (18 EA per 30 days)
<i>Rizatriptan Benzoate Oral Tablet 5 MG</i>	2	QL (18 EA per 30 days)
<i>Rizatriptan Benzoate Oral Tablet Dispersible 10 MG</i>	4	QL (18 EA per 30 days)
<i>Rizatriptan Benzoate Oral Tablet Dispersible 5 MG</i>	2	QL (18 EA per 30 days)
<i>SUMAtriptan Nasal</i>	4	QL (12 EA per 30 days)
<i>SUMAtriptan Succinate Oral Tablet 100 MG</i>	4	QL (9 EA per 30 days)
<i>SUMAtriptan Succinate Oral Tablet 25 MG, 50 MG</i>	2	QL (18 EA per 30 days)
<i>SUMAtriptan Succinate Refill Subcutaneous Solution Cartridge 4 MG/0.5ML</i>	4	QL (9 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>SUMatriptan Succinate Refill Subcutaneous Solution Cartridge 6 MG/0.5ML</i>	4	QL (4 ML per 30 days)
<i>SUMatriptan Succinate Subcutaneous Solution 6 MG/0.5ML</i>	4	QL (4 ML per 30 days)
<i>SUMatriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML</i>	4	QL (9 ML per 30 days)
<i>SUMatriptan Succinate Subcutaneous Solution Auto-Injector 6 MG/0.5ML</i>	4	QL (4 ML per 30 days)
UBRELVY	4	PA; QL (16 EA per 30 days)
Antiparkinsonian Agents		
<i>Amantadine HCl Oral Capsule</i>	2	QL (120 EA per 30 days)
<i>Amantadine HCl Oral Solution</i>	2	
<i>Amantadine HCl Oral Tablet</i>	2	
<i>Benztropine Mesylate Oral</i>	1	
<i>Bromocriptine Mesylate Oral Capsule</i>	4	
<i>Bromocriptine Mesylate Oral Tablet</i>	3	
<i>Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG</i>	2	
<i>Carbidopa-Levodopa Oral Tablet</i>	1	
<i>Carbidopa-Levodopa Oral Tablet Dispersible 10-100 MG, 25-250 MG</i>	2	
<i>Carbidopa-Levodopa Oral Tablet Dispersible 25-100 MG</i>	3	
<i>Carbidopa-Levodopa-Entacapone Oral Tablet 12.5-50-200 MG, 31.25-125-200 MG, 37.5-150-200 MG</i>	2	
<i>Carbidopa-Levodopa-Entacapone Oral Tablet 18.75-75-200 MG, 50-200-200 MG</i>	3	
<i>Carbidopa-Levodopa-Entacapone Oral Tablet 25-100-200 MG</i>	4	
EMSAM	5	30DS; QL (30 EA per 30 days)
<i>Entacapone</i>	4	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	5	ST; LA; 30DS; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	5	ST; LA; 30DS; QL (30 EA per 30 days)
KYNMOBI	5	*; 30DS; Not available at mail-order; QL (150 EA per 30 days)
NEUPRO	4	PA; QL (30 EA per 30 days)
<i>Pramipexole Dihydrochloride</i>	1	
<i>Rasagiline Mesylate Oral Tablet 0.5 MG</i>	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Rasagiline Mesylate Oral Tablet 1 MG</i>	2	QL (30 EA per 30 days)
<i>rOPINIRole HCl</i>	2	
<i>rOPINIRole HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 2 MG</i>	2	
<i>rOPINIRole HCl ER Oral Tablet Extended Release 24 Hour 4 MG, 6 MG, 8 MG</i>	3	
<i>Selegiline HCl Oral</i>	3	
<i>Tolcapone</i>	2	
<i>Trihexyphenidyl HCl</i>	1	
Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	30DS; QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	PA (NS); 30DS; QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	30DS; QL (3.2 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	PA (NS); 30DS; QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	30DS; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	PA (NS); 30DS; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	30DS; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	PA (NS); 30DS; QL (1 EA per 28 days)
ABILIFY MYCITE	5	PA (NS); 30DS; QL (30 EA per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	5	PA (NS); 30DS; QL (30 EA per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	5	PA (NS); 30DS; QL (30 EA per 30 days)
<i>ARIPiprazole Oral Solution</i>	4	QL (900 ML per 30 days)
<i>ARIPiprazole Oral Tablet 10 MG</i>	4	QL (90 EA per 30 days)
<i>ARIPiprazole Oral Tablet 15 MG, 2 MG, 5 MG</i>	4	QL (60 EA per 30 days)
<i>ARIPiprazole Oral Tablet 20 MG, 30 MG</i>	4	QL (30 EA per 30 days)
<i>ARIPiprazole Oral Tablet Dispersible 10 MG</i>	4	QL (90 EA per 30 days)
<i>ARIPiprazole Oral Tablet Dispersible 15 MG</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO	5	30DS; QL (2.4 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	30DS; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	30DS; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	30DS; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	30DS; QL (3.2 ML per 28 days)
<i>Asenapine Maleate Sublingual Tablet Sublingual 10 MG</i>	4	PA (NS); QL (60 EA per 30 days)
<i>Asenapine Maleate Sublingual Tablet Sublingual 2.5 MG</i>	4	PA (NS); QL (240 EA per 30 days)
<i>Asenapine Maleate Sublingual Tablet Sublingual 5 MG</i>	4	PA (NS); QL (120 EA per 30 days)
CAPLYTA	5	30DS; QL (30 EA per 30 days)
<i>chlorproMAZINE HCl Oral Concentrate</i>	4	ST (NS)
<i>chlorproMAZINE HCl Oral Tablet</i>	4	
<i>cloZAPine Oral Tablet 100 MG, 200 MG</i>	3	
<i>cloZAPine Oral Tablet 25 MG</i>	4	
<i>cloZAPine Oral Tablet 50 MG</i>	2	
<i>CloZAPine Oral Tablet Dispersible 100 MG, 150 MG, 25 MG</i>	4	
<i>cloZAPine Oral Tablet Dispersible 12.5 MG, 200 MG</i>	2	
FANAPT	4	PA (NS); QL (60 EA per 30 days)
FANAPT TITRATION PACK	4	PA (NS); QL (8 EA per 30 days)
<i>fluPHENAZine Decanoate Injection</i>	3	
<i>FluPHENAZine HCl Injection</i>	2	
<i>FluPHENAZine HCl Oral Concentrate</i>	4	
<i>FluPHENAZine HCl Oral Elixir</i>	3	
<i>fluPHENAZine HCl Oral Tablet</i>	4	
<i>Haloperidol Decanoate Intramuscular</i>	2	
<i>Haloperidol Lactate Injection</i>	2	
<i>Haloperidol Lactate Oral Concentrate 2 MG/ML</i>	2	
<i>Haloperidol Oral</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	30DS; QL (3.5 ML per 180 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	30DS; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	30DS; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	30DS; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	30DS; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	30DS; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	30DS; QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	30DS; QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	30DS; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	30DS; QL (2.63 ML per 84 days)
LATUDA ORAL TABLET 120 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 60 MG, 80 MG	4	QL (60 EA per 30 days)
LATUDA ORAL TABLET 40 MG	4	QL (120 EA per 30 days)
<i>Loxapine Succinate Oral</i>	2	
LYBALVI	5	PA (NS); 30DS; QL (30 EA per 30 days)
<i>Molindone HCl Oral Tablet 10 MG, 25 MG</i>	4	
<i>Molindone HCl Oral Tablet 5 MG</i>	2	
NUPLAZID ORAL CAPSULE	5	PA (NS); *, LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL TABLET 10 MG	5	PA (NS); *, LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
<i>OLANzapine Intramuscular</i>	4	QL (3 EA per 1 day)
<i>OLANzapine Oral Tablet 10 MG, 2.5 MG</i>	3	QL (60 EA per 30 days)
<i>OLANzapine Oral Tablet 15 MG, 20 MG, 7.5 MG</i>	3	QL (30 EA per 30 days)
<i>OLANzapine Oral Tablet 5 MG</i>	3	QL (120 EA per 30 days)
<i>OLANzapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG</i>	4	QL (30 EA per 30 days)
<i>OLANzapine Oral Tablet Dispersible 5 MG</i>	4	QL (120 EA per 30 days)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG, 9 MG</i>	4	QL (30 EA per 30 days)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 6 MG</i>	4	QL (60 EA per 30 days)
<i>Perphenazine Oral Tablet 16 MG, 4 MG, 8 MG</i>	3	
<i>Perphenazine Oral Tablet 2 MG</i>	2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	30DS; QL (1 EA per 28 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	PA (NS); 30DS; QL (1 EA per 28 days)
<i>Pimozide Oral Tablet 1 MG</i>	3	
<i>Pimozide Oral Tablet 2 MG</i>	4	
<i>QUetiapine Fumarate ER</i>	4	QL (60 EA per 30 days)
<i>QUetiapine Fumarate Oral Tablet 100 MG, 200 MG, 50 MG</i>	1	QL (120 EA per 30 days)
<i>QUetiapine Fumarate Oral Tablet 150 MG</i>	3	QL (150 EA per 30 days)
<i>QUetiapine Fumarate Oral Tablet 25 MG</i>	1	QL (360 EA per 30 days)
<i>QUetiapine Fumarate Oral Tablet 300 MG, 400 MG</i>	1	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	5	30DS; QL (90 EA per 30 days)
REXULTI ORAL TABLET 2 MG	5	30DS; QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5	30DS; QL (30 EA per 30 days)
<i>risperiDONE Microspheres ER Intramuscular Suspension Reconstituted ER 12.5 MG, 25 MG</i>	3	QL (2 EA per 28 days)
<i>risperiDONE Microspheres ER Intramuscular Suspension Reconstituted ER 37.5 MG, 50 MG</i>	5	30DS; QL (2 EA per 28 days)
<i>risperiDONE Oral Solution</i>	2	QL (480 ML per 30 days)
<i>risperiDONE Oral Tablet 0.25 MG, 0.5 MG, 2 MG</i>	1	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>risperiDONE Oral Tablet 1 MG, 4 MG</i>	1	QL (120 EA per 30 days)
<i>risperiDONE Oral Tablet 3 MG</i>	1	QL (150 EA per 30 days)
<i>risperiDONE Oral Tablet Dispersible 0.25 MG</i>	2	QL (30 EA per 30 days)
<i>RisperiDONE Oral Tablet Dispersible 0.5 MG, 2 MG</i>	3	QL (60 EA per 30 days)
<i>risperiDONE Oral Tablet Dispersible 1 MG</i>	3	QL (120 EA per 30 days)
<i>risperiDONE Oral Tablet Dispersible 3 MG</i>	4	QL (150 EA per 30 days)
<i>RisperiDONE Oral Tablet Dispersible 4 MG</i>	4	QL (120 EA per 30 days)
SECUADO	5	30DS; QL (30 EA per 30 days)
<i>Thioridazine HCl Oral Tablet 10 MG, 50 MG</i>	2	
<i>Thioridazine HCl Oral Tablet 100 MG, 25 MG</i>	3	
<i>Thiothixene Oral Capsule 1 MG, 5 MG</i>	2	
<i>Thiothixene Oral Capsule 10 MG</i>	3	
<i>Thiothixene Oral Capsule 2 MG</i>	4	
<i>Trifluoperazine HCl Oral Tablet 1 MG, 2 MG, 5 MG</i>	2	
<i>Trifluoperazine HCl Oral Tablet 10 MG</i>	4	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	30DS; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	30DS; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	30DS; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	30DS; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	30DS; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	30DS; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	30DS; QL (0.21 ML per 28 days)
VERSACLOZ	5	30DS; QL (540 ML per 30 days)
VRAYLAR ORAL CAPSULE	5	30DS; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	3	QL (7 EA per 7 days)
<i>Ziprasidone HCl Oral Capsule 20 MG</i>	4	QL (120 EA per 30 days)
<i>Ziprasidone HCl Oral Capsule 40 MG</i>	2	QL (120 EA per 30 days)
<i>Ziprasidone HCl Oral Capsule 60 MG, 80 MG</i>	2	QL (60 EA per 30 days)
<i>Ziprasidone Mesylate</i>	4	QL (6 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	4	PA (NS); QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	4	PA (NS); QL (1 EA per 28 days)
Anxiolytics, Sedatives And Hypnotics, Misc.		
<i>busPIRone HCl Oral</i>	1	
<i>Butalbital-Acetaminophen Oral Tablet 50-325 MG</i>	2	PA; QL (180 EA per 30 days)
<i>Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG</i>	2	PA; QL (180 EA per 30 days)
DAYVIGO	3	QL (30 EA per 30 days)
<i>Doxepin HCl Oral Tablet</i>	2	QL (30 EA per 30 days)
HETLIOZ LQ	5	PA; LA; 30DS
<i>hydrOXYzine HCl Oral Syrup</i>	2	PA (NS)
<i>hydrOXYzine HCl Oral Tablet</i>	2	PA (NS)
<i>HydrOXYzine Pamoate Oral</i>	2	PA (NS)
<i>Tasimelteon</i>	5	PA; *; 30DS; Not available at mail-order
<i>Temazepam Oral Capsule 15 MG, 30 MG</i>	1	PA (NS); QL (30 EA per 30 days)
TENCON ORAL TABLET 50-325 MG	2	PA; QL (180 EA per 30 days)
<i>Zaleplon</i>	1	PA; QL (30 EA per 30 days)
<i>Zolpidem Tartrate Oral Tablet</i>	1	PA; QL (30 EA per 30 days)
Benzodiazepines (Anxiolytic, Sedativ/Hyp)		
<i>ALPRAZolam ER</i>	2	PA (NS); QL (90 EA per 30 days)
ALPRAZOLAM INTENSOL	4	PA (NS); QL (300 ML per 30 days)
<i>ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG</i>	2	PA (NS); QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet 1 MG</i>	4	PA (NS); QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet 2 MG</i>	2	PA (NS); QL (150 EA per 30 days)
<i>ALPRAZolam Oral Tablet Dispersible 0.25 MG, 0.5 MG</i>	2	PA (NS); QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet Dispersible 1 MG</i>	3	PA (NS); QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>ALPRAZolam Oral Tablet Dispersible 2 MG</i>	2	PA (NS); QL (150 EA per 30 days)
LORAZEPAM INTENSOL	2	PA (NS); QL (150 ML per 30 days)
<i>LORazepam Oral Tablet</i>	2	PA (NS); QL (120 EA per 30 days)
Central Nervous System Agents, Misc.		
<i>Acamprosate Calcium</i>	1	
<i>Atomoxetine HCl Oral Capsule 10 MG, 18 MG, 25 MG</i>	3	QL (120 EA per 30 days)
<i>Atomoxetine HCl Oral Capsule 100 MG, 60 MG</i>	3	QL (30 EA per 30 days)
<i>Atomoxetine HCl Oral Capsule 40 MG</i>	3	QL (60 EA per 30 days)
<i>Atomoxetine HCl Oral Capsule 80 MG</i>	4	QL (30 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (30 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; *; 30DS; Not available at mail-order; QL (28 EA per 28 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; *; 30DS; Not available at mail-order; QL (42 EA per 180 days)
EVRYSDI	5	PA; 30DS; QL (160 ML per 24 days)
<i>guanFACINE HCl ER Oral Tablet Extended Release 24 Hour 1 MG, 2 MG, 4 MG</i>	2	PA; QL (30 EA per 30 days)
<i>guanFACINE HCl ER Oral Tablet Extended Release 24 Hour 3 MG</i>	3	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
INGREZZA ORAL CAPSULE	5	PA; *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE	5	PA; *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
<i>Lithium</i>	2	
<i>Lithium Carbonate ER</i>	2	
<i>Lithium Carbonate Oral</i>	1	
<i>Memantine HCl Oral Solution 2 MG/ML</i>	2	QL (300 ML per 30 days)
<i>Memantine HCl Oral Tablet 10 MG</i>	2	QL (60 EA per 30 days)
<i>Memantine HCl Oral Tablet 28 x 5 MG & 21 x 10 MG</i>	4	
<i>Memantine HCl Oral Tablet 5 MG</i>	4	QL (60 EA per 30 days)
NUEDEXTA	4	PA; QL (60 EA per 30 days)
RADICAVA ORS	5	PA; *; LA; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (70 ML per 28 days)
RADICAVA ORS STARTER KIT	5	PA; *; LA; 30DS; Not available at mail-order; QL (70 ML per 28 days)
<i>Riluzole</i>	3	
<i>Sodium Oxybate</i>	5	PA; LA; 30DS; QL (540 ML per 30 days)
<i>Tetrabenazine Oral Tablet 12.5 MG</i>	5	PA; *; 30DS; Not available at mail-order; QL (240 EA per 30 days)
<i>Tetrabenazine Oral Tablet 25 MG</i>	5	PA; *; 30DS; Not available at mail-order; QL (120 EA per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
CATAFLAM	3	QL (120 EA per 30 days)
<i>Celecoxib Oral Capsule 100 MG, 200 MG</i>	4	QL (60 EA per 30 days)
<i>Celecoxib Oral Capsule 400 MG</i>	3	QL (30 EA per 30 days)
<i>Celecoxib Oral Capsule 50 MG</i>	2	QL (60 EA per 30 days)
<i>Diclofenac Potassium Oral Tablet 50 MG</i>	3	QL (120 EA per 30 days)
<i>Diclofenac Sodium ER</i>	2	
<i>Diclofenac Sodium External Gel 1 %</i>	3	
<i>Diclofenac Sodium Oral Tablet Delayed Release 25 MG</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Diclofenac Sodium Oral Tablet Delayed Release 50 MG, 75 MG</i>	2	
<i>Diflunisal Oral</i>	4	
<i>EC-Naproxen Oral Tablet Delayed Release 500 MG</i>	1	
<i>Etodolac ER</i>	2	
<i>Etodolac Oral</i>	2	
<i>Flurbiprofen Oral Tablet 100 MG</i>	2	
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>Ibuprofen Oral Suspension</i>	1	
<i>Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG</i>	1	
<i>Meloxicam Oral Tablet</i>	1	
<i>Nabumetone Oral</i>	2	
<i>Naproxen DR Oral Tablet Delayed Release 500 MG</i>	1	
<i>Naproxen Oral Tablet</i>	1	
<i>Naproxen Oral Tablet Delayed Release</i>	1	
<i>Naproxen Sodium Oral Tablet 275 MG</i>	1	
<i>Naproxen Sodium Oral Tablet 550 MG</i>	4	
<i>Piroxicam Oral</i>	2	
RELAFEN	2	
<i>Sulindac Oral</i>	1	
Opiate Agonists		
<i>Acetaminophen-Codeine Oral Solution 120-12 MG/5ML</i>	2	QL (2700 ML per 30 days)
<i>Acetaminophen-Codeine Oral Tablet</i>	2	QL (180 EA per 30 days)
<i>Butorphanol Tartrate Nasal</i>	4	
<i>Codeine Sulfate Oral Tablet</i>	4	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL (180 EA per 30 days)
<i>fentaNYL</i>	4	QL (10 EA per 30 days)
<i>fentaNYL Citrate Buccal Lozenge On A Handle 1200 MCG</i>	5	PA; 30DS; QL (120 EA per 30 days)
<i>fentaNYL Citrate Buccal Lozenge On A Handle 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</i>	4	PA; QL (120 EA per 30 days)
<i>HYDROcodone-Acetaminophen Oral Tablet 10-300 MG, 10-325 MG</i>	4	QL (180 EA per 30 days)
<i>HYDROcodone-Acetaminophen Oral Tablet 5-300 MG, 5-325 MG, 7.5-325 MG</i>	2	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>HYDROcodone-Acetaminophen Oral Tablet 7.5-300 MG</i>	3	QL (180 EA per 30 days)
<i>Hydrocodone-Ibuprofen Oral Tablet 7.5-200 MG</i>	3	QL (150 EA per 30 days)
<i>HYDROmorphone HCl Injection Solution 1 MG/ML, 4 MG/ML</i>	4	
<i>HYDROmorphone HCl Oral Liquid</i>	4	QL (1500 ML per 30 days)
<i>HYDROmorphone HCl Oral Tablet</i>	3	QL (180 EA per 30 days)
<i>HYDROmorphone HCl PF Injection Solution 10 MG/ML, 50 MG/5ML</i>	4	B/D
<i>Meperidine HCl Oral Solution</i>	2	ST; QL (1000 ML per 30 days)
<i>Meperidine HCl Oral Tablet 50 MG</i>	2	ST; QL (180 EA per 30 days)
<i>Methadone HCl Oral Solution</i>	3	QL (450 ML per 30 days)
<i>Methadone HCl Oral Tablet</i>	3	QL (300 EA per 30 days)
<i>Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML, 20 MG/ML</i>	3	QL (180 ML per 30 days)
<i>Morphine Sulfate ER Oral Tablet Extended Release</i>	3	QL (90 EA per 30 days)
<i>Morphine Sulfate Intravenous Solution 1 MG/ML, 50 MG/ML</i>	4	B/D
<i>Morphine Sulfate Oral Solution</i>	3	QL (1000 ML per 30 days)
<i>Morphine Sulfate Oral Tablet</i>	3	QL (180 EA per 30 days)
<i>OxyCODONE HCl Oral Capsule</i>	4	QL (180 EA per 30 days)
<i>OxyCODONE HCl Oral Concentrate 100 MG/5ML</i>	4	QL (180 ML per 30 days)
<i>oxyCODONE HCl Oral Solution</i>	4	QL (3600 ML per 30 days)
<i>oxyCODONE HCl Oral Tablet</i>	3	QL (180 EA per 30 days)
<i>Oxycodone-Acetaminophen Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</i>	3	QL (180 EA per 30 days)
<i>oxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 10 MG, 7.5 MG</i>	3	QL (60 EA per 30 days)
<i>OxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 15 MG, 20 MG, 30 MG, 40 MG</i>	4	QL (60 EA per 30 days)
<i>oxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 5 MG</i>	2	QL (60 EA per 30 days)
<i>Oxymorphone HCl Oral Tablet 10 MG</i>	2	QL (120 EA per 30 days)
<i>Oxymorphone HCl Oral Tablet 5 MG</i>	3	QL (120 EA per 30 days)
<i>traMADol HCl (ER Biphasic) Oral Tablet Extended Release 24 Hour 100 MG</i>	2	QL (90 EA per 30 days)
<i>traMADol HCl (ER Biphasic) Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i>	2	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG</i>	2	QL (90 EA per 30 days)
<i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i>	2	QL (30 EA per 30 days)
<i>traMADol HCl Oral Tablet 50 MG</i>	4	QL (240 EA per 30 days)
<i>traMADol-Acetaminophen</i>	3	QL (240 EA per 30 days)
Opiate Antagonists		
KLOXXADO	3	
<i>Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML</i>	2	
<i>Naloxone HCl Injection Solution Cartridge</i>	2	
<i>Naloxone HCl Injection Solution Prefilled Syringe</i>	2	
<i>Naloxone HCl Nasal</i>	2	
<i>Naltrexone HCl Oral</i>	2	
OPVEE	3	
ZIMHI	3	
Opiate Partial Agonists		
<i>Buprenorphine HCl Sublingual Tablet Sublingual 2 MG</i>	2	QL (90 EA per 30 days)
<i>Buprenorphine HCl Sublingual Tablet Sublingual 8 MG</i>	2	QL (60 EA per 30 days)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Film</i>	2	QL (60 EA per 30 days)
BUTRANS	3	QL (4 EA per 28 days)
LUCEMYRA	3	QL (224 EA per 30 days)
<i>Pentazocine-Naloxone HCl</i>	4	ST; QL (360 EA per 30 days)
SUBOXONE SUBLINGUAL FILM	3	QL (60 EA per 30 days)
ZUBSOLV	3	QL (60 EA per 30 days)
Respiratory And Cns Stimulants		
<i>Dexmethylphenidate HCl</i>	2	QL (60 EA per 30 days)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG</i>	3	QL (60 EA per 30 days)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 25 MG, 40 MG, 5 MG</i>	3	QL (30 EA per 30 days)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 30 MG, 35 MG</i>	2	QL (30 EA per 30 days)
<i>Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 18 MG, 72 MG</i>	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Methylphenidate HCl ER (OSM) Oral Tablet Extended Release 27 MG, 36 MG, 54 MG</i>	3	QL (30 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 20 MG</i>	3	QL (90 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour</i>	3	QL (30 EA per 30 days)
<i>Methylphenidate HCl Oral Tablet 10 MG, 5 MG</i>	2	QL (90 EA per 30 days)
<i>Methylphenidate HCl Oral Tablet 20 MG</i>	3	QL (90 EA per 30 days)
Electrolytic, Caloric, And Water Balance		
Ammonia Detoxicants		
<i>Carglumic Acid Oral Tablet Soluble</i>	5	PA; *; LA; 30DS; Not available at mail-order
<i>Constulose</i>	2	
<i>Enulose</i>	2	
<i>Generlac</i>	2	
<i>Lactulose Oral Solution 10 GM/15ML</i>	2	
RAVICTI	5	PA; *; LA; 30DS; Not available at mail-order
<i>Sodium Phenylbutyrate Oral Powder 3 GM/TSP</i>	5	PA; *; 30DS; Not available at mail-order
Caloric Agents		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	3	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	3	B/D
CLINOLIPID	3	B/D
<i>Dextrose Intravenous Solution 10 %, 250 MG/ML, 5 %, 50 %, 70 %</i>	2	
<i>Dextrose-NaCl Intravenous Solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
<i>Dextrose-Sodium Chloride Intravenous Solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
INTRALIPID	3	B/D
NUTRILIPID	3	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	3	B/D
TRAVASOL	3	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	B/D
Diuretics		
<i>aMILoride HCl Oral</i>	2	
<i>aMILoride-hydroCHLOROthiazide</i>	2	
<i>Bumetanide Injection</i>	2	
<i>Bumetanide Oral</i>	1	
<i>Chlorthalidone Oral Tablet 25 MG, 50 MG</i>	1	
DIURIL	4	
<i>Furosemide Injection</i>	2	
<i>Furosemide Oral Solution 10 MG/ML, 8 MG/ML</i>	1	
<i>Furosemide Oral Tablet</i>	1	
<i>hydroCHLOROthiazide Oral</i>	1	
<i>Indapamide Oral</i>	1	
<i>metOLazone</i>	2	
<i>Torseamide Oral</i>	1	
<i>Triamterene-HCTZ Oral Capsule 37.5-25 MG</i>	1	
<i>Triamterene-HCTZ Oral Tablet</i>	1	
Ion-Removing Agents		
AURYXIA	5	PA; 30DS; QL (360 EA per 30 days)
<i>Calcium Acetate (Phos Binder) Oral Capsule</i>	2	QL (360 EA per 30 days)
<i>Calcium Acetate Oral Tablet 667 MG</i>	2	QL (360 EA per 30 days)
KIONEX COMBINATION	2	
KIONEX ORAL SUSPENSION	2	
LOKELMA ORAL PACKET 10 GM	3	QL (34 EA per 30 days)
LOKELMA ORAL PACKET 5 GM	3	QL (30 EA per 30 days)
<i>Sevelamer Carbonate Oral Tablet</i>	4	QL (540 EA per 30 days)
<i>Sodium Polystyrene Sulfonate Oral Powder</i>	2	
SPS	2	
SPS (SODIUM POLYSTYRENE SULF)	2	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	QL (30 EA per 30 days)
Replacement Preparations		
<i>KCl in Dextrose-NaCl Intravenous Solution 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.45 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
KLOR-CON 10	2	
KLOR-CON M10	2	
KLOR-CON M15	3	
KLOR-CON M20	2	
KLOR-CON ORAL PACKET 20 MEQ	4	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
<i>Potassium Chloride Crys ER Oral Tablet Extended Release 10 MEQ, 20 MEQ</i>	2	
<i>Potassium Chloride Crys ER Oral Tablet Extended Release 15 MEQ</i>	3	
<i>Potassium Chloride ER Oral Capsule Extended Release</i>	2	
<i>Potassium Chloride ER Oral Tablet Extended Release 10 MEQ, 20 MEQ</i>	2	
<i>Potassium Chloride ER Oral Tablet Extended Release 8 MEQ</i>	1	
<i>Potassium Chloride Intravenous Solution 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML</i>	4	
<i>Potassium Chloride Intravenous Solution 2 MEQ/ML, 2 MEQ/ML (20 ML)</i>	2	
<i>Potassium Chloride Oral Packet</i>	4	
<i>Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)</i>	4	
<i>Potassium Citrate ER Oral Tablet Extended Release 10 MEQ (1080 MG), 15 MEQ (1620 MG)</i>	3	
<i>Potassium Citrate ER Oral Tablet Extended Release 5 MEQ (540 MG)</i>	2	
<i>Sodium Chloride (PF)</i>	2	
<i>Sodium Chloride Injection Solution 2.5 MEQ/ML</i>	2	
<i>Sodium Chloride Intravenous Solution 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	2	
<i>Sodium Chloride Irrigation Solution 0.9 %</i>	2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	B/D
Enzymes		
Enzymes		
ALDURAZYME	5	*; LA; 30DS; NOT AVAILABLE AT MAIL-ORDER

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ELAPRASE	5	*; LA; 30DS; NOT AVAILABLE AT MAIL-ORDER
NAGLAZYME	5	*; LA; 30DS; NOT AVAILABLE AT MAIL-ORDER
Eye, Ear, Nose, And Throat (Eent) Preparations		
Antiallergic Agents		
<i>Azelastine HCl Nasal Solution 0.1 %, 0.15 %</i>	2	
<i>Azelastine HCl Ophthalmic</i>	3	
<i>Cromolyn Sodium Ophthalmic</i>	2	
<i>Epinastine HCl</i>	4	
<i>Olopatadine HCl Ophthalmic Solution 0.1 %</i>	2	
<i>Olopatadine HCl Ophthalmic Solution 0.2 %</i>	3	
Antiglaucoma Agents		
<i>acetaZOLAMIDE ER</i>	2	
<i>acetaZOLAMIDE Oral Tablet 125 MG</i>	3	
<i>acetaZOLAMIDE Oral Tablet 250 MG</i>	2	
<i>Betaxolol HCl Ophthalmic</i>	3	
BETOPTIC-S	3	
<i>Brimonidine Tartrate Ophthalmic Solution 0.15 %</i>	3	
<i>Brimonidine Tartrate Ophthalmic Solution 0.2 %</i>	2	
<i>Brimonidine Tartrate-Timolol</i>	3	
<i>Brinzolamide</i>	3	
COMBIGAN	3	
<i>Dorzolamide HCl Ophthalmic</i>	2	
<i>Dorzolamide HCl-Timolol Mal</i>	3	
<i>Latanoprost Ophthalmic</i>	4	
<i>Levobunolol HCl Ophthalmic Solution 0.5 %</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	QL (5 ML per 25 days)
<i>methazolAMIDE Oral Tablet 25 MG</i>	3	
<i>methazolAMIDE Oral Tablet 50 MG</i>	4	
<i>Pilocarpine HCl Ophthalmic Solution 1 %, 2 %, 4 %</i>	3	
RHOPRESSA	3	PA
ROCKLATAN	3	QL (2.5 ML per 30 days)
SIMBRINZA	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Timolol Maleate Ophthalmic Gel Forming Solution</i>	3	
<i>Timolol Maleate Ophthalmic Solution</i>	1	
VYZULTA	4	QL (5 ML per 25 days)
Anti-Infectives (Eent)		
ACETASOL HC	2	
<i>Acetic Acid Otic</i>	2	
<i>Bacitracin Ophthalmic</i>	2	
<i>Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM</i>	2	
<i>Bacitra-Neomycin-Polymyxin-HC</i>	2	
<i>Chlorhexidine Gluconate Mouth/Throat</i>	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRODEX	3	
<i>Ciprofloxacin HCl Ophthalmic</i>	1	
<i>Ciprofloxacin-Dexamethasone</i>	3	
<i>Erythromycin Ophthalmic</i>	1	
<i>Gentamicin Sulfate Ophthalmic Solution</i>	1	
<i>Hydrocortisone-Acetic Acid</i>	2	
<i>levoFLOXacin Ophthalmic Solution 0.5 %</i>	2	
<i>Moxifloxacin HCl Ophthalmic Solution</i>	3	
NATACYN	3	
<i>Neomycin-Bacitracin Zn-Polymyx Ophthalmic Ointment 5-400-10000</i>	2	
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Ointment</i>	2	
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1</i>	2	
<i>Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025</i>	2	
<i>Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1</i>	3	
<i>Neomycin-Polymyxin-HC Otic Solution 1 %</i>	2	
<i>Neomycin-Polymyxin-HC Otic Suspension</i>	2	
NEO-POLYCIN	2	
NEO-POLYCIN HC	2	
<i>Ofloxacin Ophthalmic</i>	1	
<i>Ofloxacin Otic</i>	2	
PAROEX	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
PERIOGARD	1	
POLYCIN	2	
<i>Polymyxin B-Trimethoprim</i>	1	
<i>Sulfacetamide Sodium Ophthalmic Ointment</i>	3	
<i>Sulfacetamide Sodium Ophthalmic Solution</i>	4	
<i>Sulfacetamide-prednisolONE Ophthalmic Solution</i>	2	
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>Tobramycin Ophthalmic</i>	1	
<i>Tobramycin-Dexamethasone</i>	3	
<i>Trifluridine Ophthalmic</i>	3	
ZIRGAN	3	
Anti-Inflammatory Agents (Eent)		
<i>Dexamethasone Sodium Phosphate Ophthalmic</i>	2	
<i>Diclofenac Sodium Ophthalmic</i>	1	
<i>Difluprednate</i>	3	
<i>Flunisolide Nasal Solution 25 MCG/ACT (0.025%)</i>	2	QL (75 ML per 30 days)
<i>Fluorometholone Ophthalmic</i>	3	
<i>Flurbiprofen Sodium</i>	1	
<i>Fluticasone Propionate Nasal</i>	2	QL (16 GM per 30 days)
FML FORTE	3	
<i>Ketorolac Tromethamine Ophthalmic</i>	2	
MAXIDEX	3	
<i>Mometasone Furoate Nasal</i>	4	ST; QL (34 GM per 30 days)
PRED MILD	3	
<i>prednisolONE Acetate Ophthalmic</i>	4	
<i>PrednisolONE Sodium Phosphate Ophthalmic</i>	3	
RESTASIS	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	
XHANCE	4	PA; QL (32 ML per 30 days)
XIIDRA	3	
Eent Drugs, Miscellaneous		
<i>Apraclonidine HCl</i>	2	
<i>Carteolol HCl</i>	2	
CYSTARAN	5	LA; 30DS
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Ipratropium Bromide Nasal</i>	1	QL (30 ML per 30 days)
<i>Lidocaine HCl External Solution</i>	2	
<i>Lidocaine Viscous HCl</i>	2	
XDEMYY	5	PA; 30DS; QL (10 ML per 42 days)
Local Anesthetics (Eent)		
<i>Proparacaine HCl Ophthalmic</i>	2	
Gastrointestinal Drugs		
Antidiarrhea Agents		
<i>Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG</i>	2	PA
<i>Loperamide HCl Oral Capsule</i>	2	
XERMELO	5	PA; LA; 30DS; QL (84 EA per 28 days)
Antiemetics		
<i>Aprepitant Oral Capsule 125 MG</i>	2	B/D; QL (2 EA per 30 days)
<i>Aprepitant Oral Capsule 40 MG</i>	2	B/D; QL (4 EA per 30 days)
<i>Aprepitant Oral Capsule 80 & 125 MG</i>	2	B/D; QL (6 EA per 30 days)
<i>Aprepitant Oral Capsule 80 MG</i>	4	B/D; QL (4 EA per 30 days)
COMPRO	3	
<i>Dronabinol Oral Capsule 10 MG</i>	2	PA; QL (60 EA per 30 days)
<i>Dronabinol Oral Capsule 2.5 MG</i>	3	PA; QL (60 EA per 30 days)
<i>Dronabinol Oral Capsule 5 MG</i>	4	PA; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D
<i>Granisetron HCl Oral</i>	3	B/D
<i>Meclizine HCl Oral Tablet 12.5 MG, 25 MG</i>	2	PA
<i>Ondansetron HCl Oral Solution</i>	3	B/D
<i>Ondansetron HCl Oral Tablet 4 MG, 8 MG</i>	2	B/D
<i>Ondansetron Oral Tablet Dispersible 4 MG, 8 MG</i>	2	B/D
<i>Prochlorperazine</i>	3	
<i>Prochlorperazine Maleate Oral</i>	2	
<i>Promethazine HCl Rectal Suppository 12.5 MG</i>	3	PA
<i>Promethazine HCl Rectal Suppository 25 MG</i>	4	PA
PROMETHEGAN RECTAL SUPPOSITORY 25 MG	4	PA
<i>Scopolamine</i>	4	QL (10 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Anti-Inflammatory Agents (Gi Drugs)		
<i>Balsalazide Disodium</i>	3	
<i>Mesalamine ER Oral Capsule Extended Release 24 Hour</i>	4	QL (120 EA per 30 days)
<i>Mesalamine Oral Capsule Delayed Release</i>	4	QL (180 EA per 30 days)
<i>Mesalamine Oral Tablet Delayed Release</i>	4	
<i>Mesalamine Rectal Enema</i>	4	
<i>Mesalamine-Cleanser</i>	4	
Antiulcer Agents And Acid Suppressants		
<i>Amoxicill-Clarithro-Lansopraz Oral Therapy Pack</i>	4	
CARAFATE ORAL SUSPENSION	4	
<i>Cimetidine HCl Oral Solution 300 MG/5ML</i>	1	
<i>Cimetidine Oral</i>	1	
<i>Dexlansoprazole</i>	4	ST; QL (30 EA per 30 days)
<i>Esomeprazole Magnesium Oral Capsule Delayed Release 20 MG</i>	3	ST; QL (30 EA per 30 days)
<i>Esomeprazole Magnesium Oral Capsule Delayed Release 40 MG</i>	3	ST; QL (60 EA per 30 days)
<i>Famotidine Oral Tablet 20 MG, 40 MG</i>	1	
<i>Lansoprazole Oral Capsule Delayed Release</i>	2	QL (60 EA per 30 days)
<i>miSOPROStol Oral</i>	2	
<i>Omeprazole Oral Capsule Delayed Release</i>	1	QL (60 EA per 30 days)
<i>Pantoprazole Sodium Oral Tablet Delayed Release</i>	1	QL (60 EA per 30 days)
<i>RABEprazole Sodium Oral Tablet Delayed Release</i>	3	QL (60 EA per 30 days)
<i>Sucralfate Oral Suspension</i>	4	
<i>Sucralfate Oral Tablet</i>	2	
Gi Drugs, Miscellaneous		
<i>Alosetron HCl</i>	5	PA; 30DS
CHENODAL	5	ST; LA; 30DS
CREON	3	
GATTEX	5	PA; *; LA; 30DS; Not available at mail-order
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N WITH FLAVOR PACK	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	3	
LINZESS	3	QL (30 EA per 30 days)
<i>Metoclopramide HCl Oral Solution 5 MG/5ML</i>	2	
<i>Metoclopramide HCl Oral Tablet</i>	1	
MOVANTIK	3	QL (30 EA per 30 days)
<i>PEG 3350-KCl-Na Bicarb-NaCl</i>	2	
<i>PEG-3350/Electrolytes</i>	2	
RELISTOR ORAL	5	PA; 30DS; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	PA; 30DS; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	PA; 30DS; QL (12 ML per 30 days)
<i>Ursodiol Oral Capsule 300 MG</i>	3	
<i>Ursodiol Oral Tablet</i>	3	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; 30DS; QL (84 EA per 28 days)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	5	30DS; QL (180 EA per 30 days)
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	3	
<i>Deferasirox Oral Tablet Soluble 125 MG</i>	4	PA; *; Not available at mail-order
<i>Deferasirox Oral Tablet Soluble 250 MG, 500 MG</i>	5	PA; *; 30DS; Not available at mail-order
<i>Deferiprone</i>	5	PA; *; LA; 30DS; Not available at mail-order
<i>penicillAMINE Oral Tablet</i>	5	*; 30DS; Not available at mail-order
<i>Trientine HCl Oral Capsule 250 MG</i>	5	PA; *; 30DS; Not available at mail-order
<i>Trientine HCl Oral Capsule 500 MG</i>	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Hormones And Synthetic Substitutes		
Adrenals		
<i>Budesonide ER Oral Tablet Extended Release 24 Hour</i>	5	PA; 30DS; QL (30 EA per 30 days)
<i>Budesonide Oral</i>	4	
<i>Dexamethasone Oral Elixir</i>	2	
<i>Dexamethasone Oral Solution</i>	2	
<i>Dexamethasone Oral Tablet</i>	1	
EOHILIA	5	PA; 30DS; QL (600 ML per 30 days)
<i>Fludrocortisone Acetate Oral</i>	2	
<i>Hydrocortisone Oral</i>	1	
<i>methylPREDNISolone Oral</i>	2	
MILLIPRED ORAL TABLET	4	
<i>prednisoLONE Oral Solution</i>	1	
<i>prednisoLONE Oral Tablet</i>	4	
<i>PrednisoLONE Sodium Phosphate Oral Solution 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML, 6.7 (5 Base) MG/5ML</i>	1	
PREDNISONO INTENSOL	4	
<i>PredniSONE Oral Solution</i>	1	
<i>predniSONE Oral Tablet</i>	1	
<i>predniSONE Oral Tablet Therapy Pack 10 MG (48), 5 MG (48)</i>	1	
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	4	QL (30 EA per 30 days)
<i>Danazol Oral Capsule 100 MG, 50 MG</i>	2	
<i>Danazol Oral Capsule 200 MG</i>	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	2	
<i>Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML, 200 MG/ML (1 ML)</i>	2	
<i>Testosterone Enanthate Intramuscular Solution</i>	2	
<i>Testosterone Transdermal Gel 12.5 MG/ACT (1%)</i>	3	
<i>Testosterone Transdermal Gel 20.25 MG/1.25GM (1.62%)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Testosterone Transdermal Gel 20.25 MG/ACT (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)</i>	4	
<i>Testosterone Transdermal Solution</i>	4	QL (180 ML per 30 days)
Antidiabetic Agents		
<i>Acarbose Oral Tablet 100 MG, 50 MG</i>	1	QL (90 EA per 30 days)
<i>Acarbose Oral Tablet 25 MG</i>	1	
BASAGLAR KWIKPEN	3	QL (30 ML per 30 days)
BYDUREON BCISE	3	QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (1.2 ML per 30 days)
FARXIGA	3	QL (30 EA per 30 days)
FIASP FLEXTOUCH	3	QL (30 ML per 30 days)
FIASP INJECTION	3	QL (30 ML per 30 days)
FIASP PENFILL	3	QL (30 ML per 30 days)
<i>Glimepiride Oral Tablet 1 MG, 4 MG</i>	1	QL (60 EA per 30 days)
<i>Glimepiride Oral Tablet 2 MG</i>	1	QL (30 EA per 30 days)
<i>glipiZIDE ER Oral Tablet Extended Release 24 Hour 10 MG</i>	1	QL (60 EA per 30 days)
<i>glipiZIDE ER Oral Tablet Extended Release 24 Hour 2.5 MG, 5 MG</i>	1	QL (90 EA per 30 days)
<i>glipiZIDE Oral Tablet 10 MG</i>	1	QL (120 EA per 30 days)
<i>glipiZIDE Oral Tablet 2.5 MG</i>	1	QL (60 EA per 30 days)
<i>glipiZIDE Oral Tablet 5 MG</i>	1	QL (90 EA per 30 days)
<i>glipiZIDE-metFORMIN HCl Oral Tablet 2.5-250 MG</i>	1	QL (60 EA per 30 days)
<i>glipiZIDE-metFORMIN HCl Oral Tablet 2.5-500 MG</i>	1	QL (90 EA per 30 days)
<i>glipiZIDE-metFORMIN HCl Oral Tablet 5-500 MG</i>	1	QL (120 EA per 30 days)
GLYXAMBI	3	QL (30 EA per 30 days)
HUMULIN R U-500 (CONCENTRATED)	5	30DS; QL (30 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	30DS; QL (30 ML per 30 days)
<i>Insulin Asp Prot & Asp FlexPen</i>	3	QL (30 ML per 30 days)
<i>Insulin Aspart FlexPen</i>	3	QL (30 ML per 30 days)
<i>Insulin Aspart Injection</i>	3	QL (30 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Insulin Aspart PenFill</i>	3	QL (30 ML per 30 days)
<i>Insulin Aspart Prot & Aspart</i>	3	QL (30 ML per 30 days)
JANUMET	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	QL (30 EA per 30 days)
JENTADUETO	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
LANTUS	3	QL (30 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 ML per 30 days)
LEVEMIR	3	QL (30 ML per 30 days)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 ML per 30 days)
<i>metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG</i>	1	QL (120 EA per 30 days)
<i>metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 750 MG</i>	1	QL (90 EA per 30 days)
<i>metFORMIN HCl Oral Tablet 1000 MG</i>	1	QL (60 EA per 30 days)
<i>metFORMIN HCl Oral Tablet 500 MG</i>	1	QL (120 EA per 30 days)
<i>metFORMIN HCl Oral Tablet 850 MG</i>	1	QL (90 EA per 30 days)
<i>Miglitol Oral Tablet 100 MG, 50 MG</i>	2	QL (90 EA per 30 days)
<i>Miglitol Oral Tablet 25 MG</i>	2	
MOUNJARO	3	QL (2 ML per 28 days)
NOVOLIN 70/30	3	QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN	3	QL (30 ML per 30 days)
NOVOLIN N	3	QL (30 ML per 30 days)
NOVOLIN N FLEXPEN	3	QL (30 ML per 30 days)
NOVOLIN R	3	QL (30 ML per 30 days)
NOVOLIN R FLEXPEN	3	QL (30 ML per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 ML per 30 days)
NOVOLOG INJECTION	3	QL (30 ML per 30 days)
NOVOLOG MIX 70/30	3	QL (30 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	3	QL (30 ML per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL (30 ML per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML	3	QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE)	3	QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	3	QL (3 ML per 28 days)
<i>Pioglitazone HCl</i>	1	QL (30 EA per 30 days)
<i>Pioglitazone HCl-Glimepiride</i>	2	QL (30 EA per 30 days)
<i>Pioglitazone HCl-metFORMIN HCl</i>	4	QL (90 EA per 30 days)
RYBELSUS	3	QL (30 EA per 30 days)
SOLIQUA	3	QL (18 ML per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
SYNJARDY	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR	3	QL (30 ML per 30 days)
TOUJEO SOLOSTAR	3	QL (30 ML per 30 days)
TRADJENTA	3	QL (30 EA per 30 days)
TRESIBA	3	QL (30 ML per 30 days)
TRESIBA FLEXTOUCH	3	QL (30 ML per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5- 1000 MG	3	QL (60 EA per 30 days)
TRULICITY	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (9 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
XULTOPHY	3	QL (15 ML per 30 days)
Antihypoglycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
GLUCAGEN HYPOKIT	3	
<i>Glucagon Emergency Injection Kit</i>	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>miFEPRISone Oral Tablet 300 MG</i>	5	PA; *; 30DS; Not available at mail-order
Contraceptives		
AFIRMELLE	2	
ALTAVERA	2	
<i>Alyacen 1/35</i>	2	
<i>Alyacen 7/7/7</i>	2	
APRI	2	
AUBRA EQ	2	
AUROVELA 1/20	2	
AUROVELA 24 FE	3	
AUROVELA FE 1.5/30	2	
AUROVELA FE 1/20	2	
AVIANE	2	
AYUNA	2	
AZURETTE	2	
BALZIVA	2	
BLISOVI 24 FE	3	
BLISOVI FE 1.5/30	2	
BLISOVI FE 1/20	2	
<i>Briellyn</i>	2	
CAMILA	2	
CAZIAN	2	
CHATEAL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
CRYSSELLE-28	2	
CYCLAFEM 1/35	2	
CYCLAFEM 7/7/7	2	
CYRED EQ	2	
DASETTA 1/35	2	
DASETTA 7/7/7	2	
DEBLITANE	2	
DELYLA	2	
<i>Desogestrel-Ethinyl Estradiol</i>	2	
ELINEST	2	
ELURYNG	2	QL (1 EA per 28 days)
EMOQUETTE	2	
ENILLORING	2	QL (1 EA per 28 days)
ENPRESSE-28	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ERRIN	2	
ESTARYLLA	2	
<i>Ethinodiol Diac-Eth Estradiol</i>	2	
<i>Etonogestrel-Ethinyl Estradiol</i>	2	QL (1 EA per 28 days)
FALMINA	2	
FEMYNOR	2	
HAILEY 1.5/30	2	
HAILEY 24 FE	3	
HAILEY FE 1.5/30	2	
HAILEY FE 1/20	2	
HALOETTE	2	QL (1 EA per 28 days)
HEATHER	2	
ICLEVIA	3	
INCASSIA	2	
INTROVALE	3	
ISIBLOOM	2	
JENCYCLA	2	
JOLESSA	3	
JULEBER	2	
JUNEL 1.5/30	2	
JUNEL 1/20	2	
JUNEL FE 1.5/30	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
JUNEL FE 1/20	2	
JUNEL FE 24	3	
KAITLIB FE	2	
KALLIGA	2	
KARIVA	2	
KELNOR 1/35	2	
KELNOR 1/50	2	
KURVELO	2	
LARIN 1.5/30	2	
LARIN 1/20	2	
LARIN 24 FE	3	
LARIN FE 1.5/30	2	
LARIN FE 1/20	2	
LARISSIA	2	
LAYOLIS FE	2	
LESSINA	2	
LEVONEST	2	
<i>Levonorgest-Eth Estrad 91-Day Oral Tablet 0.15-0.03 MG</i>	3	
<i>Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 MG-MCG, 0.15-30 MG-MCG</i>	2	
<i>Levonorg-Eth Estrad Triphasic Oral Tablet 50-30/75-40/ 125-30 MCG</i>	2	
LEVORA 0.15/30 (28)	2	
LILLOW	2	
LOESTRIN 1.5/30 (21)	2	
LOESTRIN 1/20 (21)	2	
LOESTRIN FE 1.5/30	2	
LOESTRIN FE 1/20	2	
LOW-OGESTREL	2	
LUTERA	2	
LYLEQ	2	
LYZA	2	
<i>Marlissa</i>	2	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN 24 FE	3	
MICROGESTIN FE 1.5/30	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN FE 1/20	2	
MILI	2	
MONO-LINYAH	2	
NECON 0.5/35 (28)	2	
NECON 1/35 (28)	2	
NORA-BE	2	
<i>Norethin Ace-Eth Estrad-FE Oral Tablet 1-20 MG-MCG, 1.5-30 MG-MCG</i>	2	
<i>Norethindrone Acet-Ethinyl Est Oral Tablet</i>	2	
<i>Norethindrone Oral</i>	2	
<i>Norethindron-Ethinyl Estrad-Fe</i>	2	
<i>Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.8-25 MG-MCG</i>	2	
<i>Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG</i>	2	
<i>Norgestim-Eth Estrad Triphasic</i>	2	
NORLYDA	2	
NORLYROC	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7	2	
NYLIA 1/35	2	
NYLIA 7/7/7	2	
NYMYO	2	
ORSYTHIA	2	
PHILITH	2	
PIMTREA	2	
PIRMELLA 1/35	2	
PIRMELLA 7/7/7	2	
PORTIA-28	2	
PREVIFEM	2	
RECLIPSEN	2	
SETLAKIN	3	
SHAROBEL	2	
SIMLIYA	2	
SOLIA	2	
SPRINTEC 28	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
SRONYX	2	
TARINA 24 FE	3	
TARINA FE 1/20 EQ	2	
TILIA FE	2	
TRI FEMYNOR	2	
TRI-ESTARYLLA	2	
TRI-LEGEST FE	2	
TRI-LINYAH	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-MARZIA	2	
TRI-LO-MILI	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRINESSA (28)	2	
TRI-NYMYO	2	
TRI-PREVIFEM	2	
TRI-SPRINTEC	2	
TRIVORA (28)	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TULANA	2	
TURQOZ	2	
VELIVET	2	
VIENVA	2	
<i>Viorele</i>	2	
VOLNEA	2	
VYFEMLA	2	
VYLIBRA	2	
WERA	2	
ZOVIA 1/35 (28)	2	
Estrogens And Antiestrogens		
DUAVEE	3	
<i>Estradiol Oral</i>	2	
<i>Estradiol Transdermal Patch Weekly</i>	3	
ESTRING VAGINAL RING 7.5 MCG/24HR	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
INTRAROSA	3	
PREMARIN ORAL	4	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
<i>Raloxifene HCl</i>	1	
Gonadotropins		
<i>Chorionic Gonadotropin Intramuscular</i>	2	*; Not available at mail-order
Meglitinides		
<i>Nateglinide</i>	1	QL (90 EA per 30 days)
<i>Repaglinide Oral Tablet 0.5 MG, 1 MG</i>	1	QL (120 EA per 30 days)
<i>Repaglinide Oral Tablet 2 MG</i>	1	QL (240 EA per 30 days)
Parathyroid		
<i>Calcitonin (Salmon) Nasal</i>	2	B/D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	*; 30DS; Not available at mail-order; QL (2.4 ML per 28 days)
TYMLOS	5	*; 30DS; Not available at mail-order; QL (1.56 ML per 30 days)
Pituitary		
<i>Desmopressin Ace Spray Refrig</i>	4	
<i>Desmopressin Acetate Oral Tablet 0.1 MG</i>	3	
<i>Desmopressin Acetate Oral Tablet 0.2 MG</i>	2	
<i>Desmopressin Acetate Spray</i>	4	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	5	PA; *; 30DS; Not available at mail-order
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	5	PA; *; 30DS; Not available at mail-order
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	3	PA; *; Not available at mail-order
INCRELEX	5	PA; *; LA; 30DS; Not available at mail-order
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; *; LA; 30DS; Not available at mail-order
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	5	*; LA; 30DS; Not available at mail-order
SYNAREL	5	30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
<i>medroxyPROGESTERone Acetate Intramuscular</i>	2	
<i>MedroxyPROGESTERone Acetate Oral</i>	1	
<i>Norethindrone Acetate Oral</i>	3	
<i>Progesterone Oral</i>	3	
Somatostatin Agonists		
<i>Octreotide Acetate Injection Solution 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 500 MCG/ML</i>	4	*; Not available at mail-order
<i>Octreotide Acetate Injection Solution 50 MCG/ML</i>	2	*; Not available at mail-order
<i>Octreotide Acetate Subcutaneous Solution Prefilled Syringe 100 MCG/ML</i>	4	*; Not available at mail-order
<i>Octreotide Acetate Subcutaneous Solution Prefilled Syringe 50 MCG/ML</i>	2	*; Not available at mail-order
SIGNIFOR	5	PA; LA; 30DS
Somatotropin Agonists		
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5	PA (NS); *; LA; 30DS; NOT AVAILABLE AT MAIL-ORDER
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5	PA (NS); *; 30DS; NOT AVAILABLE AT MAIL-ORDER
Thyroid And Antithyroid Agents		
EUTHYROX	1	
LEVO-T	1	
<i>Levothyroxine Sodium Oral Tablet</i>	1	
LEVOXYL	1	
<i>Liothyronine Sodium Oral Tablet 25 MCG</i>	4	
<i>Liothyronine Sodium Oral Tablet 5 MCG, 50 MCG</i>	2	
<i>methIMazole Oral</i>	1	
<i>Propylthiouracil Oral</i>	1	
SYNTHROID	3	
UNITHROID	1	
Miscellaneous Therapeutic Agents		
SOHONOS ORAL CAPSULE 1 MG	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
SOHONOS ORAL CAPSULE 1.5 MG, 10 MG	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (60 EA per 30 days)
SOHONOS ORAL CAPSULE 2.5 MG	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (90 EA per 30 days)
5-Alpha-Reductase Inhibitors		
<i>Dutasteride Oral</i>	4	QL (30 EA per 30 days)
<i>Finasteride Oral Tablet 5 MG</i>	1	
Complement Inhibitors		
HAEGARDA	5	PA; *; LA; 30DS; Not available at mail-order
<i>Icatibant Acetate Subcutaneous Solution Prefilled Syringe</i>	5	PA; *; 30DS; Not available at mail-order; QL (18 ML per 30 days)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; *; LA; 30DS; Not available at mail-order; QL (18 ML per 30 days)
Miscellaneous Therapeutic Agents		
ACTIMMUNE	5	*; LA; 30DS; Not available at mail-order
<i>Adalimumab-aacf</i>	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (6 EA per 28 days)
<i>Adalimumab-aacf (2 Pen)</i>	5	PA; *; 30DS; Not available at mail-order; QL (6 EA per 28 days)
<i>Alendronate Sodium Oral Solution</i>	3	
<i>Alendronate Sodium Oral Tablet 10 MG, 5 MG</i>	1	QL (30 EA per 30 days)
<i>Alendronate Sodium Oral Tablet 35 MG</i>	1	QL (8 EA per 28 days)
<i>Alendronate Sodium Oral Tablet 70 MG</i>	1	QL (12 EA per 84 days)
<i>Allopurinol Oral Tablet 100 MG, 300 MG</i>	1	
<i>Anagrelide HCl</i>	4	
ARCALYST	5	PA; *; LA; 30DS; Not available at mail-order
AUBAGIO	5	PA; *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
AVEENO SOOTHING BODY WASH	NC	*; Not available at mail-order
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; *; 30DS; Not available at mail-order; QL (4 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; *; 30DS; Not available at mail-order; QL (4 EA per 28 days)
<i>azaTHIOprine Oral Tablet 100 MG, 75 MG</i>	4	B/D
<i>azaTHIOprine Oral Tablet 50 MG</i>	2	B/D
<i>Baclofen Oral Tablet 10 MG, 20 MG, 5 MG</i>	1	
BAFIERTAM	5	PA; *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
BENLYSTA INTRAVENOUS	5	PA; *; LA; 30DS; NOT AVAILABLE AT MAIL-ORDER
BENLYSTA SUBCUTANEOUS	5	PA; *; LA; 30DS; Not available at mail-order
<i>Betaine</i>	5	*; LA; 30DS; Not available at mail-order
BETASERON SUBCUTANEOUS KIT	5	PA; *; 30DS; Not available at mail-order; QL (14 EA per 28 days)
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT	4	PA
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	5	PA; LA; 30DS; QL (900 EA per 30 days)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	5	PA; LA; 30DS; QL (300 EA per 30 days)
BYLVAY ORAL CAPSULE 1200 MCG	5	PA; LA; 30DS; QL (180 EA per 30 days)
BYLVAY ORAL CAPSULE 400 MCG	5	PA; LA; 30DS; QL (540 EA per 30 days)
<i>Cabergoline</i>	4	
<i>Cinacalcet HCl Oral Tablet 30 MG, 60 MG</i>	4	B/D; *; Not available at mail- order; QL (60 EA per 30 days)
<i>Cinacalcet HCl Oral Tablet 90 MG</i>	5	B/D; *; 30DS; Not available at mail-order; QL (120 EA per 30 days)
<i>Colchicine Oral Capsule</i>	4	
<i>Colchicine Oral Tablet</i>	3	
<i>Colchicine-Probenecid</i>	2	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; *; 30DS; Not available at mail-order; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; *; 30DS; Not available at mail-order; QL (12 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
CORTROPHIN	5	PA; *; LA; 30DS; Not available at mail-order; QL (35 ML per 28 days)
CRYSVITA	5	PA; *; LA; 30DS; NOT AVAILABLE AT MAIL-ORDER
<i>cycloSPORINE Modified Oral Capsule 100 MG, 50 MG</i>	4	B/D; *; Not available at mail-order
<i>cycloSPORINE Modified Oral Capsule 25 MG</i>	3	B/D; *; Not available at mail-order
<i>CycloSPORINE Modified Oral Solution</i>	4	B/D; *; Not available at mail-order
<i>CycloSPORINE Oral Capsule 100 MG</i>	4	B/D; *; Not available at mail-order
<i>CycloSPORINE Oral Capsule 25 MG</i>	3	B/D; *; Not available at mail-order
CYSTAGON	4	PA; *; LA; Not available at mail-order
<i>Dalfampridine ER</i>	3	PA; *; Not available at mail-order; QL (60 EA per 30 days)
DAYBUE	5	PA; LA; 30DS; QL (3600 ML per 30 days)
<i>Disulfiram Oral</i>	2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; *; 30DS; Not available at mail-order; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; *; 30DS; Not available at mail-order; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; *; 30DS; Not available at mail-order; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; *; 30DS; Not available at mail-order; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; *; 30DS; Not available at mail-order; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; *; 30DS; Not available at mail-order; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; *; 30DS; Not available at mail-order; QL (8 ML per 28 days)
DYSPORT	4	PA
ELMIRON	4	
ENBREL MINI	5	PA; *; 30DS; Not available at mail-order; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; *; 30DS; Not available at mail-order; QL (8 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; *; 30DS; Not available at mail-order; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; *; 30DS; Not available at mail-order; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; *; 30DS; Not available at mail-order; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; *; 30DS; Not available at mail-order; QL (8 ML per 28 days)
ENSPRYNG	5	PA; *; LA; 30DS; Not available at mail-order
<i>Everolimus Oral Tablet 0.25 MG, 0.5 MG, 0.75 MG, 1 MG</i>	5	B/D; *; 30DS; Not available at mail-order
FABHALTA	5	PA; LA; 30DS; QL (60 EA per 30 days)
<i>Febuxostat</i>	4	ST; QL (30 EA per 30 days)
FILSUVEZ	5	PA; LA; 30DS; QL (23.4 GM per 30 days)
<i>Fingolimod HCl</i>	5	PA; *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 30 GM/300ML	5	B/D; 30DS
GAMMAGARD INJECTION SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	4	B/D
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	4	B/D; *; Not available at mail-order
GAMMAGARD S/D LESS IGA	5	B/D; *; 30DS; Not available at mail-order
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	B/D; *; 30DS; Not available at mail-order
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	4	B/D
GAMUNEX-C INJECTION SOLUTION 40 GM/400ML	5	B/D; 30DS
GEMTESA	4	QL (30 EA per 30 days)
GENGRAF ORAL CAPSULE 100 MG	4	B/D; *; Not available at mail-order
GENGRAF ORAL CAPSULE 25 MG	3	B/D; *; Not available at mail-order
GENGRAF ORAL SOLUTION	4	B/D; *; Not available at mail-order
GIVLAARI	5	PA; LA; 30DS
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; *; 30DS; Not available at mail-order; QL (6 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; *; 30DS; Not available at mail-order; QL (3 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; *; 30DS; Not available at mail-order; QL (6 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; *; 30DS; Not available at mail-order; QL (3 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; *; 30DS; Not available at mail-order; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; *; 30DS; Not available at mail-order; QL (6 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; *; 30DS; Not available at mail-order; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; *; 30DS; Not available at mail-order; QL (6 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	5	PA; *; 30DS; Not available at mail-order; QL (6 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; *; 30DS; Not available at mail-order; QL (3 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; *; 30DS; Not available at mail-order; QL (6 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; *; 30DS; Not available at mail-order; QL (3 EA per 28 days)
HUMIRA-PED<40KG CROHNS STARTER	5	PA; *; 30DS; Not available at mail-order; QL (2 EA per 28 days)
HUMIRA-PED>/=40KG CROHNS START	5	PA; *; 30DS; Not available at mail-order; QL (3 EA per 28 days)
HUMIRA-PED>/=40KG UC STARTER	5	PA; *; 30DS; Not available at mail-order; QL (4 EA per 28 days)
HUMIRA-PS/UV/ADOL HS STARTER	5	PA; *; 30DS; Not available at mail-order; QL (6 EA per 28 days)
HUMIRA-PSORIASIS/UEVIT STARTER	5	PA; *; 30DS; Not available at mail-order; QL (3 EA per 28 days)
<i>Ibandronate Sodium Oral</i>	2	
IDACIO (2 PEN)	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (6 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
IDACIO (2 SYRINGE)	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (6 EA per 28 days)
IDACIO-CROHNS/UC STARTER	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (6 EA per 28 days)
IDACIO-PSORIASIS STARTER	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (6 EA per 28 days)
INFLECTRA	5	PA; *; LA; 30DS; NOT AVAILABLE AT MAIL-ORDER
JAVYGTOR	5	PA; *; LA; 30DS; Not available at mail-order
JOENJA	5	PA; LA; 30DS; QL (60 EA per 30 days)
JYNARQUE ORAL TABLET	5	PA; *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK	5	PA; LA; 30DS; QL (56 EA per 28 days)
KESIMPTA	5	PA; *; LA; 30DS; Not available at mail-order; QL (0.4 ML per 28 days)
<i>Leflunomide Oral Tablet 10 MG</i>	3	QL (60 EA per 30 days)
<i>Leflunomide Oral Tablet 20 MG</i>	3	
<i>Leucovorin Calcium Injection Solution 500 MG/50ML</i>	2	B/D
<i>Leucovorin Calcium Injection Solution Reconstituted</i>	2	B/D
<i>Leucovorin Calcium Oral Tablet 10 MG</i>	3	
<i>Leucovorin Calcium Oral Tablet 15 MG, 25 MG, 5 MG</i>	2	
<i>levOCARNitine Oral Solution</i>	3	B/D
<i>levOCARNitine Oral Tablet</i>	2	B/D
<i>L-Glutamine Oral Packet</i>	5	PA; *; 30DS; Not available at mail-order; QL (180 EA per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; LA; 30DS; QL (90 ML per 30 days)
MAYZENT	5	PA; *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; *; LA; 30DS; Not available at mail-order; QL (12 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; *; LA; Not available at mail-order; QL (7 EA per 30 days)
MESNEX ORAL	5	30DS
<i>metyroSINE</i>	5	30DS
<i>Miglustat</i>	5	PA; *; 30DS; Not available at mail-order
<i>Mycophenolate Mofetil Oral Capsule</i>	3	B/D; *; Not available at mail-order
<i>Mycophenolate Mofetil Oral Suspension Reconstituted</i>	5	B/D; *; 30DS; Not available at mail-order
<i>Mycophenolate Mofetil Oral Tablet</i>	3	B/D; *; Not available at mail-order
<i>Mycophenolate Sodium</i>	4	B/D; *; Not available at mail-order
MYHIBBIN	5	B/D; 30DS
<i>Nitisinone</i>	5	PA; *; 30DS; Not available at mail-order
ORFADIN ORAL SUSPENSION	5	PA; LA; 30DS
OTEZLA ORAL TABLET 30 MG	5	PA; *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA; *; 30DS; Not available at mail-order; QL (55 EA per 28 days)
OXBRYTA ORAL TABLET 300 MG	5	PA; *; LA; 30DS; Not available at mail-order; QL (150 EA per 30 days)
OXBRYTA ORAL TABLET 500 MG	5	PA; *; LA; 30DS; Not available at mail-order; QL (90 EA per 30 days)
OXBRYTA ORAL TABLET SOLUBLE	5	PA; *; LA; 30DS; Not available at mail-order; QL (150 EA per 30 days)
<i>Pamidronate Disodium Intravenous Solution</i>	4	PA
PLEGRIDY	5	PA; *; LA; 30DS; Not available at mail-order; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	5	PA; *; LA; 30DS; Not available at mail-order; QL (1 ML per 28 days)
<i>Probenecid Oral</i>	3	
PROGRAF ORAL PACKET	4	B/D; *; Not available at mail-order
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	*; Not available at mail-order; QL (1 ML per 180 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND	5	PA; LA; 30DS; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG	5	PA; LA; 30DS; QL (7 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; LA; 30DS; QL (14 EA per 28 days)
RENFLEXIS	5	PA; *; LA; 30DS; NOT AVAILABLE AT MAIL-ORDER
REZDIFFRA	5	PA; LA; 30DS; QL (30 EA per 30 days)
REZUROCK	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
RIDAURA	3	
RINVOQ	5	PA; *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
RINVOQ LQ	5	PA; *; 30DS; Not available at mail-order; QL (360 ML per 30 days)
<i>Risedronate Sodium Oral Tablet 150 MG</i>	3	QL (1 EA per 28 days)
<i>Risedronate Sodium Oral Tablet 30 MG</i>	3	QL (30 EA per 30 days)
<i>Risedronate Sodium Oral Tablet 35 MG, 35 MG (12 PACK), 35 MG (4 PACK)</i>	3	QL (4 EA per 28 days)
<i>Risedronate Sodium Oral Tablet 5 MG</i>	4	QL (30 EA per 30 days)
<i>Risedronate Sodium Oral Tablet Delayed Release</i>	4	QL (4 EA per 28 days)
SANDIMMUNE ORAL SOLUTION	4	B/D; *; Not available at mail-order
<i>Sapropterin Dihydrochloride Oral Packet</i>	5	PA; *; 30DS; Not available at mail-order
<i>Sapropterin Dihydrochloride Oral Tablet</i>	5	PA; *; 30DS; Not available at mail-order
<i>Sirolimus Oral Solution</i>	5	B/D; *; 30DS; Not available at mail-order
<i>Sirolimus Oral Tablet 0.5 MG</i>	1	B/D; *; Not available at mail-order
<i>Sirolimus Oral Tablet 1 MG, 2 MG</i>	4	B/D; *; Not available at mail-order
SKYCLARYS	5	PA; LA; 30DS; QL (90 EA per 30 days)
SKYRIZI (150 MG DOSE)	5	PA; *; 30DS; Not available at mail-order; QL (2 EA per 28 days)
SKYRIZI INTRAVENOUS	5	PA; *; 30DS; Not available at mail-order; QL (10 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN	5	PA; *; 30DS; Not available at mail-order; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; *; 30DS; Not available at mail-order; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; *; 30DS; Not available at mail-order; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; *; 30DS; Not available at mail-order; QL (1 ML per 28 days)
<i>Sohonos Oral Capsule 5 MG</i>	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (90 EA per 30 days)
SPEVIGO SUBCUTANEOUS	5	PA; LA; 30DS; QL (2 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; *; LA; 30DS; Not available at mail-order; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; *; 30DS; Not available at mail-order; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; *; 30DS; Not available at mail-order; QL (1 ML per 28 days)
<i>Tacrolimus Oral Capsule 0.5 MG, 1 MG</i>	3	B/D; *; Not available at mail-order
<i>Tacrolimus Oral Capsule 5 MG</i>	4	B/D; *; Not available at mail-order
TALTZ	5	PA; *; LA; 30DS; Not available at mail-order; QL (3 ML per 28 days)
TAVNEOS	5	PA; LA; 30DS; QL (180 EA per 30 days)
TECFIDERA	5	PA; *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	*; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	*; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
<i>Tranexamic Acid Oral</i>	3	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; *; 30DS; Not available at mail-order; QL (1 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; *; 30DS; Not available at mail-order; QL (1 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; *; 30DS; Not available at mail-order; QL (1 ML per 28 days)
TYBOST	4	*; Not available at mail-order
VOXZOGO	5	PA; *; LA; 30DS; Not available at mail-order
VUMERITY	5	PA; *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
VYJUVEK	5	PA; *; 30DS; NOT AVAILABLE AT MAIL-ORDER; QL (10 ML per 28 days)
XELJANZ ORAL SOLUTION	5	PA; *; 30DS; Not available at mail-order; QL (300 ML per 30 days)
XELJANZ ORAL TABLET	5	PA; *; 30DS; Not available at mail-order; QL (60 EA per 30 days)
XELJANZ XR	5	PA; *; 30DS; Not available at mail-order; QL (30 EA per 30 days)
XEOMIN	4	PA; LA
XGEVA	5	PA (NS); *; 30DS; Not available at mail-order; QL (1.7 ML per 28 days)
YARGESA	5	PA; *; 30DS; Not available at mail-order
ZEPOSIA	5	PA; *; LA; 30DS; Not available at mail-order; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK	5	PA; *; LA; 30DS; Not available at mail-order; QL (7 EA per 7 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	5	PA; *; LA; 30DS; Not available at mail-order; QL (37 EA per 37 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	5	PA; *; LA; 30DS; Not available at mail-order; QL (28 EA per 28 days)
Other Miscellaneous Therapeutic Agents		
BOTOX INJECTION SOLUTION RECONSTITUTED 200 UNIT	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Nutritional/Supplements		
Vitamins		
<i>Calcitriol Oral Capsule</i>	2	B/D
<i>Calcitriol Oral Solution</i>	4	B/D
<i>Paricalcitol Oral Capsule 1 MCG</i>	3	B/D
<i>Paricalcitol Oral Capsule 2 MCG</i>	4	B/D
<i>Paricalcitol Oral Capsule 4 MCG</i>	2	B/D
<i>Prenatal Oral Tablet 27-1 MG</i>	1	
Pharmaceutical Aids		
Pharmaceutical Aids		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
<i>CVS Gauze Sterile Pad 2"X2"</i>	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
<i>Global Alcohol Prep Ease</i>	1	
NOVOPEN ECHO	1	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	1	PA (NS); QL (10 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3)	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	1	PA (NS); QL (10 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4)	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4)	1	PA (NS); QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	1	PA (NS); QL (10 EA per 30 days)
OMNIPOD GO	1	PA (NS); QL (10 EA per 30 days)
OMNIPOD POD PALS	1	QL (10 EA per 30 days)
<i>Preferred Plus Insulin Syringe 28G X 1/2" 0.5 ML</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
V-GO 20	1	PA (NS); QL (30 EA per 30 days)
V-GO 30	1	PA (NS); QL (30 EA per 30 days)
V-GO 40	1	PA (NS); QL (30 EA per 30 days)
Respiratory Tract Agents		
Corticosteroids (Respiratory Tract)		
ADVAIR HFA	3	QL (12 GM per 30 days)
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days)
BREYNA	1	QL (10.3 GM per 30 days)
<i>Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML</i>	4	B/D
<i>Budesonide Inhalation Suspension 1 MG/2ML</i>	4	B/D; QL (60 ML per 30 days)
<i>Budesonide-Formoterol Fumarate</i>	1	QL (10.2 GM per 30 days)
DULERA	4	QL (60 GM per 30 days)
<i>Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 100 MCG/ACT, 50 MCG/ACT</i>	2	QL (60 EA per 30 days)
<i>Fluticasone Propionate Diskus Inhalation Aerosol Powder Breath Activated 250 MCG/ACT</i>	2	QL (240 EA per 30 days)
<i>Fluticasone Propionate HFA</i>	2	QL (24 GM per 30 days)
<i>Fluticasone-Salmeterol Inhalation Aerosol Powder Breath Activated 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</i>	1	QL (60 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	4	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	4	QL (1 EA per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	1	QL (60 EA per 30 days)
Leukotriene Modifiers		
<i>Montelukast Sodium Oral Packet</i>	3	QL (30 EA per 30 days)
<i>Montelukast Sodium Oral Tablet</i>	4	QL (30 EA per 30 days)
<i>Montelukast Sodium Oral Tablet Chewable 4 MG</i>	2	QL (30 EA per 30 days)
<i>Montelukast Sodium Oral Tablet Chewable 5 MG</i>	4	QL (30 EA per 30 days)
<i>Zafirlukast</i>	3	QL (60 EA per 30 days)
Respiratory Tract Agents, Miscellaneous		
<i>Acetylcysteine Inhalation</i>	4	B/D
ADEMPAS	5	PA; *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Bosentan Oral Tablet 125 MG</i>	5	PA; *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
<i>Bosentan Oral Tablet 62.5 MG</i>	5	PA; *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
BREZTRI AEROSPHERE	3	QL (11 GM per 30 days)
BRONCHITOL	5	PA; *; LA; 30DS; Not available at mail-order; QL (560 EA per 28 days)
<i>Cromolyn Sodium Inhalation</i>	4	B/D
<i>Cromolyn Sodium Oral</i>	4	
ELIXOPHYLLIN	4	
<i>EPINEPHrine Injection Solution 0.3 MG/0.3ML</i>	2	
<i>EPINEPHrine Injection Solution Auto-Injector</i>	2	
FASENRA PEN	5	PA; *; LA; 30DS; Not available at mail-order; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	5	PA; *; LA; 30DS; Not available at mail-order; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; *; LA; 30DS; Not available at mail-order; QL (1 ML per 28 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG	5	PA; LA; 30DS; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 50 MG, 75 MG	5	PA; LA; 30DS; QL (60 EA per 30 days)
KALYDECO ORAL TABLET	5	PA; LA; 30DS; QL (60 EA per 30 days)
OFEV	5	PA; *; LA; 30DS; Not available at mail-order
OPSUMIT	5	PA; *; LA; 30DS; Not available at mail-order; QL (120 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG	5	PA; LA; 30DS; QL (112 EA per 28 days)
ORKAMBI ORAL PACKET 150-188 MG, 75-94 MG	5	PA; LA; 30DS; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	5	PA; LA; 30DS; QL (112 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Pirfenidone</i>	5	PA; *; 30DS; Not available at mail-order
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; *; LA; 30DS; Not available at mail-order
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA; *; 30DS; Not available at mail-order; QL (150 ML per 30 days)
<i>Roflumilast Oral Tablet 250 MCG</i>	4	PA
<i>Roflumilast Oral Tablet 500 MCG</i>	4	PA; QL (30 EA per 30 days)
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)
SYMJEPI	2	
<i>Theophylline ER Oral Tablet Extended Release 12 Hour 300 MG, 450 MG</i>	3	
<i>Theophylline ER Oral Tablet Extended Release 24 Hour</i>	2	
<i>Theophylline Oral</i>	4	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA; LA; 30DS; QL (90 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA; LA; 30DS; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK	5	PA; LA; 30DS; QL (56 EA per 28 days)
UPTRAVI ORAL	5	PA; *; LA; 30DS; Not available at mail-order; QL (60 EA per 30 days)
UPTRAVI TITRATION	5	PA; *; LA; 30DS; Not available at mail-order; QL (200 EA per 43 days)
WINREVAIR	5	PA; *; 30DS; Not available at mail-order
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; *; LA; 30DS; Not available at mail-order; QL (6 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; *; LA; 30DS; Not available at mail-order; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; *; LA; 30DS; Not available at mail-order; QL (1 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; *; LA; 30DS; Not available at mail-order; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; *; LA; 30DS; Not available at mail-order; QL (6 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; *; LA; 30DS; Not available at mail-order; QL (6 EA per 28 days)
ZEMAIRA	5	PA; *; LA; 30DS; Not available at mail-order

Serums, Toxoids, And Vaccines

Toxoids

ADACEL	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	4	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
<i>Diphtheria-Tetanus Toxoids DT</i>	4	
INFANRIX	4	
TDVAX	3	
TENIVAC	3	

Vaccines

ABRYSVO	4	
ACTHIB	4	
AREXVY	4	
<i>BCG Vaccine Injection Solution Reconstituted</i>	4	
BEXSERO	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	4	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	4	B/D
GARDASIL 9	4	
HAVRIX	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	4	B/D
HIBERIX INJECTION	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
IPOL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
IXCHIQ	4	
IXIARO	4	
JYNNEOS	4	B/D
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
MENACTRA INTRAMUSCULAR SOLUTION	4	
MENQUADFI INTRAMUSCULAR SOLUTION	4	
MENVEO	3	
M-M-R II INJECTION	3	
MRESVIA	4	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	4	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	4	B/D
PRIORIX	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
QUADRACEL	4	
RABAVERT	4	
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ ORAL SOLUTION	4	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
<i>Stamaril</i>	4	
TICOVAC	3	
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VARIZIG INTRAMUSCULAR SOLUTION	4	*; Not available at mail-order
YF-VAX	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Skin And Mucous Membrane Agents		
Antibacterials (Skin And Mucous Membrane)		
<i>Benzoyl Peroxide-Erythromycin</i>	3	
CLINDACIN	4	
CLINDACIN ETZ EXTERNAL SWAB	2	
<i>Clindamycin Phosphate External Foam</i>	4	
<i>Clindamycin Phosphate External Gel</i>	3	
<i>Clindamycin Phosphate External Lotion</i>	2	
<i>Clindamycin Phosphate External Solution</i>	3	QL (60 ML per 28 days)
<i>Clindamycin Phosphate External Swab</i>	2	
<i>Clindamycin Phosphate Vaginal</i>	3	
<i>Ery</i>	2	
<i>Erythromycin External Gel</i>	3	
<i>Erythromycin External Solution</i>	2	
<i>Gentamicin Sulfate External Cream</i>	1	QL (90 GM per 30 days)
<i>Gentamicin Sulfate External Ointment</i>	1	
<i>metroNIDAZOLE Vaginal</i>	3	
<i>Mupirocin External</i>	2	
Antifungals (Skin And Mucous Membrane)		
<i>Ciclopirox External Solution</i>	2	
<i>Ciclopirox Olamine External</i>	3	
<i>Clotrimazole External Cream</i>	2	
<i>Clotrimazole External Solution</i>	2	
<i>Clotrimazole Mouth/Throat Troche</i>	3	QL (70 EA per 14 days)
<i>Clotrimazole-Betamethasone</i>	2	
<i>Econazole Nitrate External</i>	4	QL (85 GM per 30 days)
<i>Ketoconazole External Cream</i>	2	QL (60 GM per 28 days)
<i>Ketoconazole External Shampoo 2 %</i>	2	
<i>Miconazole 3 Vaginal Suppository</i>	2	
NYAMYC	2	
<i>Nystatin External</i>	2	
<i>Nystatin-Triamcinolone</i>	3	
NYSTOP	2	
<i>Terconazole Vaginal Cream</i>	2	
<i>Terconazole Vaginal Suppository</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Anti-Inflammatory Agents (Skin And Mucous)		
<i>Ala-Cort External Cream</i>	1	
<i>Alclometasone Dipropionate</i>	3	
<i>Betamethasone Dipropionate Aug External Cream</i>	2	
<i>Betamethasone Dipropionate Aug External Gel</i>	4	
<i>Betamethasone Dipropionate Aug External Lotion</i>	4	
<i>Betamethasone Dipropionate Aug External Ointment</i>	4	
<i>Betamethasone Dipropionate External Cream</i>	2	
<i>Betamethasone Dipropionate External Lotion</i>	2	
<i>Betamethasone Dipropionate External Ointment</i>	4	
<i>Betamethasone Valerate External Cream</i>	2	
<i>Betamethasone Valerate External Foam</i>	4	
<i>Betamethasone Valerate External Lotion</i>	2	
<i>Betamethasone Valerate External Ointment</i>	2	
<i>Clobetasol Propionate E</i>	3	
<i>Clobetasol Propionate External Cream</i>	4	
<i>Clobetasol Propionate External Foam</i>	4	
<i>Clobetasol Propionate External Gel</i>	2	
<i>Clobetasol Propionate External Liquid</i>	4	
<i>Clobetasol Propionate External Lotion</i>	3	
<i>Clobetasol Propionate External Ointment</i>	3	
<i>Clobetasol Propionate External Shampoo</i>	4	
<i>Clobetasol Propionate External Solution</i>	2	QL (50 ML per 30 days)
CLODAN EXTERNAL SHAMPOO	4	
<i>Desonide External Cream</i>	3	
<i>Desonide External Lotion</i>	4	
<i>Desonide External Ointment</i>	2	
<i>Desoximetasone External Cream 0.05 %</i>	4	
<i>Desoximetasone External Cream 0.25 %</i>	2	
<i>Desoximetasone External Gel</i>	2	
<i>Desoximetasone External Ointment</i>	4	
<i>Fluocinolone Acetonide Body</i>	3	
<i>Fluocinolone Acetonide External Cream 0.01 %</i>	3	
<i>Fluocinolone Acetonide External Cream 0.025 %</i>	2	
<i>Fluocinolone Acetonide External Ointment</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Fluocinolone Acetonide External Solution</i>	3	
<i>Fluocinolone Acetonide Scalp</i>	3	
<i>Fluocinonide External Gel</i>	2	
<i>Fluocinonide External Ointment</i>	2	
<i>Fluocinonide External Solution</i>	2	
<i>Fluticasone Propionate External Cream</i>	3	
<i>Fluticasone Propionate External Ointment</i>	3	
<i>Halobetasol Propionate External Cream</i>	4	
<i>Halobetasol Propionate External Ointment</i>	4	
<i>Hydrocortisone (Perianal)</i>	1	
<i>Hydrocortisone Butyrate External Ointment</i>	4	
<i>Hydrocortisone External Cream 1 %, 2.5 %</i>	1	
<i>Hydrocortisone External Lotion 2.5 %</i>	1	
<i>Hydrocortisone External Ointment 1 %</i>	1	
<i>Hydrocortisone External Ointment 2.5 %</i>	2	
<i>Hydrocortisone Max St External Cream</i>	1	
<i>Hydrocortisone Rectal Enema</i>	1	
<i>Hydrocortisone Valerate External Cream</i>	2	
<i>Hydrocortisone Valerate External Ointment</i>	4	
KOURZEQ	3	
<i>Mometasone Furoate External</i>	1	
PROCTO-MED HC EXTERNAL	1	
PROCTO-PAK EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
<i>Triamcinolone Acetonide External Cream 0.025 %, 0.5 %</i>	2	
<i>Triamcinolone Acetonide External Cream 0.1 %</i>	1	
<i>Triamcinolone Acetonide External Lotion</i>	3	
<i>Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>Triamcinolone Acetonide Mouth/Throat</i>	3	
TRIDERM EXTERNAL CREAM 0.1 %	1	
TRIDERM EXTERNAL CREAM 0.5 %	2	
Antivirals (Skin And Mucous Membrane)		
<i>Acyclovir External Ointment</i>	4	
<i>Penciclovir</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
Local Anti-Infectives, Miscellaneous		
<i>metroNIDAZOLE External Cream</i>	2	
<i>MetroNIDAZOLE External Gel 0.75 %</i>	2	
<i>metroNIDAZOLE External Gel 1 %</i>	4	
<i>MetroNIDAZOLE External Lotion</i>	3	
ROSADAN EXTERNAL CREAM	2	
ROSADAN EXTERNAL GEL	2	
<i>Selenium Sulfide External Lotion</i>	1	
<i>Silver sulfADIAZINE External</i>	1	
SSD	1	
<i>Sulfacetamide Sodium (Acne)</i>	4	
THERMAZENE	1	
Scabicides And Pediculicides		
CROTAN	2	
<i>Lindane External Shampoo</i>	3	
<i>Malathion External</i>	3	
<i>Permethrin External Cream</i>	3	
Skin And Mucous Membrane Agents, Misc.		
AC CUTANE ORAL CAPSULE 10 MG, 20 MG	2	
AC CUTANE ORAL CAPSULE 30 MG, 40 MG	3	
<i>Acitretin</i>	4	PA
<i>Adapalene External Cream</i>	4	
<i>Adapalene External Gel</i>	4	
<i>Ammonium Lactate External</i>	2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG	2	
AMNESTEEM ORAL CAPSULE 40 MG	3	
AVITA	3	
<i>Bexarotene External</i>	5	PA (NS); *, 30DS; Not available at mail-order
<i>Calcipotriene External Cream</i>	4	QL (120 GM per 30 days)
<i>Calcipotriene External Ointment</i>	4	QL (120 GM per 30 days)
<i>Calcipotriene External Solution</i>	3	QL (120 ML per 30 days)
CALCITRENE	4	QL (120 GM per 30 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG	2	
CLARAVIS ORAL CAPSULE 30 MG, 40 MG	3	
<i>Diclofenac Sodium External Gel 3 %</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Fluorouracil External Cream 5 %</i>	4	
<i>Fluorouracil External Solution</i>	2	
<i>Imiquimod External Cream 5 %</i>	2	
<i>ISOTretinoin Oral Capsule 10 MG, 20 MG</i>	2	
<i>ISOTretinoin Oral Capsule 30 MG, 40 MG</i>	3	
<i>Lidocaine External Ointment 5 %</i>	4	QL (180 GM per 30 days)
<i>Lidocaine External Patch 5 %</i>	2	PA; QL (90 EA per 30 days)
<i>Lidocaine-Prilocaine External Cream</i>	2	B/D; QL (30 GM per 30 days)
LIDOCAN	2	PA; QL (90 EA per 30 days)
LIDOCAN III	2	PA; QL (90 EA per 30 days)
<i>Methoxsalen Rapid</i>	5	30DS
MYORISAN ORAL CAPSULE 10 MG, 20 MG	2	
MYORISAN ORAL CAPSULE 30 MG, 40 MG	3	
<i>Nitroglycerin Rectal</i>	4	PA
<i>Pimecrolimus</i>	4	ST
<i>Podofilox External Gel</i>	4	
<i>Podofilox External Solution</i>	2	
REGRANEX	5	PA; 30DS
SANTYL	4	QL (90 GM per 30 days)
<i>Tacrolimus External Ointment</i>	4	ST
<i>Tazarotene External Cream 0.1 %</i>	4	
<i>Tretinoin External Cream 0.025 %, 0.1 %</i>	3	
<i>Tretinoin External Cream 0.05 %</i>	4	
<i>Tretinoin External Gel 0.01 %, 0.025 %</i>	3	
<i>Tretinoin External Gel 0.05 %</i>	4	
TRIDACAINE II	2	PA; QL (90 EA per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG	2	
ZENATANE ORAL CAPSULE 30 MG, 40 MG	3	
ZTLIDO	2	PA; QL (90 EA per 30 days)

Smooth Muscle Relaxants

Genitourinary Smooth Muscle Relaxants

<i>Fesoterodine Fumarate ER</i>	3	PA; QL (30 EA per 30 days)
<i>FlavoxATE HCl</i>	3	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	4	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<i>Oxybutynin Chloride ER</i>	1	PA; QL (60 EA per 30 days)
<i>oxyBUTYnin Chloride Oral Solution</i>	1	PA
<i>Oxybutynin Chloride Oral Syrup</i>	1	PA
<i>Oxybutynin Chloride Oral Tablet 5 MG</i>	1	PA
<i>Solifenacin Succinate</i>	4	PA; QL (30 EA per 30 days)
<i>Tolterodine Tartrate ER</i>	3	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

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- o Information written in other languages

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Attention: 1557 Coordinator

PO Box 22278

Pittsburgh, PA 15222

Phone: 1-844-207-0336

Fax: 1-412-255-4503

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German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-685-5209 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-685-5209 (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 1-800-685-5209 (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، بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية (1-800-685-5209 (TTY 711) ليس عليك سوى الاتصال بنا على

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 1-800-685-5209 (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 1-800-685-5209 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-800-685-5209 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-685-5209 (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 1-800-685-5209 (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。通訳をご用命になるには、1-800-685-5209 (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。

2024 Formulary

(List of Covered Drugs)

This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Highmark Wholecare Member Services toll-free at **1-800-685-5209 (TTY users should call 711)**.

Our business hours are 8 a.m. - 8 p.m., seven days a week from October 1 through March 31. From April 1 through September 30, our business hours are 8 a.m. - 8 p.m., Monday through Friday. Or visit us at highmark.com/wholecare.



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