Aetna Medicare (HMO), Aetna Medicare (PPO)

2026 Formulary (List of Covered Drugs or "Drug List")

4T Comprehensive Plus

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

Formulary ID Number: 26014 Version Number 8

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact Aetna Medicare (HMO), Aetna Medicare (PPO) Member Services at **1-800-307-4830 (TTY users should call 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit **AetnaRetireePlans.com** and choose "Manage your prescription drugs."

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to "we," "us," or "our," it means Aetna. When it refers to "plan" or "our plan," it means Aetna Medicare.

This document includes a Drugs List (formulary) for our plan which is current as of 10/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

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What is the Aetna Medicare (HMO), Aetna Medicare (PPO) formulary?

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

Can the formulary change?

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

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

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

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

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)’s formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Altenatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
    - If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)'s formulary?"

Changes that will not affect you if you are currently taking the drug

Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of 10/01/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical condition

The formulary begins on page 10. 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. If you know what your drug is used for, look for the category name in the list that begins on page 10. 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 270. 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?

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

What are original biological products and how are they related to biosimilars?

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization, and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)'s formulary?" on page 6 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 our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Aetna Medicare (HMO), Aetna Medicare (PPO)'s formulary?

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

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

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

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

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

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

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

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

If you experience a change in your level of care (such as a move from a home to a long-term care setting), we may cover a one-time temporary supply from a network pharmacy for up to 31 -days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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.**

Mail-order pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-800-594-9390 (TTY: 711)** 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

Aetna® Medicare formulary

The formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 270.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

QL	**Quantity limits** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription of *atorvastatin*.
PA	**Prior authorization** Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
ST	**Step therapy** In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
LD	**Limited distribution** The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication. *
MO	**Mail order** Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.* §
B/D	**Part B versus Part D** This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ACS	**Available at CVS Specialty Pharmacy** These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy. ** §
HRM	**High Risk Medication** According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

*For more Information, consult your Pharmacy Directory or call Aetna Member Services at **1-888-267-2637 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit **AetnaRetireePlans.com**

**Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

§Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

Drug tier copay levels

This 2026 formulary is a listing of brand name and generic drugs. The Aetna® Medicare 2026 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Look in the 2026 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost-Sharing) that was included in your Evidence of Coverage (EOC) packet.

Copay tier	Type of drug
Tier 1	**Generic drugs**
Tier 2	**Preferred brand drugs**
Tier 3	**Non-preferred brand drugs**
Tier 4	**Specialty drugs**

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand name prescription drugs *Lowercase italics* = Generic medications	1, 2, 3, 4 = Copay tier level	QL = Quantity Limit PA = Prior Authorization ST = Step Therapy LD = Limited Distribution MO = Mail-order Delivery B/D = Part B vs. Part D ASC= Available at CVS Specialty Pharmacy HRM= High Risk Medication

Drug name	Drug tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol sodium injection 500mg	1	
allopurinol tablet 100mg, 200mg, 300mg	1	MO
ALOPRIM INJECTION 500MG	3	
COLCHICINE CAPSULE 0.6MG	3	QL (60 EA per 30 days) MO
colchicine tablet 0.6mg	1	QL (120 EA per 30 days) MO
febuxostat tablet 40mg, 80mg	1	ST MO
GLOPERBA SOLUTION 0.6MG/5ML	3	QL (300 ML per 30 days) PA MO
KRYSTEXXA INJECTION 8MG/ML	4	QL (2 ML per 28 days) PA; ACS LD
MITIGARE CAPSULE 0.6MG	3	QL (60 EA per 30 days) MO
probenecid/colchicine tablet 0.5mg; 500mg	1	MO
probenecid tablet 500mg	1	MO
ULORIC TABLET 40MG, 80MG	3	ST MO
MISCELLANEOUS		
acetaminophen injection 10mg/ml	1	
ALLZITAL TABLET 325MG; 25MG	3	QL (180 EA per 30 days) PA MO
BUPIVACAINE FISIOPHARMA INJECTION 2.5MG/ML	3	
BUPIVACAINE FISIOPHARMA INJECTION 0.5%	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
bupivacaine hydrochloride injection 0.25%, 0.75%	1	
bupivacaine hydrochloride injection 0.25%, 0.5%	1	MO
bupivacaine/epinephrine injection 0.25%; 1:200000, 0.5%; 1:200000	1	
bupivacaine/epinephrine injection 0.5%; 1:200000	1	MO
butalbital/acetaminophen/caffeine capsule 300mg; 50mg; 40mg, 325mg; 50mg; 40mg	1	QL (180 EA per 30 days) PA MO
butalbital/acetaminophen/caffeine solution 325mg/15ml; 50mg/15ml; 40mg/15ml	4	QL (2700 ML per 30 days) PA
butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg	1	QL (180 EA per 30 days) PA MO
butalbital/acetaminophen capsule 300mg; 50mg	1	QL (180 EA per 30 days) PA MO
butalbital/acetaminophen tablet 325mg; 50mg	1	QL (180 EA per 30 days) PA MO
butalbital/acetaminophen tablet 300mg; 50mg	4	QL (180 EA per 30 days) PA MO
butalbital/aspirin/caffeine capsule 325mg; 50mg; 40mg	1	QL (180 EA per 30 days) PA MO
clonidine hcl injection 100mcg/ml, 500mcg/ml	1	
DURACLON INJECTION 100MCG/ML	3	
FIORICET CAPSULE 300MG; 50MG; 40MG	3	QL (180 EA per 30 days) PA MO
JOURNAVX TABLET 50MG	3	QL (29 EA per 14 days) PA MO
lidocaine hcl injection 0.5%, 1.5%, 4%	1	
lidocaine hydrochloride injection 1% pf, 2%	1	
lidocaine hydrochloride injection 1%	1	MO
lidocaine/epinephrine injection 1:100000; 1%, 1:100000; 2%, 1:200000; 0.5%, 1:200000; 1.5%, 1:200000; 2%	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MARCAINE/EPINEPHRINE INJECTION 0.25%; 1:200000, 0.5%; 1:200000	3	
MARCAINE/EPINEPHRINE INJECTION 0.5%; 1:200000	3	MO
MARCAINE INJECTION 0.25%, 0.75%	3	
MARCAINE INJECTION 0.5%	3	MO
NAROPIN INJECTION 10MG/ML, 2MG/ML, 5MG/ML, 7.5MG/ML	3	
PRIALT INJECTION 500MCG/20ML, 500MCG/5ML	3	B/D; LD
PRIALT INJECTION 100MCG/ML	4	B/D; LD
ropivacaine hcl injection 7.5mg/ml	1	
ropivacaine hydrochloride injection 10mg/ml, 2mg/ml, 5mg/ml	1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION 0.5%; 1:200000, 0.75%; 1:200000	3	
sensorcaine-mpf/epinephrine injection 0.25%; 1:200000	1	
sensorcaine-mpf injection 0.25%, 0.5%, 0.75%	1	
sensorcaine/epinephrine injection 0.25%; 1:200000, 0.5%; 1:200000	1	
SENSORCAINE INJECTION 0.25%	3	
SENSORCAINE INJECTION 0.5%	3	MO
tencon tablet 325mg; 50mg	1	QL (180 EA per 30 days) PA
XYLOCAINE-MPF/EPINEPHRINE INJECTION 1:200000; 1%, 1:200000; 1.5%, 1:200000; 2%	3	
XYLOCAINE-MPF INJECTION 0.5%, 1%, 1.5%, 2%	3	
XYLOCAINE/EPINEPHRINE INJECTION 1:100000; 1%, 1:100000; 2%, 1:200000; 0.5%	3	
XYLOCAINE INJECTION 0.5%, 1%, 2%	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NSAIDS		
ARTHROTEC 50 TABLET DELAYED RELEASE 50MG; 200MCG	3	QL (120 EA per 30 days) MO
ARTHROTEC 75 TABLET DELAYED RELEASE 75MG; 200MCG	3	QL (90 EA per 30 days) MO
CALDOLOR INJECTION 800MG/200ML, 800MG/8ML	3	
CELEBREX CAPSULE 400MG	3	QL (30 EA per 30 days) ST MO
CELEBREX CAPSULE 100MG, 200MG, 50MG	3	QL (60 EA per 30 days) ST MO
celecoxib capsule 400mg	1	QL (30 EA per 30 days) MO
celecoxib capsule 100mg, 200mg, 50mg	1	QL (60 EA per 30 days) MO
COMBOGESIC INJECTION 1000MG/100ML; 300MG/100ML	3	
DAYPRO TABLET 600MG	3	QL (90 EA per 30 days) MO
diclofenac potassium capsule 25mg	4	QL (120 EA per 30 days) PA MO
diclofenac potassium tablet 50mg	1	QL (120 EA per 30 days) MO
diclofenac potassium tablet 25mg	4	QL (120 EA per 30 days) PA MO
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	1	MO
diclofenac sodium er tablet extended release 24 hour 100mg	1	QL (60 EA per 30 days) MO
diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg	1	QL (120 EA per 30 days) MO
diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg	1	QL (90 EA per 30 days) MO
diflunisal tablet 500mg	1	QL (90 EA per 30 days) MO
DOLOBID TABLET 375MG	4	QL (120 EA per 30 days) ST
DOLOBID TABLET 250MG	4	QL (90 EA per 30 days) ST
etodolac er tablet extended release 24 hour 600mg	1	QL (30 EA per 30 days) MO
etodolac er tablet extended release 24 hour 400mg, 500mg	1	QL (60 EA per 30 days) MO
etodolac capsule 300mg	1	QL (120 EA per 30 days) MO
etodolac capsule 200mg	1	QL (90 EA per 30 days) MO
etodolac tablet 500mg	1	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
etodolac tablet 400mg	1	QL (90 EA per 30 days) MO
fenoprofen calcium capsule 400mg	1	QL (240 EA per 30 days) MO
fenoprofen calcium tablet 600mg	1	QL (150 EA per 30 days) MO
FENOPRON CAPSULE 300MG	3	QL (240 EA per 30 days) PA
flurbiprofen tablet 100mg	1	QL (90 EA per 30 days) MO
ibuprofen/famotidine tablet 26.6mg; 800mg	1	QL (90 EA per 30 days) PA MO
ibuprofen suspension 100mg/5ml	1	MO
ibuprofen tablet 400mg, 600mg, 800mg	1	MO
ibuprofen tablet 300mg	1	QL (120 EA per 30 days)
ibu tablet 400mg, 600mg, 800mg	1	MO
indocin suppository 50mg	4	PA MO; HRM
INDOCIN SUSPENSION 25MG/5ML	4	PA MO
indomethacin er capsule extended release 75mg	1	PA MO
indomethacin capsule 25mg, 50mg	1	PA MO
indomethacin suppository 50mg	4	PA MO
indomethacin suspension 25mg/5ml	4	PA MO
ketoprofen er capsule extended release 24 hour 200mg	1	QL (30 EA per 30 days) MO
ketoprofen capsule 25mg	4	QL (120 EA per 30 days) MO
ketoprofen capsule 50mg	4	QL (180 EA per 30 days) MO
ketorolac tromethamine injection 15mg/ml, 30mg/ml	1	QL (20 ML per 30 days) MO
ketorolac tromethamine tablet 10mg	1	QL (20 EA per 30 days) PA MO
LODINE TABLET 400MG	3	QL (90 EA per 30 days) ST MO
lofena tablet 25mg	4	QL (120 EA per 30 days) PA
lurbipr tablet 100mg	1	QL (90 EA per 30 days)
meclofenamate sodium capsule 100mg, 50mg	1	QL (120 EA per 30 days) MO
mefenamic acid capsule 250mg	1	MO
meloxicam capsule 10mg, 5mg	1	MO
meloxicam tablet 15mg, 7.5mg	1	MO
nabumetone tablet 500mg, 750mg	1	MO
NALFON TABLET 600MG	3	QL (150 EA per 30 days) ST

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) ST MO
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	3	QL (90 EA per 30 days) ST MO
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750MG	4	QL (60 EA per 30 days) ST MO
NAPROSYN SUSPENSION 125MG/5ML	4	QL (1800 ML per 30 days) PA
naproxen dr tablet delayed release 375mg	1	QL (120 EA per 30 days) MO
naproxen dr tablet delayed release 500mg	1	QL (90 EA per 30 days) MO
NAPROXEN SODIUM CR TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) MO
naproxen sodium er tablet extended release 24 hour 375mg	1	QL (120 EA per 30 days) MO
naproxen sodium er tablet extended release 24 hour 750mg	1	QL (60 EA per 30 days) MO
naproxen sodium er tablet extended release 24 hour 500mg	1	QL (90 EA per 30 days) MO
naproxen sodium tablet 275mg, 550mg	1	MO
naproxen/esomeprazole magnesium tablet delayed release 20mg; 375mg, 20mg; 500mg	4	QL (60 EA per 30 days) PA MO
naproxen suspension 125mg/5ml	1	QL (1800 ML per 30 days) PA MO
naproxen tablet delayed release 500mg	1	QL (90 EA per 30 days) MO
naproxen tablet 250mg, 375mg, 500mg	1	MO
oxaprozin tablet 600mg	1	QL (90 EA per 30 days) MO
piroxicam capsule 20mg	1	QL (30 EA per 30 days) MO
piroxicam capsule 10mg	1	QL (60 EA per 30 days) MO
RELAFEN DS TABLET 1000MG	4	QL (60 EA per 30 days) ST MO
salsalate tablet 750mg	1	QL (120 EA per 30 days) MO
salsalate tablet 500mg	1	QL (180 EA per 30 days) MO
SPRIX SOLUTION 15.75MG/SPRAY	4	QL (5 EA per 30 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
sulindac tablet 150mg, 200mg	1	QL (60 EA per 30 days) MO
TOLECTIN 600 TABLET 600MG	4	QL (90 EA per 30 days) ST
tolmetin sodium capsule 400mg	4	MO
tolmetin sodium tablet 600mg	1	QL (90 EA per 30 days) MO
VIMOVO TABLET DELAYED RELEASE 20MG; 500MG	4	QL (60 EA per 30 days) PA MO
XIFYRM INJECTION 30MG/ML	3	
ZIPSOR CAPSULE 25MG	4	QL (120 EA per 30 days) PA MO
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 75MCG	3	QL (60 EA per 30 days) PA MO
BELBUCA FILM 750MCG, 900MCG	4	QL (60 EA per 30 days) PA MO
buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	1	QL (4 EA per 28 days) PA MO
BUTRANS PATCH WEEKLY 10MCG/HR, 15MCG/HR, 20MCG/HR, 5MCG/HR, 7.5MCG/HR	3	QL (4 EA per 28 days) PA MO
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	3	QL (30 EA per 30 days) MO; HRM
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	QL (30 EA per 30 days) MO; HRM
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr	1	QL (10 EA per 30 days) PA MO
hydrocodone bitartrate er capsule extended release 12 hour (generic Zohydro ER) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	1	QL (60 EA per 30 days) PA MO
hydrocodone bitartrate er (generic Hysingla ER) tablet er 24 hour abuse-deterrent 100mg, 120mg, 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 EA per 30 days) PA MO
hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg	1	QL (30 EA per 30 days) PA MO
hydromorphone hydrochloride er tablet extended release 24 hour 32mg	1	QL (30 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20MG, 30MG, 40MG	3	QL (30 EA per 30 days) PA MO
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100MG, 120MG, 60MG, 80MG	4	QL (30 EA per 30 days) PA MO
levorphanol tartrate tablet 2mg, 3mg	4	QL (180 EA per 30 days) MO
METHADONE HCL INJECTION 10MG/ML	4	PA
methadone hcl oral solution 10mg/5ml, 5mg/5ml	1	QL (450 ML per 30 days) PA MO
methadone hcl tablet 10mg, 5mg	1	QL (90 EA per 30 days) PA MO
methadone hydrochloride concentrate 10mg/ml	1	QL (90 ML per 30 days) PA MO
METHADOSE SUGAR-FREE CONCENTRATE 10MG/ML	3	QL (90 ML per 30 days) PA MO
METHADOSE CONCENTRATE 10MG/ML	3	QL (90 ML per 30 days) PA MO
morphine sulfate er capsule extended release 24 hour (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg	1	QL (30 EA per 30 days) MO
morphine sulfate er capsule extended release 24 hour (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg	1	QL (60 EA per 30 days) MO
morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg	1	QL (60 EA per 30 days) MO
morphine sulfate er tablet extended release (generic MS Contin) 100mg, 200mg	1	QL (60 EA per 30 days) PA MO
morphine sulfate er tablet extended (generic MS Contin) release 15mg	1	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE INJECTION 1MG/ML	3	B/D
MS CONTIN TABLET EXTENDED RELEASE 30MG	3	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MS CONTIN TABLET EXTENDED RELEASE 15MG	3	QL (90 EA per 30 days) MO
MS CONTIN TABLET EXTENDED RELEASE 60MG	4	QL (60 EA per 30 days) MO
MS CONTIN TABLET EXTENDED RELEASE 100MG, 200MG	4	QL (60 EA per 30 days) PA MO
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50MG	3	QL (60 EA per 30 days) PA MO
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 200MG, 250MG	4	QL (60 EA per 30 days) PA MO
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 15MG, 20MG	3	QL (60 EA per 30 days) PA MO
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 30MG, 40MG, 60MG, 80MG	4	QL (60 EA per 30 days) PA MO
oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 5mg, 7.5mg	1	QL (60 EA per 30 days) PA MO
oxymorphone hydrochloride er tablet extended release 12 hour 30mg	4	QL (60 EA per 30 days) PA MO
oxymorphone hydrochloride er tablet extended release 12 hour 40mg	4	QL (60 EA per 30 days) PA MO
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	QL (30 EA per 30 days) MO; HRM
tramadol hcl er tablet extended release 24 hour 100mg, 300mg	1	QL (30 EA per 30 days) MO; HRM
tramadol hcl er tablet extended release 24 hour 200mg	1	QL (30 EA per 30 days); HRM
tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg	1	QL (30 EA per 30 days) MO; HRM
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 9MG	3	QL (60 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG	4	QL (240 EA per 30 days) PA MO
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27MG	4	QL (60 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen/caffeine/ dihydrocodeine capsule 320.5mg; 30mg; 16mg	1	QL (300 EA per 30 days) MO
acetaminophen/codeine phosphate tablet 300mg; 60mg	1	QL (180 EA per 30 days) MO
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	1	QL (2700 ML per 30 days) MO
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	1	QL (180 EA per 30 days) MO
APADAZ TABLET 325MG; 4.08MG, 325MG; 6.12MG, 325MG; 8.16MG	3	QL (168 EA per 30 days)
ascomp/codeine capsule 325mg; 50mg; 40mg; 30mg	1	QL (180 EA per 30 days) PA MO; HRM
BENZHYDROCODONE/ ACETAMINOPHEN TABLET 325MG; 4.08MG, 325MG; 6.12MG, 325MG; 8.16MG	3	QL (168 EA per 30 days)
buprenorphine hcl injection 0.3mg/ ml	1	MO
butalbital/acetaminophen/caffeine/ codeine capsule 300mg; 50mg; 40mg; 30mg, 325mg; 50mg; 40mg; 30mg	1	QL (180 EA per 30 days) PA MO
butalbital/aspirin/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg	1	QL (180 EA per 30 days) PA MO; HRM
butorphanol tartrate injection 1mg/ ml, 2mg/ml	1	MO
butorphanol tartrate nasal solution 10mg/ml	1	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET 15MG, 30MG, 60MG	3	QL (180 EA per 30 days) MO
DEMEROL INJECTION 100MG/ML, 25MG/ML, 50MG/ML, 75MG/ML	3	PA; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	B/D
DILAUDID LIQUID 1MG/ML	3	QL (600 ML per 30 days) MO
DILAUDID TABLET 2MG, 4MG, 8MG	3	QL (180 EA per 30 days) MO
DURAMORPH INJECTION 0.5MG/ML, 1MG/ML	3	B/D
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	QL (180 EA per 30 days)
FENTANYL CITRATE INJECTION 1000MCG/20ML, 100MCG/2ML, 2500MCG/50ML, 250MCG/5ML, 500MCG/10ML, 50MCG/ML	3	B/D
fentanyl citrate prefilled syringe injection 100mcg/2ml, 25mcg/0.5ml, 50mcg/ml	1	
FIORICET/CODEINE CAPSULE 300MG; 50MG; 40MG; 30MG	4	QL (180 EA per 30 days) PA MO
hydrocodone bitartrate/ acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml	1	QL (2700 ML per 30 days) MO
hydrocodone bitartrate/ acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg	1	QL (180 EA per 30 days) MO
hydrocodone bitartrate/ acetaminophen tablet 325mg; 2.5mg	1	QL (240 EA per 30 days) MO
hydrocodone/acetaminophen tablet 325mg; 7.5mg	1	QL (180 EA per 30 days) MO
hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	1	QL (150 EA per 30 days) MO
HYDROMORPHONE HCL INJECTION 4MG/ML	3	B/D
HYDROMORPHONE HCL INJECTION 1MG/ML	3	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
hydromorphone hcl injection 10mg/ml	1	B/D
hydromorphone hcl liquid 1mg/ml	1	QL (600 ML per 30 days) MO
hydromorphone hcl tablet 2mg, 4mg, 8mg	1	QL (180 EA per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML, 1MG/ML PF, 4MG/ML PF	3	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJECTION 2MG/ML	4	B/D
hydromorphone hydrochloride injection 0.2mg/ml, 50mg/5ml	1	B/D
hydromorphone hydrochloride injection 2mg/ml	1	B/D MO
INFUMORPH 200 INJECTION 10MG/ML	3	B/D
INFUMORPH 500 INJECTION 25MG/ML	3	B/D
meperidine hcl injection 25mg/ml	1	PA MO; HRM
meperidine hcl injection 100mg/ml, 50mg/ml	1	PA; HRM
meperidine hcl oral solution 50mg/5ml	1	QL (3600 ML per 30 days) PA MO; HRM
meperidine hydrochloride tablet 50mg	4	QL (120 EA per 30 days) PA MO; HRM
mitigo injection 10mg/ml, 25mg/ml	1	B/D
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 50MG/ML, 5MG/ML, 8MG/ML	3	B/D
morphine sulfate injection 0.5mg/ml, 2mg/ml iv prefilled syringe, 10mg/ml iv vial, 4mg/ml iv vial, 8mg/ml iv vial	1	B/D
morphine sulfate injection 1mg/ml	1	B/D MO
morphine sulfate oral solution 100mg/5ml	1	QL (180 ML per 30 days) MO
morphine sulfate oral solution 10mg/5ml, 20mg/5ml	1	QL (900 ML per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
morphine sulfate suppository 30mg, 5mg	1	QL (60 EA per 30 days)
morphine sulfate suppository 10mg, 20mg	1	QL (60 EA per 30 days) MO
morphine sulfate tablet 15mg, 30mg	1	QL (180 EA per 30 days) MO
nalbuphine hydrochloride injection 10mg/ml, 20mg/ml	1	MO
NALOCET TABLET 300MG; 2.5MG	4	QL (180 EA per 30 days)
NUCYNTA TABLET 50MG	3	QL (180 EA per 30 days) MO
NUCYNTA TABLET 100MG, 75MG	4	QL (180 EA per 30 days) MO
OXYCODONE AND ACETAMINOPHEN TABLET 300MG; 7.5MG	4	QL (180 EA per 30 days) PA
oxycodone hcl capsule 5mg	1	QL (180 EA per 30 days) MO
OXYCODONE HYDROCHLORIDE/ ACETAMINOPHEN SOLUTION 300MG/5ML; 10MG/5ML	4	QL (900 ML per 30 days) PA
oxycodone hydrochloride/ acetaminophen solution 325mg/5ml; 5mg/5ml	1	QL (1800 ML per 30 days) MO
oxycodone hydrochloride capsule 5mg	1	QL (180 EA per 30 days) MO
oxycodone hydrochloride concentrate 100mg/5ml	1	QL (180 ML per 30 days) MO
oxycodone hydrochloride solution 5mg/5ml	1	QL (900 ML per 30 days) MO
OXYCODONE HYDROCHLORIDE TABLET ABUSE-DETERRENT 10MG, 15MG	4	QL (180 EA per 30 days)
OXYCODONE HYDROCHLORIDE TABLET ABUSE-DETERRENT 30MG, 5MG	4	QL (180 EA per 30 days) MO
oxycodone hydrochloride tablet 30mg	1	QL (120 EA per 30 days) MO
oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg	1	QL (180 EA per 30 days) MO
OXYCODONE/ACETAMINOPHEN TABLET 300MG; 2.5MG	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 8.

Drug name	Drug tier	Requirements/Limits
OXYCODONE/ACETAMINOPHEN TABLET 300MG; 10MG, 300MG; 5MG	4	QL (180 EA per 30 days) PA
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	QL (180 EA per 30 days) MO
oxymorphone hydrochloride tablet 10mg, 5mg	1	QL (180 EA per 30 days) MO
pentazocine/naloxone hcl tablet 0.5mg; 50mg	1	QL (360 EA per 30 days) PA MO; HRM
PERCOCET TABLET 325MG; 2.5MG	3	QL (180 EA per 30 days) MO
PERCOCET TABLET 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG	4	QL (180 EA per 30 days) MO
PROLATE SOLUTION 300MG/5ML; 10MG/5ML	4	QL (900 ML per 30 days) PA
PROLATE TABLET 300MG; 10MG, 300MG; 5MG, 300MG; 7.5MG	4	QL (180 EA per 30 days) PA
QDOLO SOLUTION 5MG/ML	3	QL (1800 ML per 30 days) PA MO
ROXICODONE TABLET 15MG	3	QL (180 EA per 30 days) MO
ROXICODONE TABLET 30MG	4	QL (120 EA per 30 days) MO
ROXYBOND TABLET ABUSE-DETERRENT 10MG, 15MG	4	QL (180 EA per 30 days)
ROXYBOND TABLET ABUSE-DETERRENT 30MG, 5MG	4	QL (180 EA per 30 days) MO
tramadol hydrochloride/ acetaminophen tablet 325mg; 37.5mg	1	QL (240 EA per 30 days) MO; HRM
TRAMADOL HYDROCHLORIDE SOLUTION 5MG/ML	3	QL (1800 ML per 30 days) PA MO; HRM
tramadol hydrochloride tablet 25mg	1	QL (120 EA per 30 days) MO
tramadol hydrochloride tablet 100mg	1	QL (120 EA per 30 days) MO; HRM
tramadol hydrochloride tablet 75mg	1	QL (150 EA per 30 days) PA MO
tramadol hydrochloride tablet 50mg	1	QL (240 EA per 30 days) MO; HRM
trezix capsule 320.5mg; 30mg; 16mg	1	QL (300 EA per 30 days)

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ANESTHETICS		
LOCAL ANESTHETICS		
EXPAREL INJECTION 1.3%	3	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole tablet 200mg	1	MO
amikacin sulfate injection 1gm/4ml, 500mg/2ml	1	MO
ARIKAYCE SUSPENSION 590MG/8.4ML	4	PA; LD
atovaquone suspension 750mg/5ml	1	MO
AZACTAM INJECTION 1GM, 2GM	3	
aztreonam injection 1gm, 2gm	1	MO
BACTRIM DS TABLET 800MG; 160MG	3	MO
BACTRIM TABLET 400MG; 80MG	3	MO
BETHKIS NEBULIZATION SOLUTION 300MG/4ML	4	QL (224 ML per 56 days) PA; ACS LD
BILTRICIDE TABLET 600MG	3	
CAYSTON SOLUTION RECONSTITUTED 75MG	4	PA; ACS LD
chloramphenicol sodium succinate injection 1gm	1	
CLEOCIN PEDIATRIC GRANULES SOLUTION RECONSTITUTED 75MG/5ML	3	MO
CLEOCIN PHOSPHATE INJECTION 300MG/2ML, 9GM/60ML	3	
CLEOCIN PHOSPHATE INJECTION 600MG/4ML, 900MG/6ML	3	MO
CLEOCIN CAPSULE 150MG, 300MG, 75MG	3	MO
clindamycin hcl capsule 300mg	1	MO
clindamycin hydrochloride capsule 150mg, 75mg	1	MO
clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%	1	
clindamycin phosphate injection 300mg/2ml, 900mg/6ml	1	
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	3	
colistimethate sodium injection 150mg	1	PA MO
COLY-MYCIN M INJECTION 150MG	3	PA MO
DALVANCE INJECTION 500MG	4	
dapsone tablet 100mg, 25mg	1	MO
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%, 350MG/50ML; 0.9%, 500MG/50ML; 0.9%, 700MG/100ML; 0.9%	3	
daptomycin injection 350mg, 500mg	4	
DARAPRIM TABLET 25MG	4	QL (90 EA per 30 days) PA MO
EMBLAVEO INJECTION 0.5GM; 1.5GM	4	PA
EMVERM TABLET CHEWABLE 100MG	4	QL (24 EA per 365 days) MO
ertapenem sodium injection 1gm	1	MO
FIRVANQ SOLUTION RECONSTITUTED 25MG/ML, 50MG/ML	3	QL (1800 ML per 180 days)
FLAGYL CAPSULE 375MG	3	MO
fosfomycin tromethamine packet 3gm	1	MO
gentamicin sulfate pediatric injection 10mg/ml	1	MO
gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%	1	MO
gentamicin sulfate injection 40mg/ml	1	MO
HIPREX TABLET 1GM	3	MO
HUMATIN CAPSULE 250MG	4	MO
imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg	1	MO
IMPAVIDO CAPSULE 50MG	4	QL (84 EA per 28 days) PA MO
isotonic gentamicin injection 0.8mg/ml; 0.9%	1	
ivermectin tablet 6mg	1	QL (10 EA per 90 days) PA MO
ivermectin tablet 3mg	1	QL (12 EA per 90 days) PA MO
KIMYRSA INJECTION 1200MG	4	
KITABIS PAK NEBULIZATION SOLUTION 300MG/5ML	4	QL (280 ML per 56 days) PA; ACS LD
LAMPIT TABLET 120MG, 30MG	3	PA
LINCOCIN INJECTION 300MG/ML	3	MO
lincomycin hydrochloride injection 300mg/ml	1	
LINEZOLID INJECTION 600MG/300ML; 0.9%	3	PA
linezolid injection 600mg/300ml	1	PA
linezolid suspension reconstituted 100mg/5ml	4	QL (1800 ML per 30 days) MO
linezolid tablet 600mg	1	QL (56 EA per 28 days) MO
MACROBID CAPSULE 100MG	3	MO
MACRODANTIN CAPSULE 100MG, 25MG, 50MG	3	MO
me/naphos/mb/hyo 1 tablet 0.12mg; 81.6mg; 10.8mg; 40.8mg	1	MO; HRM
MEPRON SUSPENSION 750MG/5ML	4	PA MO
MEROPENEM/SODIUM CHLORIDE INJECTION 1GM/50ML; 0.9%, 500MG; 0.9%	3	
meropenem injection 2gm	1	
meropenem injection 1gm, 500mg	1	MO
methenamine hippurate tablet 1gm	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
methenamine mandelate tablet 0.5gm, 1gm	1	MO
metronidazole capsule 375mg	1	MO
metronidazole injection 500mg/100ml	1	
metronidazole tablet 250mg, 500mg	1	MO
metronidazole tablet 125mg	1	PA
NEBUPENT SOLUTION RECONSTITUTED 300MG	3	B/D MO
neomycin sulfate tablet 500mg	1	MO
nitazoxanide tablet 500mg	4	QL (6 EA per 30 days) MO
nitrofurantoin macrocrystals capsule 100mg, 25mg, 50mg	1	MO
nitrofurantoin monohydrate/ macrocrystals capsule 100mg	1	MO
NITROFURANTOIN SUSPENSION 50MG/5ML	4	MO
nitrofurantoin suspension 25mg/5ml	4	MO
ORBACTIV INJECTION 400MG	4	MO
PENTAM 300 INJECTION 300MG	3	MO
pentamidine isethionate injection 300mg	1	MO
pentamidine isethionate inhalation solution reconstituted 300mg	1	B/D MO
polymyxin b sulfate injection 500000unit	1	
praziquantel tablet 600mg	1	MO
PRIMAXIN IV INJECTION 500MG; 500MG	3	MO
pyrimethamine tablet 25mg	4	QL (90 EA per 30 days) PA MO
RECARBRIO INJECTION 500MG; 500MG; 250MG	4	PA
SIVEXTRO INJECTION 200MG	4	
SIVEXTRO TABLET 200MG	4	MO
SOLOSEC PACKET 2GM	3	MO
streptomycin sulfate injection 1gm	4	MO
STROMECTOL TABLET 3MG	3	QL (12 EA per 90 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
sulfadiazine tablet 500mg	1	MO
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	1	MO
sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml	1	MO
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	1	MO
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	1	MO
tinidazole tablet 250mg, 500mg	1	MO
TOBI PODHALER CAPSULE 28MG	4	QL (224 EA per 56 days) PA; ACS LD
TOBI NEBULIZATION SOLUTION 300MG/5ML	4	QL (280 ML per 56 days) PA; ACS LD
tobramycin sulfate injection 10mg/ml, 40mg/ml	1	
tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml	1	MO
tobramycin sulfate injection 1.2gm	4	
tobramycin nebulization solution 300mg/4ml	4	QL (224 ML per 56 days) PA; ACS
tobramycin nebulization solution 300mg/5ml	4	QL (280 ML per 56 days) PA; ACS
trimethoprim tablet 100mg	1	MO
UROGESIC-BLUE TABLET 0.12MG; 81.6MG; 10.8MG; 40.8MG	3	MO; HRM
VABOMERE INJECTION 1GM; 1GM	4	PA
VANCOCIN CAPSULE 125MG	3	QL (120 EA per 30 days) MO
VANCOCIN CAPSULE 250MG	4	QL (240 EA per 30 days) MO
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	3	
vancomycin hcl injection 100gm, 10gm	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1.25GM/250ML, 5%; 1.5GM/300ML, 5%; 1GM/200ML, 5%; 500MG/100ML, 5%; 750MG/150ML	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
vancomycin hydrochloride capsule 125mg	1	QL (120 EA per 30 days) MO
vancomycin hydrochloride capsule 250mg	1	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	3	
vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg	1	
vancomycin hydrochloride oral solution reconstituted 250mg/5ml, 25mg/ml	1	QL (1800 ML per 180 days) MO
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML, 2000MG/400ML	3	
VIBATIV INJECTION 750MG	4	PA
XACDURO INJECTION 1GM; 1GM	4	
XIFAXAN TABLET 200MG	3	QL (9 EA per 30 days) PA MO
ZEMDRI INJECTION 500MG/10ML	4	PA
ZYVOX INJECTION 200MG/100ML, 600MG/300ML	3	PA
ZYVOX SUSPENSION RECONSTITUTED 100MG/5ML	3	QL (1800 ML per 30 days) PA MO
ZYVOX TABLET 600MG	3	QL (56 EA per 28 days) PA MO
ANTIFUNGALS		
ABELCET INJECTION 5MG/ML	3	B/D
AMBISOME INJECTION 50MG	4	B/D MO
amphotericin b liposome injection 50mg	4	B/D MO
amphotericin b injection 50mg	1	B/D MO
ANCOBON CAPSULE 250MG	4	PA
ANCOBON CAPSULE 500MG	4	PA MO
CANCIDAS INJECTION 50MG	4	
CANCIDAS INJECTION 70MG	4	MO
caspofungin acetate injection 50mg, 70mg	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CRESEMBA CAPSULE 74.5MG	4	QL (175 EA per 30 days) MO
CRESEMBA CAPSULE 186MG	4	QL (70 EA per 30 days) MO
CRESEMBA INJECTION 372MG	4	QL (34 EA per 30 days)
DIFLUCAN SUSPENSION RECONSTITUTED 40MG/ML	3	MO
ERAXIS INJECTION 100MG, 50MG	4	PA
fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	1	
fluconazole/sodium chloride injection 100mg/50ml; 0.9%	1	
fluconazole suspension reconstituted 10mg/ml, 40mg/ml	1	MO
fluconazole tablet 100mg, 150mg, 200mg, 50mg	1	MO
flucytosine capsule 250mg, 500mg	4	PA MO
fulvicin p/g 165 tablet 165mg	4	QL (120 EA per 30 days) PA
griseofulvin microsize suspension 125mg/5ml	1	MO
griseofulvin microsize tablet 500mg	1	MO
griseofulvin ultramicrosize tablet 125mg, 250mg	1	MO
griseofulvin ultramicrosize tablet 165mg	4	QL (120 EA per 30 days) PA
itraconazole capsule 100mg	1	PA MO
itraconazole solution 10mg/ml	4	PA MO
ketoconazole tablet 200mg	1	PA MO
MICAFUNGIN SODIUM/ SODIUM CHLORIDE INJECTION 150MG/150ML; 0.9%	4	
MICAFUNGIN/SODIUM CHLORIDE INJECTION 100MG/100ML; 0.9%, 50MG/50ML; 0.9%	4	
micafungin injection 100mg, 50mg	1	
MYCAMINE INJECTION 50MG	3	MO
MYCAMINE INJECTION 100MG	4	
NOXAFIL INJECTION 300MG/16.7ML	4	
NOXAFIL PACKET 300MG	4	QL (32 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NOXAFIL SUSPENSION 40MG/ML	4	QL (630 ML per 30 days) PA MO
NOXAFIL TABLET DELAYED RELEASE 100MG	4	QL (93 EA per 30 days) PA MO
nystatin tablet 500000unit	1	MO
posaconazole dr tablet delayed release 100mg	4	QL (93 EA per 30 days) PA MO
posaconazole injection 300mg/16.7ml	4	
posaconazole suspension 40mg/ml	4	QL (630 ML per 30 days) PA MO
REZZAYO INJECTION 200MG	4	PA
SPORANOX CAPSULE 100MG	4	PA MO
terbinafine hcl tablet 250mg	1	QL (90 EA per 365 days) MO
TOLSURA CAPSULE 65MG	4	PA MO
VFEND IV INJECTION 200MG	4	PA
VFEND SUSPENSION RECONSTITUTED 40MG/ML	4	PA MO
VFEND TABLET 50MG	3	QL (480 EA per 30 days) MO
VIVJOA CAPSULE THERAPY PACK 150MG	4	QL (18 EA per 84 days) PA; ACS LD
voriconazole injection 200mg	1	PA
voriconazole suspension reconstituted 40mg/ml	4	PA MO
voriconazole tablet 200mg	1	QL (120 EA per 30 days) MO
voriconazole tablet 50mg	1	QL (480 EA per 30 days) MO
ANTIMALARIALS		
atovaquone/proguanil hcl tablet 62.5mg; 25mg	1	MO
atovaquone/proguanil hydrochloride tablet 250mg; 100mg	1	MO
chloroquine phosphate tablet 250mg, 500mg	1	MO
COARTEM TABLET 20MG; 120MG	3	MO
KRINTAFEL TABLET 150MG	3	PA MO
MALARONE TABLET 250MG; 100MG, 62.5MG; 25MG	3	MO
mefloquine hydrochloride tablet 250mg	1	MO
primaquine phosphate tablet 26.3mg	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
QUALAQUIN CAPSULE 324MG	3	PA MO
quinine sulfate capsule 324mg	1	PA MO
ANTIRETROVIRAL AGENTS		
abacavir solution 20mg/ml	1	MO
abacavir tablet 300mg	1	MO
APTIVUS CAPSULE 250MG	4	MO
atazanavir sulfate capsule 300mg	1	MO
atazanavir capsule 150mg, 200mg	1	MO
darunavir tablet 600mg	1	QL (60 EA per 30 days) MO
darunavir tablet 800mg	4	QL (30 EA per 30 days) MO
EDURANT PED TABLET SOLUBLE 2.5MG	4	MO
EDURANT TABLET 25MG	4	MO
efavirenz tablet 600mg	1	MO
emtricitabine capsule 200mg	1	MO
EMTRIVA CAPSULE 200MG	3	MO
EMTRIVA SOLUTION 10MG/ML	3	MO
EPIVIR SOLUTION 10MG/ML	3	MO
EPIVIR TABLET 150MG, 300MG	3	MO
etravirine tablet 100mg, 200mg	4	MO
fosamprenavir calcium tablet 700mg	4	MO
FUZEON INJECTION 90MG	4	MO; LD
INTELENCE TABLET 25MG	3	
INTELENCE TABLET 100MG, 200MG	4	MO
ISENTRESS HD TABLET 600MG	4	MO
ISENTRESS PACKET 100MG	4	MO
ISENTRESS TABLET CHEWABLE 25MG	3	MO
ISENTRESS TABLET CHEWABLE 100MG	4	MO
ISENTRESS TABLET 400MG	4	MO
lamivudine solution 10mg/ml	1	MO
lamivudine tablet 150mg, 300mg	1	MO
maraviroc tablet 150mg, 300mg	4	MO
nevirapine er tablet extended release 24 hour 400mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
nevirapine suspension 50mg/5ml	1	MO
nevirapine tablet 200mg	1	MO
NORVIR PACKET 100MG	3	MO
NORVIR TABLET 100MG	3	MO
PIFELTRO TABLET 100MG	4	MO
PREZISTA SUSPENSION 100MG/ML	4	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	3	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABLET 800MG	4	QL (30 EA per 30 days) MO
PREZISTA TABLET 600MG	4	QL (60 EA per 30 days) MO
RETROVIR IV INFUSION INJECTION 10MG/ML	3	
RETROVIR CAPSULE 100MG	3	MO
RETROVIR SYRUP 50MG/5ML	3	MO
REYATAZ CAPSULE 200MG, 300MG	4	MO
REYATAZ PACKET 50MG	3	MO
ritonavir tablet 100mg	1	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	4	MO
SELZENTRY SOLUTION 20MG/ML	4	MO
SELZENTRY TABLET 150MG, 300MG	4	MO
SUNLENCA INJECTION 463.5MG/1.5ML	4	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK 300MG	4	MO; LD
SUNLENCA TABLET 300MG	4	MO; LD
tenofovir disoproxil fumarate tablet 300mg	1	MO
TIVICAY PD TABLET SOLUBLE 5MG	4	MO
TIVICAY TABLET 50MG	4	MO
TROGARZO INJECTION 200MG/1.33ML	4	MO; LD
TYBOST TABLET 150MG	2	MO
VIRACEPT TABLET 250MG, 625MG	4	MO
VIREAD POWDER 40MG/GM	4	MO
VIREAD TABLET 150MG, 200MG, 250MG, 300MG	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ZIAGEN SOLUTION 20MG/ML	3	MO
zidovudine capsule 100mg	1	MO
zidovudine syrup 50mg/5ml	1	MO
zidovudine tablet 300mg	1	MO
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate/lamivudine tablet 600mg; 300mg	1	MO
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	4	MO
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	4	QL (4 ML per 30 days) MO; LD
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	4	QL (6 ML per 30 days) MO; LD
CIMDUO TABLET 300MG; 300MG	4	MO
COMPLERA TABLET 200MG; 25MG; 300MG	4	MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	4	MO
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	4	MO
DOVATO TABLET 50MG; 300MG	4	MO
efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg	4	MO
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg	4	MO
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg	4	MO
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	1	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg	4	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	1	QL (30 EA per 30 days) MO
EVOTAZ TABLET 300MG; 150MG	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	4	MO
JULUCA TABLET 50MG; 25MG	4	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	3	MO
KALETRA TABLET 100MG; 25MG, 200MG; 50MG	3	MO
lamivudine/zidovudine tablet 150mg; 300mg	1	MO
lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg	1	MO
ODEFSEY TABLET 200MG; 25MG; 25MG	4	MO
PREZCOBIX TABLET 150MG; 675MG	4	
PREZCOBIX TABLET 150MG; 800MG	4	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	4	MO
SYMFI TABLET 600MG; 300MG; 300MG	4	MO
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	4	MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	3	MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	4	MO
TRUVADA TABLET 100MG; 150MG, 133MG; 200MG, 167MG; 250MG, 200MG; 300MG	4	QL (30 EA per 30 days) MO
ANTITUBERCULAR AGENTS		
cycloserine capsule 250mg	4	MO
ethambutol hydrochloride tablet 100mg, 400mg	1	MO
isoniazid injection 100mg/ml	1	
isoniazid syrup 50mg/5ml	1	MO
isoniazid tablet 100mg, 300mg	1	MO
PRETOMANID TABLET 200MG	3	QL (30 EA per 30 days) PA MO
PRIFTIN TABLET 150MG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
pyrazinamide tablet 500mg	1	MO
rifabutin capsule 150mg	1	MO
RIFADIN INJECTION 600MG	3	
rifampin capsule 150mg, 300mg	1	MO
rifampin injection 600mg	1	
SIRTURO TABLET 100MG, 20MG	4	PA; ACS LD
TRECATOR TABLET 250MG	3	MO
ANTIVIRALS		
acyclovir sodium injection 50mg/ml	1	B/D
acyclovir capsule 200mg	1	MO
acyclovir suspension 200mg/5ml	1	MO
acyclovir tablet 400mg, 800mg	1	MO
adefovir dipivoxil tablet 10mg	1	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION 0.05MG/ML	4	QL (630 ML per 30 days) MO
BARACLUDE TABLET 0.5MG, 1MG	4	QL (30 EA per 30 days) MO
cidofovir injection 75mg/ml	4	
entecavir tablet 0.5mg, 1mg	1	QL (30 EA per 30 days) MO
EPCLUSA PACKET 150MG; 37.5MG, 200MG; 50MG	4	PA; ACS
EPCLUSA TABLET 200MG; 50MG, 400MG; 100MG	4	PA; ACS
famciclovir tablet 500mg	1	QL (21 EA per 30 days) MO
famciclovir tablet 125mg, 250mg	1	QL (60 EA per 30 days) MO
foscarnet sodium injection 6000mg/250ml	4	PA
ganciclovir injection 500mg/10ml, 500mg	1	B/D
HARVONI PACKET 33.75MG; 150MG, 45MG; 200MG	4	PA; ACS
HARVONI TABLET 45MG; 200MG, 90MG; 400MG	4	PA; ACS
LAGEVRIO CAPSULE 200MG	4	QL (80 EA per 180 days) PA MO
lamivudine tablet 100mg	1	MO
LEDIPASVIR/SOFOSBUVIR TABLET 90MG; 400MG	4	PA; ACS
LIVTENCITY TABLET 200MG	4	QL (336 EA per 28 days) PA; LD
MAVYRET PACKET 50MG; 20MG	4	PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MAVYRET TABLET 100MG; 40MG	4	PA; ACS
oseltamivir phosphate capsule 30mg	1	QL (168 EA per 365 days) MO
oseltamivir phosphate capsule 45mg, 75mg	1	QL (84 EA per 365 days) MO
oseltamivir phosphate suspension reconstituted 6mg/ml	1	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	2	QL (22 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	2	QL (60 EA per 180 days) MO
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	4	PA; ACS LD
PREVYMIS INJECTION 240MG/12ML, 480MG/24ML	4	
PREVYMIS PACKET 120MG, 20MG	4	QL (120 EA per 30 days) PA MO
PREVYMIS TABLET 240MG, 480MG	4	QL (28 EA per 28 days) PA MO
RAPIVAB INJECTION 200MG/20ML	4	
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	2	QL (120 EA per 365 days) MO
ribavirin capsule 200mg	1	ACS
ribavirin tablet 200mg	1	ACS
rimantadine hydrochloride tablet 100mg	1	MO
SOFOSBUVIR/VELPATASVIR TABLET 400MG; 100MG	4	PA; ACS
SOVALDI PACKET 150MG	4	QL (28 EA per 28 days) PA; ACS
SOVALDI PACKET 200MG	4	QL (56 EA per 28 days) PA; ACS
SOVALDI TABLET 200MG, 400MG	4	QL (28 EA per 28 days) PA; ACS
TAMIFLU CAPSULE 30MG	3	QL (168 EA per 365 days) MO
TAMIFLU CAPSULE 45MG, 75MG	3	QL (84 EA per 365 days) MO
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL (1080 ML per 365 days) MO
valacyclovir hydrochloride tablet 1gm, 500mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
VALCYTE SOLUTION RECONSTITUTED 50MG/ML	4	MO
VALCYTE TABLET 450MG	4	MO
valganciclovir hydrochloride solution reconstituted 50mg/ml	4	MO
valganciclovir tablet 450mg	1	MO
VALTREX TABLET 500MG	3	MO
VALTREX TABLET 1GM	4	MO
VEKLURY INJECTION 100MG	4	QL (4 EA per 30 days) PA
VEMLIDY TABLET 25MG	4	MO
VOSEVI TABLET 400MG; 100MG; 100MG	4	QL (28 EA per 28 days) PA; ACS
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	QL (1 EA per 180 days) MO
ZEPATIER TABLET 50MG; 100MG	4	PA; ACS
CEPHALOSPORINS		
AVYCAZ INJECTION 0.5GM; 2GM	4	PA
CEFACLOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	3	MO
cefaclor capsule 250mg, 500mg	1	MO
cefaclor suspension reconstituted 250mg/5ml	1	
cefadroxil capsule 500mg	1	MO
cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml	1	MO
cefadroxil tablet 1gm	1	MO
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%, 2GM; 3%, 3GM; 2%	3	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	3	
cefazolin sodium iv injection 1gm	1	
cefazolin sodium injection 10gm (intravenous only), 1gm (intratmuscular or intravenous), 500mg (intratmuscular or intravenous)	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CEFAZOLIN/DEXTROSE INJECTION 3GM/150ML; 4%	2	
CEFAZOLIN INJECTION 2GM/100ML; 4%	2	
CEFAZOLIN IV INJECTION 2GM, 3GM	3	
cefazolin intramuscular or intravenous injection 3gm	1	
cefazolin intramuscular or intravenous injection 2gm	1	MO
cefdinir capsule 300mg	1	MO
cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml	1	MO
CEFEPIME HYDROCHLORIDE INJECTION 100GM	3	
cefepime hydrochloride injection 2gm	1	MO
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%, 2GM/50ML; 5%	3	
CEFEPIME INJECTION 1GM/50ML, 2GM/100ML	3	
cefepime injection 1gm, 2gm	1	MO
cefixime capsule 400mg	1	MO
cefixime suspension reconstituted 100mg/5ml, 200mg/5ml	1	MO
cefotetan injection 1gm, 2gm	1	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	3	
cefoxitin sodium injection 10gm, 1gm, 2gm	1	
cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml	1	MO
cefpodoxime proxetil tablet 100mg, 200mg	1	MO
cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml	1	MO
cefprozil tablet 250mg, 500mg	1	MO
ceftazidime injection 2gm, 6gm	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ceftazidime injection 1gm	1	MO
ceftriaxone in iso-osmotic dextrose injection 1gm/50ml, 2gm/50ml	1	
CEFTRIAXONE SODIUM INJECTION 100GM	3	
ceftriaxone sodium intravenous injection 1gm	1	
ceftriaxone sodium injection 10gm, 1gm im or iv, 250mg, 2gm im or iv, 500mg	1	MO
CEFTRIAXONE/DEXTROSE INJECTION 1GM; 3.74%, 2GM; 2.22%	3	
cefuroxime axetil tablet 250mg, 500mg	1	MO
cefuroxime sodium injection 1.5gm	1	
cefuroxime sodium injection 750mg	1	MO
cephalexin capsule 250mg, 500mg, 750mg	1	MO
cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml	1	MO
cephalexin tablet 250mg, 500mg	1	MO
FETROJA INJECTION 1GM	4	
tazicef injection 1gm, 2gm, 6gm	1	
TEFLARO INJECTION 400MG, 600MG	4	
ZERBAXA INJECTION 1GM; 0.5GM	4	
ZEVTERA INJECTION 500MG	4	
ERYTHROMYCINS/MACROLIDES		
azithromycin injection 500mg	1	MO
azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml	1	MO
azithromycin tablet 250mg, 500mg, 600mg	1	MO
clarithromycin er tablet extended release 24 hour 500mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml	1	MO
clarithromycin tablet 250mg, 500mg	1	MO
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	4	MO
DIFICID TABLET 200MG	4	MO
e.e.s. 400 tablet 400mg	1	
ERYTHROCIN LACTOBIONATE INJECTION 500MG	4	
erythromycin base tablet 250mg, 500mg	1	MO
erythromycin dr capsule delayed release particles 250mg	1	MO
erythromycin dr tablet delayed release 250mg, 333mg, 500mg	1	MO
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml	1	MO
erythromycin ethylsuccinate suspension reconstituted 400mg/5ml	4	MO
erythromycin ethylsuccinate tablet 400mg	1	
erythromycin lactobionate injection 500mg	4	
fidaxomicin tablet 200mg	4	
ZITHROMAX TRI-PAK TABLET 500MG	3	MO
ZITHROMAX Z-PAK TABLET 250MG	3	MO
ZITHROMAX INJECTION 500MG	3	MO
ZITHROMAX PACKET 1GM	3	MO
ZITHROMAX SUSPENSION RECONSTITUTED 100MG/5ML, 200MG/5ML	3	MO
ZITHROMAX TABLET 250MG, 500MG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FLUOROQUINOLONES		
BAXDELA INJECTION 300MG	4	PA
BAXDELA TABLET 450MG	4	PA MO
ciprofloxacin hcl tablet 750mg	1	MO
ciprofloxacin hydrochloride tablet 250mg, 500mg	1	MO
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%	1	
ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%	1	MO
CIPRO SUSPENSION RECONSTITUTED 500MG/5ML, 5GM/100ML	3	MO
CIPRO TABLET 250MG, 500MG	3	MO
levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml	1	
levofloxacin injection 25mg/ml	1	
levofloxacin oral solution 25mg/ml	1	MO
levofloxacin tablet 250mg, 500mg, 750mg	1	MO
moxifloxacin hydrochloride/ sodium hydrochloride injection 400mg/250ml; 0.8%	1	
MOXIFLOXACIN HYDROCHLORIDE INJECTION 400MG/250ML	3	
moxifloxacin hydrochloride tablet 400mg	1	MO
ofloxacin tablet 300mg, 400mg	1	MO
PENICILLINS		
amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg	1	MO
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 250mg/5ml; 62.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
amoxicillin/clavulanate potassium tablet 250mg; 125mg, 500mg; 125mg, 875mg; 125mg	1	MO
amoxicillin capsule 250mg, 500mg	1	MO
amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	1	MO
amoxicillin tablet chewable 125mg, 250mg	1	MO
amoxicillin tablet 500mg, 875mg	1	MO
ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.	1	
ampicillin sodium injection 1gm, 2gm, 500mg	1	MO
ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm	1	
ampicillin/sulbactam injection 2gm; 1gm	1	
ampicillin capsule 500mg	1	MO
AUGMENTIN ES-600 SUSPENSION RECONSTITUTED 600MG/5ML; 42.9MG/5ML	3	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	MO
AUGMENTIN TABLET 500MG; 125MG	3	MO
BICILLIN C-R INJECTION 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML	3	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	MO
dicloxacillin sodium capsule 250mg, 500mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
EXTENCILLINE INJECTION 1200000UNIT, 2400000UNIT	3	
LENTOCILIN INJECTION 1200000UNIT	3	
nafcillin sodium injection 1gm	1	
nafcillin sodium injection 2gm	1	MO
nafcillin sodium injection 10gm	4	
NAFCILLIN INJECTION 5%; 2GM/100ML	4	
OXACILLIN SODIUM INJECTION 300MG/50ML; 2GM/50ML	4	
oxacillin sodium injection 10gm, 1gm, 2gm	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	3	
penicillin g potassium injection 20000000unit, 5000000unit	1	MO
penicillin g sodium injection 5000000unit	1	
penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml	1	MO
penicillin v potassium tablet 250mg, 500mg	1	MO
pfizerpen injection 20000000unit	1	
pfizerpen injection 5000000unit	1	MO
piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	1	
UNASYN BULK PACK INJECTION 10GM; 5GM	3	
UNASYN INJECTION 1GM; 0.5GM	3	
UNASYN INJECTION 2GM; 1GM	3	MO
ZOSYN INJECTION 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 2GM/100ML; 4GM/100ML; 0.5GM/100ML, 350MG/50ML; 3GM/50ML; 0.375GM/50ML	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TETRACYCLINES		
demeclocycline hcl tablet 150mg, 300mg	1	MO
DORYX MPC TABLET DELAYED RELEASE 60MG	3	ST MO
doxy 100 injection 100mg	1	MO
doxycycline hyclate dr tablet delayed release 100mg, 150mg, 200mg, 50mg, 75mg, 80mg	1	MO
doxycycline hyclate capsule 100mg, 50mg	1	MO
doxycycline hyclate injection 100mg	1	MO
doxycycline hyclate tablet 100mg, 150mg, 20mg, 50mg, 75mg	1	MO
doxycycline monohydrate capsule 100mg, 150mg, 50mg, 75mg	1	MO
doxycycline monohydrate tablet 100mg, 150mg, 50mg, 75mg	1	MO
doxycycline suspension reconstituted 25mg/5ml	1	MO
MINOCIN INJECTION 100MG	4	
minocycline hcl capsule 75mg	1	MO
minocycline hcl tablet 100mg, 75mg	1	ST MO
minocycline hydrochloride er tablet extended release 24 hour 105mg, 115mg, 135mg, 45mg, 65mg, 80mg, 90mg	1	ST MO
minocycline hydrochloride er tablet extended release 24 hour 55mg	4	ST MO
minocycline hydrochloride capsule 100mg, 50mg	1	MO
minocycline hydrochloride tablet 50mg	1	ST MO
mondoxyne nl capsule 100mg	1	
NUZYRA INJECTION 100MG	4	ACS LD
NUZYRA TABLET 150MG	4	ACS LD
SEYSARA TABLET 100MG, 150MG, 60MG	4	QL (30 EA per 30 days) PA MO
targadox tablet 50mg	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
tetracycline hydrochloride capsule 250mg, 500mg	1	MO
tetracycline hydrochloride tablet 250mg	4	PA
tetracycline hydrochlorid tablet 500mg	4	PA
tigecycline injection 50mg	4	
TYGACIL INJECTION 50MG	4	
XERAVA INJECTION 50MG	3	
XERAVA INJECTION 100MG	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	4	ACS
bendamustine hydrochloride injection 100mg, 25mg	4	ACS
BENDEKA INJECTION 100MG/4ML	4	ACS LD
busulfan injection 6mg/ml	4	
BUSULFEX INJECTION 6MG/ML	4	
carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml	1	
carmustine injection 100mg	4	
cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION 2GM/10ML	4	
cyclophosphamide capsule 25mg, 50mg	1	PA MO
CYCLOPHOSPHAMIDE INJECTION 500MG/5ML	3	
CYCLOPHOSPHAMIDE INJECTION 1000MG/10ML, 1GM/5ML, 2000MG/20ML, 500MG/2.5ML	4	
CYCLOPHOSPHAMIDE INJECTION 1GM/2ML, 500MG/ML	4	LD
cyclophosphamide injection 500mg	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
cyclophosphamide injection 1gm, 2gm	4	
CYCLOPHOSPHAMIDE TABLET 25MG, 50MG	2	PA
EVOMELA INJECTION 50MG	4	ACS LD
FRINDOVYX INJECTION 1GM/2ML, 2GM/4ML, 500MG/ML	4	LD
GLEOSTINE CAPSULE 10MG, 40MG	3	ACS
GLEOSTINE CAPSULE 100MG	4	ACS
GRAFAPEX INJECTION 1GM, 5GM	4	B/D; LD
IFEX INJECTION 1GM, 3GM	3	
IFOSFAMIDE INJECTION 3GM	3	
ifosfamide injection 1gm/20ml, 1gm	1	
ifosfamide injection 3gm/60ml	4	
IVRA INJECTION 90MG/ML	4	
LEUKERAN TABLET 2MG	4	MO
melphalan hydrochloride injection 50mg	4	
oxaliplatin injection 100mg/20ml, 200mg/40ml, 50mg/10ml	1	
oxaliplatin injection 100mg, 50mg	4	
paraplatin injection 1000mg/100ml	1	
TEMODAR INJECTION 100MG	4	ACS
TEPADINA INJECTION 0.9%; 200MG/200ML, 100MG, 15MG	4	ACS
TEPYLUTE INJECTION 100MG/10ML, 15MG/1.5ML	4	
thiotepa injection 100mg, 15mg	4	
TREANDA INJECTION 100MG, 25MG	4	ACS LD
VIVIMUSTA INJECTION 100MG/4ML	4	ACS
YONDELIS INJECTION 1MG	4	PA; ACS LD
ZANOSAR INJECTION 1GM	3	
ZEPZELCA INJECTION 4MG	4	PA; ACS LD
ANTIBIOTICS		
adriamycin injection 50mg	1	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ANTIMETABOLITES		
ALIMTA INJECTION 100MG, 500MG	4	
ARRANON INJECTION 5MG/ML	4	
AVGEMSI INJECTION 1GM/26.3ML, 2GM/52.6ML	4	LD
AXTLE INJECTION 100MG, 500MG	4	LD
azacitidine injection 100mg	4	ACS
cladribine injection 10mg/10ml	4	B/D
clofarabine injection 1mg/ml	4	
cytarabine aqueous injection 20mg/ml	1	B/D
cytarabine injection 100mg/ml	1	B/D
decitabine injection 50mg	4	ACS
fludarabine phosphate injection 50mg/2ml, 50mg	1	
fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml	1	B/D
FOLOTYN INJECTION 20MG/ML, 40MG/2ML	4	ACS
gemcitabine hcl injection 1gm, 200mg, 2gm	1	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 200MG/2ML, 2GM/20ML	3	
gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml	1	
INQOVI TABLET 100MG; 35MG	4	QL (5 EA per 28 days) PA; ACS LD
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	4	PA; ACS LD
mercaptopurine suspension 2000mg/100ml	4	ACS
mercaptopurine tablet 50mg	1	MO
methotrexate sodium injection 1gm/40ml, 1gm	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
methotrexate sodium injection 250mg/10ml, 50mg/2ml	1	MO
methotrexate injection 50mg/2ml	1	MO
nelarabine injection 5mg/ml	4	
ONUREG TABLET 200MG, 300MG	4	QL (14 EA per 28 days) PA; ACS LD
PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	4	
PEMETREXED INJECTION 100MG, 500MG	4	LD
pemetrexed injection 1000mg, 100mg, 500mg, 750mg	4	
PEMRYDI RTU INJECTION 100MG/10ML, 500MG/50ML	4	
PURIXAN SUSPENSION 2000MG/100ML	4	ACS LD
TABLOID TABLET 40MG	4	MO
VIDAZA INJECTION 100MG	4	ACS LD
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tablet 250mg, 500mg	4	PA; ACS
abirtega tablet 250mg	1	PA; ACS
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	4	QL (60 EA per 30 days) PA; LD
anastrozole tablet 1mg	1	MO
ARIMIDEX TABLET 1MG	4	MO
AROMASIN TABLET 25MG	4	MO
bicalutamide tablet 50mg	1	MO
CASODEX TABLET 50MG	3	MO
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	3	PA; ACS
ERLEADA TABLET 240MG, 60MG	4	PA; ACS LD
EULEXIN CAPSULE 125MG	4	
exemestane tablet 25mg	1	MO
FARESTON TABLET 60MG	4	PA MO
FASLODEX INJECTION 250MG/5ML	4	
FEMARA TABLET 2.5MG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FIRMAGON INJECTION 80MG	3	PA; ACS
FIRMAGON INJECTION 120MG/ VIAL	4	PA; ACS
fulvestrant injection 250mg/5ml	4	
letrozole tablet 2.5mg	1	MO
LEUPROLIDE ACETATE INJECTION 22.5MG	4	PA; ACS
leuprolide acetate injection 1mg/0.2ml	1	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	4	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	4	PA; ACS
LUPRON DEPOT (4-MONTH) INJECTION 30MG	4	PA; ACS
LUPRON DEPOT (6-MONTH) INJECTION 45MG	4	PA; ACS
LUTRATE DEPOT INJECTION 22.5MG	3	PA
LYSODREN TABLET 500MG	4	LD
megestrol acetate tablet 20mg, 40mg	1	MO
NILANDRON TABLET 150MG	4	MO
nilutamide tablet 150mg	4	MO
NUBEQA TABLET 300MG	4	PA; ACS LD
ORGOVYX TABLET 120MG	4	PA; LD
ORSERDU TABLET 345MG	4	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	4	QL (90 EA per 30 days) PA; LD
SOLTAMOX SOLUTION 10MG/5ML	4	MO
tamoxifen citrate tablet 10mg, 20mg	1	MO
toremifene citrate tablet 60mg	1	PA MO
TRELSTAR MIXJECT INJECTION 3.75MG	3	PA; ACS
TRELSTAR MIXJECT INJECTION 11.25MG, 22.5MG	4	PA; ACS
XTANDI CAPSULE 40MG	4	PA; ACS LD
XTANDI TABLET 40MG, 80MG	4	PA; ACS LD
YONSA TABLET 125MG	4	QL (120 EA per 30 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ZOLADEX INJECTION 10.8MG	3	ACS
ZOLADEX INJECTION 3.6MG	4	ACS
ZYTIGA TABLET 250MG, 500MG	4	PA; ACS LD
IMMUNOMODULATORS		
lenalidomide capsule 20mg, 25mg	4	QL (21 EA per 28 days) PA; ACS LD
lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg	4	QL (28 EA per 28 days) PA; ACS LD
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	4	QL (21 EA per 28 days) PA; ACS LD
REVLIMID CAPSULE 20MG, 25MG	4	QL (21 EA per 28 days) PA; ACS LD
REVLIMID CAPSULE 10MG, 15MG, 2.5MG, 5MG	4	QL (28 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	4	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	4	QL (224 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
arsenic trioxide injection 10mg/10ml, 12mg/6ml	4	
ASPARLAS INJECTION 3750UNIT/5ML	4	PA; LD
BESREMI INJECTION 500MCG/ML	4	QL (2 ML per 28 days) PA; LD
bexarotene capsule 75mg	4	PA; ACS
bleomycin sulfate injection 15unit, 30unit	1	B/D
CAMPTOSAR INJECTION 100MG/5ML, 300MG/15ML, 40MG/2ML	3	
dacarbazine injection 100mg, 200mg	1	
dactinomycin injection 0.5mg	4	
DAUNORUBICIN HYDROCHLORIDE INJECTION 50MG/10ML	3	
daunorubicin hydrochloride injection 20mg/4ml	1	
dexrazoxane injection 250mg	1	
dexrazoxane injection 500mg	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DOXIL INJECTION 2MG/ML	4	
doxorubicin hcl injection 50mg	1	B/D
doxorubicin hydrochloride liposomal injection 2mg/ml	4	
doxorubicin hydrochloride injection 10mg, 2mg/ml	1	B/D
ELITEK INJECTION 1.5MG, 7.5MG	4	
ELLENCE INJECTION 50MG/25ML	3	
ELLENCE INJECTION 200MG/100ML	4	
HYCAMTIN INJECTION 4MG	4	
HYDREA CAPSULE 500MG	3	MO
hydroxyurea capsule 500mg	1	MO
IDAMYCIN PFS INJECTION 10MG/10ML, 20MG/20ML, 5MG/5ML	4	
idarubicin hcl injection 10mg/10ml, 20mg/20ml, 5mg/5ml	1	
IMLYGIC SUSPENSION	4	PA; LD
irinotecan hydrochloride injection 100mg/5ml, 300mg/15ml, 40mg/2ml	1	
irinotecan injection 500mg/25ml	1	
IWILFIN TABLET 192MG	4	QL (240 EA per 30 days) PA; LD
KEPIVANCE INJECTION 5.16MG	4	
KHAPZORY INJECTION 175MG	4	B/D; ACS LD
leucovorin calcium injection 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg	1	
leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg	1	MO
levoleucovorin calcium injection 250mg/25ml	1	ACS
levoleucovorin calcium injection 175mg/17.5ml	4	ACS
levoleucovorin injection 50mg	4	ACS
MATULANE CAPSULE 50MG	4	LD
mesna injection 100mg/ml	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
mesna tablet 400mg	4	MO
MESNEX INJECTION 100MG/ML	3	
MESNEX TABLET 400MG	4	MO
mitomycin injection 20mg, 40mg, 5mg	4	
mitoxantrone hcl injection 2mg/ml	1	ACS
MODEYSO CAPSULE 125MG	4	QL (20 EA per 28 days) PA; LD
mutamycin injection 20mg	1	
mutamycin injection 40mg, 5mg	4	
NIPENT INJECTION 10MG	4	
ONCASPAR INJECTION 750UNIT/ML	4	PA; LD
ONIVYDE INJECTION 43MG/10ML	4	PA; ACS LD
RYLAZE INJECTION 10MG/0.5ML	4	PA; ACS LD
SYLVANT INJECTION 100MG, 400MG	4	PA; ACS LD
TARGRETIN CAPSULE 75MG	4	PA; ACS
TICE BCG INJECTION 50MG	3	
TOPOTECAN HCL INJECTION 4MG/4ML	3	
topotecan hcl injection 4mg	4	
tretinoin capsule 10mg	4	MO
TRISENOX INJECTION 12MG/6ML	4	
valrubicin injection 40mg/ml	4	ACS
VALSTAR INJECTION 40MG/ML	4	ACS LD
VYXEOS INJECTION 100MG; 44MG	4	PA; ACS LD
WELIREG TABLET 40MG	4	QL (90 EA per 30 days) PA; LD
MITOTIC INHIBITORS		
ABRAXANE INJECTION 900MG; 100MG	4	ACS LD
docetaxel injection 20mg/ml	1	
docetaxel injection 160mg/16ml, 160mg/8ml, 20mg/2ml, 80mg/4ml, 80mg/8ml	4	
DOCIVYX INJECTION 160MG/16ML, 20MG/2ML, 80MG/8ML	4	LD
eribulin mesylate injection 1mg/2ml	4	PA; ACS
ETOPOPHOS INJECTION 100MG	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml	1	
HALAVEN INJECTION 1MG/2ML	4	PA; ACS
IXEMPRA KIT INJECTION 15MG, 45MG	4	PA; ACS
JEVTANA INJECTION 60MG/1.5ML	4	PA; ACS LD
PACLITAXEL PROTEIN-BOUND PARTICLES INJECTION 900MG; 100MG	4	ACS
paclitaxel injection 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml	1	
vinblastine sulfate injection 1mg/ml	1	B/D
vincristine sulfate injection 1mg/ml	1	B/D
vinorelbine tartrate injection 10mg/ml, 50mg/5ml	1	
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TABLET SOLUBLE 2MG	4	QL (150 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 5MG	4	QL (60 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 3MG	4	QL (90 EA per 30 days) PA; ACS
AFINITOR TABLET 10MG, 2.5MG, 5MG, 7.5MG	4	QL (30 EA per 30 days) PA; ACS
ALECENSA CAPSULE 150MG	4	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	4	PA; LD
ALUNBRIG TABLET 30MG	4	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	4	QL (30 EA per 30 days) PA; LD
ALYMSYS INJECTION 100MG/4ML, 400MG/16ML	4	PA; ACS
ARZERRA INJECTION 1000MG/50ML, 100MG/5ML	4	PA; LD
AUGTYRO CAPSULE 40MG	4	QL (240 EA per 30 days) PA; ACS LD
AUGTYRO CAPSULE 160MG	4	QL (60 EA per 30 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
AVASTIN INJECTION 100MG/4ML, 400MG/16ML	4	PA; ACS LD
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	4	QL (66 EA per 28 days) PA
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	4	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	4	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	4	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	4	QL (84 EA per 28 days) PA; ACS LD
BAVENCIO INJECTION 200MG/10ML	4	PA; ACS LD
BELEODAQ INJECTION 500MG	4	PA; ACS LD
BESPONSA INJECTION 0.9MG	4	PA; ACS LD
BLINCYTO INJECTION 35MCG	4	PA; ACS LD
BORTEZOMIB INJECTION 1MG, 2.5MG	3	PA; ACS
bortezomib injection 3.5mg	4	PA; ACS
BORUZU INJECTION 3.5MG/1.4ML	4	PA; ACS
BOSULIF CAPSULE 100MG	4	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	4	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	4	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	4	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	4	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA CAPSULE 80MG	4	QL (120 EA per 30 days) PA; LD
BRUKINSA TABLET 160MG	4	QL (60 EA per 30 days) PA
CABOMETYX TABLET 20MG, 40MG, 60MG	4	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	4	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	4	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	4	QL (60 EA per 30 days) PA; LD
COLUMVI INJECTION 10MG/10ML, 2.5MG/2.5ML	4	PA; ACS LD
COMETRIQ KIT 140MG DAILY	4	QL (112 EA per 28 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
COMETRIQ KIT 100MG DAILY	4	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	4	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA CAPSULE 15MG, 25MG	4	QL (56 EA per 28 days) PA; ACS LD
COTELLIC TABLET 20MG	4	QL (63 EA per 28 days) PA; ACS LD
CYRAMZA INJECTION 100MG/10ML, 500MG/50ML	4	PA; ACS LD
DANZITEN TABLET 71MG, 95MG	4	QL (112 EA per 28 days) PA; LD
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	4	PA; ACS LD
DARZALEX INJECTION 100MG/5ML, 400MG/20ML	4	PA; ACS LD
dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg	4	QL (30 EA per 30 days) PA; ACS
dasatinib tablet 20mg	4	QL (90 EA per 30 days) PA; ACS
DATROWAY INJECTION 100MG	4	PA; ACS LD
DAURISMO TABLET 100MG	4	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	4	QL (60 EA per 30 days) PA; ACS LD
ELAHERE INJECTION 100MG/20ML	4	PA; LD
ELREXFIO INJECTION 44MG/1.1ML, 76MG/1.9ML	4	PA; LD
EMPLICITI INJECTION 300MG, 400MG	4	PA; ACS LD
EMRELIS INJECTION 100MG, 20MG	4	PA
ENHERTU INJECTION 100MG	4	PA; ACS LD
EPKINLY INJECTION 48MG/0.8ML, 4MG/0.8ML	4	PA; LD
ERBITUX INJECTION 100MG/50ML, 200MG/100ML	4	PA; ACS
ERIVEDGE CAPSULE 150MG	4	PA; ACS LD
erlotinib hydrochloride tablet 100mg	1	QL (30 EA per 30 days) PA; ACS
erlotinib hydrochloride tablet 150mg	4	QL (30 EA per 30 days) PA; ACS
erlotinib hydrochloride tablet 25mg	4	QL (90 EA per 30 days) PA; ACS
everolimus tablet soluble 2mg	4	QL (150 EA per 30 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
everolimus tablet soluble 5mg	4	QL (60 EA per 30 days) PA; ACS
everolimus tablet soluble 3mg	4	QL (90 EA per 30 days) PA; ACS
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	4	QL (30 EA per 30 days) PA; ACS
FOTIVDA CAPSULE 0.89MG, 1.34MG	4	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	4	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	4	QL (84 EA per 28 days) PA; LD
FYARRO INJECTION 100MG	4	PA; LD
GAVRETO CAPSULE 100MG	4	QL (120 EA per 30 days) PA; LD
GAZYVA INJECTION 1000MG/40ML	4	PA; ACS LD
gefitinib tablet 250mg	4	QL (60 EA per 30 days) PA; ACS
GILOTRIF TABLET 20MG, 30MG, 40MG	4	QL (30 EA per 30 days) PA; LD
GLEEVEC TABLET 400MG	4	QL (60 EA per 30 days) PA; ACS
GLEEVEC TABLET 100MG	4	QL (90 EA per 30 days) PA; ACS
GOMEKLI CAPSULE 1MG	4	QL (126 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	4	QL (84 EA per 28 days) PA; LD
GOMEKLI TABLET SOLUBLE 1MG	4	QL (168 EA per 28 days) PA; LD
HERCEPTIN HYLECTA INJECTION 10000UNIT/5ML; 600MG/5ML	4	PA; ACS LD
HERCEPTIN INJECTION 150MG	4	PA; ACS LD
HERNEXEOS TABLET 60MG	4	QL (120 EA per 30 days) PA; LD
HERZUMA INJECTION 150MG, 420MG	4	PA; ACS
IBRANCE CAPSULE 100MG, 125MG, 75MG	4	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	4	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	4	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	4	PA; LD
ICLUSIG TABLET 15MG, 45MG	4	QL (30 EA per 30 days) PA; LD
IDHIFA TABLET 100MG, 50MG	4	QL (30 EA per 30 days) PA; ACS LD
imatinib mesylate tablet 400mg	4	QL (60 EA per 30 days) PA; ACS
imatinib mesylate tablet 100mg	4	QL (90 EA per 30 days) PA; ACS
IMBRUVICA CAPSULE 70MG	4	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	4	QL (90 EA per 30 days) PA; LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
IMBRUVICA SUSPENSION 70MG/ML	4	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET 140MG, 280MG, 420MG	4	QL (30 EA per 30 days) PA; LD
IMDELLTRA INJECTION 10MG, 1MG	4	PA; ACS LD
IMFINZI INJECTION 120MG/2.4ML, 500MG/10ML	4	PA; ACS LD
IMJUDO INJECTION 25MG/1.25ML, 300MG/15ML	4	PA; ACS LD
IMKELDI SOLUTION 80MG/ML	4	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	4	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	4	QL (180 EA per 30 days) PA; ACS LD
INREBIC CAPSULE 100MG	4	QL (120 EA per 30 days) PA; ACS LD
IRESSA TABLET 250MG	4	QL (60 EA per 30 days) PA; ACS LD
ISTODAX INJECTION 10MG	4	ACS LD
ITOVEBI TABLET 9MG	4	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	4	QL (56 EA per 28 days) PA; ACS LD
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	4	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	4	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	4	QL (60 EA per 30 days) PA; ACS LD
JEMPERLI INJECTION 500MG/10ML	4	PA; ACS LD
JOBEVNE INJECTION 100MG/4ML, 400MG/16ML	4	PA; ACS LD
KADCYLA INJECTION 100MG, 160MG	4	ACS LD
KANJINTI INJECTION 150MG, 420MG	4	PA; ACS LD
KEYTRUDA INJECTION 100MG/4ML	4	PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
KIMMTRAK INJECTION 100MCG/0.5ML	4	PA; LD
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	4	PA; ACS
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	4	PA; ACS
KISQALI TABLET THERAPY PACK 200MG	4	PA; ACS
KOSELUGO CAPSULE 10MG, 25MG	4	PA; LD
KRAZATI TABLET 200MG	4	QL (180 EA per 30 days) PA; LD
KYPROLIS INJECTION 10MG, 30MG, 60MG	4	PA; ACS LD
lapatinib ditosylate tablet 250mg	4	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	4	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	4	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	4	PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	4	PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	4	PA; ACS LD
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	4	PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	4	PA; ACS LD
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	4	PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	4	PA; ACS LD
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	4	PA; ACS LD
LIBTAYO INJECTION 350MG/7ML	4	PA; LD
LOQTORZI INJECTION 240MG/6ML	4	PA; ACS LD
LORBRENA TABLET 100MG	4	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	4	QL (90 EA per 30 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
LUMAKRAS TABLET 240MG	4	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	4	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	4	QL (90 EA per 30 days) PA; ACS LD
LUNSUMIO INJECTION 1MG/ML, 30MG/30ML	4	PA; ACS LD
LYNOZYFIC INJECTION 5MG/2.5ML	3	PA; LD
LYNOZYFIC INJECTION 200MG/10ML	4	PA; LD
LYNPARZA TABLET 100MG, 150MG	4	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	4	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	4	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	4	QL (84 EA per 28 days) PA; LD
MARGENZA INJECTION 250MG/10ML	4	PA; ACS LD
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	4	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	4	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	4	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI TABLET 15MG	4	QL (180 EA per 30 days) PA; ACS LD
MONJUVI INJECTION 200MG	4	PA; LD
MVASI INJECTION 100MG/4ML, 400MG/16ML	4	PA; ACS LD
MYLOTARG INJECTION 4.5MG	4	PA; ACS LD
NERLYNX TABLET 40MG	4	QL (180 EA per 30 days) PA; ACS LD
NEXAVAR TABLET 200MG	4	QL (120 EA per 30 days) PA; ACS LD
nilotinib hydrochloride capsule 150mg, 200mg	4	QL (112 EA per 28 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
nilotinib hydrochloride capsule 50mg	4	QL (120 EA per 30 days) PA; ACS
NILOTINIB CAPSULE 150MG, 200MG	4	QL (112 EA per 28 days) PA
NILOTINIB CAPSULE 50MG	4	QL (120 EA per 30 days) PA
NINLARO CAPSULE 2.3MG, 3MG, 4MG	4	PA; ACS LD
ODOMZO CAPSULE 200MG	4	PA; ACS LD
OGIVRI INJECTION 150MG, 420MG	4	PA; ACS LD
OGSIVEO TABLET 50MG	4	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	4	QL (56 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	4	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	4	QL (24 EA per 28 days) PA; LD
OJJAARA TABLET 100MG, 150MG, 200MG	4	QL (30 EA per 30 days) PA; LD
ONTRUZANT INJECTION 150MG, 420MG	4	PA; ACS LD
OPDIVO QVANTIG INJECTION 10000UNIT/5ML; 600MG/5ML	4	PA; ACS LD
OPDIVO INJECTION 100MG/10ML, 120MG/12ML, 240MG/24ML, 40MG/4ML	4	PA; ACS LD
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	4	PA; ACS LD
PADCEV INJECTION 20MG, 30MG	4	PA; ACS LD
pazopanib hydrochloride tablet 200mg	4	QL (120 EA per 30 days) PA; ACS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	4	QL (28 EA per 28 days) PA; LD
PERJETA INJECTION 420MG/14ML	4	PA; ACS LD
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML, 2000UNIT/ML; 80MG/ML; 40MG/ML	4	PA; ACS LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	4	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	4	QL (56 EA per 28 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	4	QL (56 EA per 28 days) PA; ACS
POLIVY INJECTION 140MG, 30MG	4	PA; ACS LD
PORTRAZZA INJECTION 800MG/50ML	4	PA; ACS LD
POTELIGEO INJECTION 20MG/5ML	4	PA; ACS LD
QINLOCK TABLET 50MG	4	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 40MG	4	QL (240 EA per 30 days) PA; ACS
RETEVMO TABLET 120MG, 160MG, 80MG	4	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	4	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	4	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	4	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	4	QL (60 EA per 30 days) PA; LD
REZLIDHIA CAPSULE 150MG	4	QL (60 EA per 30 days) PA; LD
RIABNI INJECTION 100MG/10ML, 500MG/50ML	4	PA; ACS LD
RITUXAN HYCELA INJECTION 23400UNT/11.7ML; 1400MG/11.7ML, 26800UNT/13.4ML; 1600MG/13.4ML	4	PA; ACS LD
RITUXAN INJECTION 500MG/50ML	4	PA; ACS LD
romidepsin injection 10mg	4	ACS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	4	QL (8 EA per 28 days) PA; LD
ROZLYTREK CAPSULE 100MG	4	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	4	QL (90 EA per 30 days) PA; ACS LD
ROZLYTREK PACKET 50MG	4	QL (336 EA per 28 days) PA; ACS LD
RUBRACA TABLET 200MG, 250MG, 300MG	4	PA; ACS LD
RUXIENCE INJECTION 100MG/10ML, 500MG/50ML	4	PA; ACS
RYBREVANT INJECTION 350MG/7ML	4	PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
RYDAPT CAPSULE 25MG	4	QL (224 EA per 28 days) PA; ACS
SARCLISA INJECTION 100MG/5ML, 500MG/25ML	4	PA; ACS LD
SCEMBLIX TABLET 100MG	4	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	4	QL (300 EA per 30 days) PA; LD
SCEMBLIX TABLET 20MG	4	QL (60 EA per 30 days) PA; LD
sorafenib tosylate tablet 200mg	4	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	4	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	4	QL (90 EA per 30 days) PA; ACS
STIVARGA TABLET 40MG	4	QL (84 EA per 28 days) PA; ACS LD
sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg	4	QL (30 EA per 30 days) PA; ACS
SUTENT CAPSULE 12.5MG, 25MG, 37.5MG, 50MG	4	QL (30 EA per 30 days) PA; ACS LD
TABRECTA TABLET 150MG, 200MG	4	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE 50MG, 75MG	4	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	4	QL (840 EA per 28 days) PA; ACS LD
TAGRISSO TABLET 40MG, 80MG	4	QL (30 EA per 30 days) PA; ACS LD
TALVEY INJECTION 3MG/1.5ML, 40MG/ML	4	PA; LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	4	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	4	QL (90 EA per 30 days) PA; ACS LD
TARCEVA TABLET 100MG	4	QL (30 EA per 30 days) PA; ACS LD
TASIGNA CAPSULE 150MG, 200MG	4	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	4	QL (120 EA per 30 days) PA; ACS
TAZVERIK TABLET 200MG	4	QL (240 EA per 30 days) PA; LD
TECENTRIQ HYBREZA INJECTION 1875MG/15ML; 30000UNIT/15ML	4	QL (15 ML per 21 days) PA; ACS LD
TECENTRIQ INJECTION 1200MG/20ML, 840MG/14ML	4	PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	4	PA; LD
temsirolimus injection 25mg/ml	4	ACS
TEPMETKO TABLET 225MG	4	QL (60 EA per 30 days) PA; LD
TEVIMBRA INJECTION 100MG/10ML	4	PA; LD
TIBSOVO TABLET 250MG	4	PA; LD
TIVDAK INJECTION 40MG	4	PA; ACS LD
TORISEL INJECTION 25MG/ML	4	ACS
torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg	4	QL (30 EA per 30 days) PA; LD
TRAZIMERA INJECTION 150MG, 420MG	4	PA; ACS
TRODELVY INJECTION 180MG	4	PA; LD
TRUQAP TABLET THERAPY PACK 160MG, 200MG	4	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 160MG, 200MG	4	QL (64 EA per 28 days) PA; LD
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	4	PA; ACS
TUKYSA TABLET 150MG	4	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	4	QL (240 EA per 30 days) PA; LD
TURALIO CAPSULE 125MG	4	QL (120 EA per 30 days) PA; LD
TYKERB TABLET 250MG	4	QL (180 EA per 30 days) PA; ACS LD
VANFLYTA TABLET 17.7MG, 26.5MG	4	QL (56 EA per 28 days) PA; LD
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	4	PA; ACS LD
VEGZELMA INJECTION 100MG/4ML, 400MG/16ML	4	PA; ACS
VELCADE INJECTION 3.5MG	4	PA; ACS
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10MG; 100MG; 50MG	4	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	2	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	4	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	4	QL (180 EA per 30 days) PA; LD
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	4	PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
VITRAKVI CAPSULE 25MG	4	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	4	QL (60 EA per 30 days) PA; ACS LD
VITRAKVI SOLUTION 20MG/ML	4	QL (300 ML per 30 days) PA; ACS LD
VIZIMPRO TABLET 15MG, 30MG, 45MG	4	QL (30 EA per 30 days) PA; ACS LD
VONJO CAPSULE 100MG	4	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	4	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	4	QL (60 EA per 30 days) PA; LD
VOTRIENT TABLET 200MG	4	QL (120 EA per 30 days) PA; ACS LD
VYLOY INJECTION 100MG, 300MG	4	PA; LD
XALKORI CAPSULE SPRINKLE 50MG	4	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	4	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	4	QL (240 EA per 30 days) PA; ACS LD
XALKORI CAPSULE 200MG, 250MG	4	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	4	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	4	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	4	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	4	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (4 TABLET PACK), 60MG ONCE WEEKLY	4	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	4	QL (8 EA per 28 days) PA; LD
YERVOY INJECTION 200MG/40ML, 50MG/10ML	4	PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ZALTRAP INJECTION 100MG/4ML, 200MG/8ML	4	PA; ACS LD
ZEJULA TABLET 100MG, 200MG, 300MG	4	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	4	QL (240 EA per 30 days) PA; ACS LD
ZIIHERA INJECTION 300MG	4	PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	4	PA; ACS LD
ZOLINZA CAPSULE 100MG	4	PA; ACS
ZYDELIG TABLET 100MG, 150MG	4	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA TABLET 150MG	4	QL (84 EA per 28 days) PA; ACS LD
ZYNLONTA INJECTION 10MG	4	PA; LD
ZYNYZ INJECTION 500MG/20ML	4	PA; ACS LD
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC TABLET 12.5MG; 10MG, 12.5MG; 20MG	3	MO
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	1	QL (30 EA per 30 days) MO
benazepril hydrochloride/ hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	1	MO
captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg	1	MO
enalapril maleate/ hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg	1	MO
fosinopril sodium/ hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg	1	MO
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
LOTENSIN HCT TABLET 10MG; 12.5MG, 20MG; 12.5MG, 20MG; 25MG	3	MO
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg	1	
quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg	1	MO
trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg	1	MO
VASERETIC TABLET 10MG; 25MG	3	MO
ZESTORETIC TABLET 12.5MG; 10MG, 12.5MG; 20MG, 25MG; 20MG	3	MO
ACE INHIBITORS		
ACCUPRIL TABLET 10MG, 20MG, 40MG, 5MG	3	MO
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	MO
captopril tablet 100mg, 12.5mg, 25mg, 50mg	1	MO
enalapril maleate solution 1mg/ml	4	MO
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	1	MO
enalaprilat injection 1.25mg/ml	1	
EPANED SOLUTION 1MG/ML	4	MO
fosinopril sodium tablet 10mg, 20mg, 40mg	1	MO
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	1	MO
LOTENSIN TABLET 10MG, 20MG, 40MG	3	MO
moexipril hydrochloride tablet 15mg, 7.5mg	1	MO
perindopril erbumine tablet 2mg, 4mg, 8mg	1	MO
QBRELIS SOLUTION 1MG/ML	4	MO
quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg	1	MO
trandolapril tablet 1mg, 2mg, 4mg	1	MO
VASOTEC TABLET 10MG, 2.5MG, 5MG	3	MO
VASOTEC TABLET 20MG	4	MO
ZESTRIL TABLET 10MG, 2.5MG, 20MG, 30MG, 40MG, 5MG	3	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABLET 100MG, 25MG, 50MG	3	MO
CAROSPIR SUSPENSION 25MG/5ML	3	MO
eplerenone tablet 25mg, 50mg	1	MO
INSPRA TABLET 25MG, 50MG	3	MO
KERENDIA TABLET 40MG	2	QL (30 EA per 30 days)
KERENDIA TABLET 10MG, 20MG	2	QL (30 EA per 30 days) MO
spironolactone suspension 25mg/5ml	1	MO
spironolactone tablet 100mg, 25mg, 50mg	1	MO
ALPHA BLOCKERS		
CARDURA TABLET 2MG, 4MG, 8MG	3	MO
CARDURA TABLET 1MG	4	MO
doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg	1	MO
prazosin hydrochloride capsule 1mg, 2mg, 5mg	1	MO
terazosin hcl capsule 10mg, 1mg, 5mg	1	MO
terazosin hydrochloride capsule 2mg	1	MO
TEZRULY SOLUTION 1MG/ML	3	QL (600 ML per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	1	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	1	QL (30 EA per 30 days) MO
amlodipine/valsartan/ hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg	1	QL (30 EA per 30 days) MO
ATACAND HCT TABLET 32MG; 12.5MG, 32MG; 25MG	3	QL (30 EA per 30 days) ST MO
ATACAND HCT TABLET 16MG; 12.5MG	3	QL (60 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 300MG	3	QL (30 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 150MG	3	QL (60 EA per 30 days) ST MO
AZOR TABLET 10MG; 20MG, 10MG; 40MG, 5MG; 20MG, 5MG; 40MG	3	QL (30 EA per 30 days) ST MO
BENICAR HCT TABLET 12.5MG; 20MG, 12.5MG; 40MG, 25MG; 40MG	3	QL (30 EA per 30 days) ST MO
candesartan cilexetil/ hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg	1	QL (30 EA per 30 days) MO
candesartan cilexetil/ hydrochlorothiazide tablet 16mg; 12.5mg	1	QL (60 EA per 30 days) MO
DIOVAN HCT TABLET 12.5MG; 160MG, 12.5MG; 320MG, 12.5MG; 80MG, 25MG; 160MG, 25MG; 320MG	3	QL (30 EA per 30 days) ST MO
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	3	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	2	MO
ENTRESTO TABLET 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	3	MO
EXFORGE HCT TABLET 10MG; 12.5MG; 160MG, 10MG; 25MG; 160MG, 10MG; 25MG; 320MG, 5MG; 12.5MG; 160MG, 5MG; 25MG; 160MG	3	QL (30 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
EXFORGE TABLET 10MG; 160MG, 10MG; 320MG, 5MG; 160MG, 5MG; 320MG	3	QL (30 EA per 30 days) ST MO
HYZAAR TABLET 12.5MG; 100MG, 12.5MG; 50MG, 25MG; 100MG	3	QL (30 EA per 30 days) ST MO
irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg	1	QL (30 EA per 30 days) MO
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg	1	QL (60 EA per 30 days) MO
losartan potassium/ hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	1	QL (30 EA per 30 days) MO
MICARDIS HCT TABLET 12.5MG; 40MG, 25MG; 80MG	3	QL (30 EA per 30 days) ST MO
MICARDIS HCT TABLET 12.5MG; 80MG	3	QL (60 EA per 30 days) ST MO
olmesartan medoxomil/amlodipine/ hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg	1	QL (30 EA per 30 days) MO
olmesartan medoxomil/ hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	1	QL (30 EA per 30 days) MO
sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg	1	
telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg	1	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg	1	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg	1	QL (60 EA per 30 days) MO
TRIBENZOR TABLET 10MG; 12.5MG; 40MG, 10MG; 25MG; 40MG, 5MG; 12.5MG; 20MG, 5MG; 12.5MG; 40MG, 5MG; 25MG; 40MG	3	QL (30 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUSPENSION 10MG/ML	3	QL (330 ML per 30 days) ST
ATACAND TABLET 32MG	3	QL (30 EA per 30 days) ST MO
ATACAND TABLET 16MG, 4MG, 8MG	3	QL (60 EA per 30 days) ST MO
AVAPRO TABLET 150MG, 300MG	3	QL (30 EA per 30 days) ST MO
BENICAR TABLET 20MG, 40MG	3	QL (30 EA per 30 days) ST MO
BENICAR TABLET 5MG	3	QL (60 EA per 30 days) ST MO
candesartan cilexetil tablet 32mg	1	QL (30 EA per 30 days) MO
candesartan cilexetil tablet 16mg, 4mg, 8mg	1	QL (60 EA per 30 days) MO
COZAAR TABLET 100MG	3	QL (30 EA per 30 days) ST MO
COZAAR TABLET 25MG, 50MG	3	QL (60 EA per 30 days) ST MO
DIOVAN TABLET 320MG	3	QL (30 EA per 30 days) ST MO
DIOVAN TABLET 160MG, 40MG, 80MG	3	QL (60 EA per 30 days) ST MO
EDARBI TABLET 40MG, 80MG	3	QL (30 EA per 30 days) MO
irbesartan tablet 150mg, 300mg, 75mg	1	QL (30 EA per 30 days) MO
losartan potassium tablet 100mg	1	QL (30 EA per 30 days) MO
losartan potassium tablet 25mg, 50mg	1	QL (60 EA per 30 days) MO
olmesartan medoxomil tablet 20mg, 40mg	1	QL (30 EA per 30 days) MO
olmesartan medoxomil tablet 5mg	1	QL (60 EA per 30 days) MO
telmisartan tablet 20mg, 40mg, 80mg	1	QL (30 EA per 30 days) MO
valsartan solution 4mg/ml	4	QL (2400 ML per 30 days) PA MO
valsartan tablet 320mg	1	QL (30 EA per 30 days) MO
valsartan tablet 160mg, 40mg, 80mg	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
amiodarone hydrochloride injection 150mg/3ml, 50mg/ml, 900mg/18ml	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
amiodarone hydrochloride tablet 100mg, 200mg, 400mg	1	MO
BETAPACE AF TABLET 120MG, 160MG, 80MG	3	MO
BETAPACE TABLET 120MG, 160MG, 80MG	4	MO
disopyramide phosphate capsule 100mg, 150mg	1	PA MO
dofetilide capsule 125mcg, 250mcg, 500mcg	1	ACS
flecainide acetate tablet 100mg, 150mg, 50mg	1	MO
LIDOCAINE HCL IN D5W INJECTION 5%; 4MG/ML	3	
LIDOCAINE HCL INJECTION 100MG/5ML	3	
lidocaine hcl injection prefilled syringe 100mg/5ml, 50mg/5ml	1	
mexiletine hydrochloride capsule 150mg, 200mg, 250mg	1	MO
MULTAQ TABLET 400MG	3	MO
NEXTERONE INJECTION 150MG/100ML; 42.1MG/ML, 360MG/200ML; 41.4MG/ML	3	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 150MG	3	MO
NORPACE CAPSULE 100MG	3	PA MO
NORPACE CAPSULE 150MG	4	PA MO
pacerone tablet 100mg, 200mg, 400mg	1	
procainamide hydrochloride injection 100mg/ml, 500mg/ml	1	
propafenone hcl tablet 150mg, 225mg, 300mg	1	MO
propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg	1	MO
propafenone hydrochloride tablet 150mg, 225mg, 300mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
quinidine gluconate cr tablet extended release 324mg	1	MO
quinidine gluconate er tablet extended release 324mg	1	MO
quinidine sulfate tablet 200mg, 300mg	1	MO
sotalol hcl tablet 120mg, 160mg, 240mg	1	MO
sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg	1	MO
sotalol hydrochloride tablet 80mg	1	MO
SOTYLIZE SOLUTION 5MG/ML	4	MO
TIKOSYN CAPSULE 125MCG, 250MCG, 500MCG	3	ST; ACS
ANTILIPEMICS, FIBRATES		
fenofibrate micronized capsule 134mg, 200mg, 67mg	1	MO
fenofibrate capsule 130mg, 150mg, 43mg, 50mg	1	MO
fenofibrate tablet 120mg, 145mg, 160mg, 40mg, 48mg, 54mg	1	MO
fenofibric acid dr capsule delayed release 135mg, 45mg	1	MO
FENOFIBRIC ACID TABLET 105MG, 35MG	3	
gemfibrozil tablet 600mg	1	MO
LIPOFEN CAPSULE 150MG, 50MG	3	MO
LOPID TABLET 600MG	3	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSPENSION 20MG/5ML	3	QL (600 ML per 30 days) ST MO
atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg	1	QL (30 EA per 30 days) MO
CRESTOR TABLET 10MG, 20MG, 40MG, 5MG	3	QL (30 EA per 30 days) ST MO
EZALLOR SPRINKLE CAPSULE SPRINKLE 10MG, 20MG, 40MG, 5MG	3	QL (30 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FLOLIPID SUSPENSION 20MG/5ML, 40MG/5ML	3	QL (300 ML per 30 days) ST
fluvastatin sodium er tablet extended release 24 hour 80mg	1	QL (30 EA per 30 days) MO
fluvastatin capsule 20mg, 40mg	1	QL (60 EA per 30 days) MO
LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80MG	3	QL (30 EA per 30 days) ST MO
LIPITOR TABLET 10MG, 20MG, 40MG, 80MG	3	QL (30 EA per 30 days) ST MO
LIVALO TABLET 1MG, 2MG, 4MG	3	QL (30 EA per 30 days) ST MO
lovastatin tablet 10mg, 20mg, 40mg	1	MO
pitavastatin calcium tablet 1mg, 2mg, 4mg	1	QL (30 EA per 30 days) MO
pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg	1	QL (30 EA per 30 days) MO
rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg	1	QL (30 EA per 30 days) MO
simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg	1	QL (30 EA per 30 days) MO
ZOCOR TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST MO
ZYPITAMAG TABLET 2MG, 4MG	3	QL (30 EA per 30 days) ST MO
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine light packet 4gm	1	MO
cholestyramine light powder 4gm/dose	1	MO
cholestyramine packet 4gm	1	MO
cholestyramine powder 4gm/dose	1	MO
colesevelam hydrochloride packet 3.75gm	1	MO
colesevelam hydrochloride tablet 625mg	1	MO
COLESTID GRANULES 5GM	3	MO
COLESTID TABLET 1GM	3	MO
colestipol hydrochloride granules 5gm	1	MO
colestipol hydrochloride packet 5gm	1	MO
colestipol hydrochloride tablet 1gm	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
EVKEEZA INJECTION 1200MG/8ML, 345MG/2.3ML	4	PA; LD
ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg	1	QL (30 EA per 30 days) MO
ezetimibe tablet 10mg	1	MO
icosapent ethyl capsule 0.5gm, 1gm	1	MO
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 5MG	4	PA; LD
LEQVIO INJECTION 284MG/1.5ML	3	PA; ACS LD
LOVAZA CAPSULE 375MG; 465MG; 1GM	3	QL (120 EA per 30 days) PA MO
NEXLETOL TABLET 180MG	2	QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	2	QL (30 EA per 30 days) MO
niacin er tablet extended release 1000mg, 750mg	1	MO
niacin er tablet extended release 500mg	1	QL (60 EA per 30 days) MO
niacin tablet 500mg	1	MO
niacor tablet 500mg	1	MO
omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm	1	QL (120 EA per 30 days) PA MO
PRALUENT INJECTION 150MG/ML, 75MG/ML	2	PA
prevalite packet 4gm	1	
prevalite powder 4gm/dose	1	
QUESTRAN LIGHT POWDER 4GM/DOSE	3	MO
QUESTRAN PACKET 4GM	3	MO
QUESTRAN POWDER 4GM/DOSE	3	MO
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	2	PA
REPATHA SURECLICK INJECTION 140MG/ML	2	PA
REPATHA INJECTION 140MG/ML	2	PA
VASCEPA CAPSULE 0.5GM, 1GM	3	MO
VYTORIN TABLET 10MG; 10MG, 10MG; 20MG, 10MG; 40MG, 10MG; 80MG	3	QL (30 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
WELCHOL PACKET 3.75GM	3	MO
WELCHOL TABLET 625MG	3	MO
ZETIA TABLET 10MG	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	1	MO
bisoprolol fumarate/ hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	1	MO
metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg	1	MO
TENORETIC 100 TABLET 100MG; 25MG	3	MO
TENORETIC 50 TABLET 50MG; 25MG	3	MO
BETA-BLOCKERS		
acebutolol hydrochloride capsule 200mg, 400mg	1	MO
atenolol tablet 100mg, 25mg, 50mg	1	MO
betaxolol hcl tablet 10mg, 20mg	1	MO
bisoprolol fumarate tablet 10mg, 2.5mg, 5mg	1	MO
BYSTOLIC TABLET 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) MO
BYSTOLIC TABLET 20MG	3	QL (60 EA per 30 days) MO
carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg	1	QL (30 EA per 30 days) MO
carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg	1	MO
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 40MG, 80MG	3	QL (30 EA per 30 days) MO
COREG TABLET 12.5MG, 25MG, 3.125MG, 6.25MG	3	MO
HEMANGEOL SOLUTION 4.28MG/ ML	3	ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 160MG, 60MG, 80MG	4	MO
INDERAL XL CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	MO
INNOPRAN XL CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	MO
KAPSPARGO SPRINKLE CAPSULE ER 24 HOUR SPRINKLE 100MG, 200MG, 25MG, 50MG	3	MO
LABETALOL HYDROCHLORIDE INJECTION 10MG/2ML	3	
labetalol hydrochloride injection 5mg/ml	1	
labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg	1	MO
LOPRESSOR SOLUTION 10MG/ML	3	MO
LOPRESSOR TABLET 100MG, 50MG	3	MO
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	1	MO
metoprolol tartrate injection 5mg/5ml	1	
metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	MO
nadolol tablet 20mg, 40mg, 80mg	1	MO
nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg	1	QL (30 EA per 30 days) MO
nebivolol hydrochloride tablet 20mg	1	QL (60 EA per 30 days) MO
pindolol tablet 10mg, 5mg	1	MO
propranolol hcl injection 1mg/ml	1	
propranolol hcl oral solution 40mg/5ml	1	MO
propranolol hcl tablet 40mg	1	MO
propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg	1	MO
propranolol hydrochloride solution 20mg/5ml	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	1	MO
timolol maleate tablet 10mg, 20mg, 5mg	1	MO
TOPROL XL TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 25MG, 50MG	3	MO
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tablet 10mg, 2.5mg, 5mg	1	MO
CARDENE IV INJECTION 20MG/200ML; 0.86%, 40MG/200ML; 0.83%	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG, 360MG	4	MO
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	MO
CARDIZEM TABLET 30MG	3	MO
CARDIZEM TABLET 120MG, 60MG	4	MO
cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg	1	
dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg	1	MO
diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg	1	MO
diltiazem hcl er capsule extended release 24 hour (generic Tiazac) 120mg, 180mg, 240mg, 420mg	1	MO
diltiazem hcl er tablet extended release 24 hour (generic Cardizem LA) 240mg, 300mg, 360mg, 420mg	1	MO
DILTIAZEM HCL INJECTION 100MG	3	
diltiazem hcl injection 50mg/10ml	1	
diltiazem hcl tablet 30mg, 60mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
diltiazem hydrochloride er capsule extended release 24 hour (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg	1	MO
diltiazem hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg	1	MO
diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml	1	
diltiazem hydrochloride tablet 120mg, 90mg	1	MO
felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg	1	MO
isradipine capsule 2.5mg, 5mg	1	MO
KATERZIA SUSPENSION 1MG/ML	3	MO
matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg	1	MO
nicardipine hcl capsule 20mg, 30mg	1	MO
NICARDIPINE HYDROCHLORIDE/ SODIUM CHLORIDE INJECTION 40MG/200ML; 0.9%	3	
NICARDIPINE HYDROCHLORIDE INJECTION 20MG/200ML; 0.9%	3	
nicardipine hydrochloride injection 2.5mg/ml	1	
nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg	1	MO
nifedipine capsule 10mg, 20mg	1	PA MO
nimodipine capsule 30mg	1	MO
nimodipine solution 60mg/20ml	4	
nisoldipine er tablet extended release 24 hour 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg, 8.5mg	1	MO
NORLIQVA SOLUTION 1MG/ML	3	MO
NORVASC TABLET 10MG, 2.5MG, 5MG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NYMALIZE SOLUTION 6MG/ML	4	
PROCARDIA XL TABLET EXTENDED RELEASE 24 HOUR 30MG, 60MG, 90MG	3	MO
SULAR TABLET EXTENDED RELEASE 24 HOUR 17MG	3	MO
SULAR TABLET EXTENDED RELEASE 24 HOUR 34MG, 8.5MG	4	MO
tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	1	
tiadylt er capsule extended release 24 hour 420mg	1	MO
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	MO
verapamil hcl er capsule extended release 24 hour (generic Verelan PM and Verelan SR) 100mg, 120mg, 180mg, 240mg, 300mg	1	MO
verapamil hcl er tablet extended release (generic Calan SR) 120mg	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR (GENERIC VERELAN SR) 360MG	2	MO
verapamil hcl sr capsule extended release 24 hour (generic Verelan SR) 120mg, 180mg, 240mg	1	MO
verapamil hcl tablet 40mg, 80mg	1	MO
verapamil hydrochloride er capsule extended release 24 hour (generic Verelan PM) 100mg, 200mg, 300mg	1	MO
verapamil hydrochloride er tablet extended release (generic Calan SR) 180mg, 240mg	1	MO
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
verapamil hydrochloride injection 2.5mg/ml	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
verapamil hydrochloride tablet 120mg	1	MO
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	MO
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG, 240MG, 360MG	3	MO
DIURETICS		
acetazolamide er capsule extended release 12 hour 500mg	1	MO
acetazolamide sodium injection 500mg	1	
acetazolamide tablet 125mg, 250mg	1	MO
amiloride hcl tablet 5mg	1	MO
amiloride/hydrochlorothiazide tablet 5mg; 50mg	1	MO
bumetanide injection 0.25mg/ml	1	MO
bumetanide tablet 0.5mg, 1mg, 2mg	1	MO
BUMEX TABLET 0.5MG	3	
chlorothiazide sodium injection 500mg	1	
chlorthalidone tablet 25mg, 50mg	1	MO
dichlorphenamide tablet 50mg	4	QL (120 EA per 30 days) PA; ACS
DIURIL SUSPENSION 250MG/5ML	3	MO
DYRENIUM CAPSULE 50MG	3	MO
DYRENIUM CAPSULE 100MG	4	MO
EDECRIN TABLET 25MG	4	MO
ethacrynate sodium injection 50mg	4	
ethacrynic acid tablet 25mg	1	MO
FUROSCIX INJECTION 80MG/10ML	4	
furosemide injection 10mg/ml	1	MO
furosemide oral solution 10mg/ml, 40mg/5ml	1	MO
furosemide tablet 20mg, 40mg, 80mg	1	MO
HEMICLOR TABLET 12.5MG	3	MO
hydrochlorothiazide capsule 12.5mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
hydrochlorothiazide tablet 12.5mg, 25mg, 50mg	1	MO
indapamide tablet 1.25mg, 2.5mg	1	MO
INZIRQO SUSPENSION RECONSTITUTED 10MG/ML	3	PA
KEVEYIS TABLET 50MG	4	QL (120 EA per 30 days) PA; LD
LASIX TABLET 20MG, 40MG, 80MG	3	MO
mannitol injection 20%	1	
mannitol injection 25%	1	MO
methazolamide tablet 25mg, 50mg	1	MO
metolazone tablet 10mg, 2.5mg, 5mg	1	MO
ormalvi tablet 50mg	4	QL (120 EA per 30 days) PA; LD
OSMITROL VIAFLEX INJECTION 10%, 20%	3	
SOAANZ TABLET 60MG	3	
SOAANZ TABLET 20MG, 40MG	3	MO
spironolactone/hydrochlorothiazide tablet 25mg; 25mg	1	MO
THALITONE TABLET 15MG	3	QL (390 EA per 30 days) MO
torsemide tablet 100mg, 10mg, 20mg, 5mg	1	MO
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	MO
triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg	1	MO
triamterene capsule 100mg, 50mg	1	MO
MISCELLANEOUS		
ADRENALIN INJECTION 30MG/30ML	3	
ADRENALIN INJECTION 1MG/ML	3	MO
aliskiren tablet 150mg, 300mg	1	MO
amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ASPRUZYO SPRINKLE PACKET 1000MG	3	QL (60 EA per 30 days) PA
ASPRUZYO SPRINKLE PACKET 500MG	3	QL (60 EA per 30 days) PA MO
ATTRUBY TABLET THERAPY PACK 356MG	4	QL (112 EA per 28 days) PA; LD
BIDIL TABLET 37.5MG; 20MG	3	MO
CADUET TABLET 10MG; 10MG, 10MG; 20MG, 10MG; 40MG, 10MG; 80MG, 5MG; 10MG, 5MG; 20MG, 5MG; 40MG, 5MG; 80MG	3	MO
CAMZYOS CAPSULE 10MG, 15MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) PA; ACS LD
CLONIDINE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 0.17MG	4	MO
clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg	1	MO
clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	1	QL (8 EA per 28 days) MO
CORLANOR SOLUTION 5MG/5ML	3	
CORLANOR TABLET 5MG, 7.5MG	3	MO
DEMSER CAPSULE 250MG	4	PA; ACS
DIBENZYLINE CAPSULE 10MG	4	MO
digoxin injection 0.25mg/ml	1	MO
digoxin oral solution 0.05mg/ml	1	MO
digoxin tablet 125mcg, 250mcg	1	QL (30 EA per 30 days) MO
digoxin tablet 62.5mcg	1	QL (90 EA per 30 days) MO
digox tablet 125mcg, 250mcg	1	QL (30 EA per 30 days)
DOBUTAMINE HCL/D5W INJECTION 5%; 1MG/ML	3	B/D
dobutamine hcl injection 250mg/20ml	1	B/D
DOBUTAMINE HYDROCHLORIDE/ DEXTROSE 5% INJECTION 5%; 2MG/ML, 5%; 4MG/ML	3	B/D
DOPAMINE HYDROCHLORIDE/ DEXTROSE INJECTION 5%; 0.8MG/ ML	3	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DOPAMINE HYDROCHLORIDE/ DEXTROSE INJECTION 5%; 1.6MG/ ML	4	B/D
DOPAMINE HYDROCHLORIDE INJECTION 40MG/ML	3	B/D
DOPAMINE/D5W INJECTION 5%; 3.2MG/ML	3	B/D
droxidopa capsule 200mg	1	QL (180 EA per 30 days) PA; ACS
droxidopa capsule 100mg	1	QL (90 EA per 30 days) PA; ACS
droxidopa capsule 300mg	4	QL (180 EA per 30 days) PA; ACS
EPINEPHRINE INJECTION 1MG/ML	3	
epinephrine injection 1mg/ml, 30mg/30ml	1	
guanfacine hydrochloride tablet 1mg, 2mg	1	PA MO
hydralazine hcl injection 20mg/ml	1	MO
hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	1	MO
INPEFA TABLET 200MG, 400MG	3	QL (30 EA per 30 days) PA MO
isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg	1	MO
ivabradine hydrochloride tablet 5mg, 7.5mg	1	MO
LANOXIN PEDIATRIC INJECTION 0.1MG/ML	3	
LANOXIN TABLET 125MCG, 250MCG	3	QL (30 EA per 30 days) MO
LANOXIN TABLET 62.5MCG	3	QL (90 EA per 30 days) MO
LODOCO TABLET 0.5MG	3	QL (30 EA per 30 days) PA MO
methyldopa tablet 500mg	1	QL (120 EA per 30 days) PA MO
methyldopa tablet 250mg	1	QL (90 EA per 30 days) PA
metyrosine capsule 250mg	4	PA; ACS
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	1	MO
milrinone lactate in dextrose injection 5%; 20mg/100ml, 5%; 40mg/200ml	1	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml	1	B/D
minoxidil tablet 10mg, 2.5mg	1	MO
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17MG	4	MO
NORTHERA CAPSULE 200MG, 300MG	4	QL (180 EA per 30 days) PA; ACS LD
NORTHERA CAPSULE 100MG	4	QL (90 EA per 30 days) PA; ACS LD
phenoxybenzamine hydrochloride capsule 10mg	4	MO
ranolazine er tablet extended release 12 hour 1000mg, 500mg	1	MO
TEKTURNA TABLET 150MG, 300MG	3	MO
TRYNGOLZA INJECTION 80MG/0.8ML	4	QL (0.8 ML per 30 days) PA; LD
TRYVIO TABLET 12.5MG	3	QL (30 EA per 30 days) PA
VECAMYL TABLET 2.5MG	4	QL (300 EA per 30 days) PA
VERQUVO TABLET 10MG, 2.5MG, 5MG	2	MO
VYNDAMAX CAPSULE 61MG	4	QL (30 EA per 30 days) PA; ACS LD
VYNDAQEL CAPSULE 20MG	4	QL (120 EA per 30 days) PA; ACS LD
NITRATES		
ISORDIL TITRADOSE TABLET 5MG	3	MO
ISORDIL TITRADOSE TABLET 40MG	4	MO
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 40mg, 5mg	1	MO
isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg	1	MO
NITRO-BID OINTMENT 2%	2	MO
NITRO-DUR PATCH 24 HOUR 0.1MG/HR, 0.2MG/HR, 0.4MG/HR, 0.6MG/HR	3	MO
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NITROGLYCERIN IN DEXTROSE 5% INJECTION 5%; 100MCG/ML, 5%; 200MCG/ML, 5%; 400MCG/ML	3	
nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	1	MO
NITROGLYCERIN INJECTION 5MG/ML	3	
nitroglycerin translingual solution 0.4mg/spray	1	MO
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	1	MO
NITROLINGUAL SOLUTION 0.4MG/SPRAY	3	MO
NITROSTAT TABLET SUBLINGUAL 0.3MG, 0.4MG, 0.6MG	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABLET 20MG	4	PA; ACS
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	4	QL (90 EA per 30 days) PA; ACS LD
alyq tablet 20mg	4	PA; ACS
ambrisentan tablet 10mg, 5mg	4	QL (30 EA per 30 days) PA; ACS
bosentan tablet soluble 32mg	4	QL (120 EA per 30 days) PA; ACS LD
bosentan tablet 62.5mg	4	QL (120 EA per 30 days) PA; ACS LD
bosentan tablet 125mg	4	QL (60 EA per 30 days) PA; ACS LD
epoprostenol sodium injection 0.5mg	1	B/D; ACS
epoprostenol sodium injection 1.5mg	4	B/D; ACS
FLOLAN INJECTION 0.5MG	3	B/D; ACS LD
FLOLAN INJECTION 1.5MG	4	B/D; ACS LD
LETAIRIS TABLET 10MG, 5MG	4	QL (30 EA per 30 days) PA; ACS LD
OPSUMIT TABLET 10MG	4	QL (30 EA per 30 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
OPSYNVI TABLET 10MG; 20MG, 10MG; 40MG	4	QL (30 EA per 30 days) PA; ACS LD
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK	4	PA; ACS LD
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK	4	PA; ACS LD
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK	4	PA; ACS LD
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA; ACS LD
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	4	PA; ACS LD
REMODULIN INJECTION 8MG/20ML	3	PA; ACS LD
REMODULIN INJECTION 100MG/20ML, 200MG/20ML, 20MG/20ML, 50MG/20ML	4	PA; ACS LD
REVATIO INJECTION 10MG/12.5ML	4	QL (1125 ML per 30 days) PA; ACS
REVATIO TABLET 20MG	4	QL (360 EA per 30 days) PA; ACS
sildenafil citrate suspension reconstituted (generic Revatio) 10mg/ml	4	QL (784 ML per 30 days) PA; ACS
sildenafil citrate (generic Revatio) tablet 20mg	1	QL (360 EA per 30 days) PA; ACS
sildenafil injection 10mg/12.5ml	4	QL (1125 ML per 30 days) PA; ACS
tadalafil (generic Adcirca) tablet 20mg	4	PA; ACS
TADLIQ SUSPENSION 20MG/5ML	4	QL (300 ML per 30 days) PA; ACS
TRACLEER TABLET SOLUBLE 32MG	4	QL (120 EA per 30 days) PA; ACS LD
TRACLEER TABLET 62.5MG	4	QL (120 EA per 30 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TRACLEER TABLET 125MG	4	QL (60 EA per 30 days) PA; ACS LD
treprostinil injection 100mg/20ml, 200mg/20ml, 20mg/20ml, 50mg/20ml	4	PA; ACS LD
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	4	QL (112 EA per 28 days) PA; ACS LD
TYVASO DPI TITRATION KIT POWDER 16MCG; 32MCG; 48MCG	4	QL (252 EA per 28 days) PA; ACS LD
TYVASO REFILL KIT SOLUTION 0.6MG/ML	4	PA; ACS LD
TYVASO STARTER KIT SOLUTION 0.6MG/ML	4	PA; ACS LD
TYVASO SOLUTION 0.6MG/ML	4	PA; ACS LD
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	4	QL (200 EA per 28 days) PA; ACS LD
UPTRAVI INJECTION 1800MCG	4	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 200MCG	4	QL (140 EA per 28 days) PA; ACS LD
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	4	QL (60 EA per 30 days) PA; ACS LD
VELETRI INJECTION 0.5MG, 1.5MG	4	B/D; ACS LD
VENTAVIS SOLUTION 10MCG/ML, 20MCG/ML	4	PA; ACS LD
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	4	QL (1 EA per 21 days) PA; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	4	QL (2 EA per 21 days) PA; ACS LD
YUTREPIA CAPSULE 106MCG, 53MCG	4	QL (140 EA per 28 days) PA; ACS
YUTREPIA CAPSULE 26.5MCG	4	QL (140 EA per 28 days) PA; ACS LD
YUTREPIA CAPSULE 79.5MCG	4	QL (280 EA per 28 days) PA; ACS
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam er tablet extended release 24 hour 0.5mg	1	QL (150 EA per 30 days) PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
alprazolam er tablet extended release 24 hour 1mg	1	QL (30 EA per 30 days) PA MO; HRM
alprazolam er tablet extended release 24 hour 3mg	1	QL (60 EA per 30 days) PA MO; HRM
alprazolam er tablet extended release 24 hour 2mg	1	QL (90 EA per 30 days) PA MO; HRM
ALPRAZOLAM INTENSOL CONCENTRATE 1MG/ML	3	QL (300 ML per 30 days) PA MO; HRM
alprazolam odt tablet disintegrating 0.25mg	1	QL (120 EA per 30 days) PA MO; HRM
alprazolam odt tablet disintegrating 0.5mg, 1mg, 2mg	1	QL (150 EA per 30 days) PA MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 1MG	3	QL (30 EA per 30 days) PA MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) PA MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (90 EA per 30 days) PA MO; HRM
alprazolam tablet 0.25mg, 0.5mg	1	QL (120 EA per 30 days) PA MO; HRM
alprazolam tablet 1mg, 2mg	1	QL (150 EA per 30 days) PA MO; HRM
ATIVAN INJECTION 2MG/ML	3	QL (150 ML per 30 days) PA MO; HRM
ATIVAN INJECTION 4MG/ML	3	QL (150 ML per 30 days) PA; HRM
ATIVAN TABLET 0.5MG	4	QL (120 EA per 30 days) PA MO; HRM
ATIVAN TABLET 1MG, 2MG	4	QL (150 EA per 30 days) PA MO; HRM
BUCAPSOL CAPSULE 15MG	4	QL (120 EA per 30 days) PA
BUCAPSOL CAPSULE 10MG, 7.5MG	4	QL (60 EA per 30 days) PA
buspirone hcl tablet 15mg	1	MO
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	1	MO
chlordiazepoxide hcl capsule 10mg, 5mg	1	QL (120 EA per 30 days) PA MO; HRM
chlordiazepoxide hydrochloride capsule 25mg	1	QL (120 EA per 30 days) PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
droperidol injection 2.5mg/ml	1	
fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg	1	QL (60 EA per 30 days) MO; HRM
fluvoxamine maleate tablet 100mg, 25mg, 50mg	1	MO; HRM
lorazepam intensol concentrate 2mg/ml	1	QL (150 ML per 30 days) PA MO; HRM
lorazepam injection 2mg/ml, 4mg/ml	1	QL (150 ML per 30 days) PA MO; HRM
lorazepam tablet 0.5mg	1	QL (120 EA per 30 days) PA MO; HRM
lorazepam tablet 1mg, 2mg	1	QL (150 EA per 30 days) PA MO; HRM
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 1MG, 2MG	3	QL (150 EA per 30 days) PA MO; HRM
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL (90 EA per 30 days) PA MO; HRM
meprobamate tablet 200mg, 400mg	1	PA MO
oxazepam capsule 10mg, 15mg, 30mg	1	QL (120 EA per 30 days) PA MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG	3	QL (150 EA per 30 days) PA MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1MG	3	QL (30 EA per 30 days) PA MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) PA MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (90 EA per 30 days) PA MO; HRM
XANAX TABLET 0.25MG, 0.5MG	3	QL (120 EA per 30 days) PA MO; HRM
XANAX TABLET 1MG	3	QL (150 EA per 30 days) PA MO; HRM
XANAX TABLET 2MG	4	QL (150 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
ADLARITY PATCH WEEKLY 10MG/DAY, 5MG/DAY	3	QL (4 EA per 28 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ARICEPT TABLET 10MG, 23MG, 5MG	3	QL (30 EA per 30 days) MO
donepezil hcl tablet disintegrating 10mg, 5mg	1	QL (30 EA per 30 days) MO
donepezil hcl tablet 10mg, 23mg	1	QL (30 EA per 30 days) MO
donepezil hydrochloride tablet 5mg	1	QL (30 EA per 30 days) MO
EXELON PATCH 24 HOUR 13.3MG/24HR, 4.6MG/24HR, 9.5MG/24HR	3	QL (30 EA per 30 days) MO
galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg	1	QL (30 EA per 30 days) MO
galantamine hydrobromide solution 4mg/ml	1	QL (200 ML per 30 days) MO
galantamine hydrobromide tablet 12mg, 4mg, 8mg	1	QL (60 EA per 30 days) MO
memantine hcl titration pak tablet 10mg; 5mg	1	QL (98 EA per 365 days) PA
memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg	1	PA MO
memantine hydrochloride solution 2mg/ml	1	QL (360 ML per 30 days) PA MO
memantine hydrochloride tablet 10mg, 5mg	1	QL (60 EA per 30 days) PA MO
memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	1	MO
NAMENDA TITRATION PAK TABLET 10MG; 5MG	3	QL (98 EA per 365 days) PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG, 10MG; 21MG, 10MG; 28MG, 10MG; 7MG	3	MO
rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 EA per 30 days) MO
rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	1	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ZUNVEYL TABLET DELAYED RELEASE 15MG	3	QL (60 EA per 30 days) PA
ZUNVEYL TABLET DELAYED RELEASE 10MG, 5MG	3	QL (60 EA per 30 days) PA MO
ANTIDEPRESSANTS		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	1	PA MO; HRM
amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg	1	PA MO; HRM
amoxapine tablet 100mg, 150mg, 25mg, 50mg	1	MO; HRM
ANAFRANIL CAPSULE 25MG, 50MG, 75MG	4	PA MO; HRM
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348MG, 522MG	4	QL (30 EA per 30 days) ST MO
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174MG	4	QL (60 EA per 30 days) ST MO
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	QL (60 EA per 30 days) PA MO
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg	1	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	3	QL (30 EA per 30 days) MO
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg	1	QL (30 EA per 30 days) MO
bupropion hydrochloride tablet 100mg	1	QL (120 EA per 30 days) MO
bupropion hydrochloride tablet 75mg	1	QL (180 EA per 30 days) MO
CELEXA TABLET 10MG	3	QL (120 EA per 30 days) ST MO; HRM
CELEXA TABLET 40MG	3	QL (30 EA per 30 days) ST MO; HRM
CELEXA TABLET 20MG	3	QL (60 EA per 30 days) ST MO; HRM
chlordiazepoxide/amitriptyline tablet 12.5mg; 5mg, 25mg; 10mg	1	PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CITALOPRAM HYDROBROMIDE CAPSULE 30MG	3	QL (30 EA per 30 days) PA MO; HRM
citalopram hydrobromide solution 10mg/5ml	1	QL (600 ML per 30 days) MO; HRM
citalopram hydrobromide tablet 10mg	1	QL (120 EA per 30 days) MO; HRM
citalopram hydrobromide tablet 40mg	1	QL (30 EA per 30 days) MO; HRM
citalopram hydrobromide tablet 20mg	1	QL (60 EA per 30 days) MO; HRM
clomipramine hydrochloride capsule 25mg, 50mg, 75mg	1	PA MO; HRM
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) MO; HRM
desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	1	PA MO; HRM
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (30 EA per 30 days) PA MO; HRM
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL (30 EA per 30 days) PA; HRM
desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg	1	QL (30 EA per 30 days) MO; HRM
doxepin hcl capsule 75mg	1	PA MO; HRM
doxepin hcl concentrate 10mg/ml	1	PA MO; HRM
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	1	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	3	QL (90 EA per 30 days) PA MO
duloxetine hydrochloride dr capsule delayed release particles 20mg, 30mg, 40mg, 60mg	1	QL (60 EA per 30 days) MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5MG, 75MG	3	QL (30 EA per 30 days) ST MO; HRM
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL (60 EA per 30 days) ST MO; HRM
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	4	QL (30 EA per 30 days) PA MO
escitalopram oxalate solution 5mg/5ml	1	QL (600 ML per 30 days) MO; HRM
escitalopram oxalate tablet 20mg	1	QL (30 EA per 30 days) MO; HRM
escitalopram oxalate tablet 10mg, 5mg	1	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG	3	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (60 EA per 30 days) PA MO; HRM
fluoxetine dr capsule delayed release 90mg	1	QL (4 EA per 28 days) MO; HRM
fluoxetine hydrochloride capsule 20mg	1	QL (120 EA per 30 days) MO; HRM
fluoxetine hydrochloride capsule 10mg	1	QL (30 EA per 30 days) MO; HRM
fluoxetine hydrochloride capsule 40mg	1	QL (60 EA per 30 days) MO; HRM
fluoxetine hydrochloride solution 20mg/5ml	1	MO; HRM
fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg	1	MO; HRM
fluoxetine hydrochloride (generic Sarafem) tablet 20mg	1	QL (120 EA per 30 days) MO; HRM
fluoxetine hydrochloride (generic Sarafem) tablet 10mg	1	QL (30 EA per 30 days) MO; HRM
FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450MG	3	QL (30 EA per 30 days) ST
imipramine hcl tablet 25mg, 50mg	1	PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
imipramine hydrochloride tablet 10mg	1	PA MO; HRM
imipramine pamoate capsule 100mg, 125mg, 150mg, 75mg	1	PA MO; HRM
LEXAPRO TABLET 20MG	3	QL (30 EA per 30 days) MO; HRM
LEXAPRO TABLET 10MG, 5MG	3	QL (45 EA per 30 days) MO; HRM
MARPLAN TABLET 10MG	3	QL (180 EA per 30 days) MO
mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg	1	QL (30 EA per 30 days) MO
mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg	1	QL (30 EA per 30 days) MO
NARDIL TABLET 15MG	3	MO
nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg	1	MO
NORPRAMIN TABLET 10MG, 25MG	3	PA MO; HRM
nortriptyline hcl capsule 25mg, 75mg	1	MO; HRM
nortriptyline hcl solution 10mg/5ml	1	MO; HRM
nortriptyline hydrochloride capsule 10mg, 50mg	1	MO; HRM
olanzapine/fluoxetine capsule 25mg; 12mg, 25mg; 3mg, 25mg; 6mg, 50mg; 12mg, 50mg; 6mg	1	QL (30 EA per 30 days) MO; HRM
PAMELOR CAPSULE 10MG, 25MG, 50MG, 75MG	4	MO; HRM
PARNATE TABLET 10MG	4	MO
paroxetine hcl er tablet extended release 24 hour 37.5mg	1	QL (60 EA per 30 days) PA MO; HRM
paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg	1	QL (90 EA per 30 days) PA MO; HRM
paroxetine hcl tablet 40mg	1	QL (30 EA per 30 days) PA MO; HRM
paroxetine hcl tablet 30mg	1	QL (60 EA per 30 days) PA MO; HRM
paroxetine hydrochloride suspension 10mg/5ml	1	QL (900 ML per 30 days) PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
paroxetine hydrochloride tablet 10mg, 20mg	1	QL (30 EA per 30 days) PA MO; HRM
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5MG	3	QL (60 EA per 30 days) PA MO; HRM
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5MG, 25MG	3	QL (90 EA per 30 days) PA MO; HRM
PAXIL TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) PA MO; HRM
PAXIL TABLET 30MG	3	QL (60 EA per 30 days) PA MO; HRM
perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg	1	PA MO; HRM
phenelzine sulfate tablet 15mg	1	MO
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) ST MO; HRM
protriptyline hcl tablet 10mg, 5mg	1	PA MO; HRM
PROZAC CAPSULE 10MG	3	QL (30 EA per 30 days) ST MO; HRM
PROZAC CAPSULE 20MG	4	QL (120 EA per 30 days) ST MO; HRM
PROZAC CAPSULE 40MG	4	QL (60 EA per 30 days) ST MO; HRM
RALDESY SOLUTION 10MG/ML	4	QL (1800 ML per 30 days) PA MO
REMERON SOLTAB TABLET DISINTEGRATING 15MG, 30MG, 45MG	3	QL (30 EA per 30 days) MO
REMERON TABLET 15MG, 30MG	3	QL (30 EA per 30 days) MO
sertraline hcl concentrate 20mg/ml	1	QL (300 ML per 30 days) MO; HRM
sertraline hcl tablet 50mg	1	QL (60 EA per 30 days) MO; HRM
SERTRALINE HYDROCHLORIDE CAPSULE 150MG, 200MG	3	QL (30 EA per 30 days) ST MO; HRM
sertraline hydrochloride tablet 25mg	1	QL (30 EA per 30 days) MO; HRM
sertraline hydrochloride tablet 100mg	1	QL (60 EA per 30 days) MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG	3	QL (30 EA per 30 days) MO; HRM
tranylcypromine sulfate tablet 10mg	1	MO
trazodone hydrochloride tablet 100mg, 150mg, 300mg, 50mg	1	MO
trimipramine maleate capsule 50mg	1	QL (120 EA per 30 days) PA MO; HRM
trimipramine maleate capsule 25mg	1	QL (240 EA per 30 days) PA MO; HRM
trimipramine maleate capsule 100mg	1	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX TABLET 10MG, 20MG, 5MG	3	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	QL (60 EA per 30 days) MO; HRM
venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg	1	QL (30 EA per 30 days) MO; HRM
venlafaxine hydrochloride er capsule extended release 24 hour 150mg	1	QL (60 EA per 30 days) MO; HRM
venlafaxine hydrochloride er tablet extended release 24 hour 225mg, 37.5mg, 75mg	1	QL (30 EA per 30 days) MO; HRM
venlafaxine hydrochloride er tablet extended release 24 hour 150mg	1	QL (60 EA per 30 days) MO; HRM
venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	MO; HRM
VIIBRYD TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) MO
vilazodone hydrochloride tablet 10mg, 20mg, 40mg	1	QL (30 EA per 30 days) MO
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 200MG	3	QL (60 EA per 30 days) ST MO
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG	4	QL (30 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ZOLOFT CONCENTRATE 20MG/ML	3	QL (300 ML per 30 days) MO; HRM
ZOLOFT TABLET 25MG	3	QL (30 EA per 30 days) ST MO; HRM
ZOLOFT TABLET 100MG, 50MG	3	QL (60 EA per 30 days) ST MO; HRM
ZURZUVAE CAPSULE 30MG	4	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	4	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
amantadine hcl capsule 100mg	1	QL (120 EA per 30 days) MO
amantadine hcl solution 50mg/5ml	1	MO
amantadine hcl tablet 100mg	1	MO
APOKYN INJECTION 30MG/3ML	4	QL (60 ML per 30 days) PA; ACS LD
apomorphine hydrochloride injection 30mg/3ml	4	QL (60 ML per 30 days) PA; ACS
AZILECT TABLET 0.5MG, 1MG	4	MO
benztropine mesylate injection 1mg/ml	1	MO
benztropine mesylate tablet 0.5mg, 1mg, 2mg	1	PA MO; HRM
bromocriptine mesylate capsule 5mg	1	MO
bromocriptine mesylate tablet 2.5mg	1	MO
carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg	1	MO
carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	1	MO
CARBIDOPA/LEVODOPA/ ENTACAPONE TABLET 12.5MG; 200MG; 50MG, 18.75MG; 200MG; 75MG, 25MG; 200MG; 100MG, 31.25MG; 200MG; 125MG, 37.5MG; 200MG; 150MG, 50MG; 200MG; 200MG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	1	MO
carbidopa tablet 25mg	1	MO
CREXONT CAPSULE EXTENDED RELEASE 35MG; 140MG, 52.5MG; 210MG, 70MG; 280MG, 87.5MG; 350MG	3	ST MO
DHIVY TABLET 25MG; 100MG	3	MO
DUOPA SUSPENSION 4.63MG/ML; 20MG/ML	4	B/D; ACS LD
entacapone tablet 200mg	1	MO
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5MG	4	QL (30 EA per 30 days); ACS LD
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137MG	4	QL (60 EA per 30 days); ACS LD
INBRIJA CAPSULE 42MG	4	QL (300 EA per 30 days) PA; LD
LODOSYN TABLET 25MG	4	MO
NEUPRO PATCH 24 HOUR 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	3	MO
NOURIANZ TABLET 20MG, 40MG	4	QL (30 EA per 30 days) PA; ACS LD
ONAPGO INJECTION 98MG/20ML	4	QL (600 ML per 30 days); ACS
ONGENTYS CAPSULE 25MG, 50MG	3	QL (30 EA per 30 days) PA MO
PARLODEL CAPSULE 5MG	3	MO
PARLODEL TABLET 2.5MG	3	MO
pramipexole dihydrochloride er tablet extended release 24 hour 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3.75mg, 3mg, 4.5mg	1	QL (30 EA per 30 days) MO
pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	1	MO
rasagiline mesylate tablet 0.5mg, 1mg	1	MO
ropinirole er tablet extended release 24 hour 6mg	1	QL (120 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ropinirole er tablet extended release 24 hour 4mg	1	QL (150 EA per 30 days) MO
ropinirole er tablet extended release 24 hour 2mg	1	QL (30 EA per 30 days) MO
ropinirole er tablet extended release 24 hour 12mg	1	QL (60 EA per 30 days) MO
ropinirole er tablet extended release 24 hour 8mg	1	QL (90 EA per 30 days) MO
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	1	MO
ropinirole hydrochloride tablet 0.25mg, 3mg	1	MO
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	3	ST MO
selegiline hcl capsule 5mg	1	MO
selegiline hcl tablet 5mg	1	MO
SINEMET TABLET 10MG; 100MG, 25MG; 100MG	3	MO
TASMAR TABLET 100MG	4	MO
tolcapone tablet 100mg	4	MO
trihexyphenidyl hcl solution 0.4mg/ml	1	MO; HRM
trihexyphenidyl hydrochloride tablet 2mg, 5mg	1	MO; HRM
VYALEV INJECTION 12MG/ML; 240MG/ML	4	QL (560 ML per 28 days) PA; ACS LD
XADAGO TABLET 100MG, 50MG	4	QL (30 EA per 30 days) ST MO
ZELAPAR TABLET DISINTEGRATING 1.25MG	4	QL (60 EA per 30 days) MO
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	4	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	4	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA INJECTION 300MG, 400MG	4	QL (1 EA per 28 days) MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	4	QL (30 EA per 30 days) PA; HRM
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG, 15MG, 20MG, 2MG, 30MG, 5MG	4	QL (30 EA per 30 days) PA; HRM
ABILIFY TABLET 10MG, 15MG, 2MG, 5MG	3	QL (30 EA per 30 days) MO; HRM
ABILIFY TABLET 20MG, 30MG	4	QL (30 EA per 30 days) MO; HRM
aripiprazole odt tablet disintegrating 10mg, 15mg	1	QL (60 EA per 30 days) MO; HRM
aripiprazole solution 1mg/ml	1	QL (900 ML per 30 days) MO; HRM
aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg	1	QL (30 EA per 30 days) MO; HRM
ARISTADA INITIO INJECTION 675MG/2.4ML	4	HRM
ARISTADA INJECTION 441MG/1.6ML	4	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	4	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	4	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	4	QL (3.9 ML per 56 days); HRM
asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg	1	QL (60 EA per 30 days) MO; HRM
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	4	QL (30 EA per 30 days) MO; HRM
chlorpromazine hcl injection 50mg/2ml	1	HRM
chlorpromazine hcl injection 25mg/ml	1	MO; HRM
chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg	1	MO; HRM
chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml	1	MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg	1	MO; HRM
clozapine odt tablet disintegrating 12.5mg, 25mg	1	PA; HRM
clozapine odt tablet disintegrating 200mg	1	QL (120 EA per 30 days) PA; HRM
clozapine odt tablet disintegrating 150mg	1	QL (180 EA per 30 days) PA; HRM
clozapine odt tablet disintegrating 100mg	1	QL (270 EA per 30 days) PA; HRM
clozapine tablet 25mg, 50mg	1	HRM
clozapine tablet 200mg	1	QL (120 EA per 30 days); HRM
clozapine tablet 100mg	1	QL (270 EA per 30 days); HRM
CLOZARIL TABLET 25MG	3	HRM
CLOZARIL TABLET 100MG	4	QL (270 EA per 30 days); HRM
COBENFY STARTER PACK CAPSULE THERAPY PACK 50MG; 20MG & 100MG; 20MG	4	QL (112 EA per 365 days) PA MO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	4	QL (60 EA per 30 days) PA MO
ERZOFRI INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	4	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	4	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	4	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	4	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	4	QL (4.5 ML per 365 days)
FANAPT TITRATION PACK A TABLET 1MG; 2MG; 4MG; 6MG	3	PA; HRM
FANAPT TITRATION PACK B TABLET 1MG; 2MG; 6MG; 8MG	3	PA
FANAPT TITRATION PACK C TABLET 1MG; 3MG; 6MG	3	PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	4	QL (60 EA per 30 days) PA MO; HRM
fluphenazine decanoate injection 25mg/ml	1	MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
fluphenazine hcl concentrate 5mg/ml	1	MO; HRM
fluphenazine hydrochloride elixir 2.5mg/5ml	1	MO; HRM
fluphenazine hydrochloride injection 2.5mg/ml	1	MO; HRM
fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg	1	MO; HRM
GEODON CAPSULE 20MG, 40MG, 60MG, 80MG	4	QL (60 EA per 30 days) MO; HRM
GEODON INJECTION 20MG	3	QL (6 EA per 3 days) MO; HRM
HALDOL DECANOATE 100 INJECTION 100MG/ML	3	MO; HRM
haloperidol decanoate injection 100mg/ml, 50mg/ml	1	MO; HRM
haloperidol lactate injection 5mg/ml	1	MO; HRM
haloperidol concentrate 2mg/ml	1	MO; HRM
haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg	1	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	4	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	4	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	4	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	4	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	4	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	4	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	4	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	4	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	4	QL (1.75 ML per 90 days); HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
INVEGA TRINZA INJECTION 819MG/2.63ML	4	QL (2.63 ML per 90 days); HRM
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3MG, 9MG	3	QL (30 EA per 30 days) MO; HRM
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (60 EA per 30 days) MO; HRM
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	4	QL (30 EA per 30 days) MO; HRM
LATUDA TABLET 80MG	4	QL (60 EA per 30 days) MO; HRM
loxapine capsule 10mg, 25mg, 50mg, 5mg	1	MO; HRM
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	1	QL (30 EA per 30 days) MO; HRM
lurasidone hydrochloride tablet 80mg	1	QL (60 EA per 30 days) MO; HRM
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	4	QL (30 EA per 30 days) PA MO; HRM
molindone hydrochloride tablet 10mg, 25mg, 5mg	1	HRM
NUPLAZID CAPSULE 34MG	4	QL (30 EA per 30 days) PA; ACS HRM LD
NUPLAZID TABLET 10MG	4	QL (30 EA per 30 days) PA; ACS HRM LD
olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg	1	QL (30 EA per 30 days) MO; HRM
olanzapine injection 10mg	1	QL (3 EA per 1 days) MO; HRM
olanzapine tablet 10mg, 15mg, 20mg, 7.5mg	1	QL (30 EA per 30 days) MO; HRM
olanzapine tablet 2.5mg, 5mg	1	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	4	QL (30 EA per 30 days) PA
OPIPZA FILM 10MG	4	QL (90 EA per 30 days) PA
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	1	QL (30 EA per 30 days) MO; HRM
paliperidone er tablet extended release 24 hour 6mg	1	QL (60 EA per 30 days) MO; HRM
perphenazine tablet 16mg, 2mg, 4mg, 8mg	1	MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PERSERIS INJECTION 120MG, 90MG	4	QL (1 EA per 30 days); HRM
pimozide tablet 1mg, 2mg	1	MO
quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg	1	QL (30 EA per 30 days) PA MO; HRM
quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg	1	QL (60 EA per 30 days) PA MO; HRM
quetiapine fumarate tablet 200mg	1	QL (120 EA per 30 days) MO; HRM
quetiapine fumarate tablet 25mg	1	QL (180 EA per 30 days) MO; HRM
quetiapine fumarate tablet 300mg, 400mg	1	QL (60 EA per 30 days) MO; HRM
quetiapine fumarate tablet 100mg, 150mg, 50mg	1	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	4	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	4	QL (60 EA per 30 days) MO; HRM
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	QL (2 EA per 28 days) MO; HRM
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	4	QL (2 EA per 28 days) MO; HRM
RISPERDAL SOLUTION 1MG/ML	3	QL (480 ML per 30 days) MO; HRM
RISPERDAL TABLET 4MG	3	QL (120 EA per 30 days) MO; HRM
RISPERDAL TABLET 1MG, 2MG	3	QL (60 EA per 30 days) MO; HRM
RISPERDAL TABLET 0.5MG, 3MG	3	QL (90 EA per 30 days) MO; HRM
risperidone er injection 25mg	1	QL (2 EA per 28 days) MO
risperidone er injection 12.5mg	1	QL (2 EA per 28 days) MO; HRM
risperidone er injection 37.5mg, 50mg	4	QL (2 EA per 28 days) MO
risperidone odt tablet disintegrating 4mg	1	QL (120 EA per 30 days) MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
risperidone odt tablet disintegrating 1mg, 2mg, 3mg	1	QL (60 EA per 30 days) MO; HRM
risperidone odt tablet disintegrating 0.25mg, 0.5mg	1	QL (90 EA per 30 days) MO; HRM
risperidone solution 1mg/ml	1	QL (480 ML per 30 days) MO; HRM
risperidone tablet 4mg	1	QL (120 EA per 30 days) MO; HRM
risperidone tablet 1mg, 2mg	1	QL (60 EA per 30 days) MO; HRM
risperidone tablet 0.25mg, 0.5mg, 3mg	1	QL (90 EA per 30 days) MO; HRM
RYKINDO INJECTION 25MG, 37.5MG, 50MG	4	QL (2 EA per 28 days) PA
SAPHRIS TABLET SUBLINGUAL 10MG, 2.5MG, 5MG	4	QL (60 EA per 30 days) MO; HRM
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	4	QL (30 EA per 30 days) MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 200MG	3	QL (30 EA per 30 days) PA MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL (60 EA per 30 days) PA MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 400MG	4	QL (60 EA per 30 days) PA MO; HRM
SEROQUEL TABLET 200MG	3	QL (120 EA per 30 days) MO; HRM
SEROQUEL TABLET 25MG	3	QL (180 EA per 30 days) MO; HRM
SEROQUEL TABLET 300MG	3	QL (60 EA per 30 days) MO; HRM
SEROQUEL TABLET 100MG, 50MG	3	QL (90 EA per 30 days) MO; HRM
SEROQUEL TABLET 400MG	4	QL (60 EA per 30 days) MO; HRM
thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	1	PA MO; HRM
thiothixene capsule 10mg, 1mg, 2mg, 5mg	1	MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
trifluoperazine hcl tablet 10mg, 2mg, 5mg	1	MO; HRM
trifluoperazine hydrochloride tablet 1mg	1	MO; HRM
UZEDY INJECTION 50MG/0.14ML	4	QL (0.14 ML per 30 days) PA MO
UZEDY INJECTION 75MG/0.21ML	4	QL (0.21 ML per 30 days) PA MO
UZEDY INJECTION 100MG/0.28ML	4	QL (0.28 ML per 30 days) PA MO
UZEDY INJECTION 125MG/0.35ML	4	QL (0.35 ML per 30 days) PA MO
UZEDY INJECTION 150MG/0.42ML	4	QL (0.42 ML per 60 days) PA MO
UZEDY INJECTION 200MG/0.56ML	4	QL (0.56 ML per 60 days) PA MO
UZEDY INJECTION 250MG/0.7ML	4	QL (0.7 ML per 60 days) PA MO
VERSACLOZ SUSPENSION 50MG/ML	4	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	4	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	4	QL (60 EA per 30 days) MO; HRM
ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg	1	QL (60 EA per 30 days) MO; HRM
ziprasidone mesylate injection 20mg	1	QL (6 EA per 3 days) MO; HRM
ZYPREXA INJECTION 10MG	3	QL (3 EA per 1 days) MO; HRM
ZYPREXA TABLET 2.5MG, 5MG	3	QL (60 EA per 30 days) MO; HRM
ZYPREXA TABLET 20MG	4	QL (30 EA per 30 days) MO; HRM
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	4	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	4	QL (60 EA per 30 days) MO
BANZEL SUSPENSION 40MG/ML	4	QL (2760 ML per 30 days) PA MO
BANZEL TABLET 400MG	4	QL (240 EA per 30 days) PA MO
BANZEL TABLET 200MG	4	QL (480 EA per 30 days) PA MO
BRIVIACT INJECTION 50MG/5ML	4	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION 10MG/ML	4	QL (600 ML per 30 days) PA MO
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	4	QL (60 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg	1	MO; HRM
carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg	1	MO; HRM
carbamazepine suspension 100mg/5ml	1	MO; HRM
carbamazepine tablet chewable 200mg	1	MO
carbamazepine tablet chewable 100mg	1	MO; HRM
carbamazepine tablet 200mg	1	MO; HRM
CARBATROL CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 200MG, 300MG	3	MO; HRM
CELONTIN CAPSULE 300MG	3	MO
CEREBYX INJECTION 500MG PE/10ML	3	MO
CEREBYX INJECTION 100MG PE/2ML	4	
clobazam suspension 2.5mg/ml	1	QL (480 ML per 30 days) PA MO; HRM
clobazam tablet 10mg, 20mg	1	QL (60 EA per 30 days) PA MO; HRM
clonazepam odt tablet disintegrating 2mg	1	QL (300 EA per 30 days) MO
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	1	QL (90 EA per 30 days) MO
clonazepam tablet 2mg	1	QL (300 EA per 30 days) MO
clonazepam tablet 0.5mg, 1mg	1	QL (90 EA per 30 days) MO
clorazepate dipotassium tablet 15mg	1	QL (180 EA per 30 days) PA MO; HRM
clorazepate dipotassium tablet 3.75mg, 7.5mg	1	QL (90 EA per 30 days) PA MO; HRM
DEPAKOTE ER TABLET EXTENDED RELEASE 24 HOUR 250MG, 500MG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DEPAKOTE SPRINKLES CAPSULE DELAYED RELEASE SPRINKLE 125MG	3	MO
DEPAKOTE TABLET DELAYED RELEASE 125MG, 250MG, 500MG	3	MO
DIACOMIT CAPSULE 500MG	4	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	4	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	4	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	4	QL (360 EA per 30 days) PA; LD
diazepam intensol concentrate 5mg/ml	1	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL GEL 10MG, 2.5MG, 20MG	3	QL (5 EA per 30 days) MO; HRM
diazepam concentrate 5mg/ml	1	QL (240 ML per 30 days) PA MO; HRM
diazepam injection 5mg/ml	1	QL (240 ML per 30 days) PA MO; HRM
diazepam oral solution 5mg/5ml	1	QL (1200 ML per 30 days) PA MO; HRM
diazepam tablet 10mg, 2mg, 5mg	1	QL (120 EA per 30 days) PA MO; HRM
DILANTIN INFATABS TABLET CHEWABLE 50MG	3	MO
DILANTIN-125 SUSPENSION 125MG/5ML	3	MO
DILANTIN CAPSULE 100MG, 30MG	3	MO
divalproex sodium dr capsule delayed release sprinkle 125mg	1	MO
divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg	1	MO
divalproex sodium er tablet extended release 24 hour 250mg, 500mg	1	MO
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500MG	3	QL (60 EA per 30 days) MO
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000MG	3	QL (90 EA per 30 days)
EPIDIOLEX SOLUTION 100MG/ML	4	QL (600 ML per 30 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
EPRONTIA SOLUTION 25MG/ML	3	QL (480 ML per 30 days) PA MO
eslicarbazepine acetate tablet 200mg, 400mg	1	QL (30 EA per 30 days) MO
eslicarbazepine acetate tablet 600mg, 800mg	1	QL (60 EA per 30 days) MO
ethosuximide capsule 250mg	1	MO
ethosuximide solution 250mg/5ml	1	MO
felbamate suspension 600mg/5ml	1	MO
felbamate tablet 400mg, 600mg	1	MO
FELBATOL TABLET 400MG, 600MG	4	MO
FINTEPLA SOLUTION 2.2MG/ML	4	QL (360 ML per 30 days) PA; LD
fosphenytoin sodium injection 100mg pe/2ml	1	
fosphenytoin sodium injection 500mg pe/10ml	1	MO
FYCOMPA SUSPENSION 0.5MG/ML	4	QL (680 ML per 28 days) PA MO
FYCOMPA TABLET 2MG	3	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA MO
gabapentin (generic Neurontin) capsule 100mg	1	QL (180 EA per 30 days) MO
gabapentin (generic Neurontin) capsule 400mg	1	QL (270 EA per 30 days) MO
gabapentin (generic Neurontin) capsule 300mg	1	QL (360 EA per 30 days) MO
gabapentin (generic Neurontin) solution 250mg/5ml	1	QL (2160 ML per 30 days) MO
gabapentin (generic Neurontin) tablet 600mg	1	QL (180 EA per 30 days) MO
gabapentin (generic Neurontin) tablet 800mg	1	QL (90 EA per 30 days) MO
GABARONE TABLET 100MG	4	QL (180 EA per 30 days) PA
GABARONE TABLET 400MG	4	QL (270 EA per 30 days) PA
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG, 750MG	4	MO
KEPPRA INJECTION 500MG/5ML	3	
KEPPRA ORAL SOLUTION 100MG/ML	4	MO
KEPPRA TABLET 250MG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
KEPPRA TABLET 1000MG, 500MG, 750MG	4	MO
KLONOPIN TABLET 2MG	3	QL (300 EA per 30 days) MO
KLONOPIN TABLET 0.5MG, 1MG	3	QL (90 EA per 30 days) MO
lacosamide injection 200mg/20ml	4	
lacosamide oral solution 10mg/ml	1	QL (1200 ML per 30 days) MO
lacosamide tablet 50mg	1	QL (120 EA per 30 days) MO
lacosamide tablet 100mg, 150mg, 200mg	1	QL (60 EA per 30 days) MO
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 25MG, 5MG	4	MO
LAMICTAL ODT KIT BLUE, ORANGE	3	
LAMICTAL ODT KIT GREEN	4	
LAMICTAL ODT TABLET DISINTEGRATING 100MG, 200MG, 25MG, 50MG	4	MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT 25MG; 100MG	3	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 25MG; 100MG	4	
LAMICTAL STARTER/TAKING VALPROATE KIT 25MG	3	
LAMICTAL XR TITRATION KIT BLUE, ORANGE	3	MO
LAMICTAL XR TITRATION KIT GREEN	4	MO
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 25MG, 300MG, 50MG	4	MO
LAMICTAL TABLET 100MG, 150MG, 200MG, 25MG	4	MO
lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg	1	MO
lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg	1	MO
lamotrigine starter kit/blue kit 25mg	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
lamotrigine starter kit/green kit 100mg; 25mg	4	
lamotrigine starter kit/orange kit 100mg; 25mg	1	
lamotrigine titration kit	1	
lamotrigine tablet chewable 25mg, 5mg	1	MO
lamotrigine tablet 100mg, 150mg, 200mg, 25mg	1	MO
levetiracetam er tablet extended release 24 hour 500mg, 750mg	1	MO
LEVETIRACETAM/SODIUM CHLORIDE INJECTION 1000MG/100ML; 750MG/100ML, 500MG/100ML; 820MG/100ML	3	
levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml	1	
levetiracetam injection 500mg/5ml	1	
levetiracetam oral solution 100mg/ml	1	MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	3	QL (360 EA per 30 days) MO
levetiracetam tablet 1000mg, 250mg, 500mg, 750mg	1	MO
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL (10 EA per 30 days) PA MO
LYRICA CAPSULE 100MG, 150MG, 25MG, 50MG, 75MG	3	QL (120 EA per 30 days) PA MO
LYRICA CAPSULE 225MG, 300MG	3	QL (60 EA per 30 days) PA MO
LYRICA CAPSULE 200MG	3	QL (90 EA per 30 days) PA MO
LYRICA SOLUTION 20MG/ML	4	QL (900 ML per 30 days) PA MO
methsuximide capsule 300mg	1	MO
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL (120 EA per 30 days) PA MO
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	4	QL (60 EA per 30 days) PA MO
MYSOLINE TABLET 250MG, 50MG	4	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NAYZILAM SOLUTION 5MG/0.1ML	3	QL (10 EA per 30 days) PA MO
NEURONTIN CAPSULE 100MG	3	QL (180 EA per 30 days) MO
NEURONTIN CAPSULE 400MG	4	QL (270 EA per 30 days) MO
NEURONTIN CAPSULE 300MG	4	QL (360 EA per 30 days) MO
NEURONTIN SOLUTION 250MG/5ML	3	QL (2160 ML per 30 days) MO
NEURONTIN TABLET 600MG	4	QL (180 EA per 30 days) MO
NEURONTIN TABLET 800MG	4	QL (90 EA per 30 days) MO
ONFI SUSPENSION 2.5MG/ML	4	QL (480 ML per 30 days) PA MO; HRM
ONFI TABLET 10MG, 20MG	4	QL (60 EA per 30 days) PA MO; HRM
oxcarbazepine er tablet extended release 24 hour 150mg	1	MO
oxcarbazepine er tablet extended release 24 hour 300mg, 600mg	4	MO
oxcarbazepine suspension 300mg/5ml	1	MO; HRM
oxcarbazepine tablet 150mg, 300mg, 600mg	1	MO; HRM
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150MG	3	PA MO; HRM
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 600MG	4	PA MO; HRM
perampanel tablet 2mg	1	QL (60 EA per 30 days) PA MO
perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg	4	QL (30 EA per 30 days) PA MO
phenobarbital sodium injection 130mg/ml, 65mg/ml	1	PA; HRM
phenobarbital elixir 20mg/5ml	1	QL (1500 ML per 30 days) PA MO; HRM
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	1	QL (120 EA per 30 days) PA MO; HRM
phenytek capsule 200mg, 300mg	1	MO
phenytoin sodium extended capsule 100mg, 200mg, 300mg	1	MO
phenytoin sodium injection 50mg/ml	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
phenytoin suspension 125mg/5ml	1	MO
phenytoin tablet chewable 50mg	1	MO
pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg	1	QL (120 EA per 30 days) PA MO
pregabalin capsule 225mg, 300mg	1	QL (60 EA per 30 days) PA MO
pregabalin capsule 200mg	1	QL (90 EA per 30 days) PA MO
pregabalin solution 20mg/ml	1	QL (900 ML per 30 days) PA MO
primidone tablet 125mg, 250mg, 50mg	1	MO
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150MG, 25MG, 50MG	3	MO
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100MG, 200MG	4	MO
roweepra tablet 500mg	1	
rufinamide suspension 40mg/ml	4	QL (2760 ML per 30 days) PA MO
rufinamide tablet 200mg	1	QL (480 EA per 30 days) PA MO
rufinamide tablet 400mg	4	QL (240 EA per 30 days) PA MO
SABRIL PACKET 500MG	4	QL (180 EA per 30 days) PA; ACS LD
SABRIL TABLET 500MG	4	QL (180 EA per 30 days) PA; ACS LD
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	3	QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	3	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	3	QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	3	QL (90 EA per 30 days) MO
subvenite starter kit/blue kit 25mg	1	
subvenite starter kit/green kit 100mg; 25mg	4	
subvenite starter kit/orange kit 100mg; 25mg	1	
subvenite tablet 100mg, 150mg, 200mg, 25mg	1	
SYMPAZAN FILM 5MG	3	QL (60 EA per 30 days) PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SYMPAZAN FILM 10MG, 20MG	4	QL (60 EA per 30 days) PA MO; HRM
TEGRETOL-XR TABLET EXTENDED RELEASE 12 HOUR 100MG, 200MG, 400MG	3	MO; HRM
TEGRETOL SUSPENSION 100MG/5ML	3	MO; HRM
TEGRETOL TABLET 200MG	3	MO; HRM
tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg	1	MO
TOPAMAX SPRINKLE CAPSULE SPRINKLE 15MG	3	MO
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25MG	4	MO
TOPAMAX TABLET 25MG	3	QL (90 EA per 30 days) MO
TOPAMAX TABLET 100MG	4	QL (120 EA per 30 days) MO
TOPAMAX TABLET 200MG	4	QL (60 EA per 30 days) MO
TOPAMAX TABLET 50MG	4	QL (90 EA per 30 days) MO
topiramate er capsule er 24 hour sprinkle 100mg, 150mg, 200mg, 25mg, 50mg	1	MO
topiramate er capsule extended release 24 hour 100mg, 200mg, 25mg, 50mg	1	MO
topiramate capsule sprinkle 15mg, 25mg, 50mg	1	MO
topiramate solution 25mg/ml	1	QL (480 ML per 30 days) PA MO
topiramate tablet 100mg	1	QL (120 EA per 30 days) MO
topiramate tablet 200mg	1	QL (60 EA per 30 days) MO
topiramate tablet 25mg, 50mg	1	QL (90 EA per 30 days) MO
TRILEPTAL SUSPENSION 300MG/5ML	4	MO; HRM
TRILEPTAL TABLET 150MG	3	MO; HRM
TRILEPTAL TABLET 300MG, 600MG	4	MO; HRM
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG	4	PA MO
VALIUM TABLET 10MG, 2MG, 5MG	3	QL (120 EA per 30 days) PA MO; HRM
valproate sodium injection 100mg/ml	1	
valproic acid capsule 250mg	1	MO
valproic acid solution 250mg/5ml	1	MO
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	3	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	3	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	3	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	3	QL (10 EA per 30 days) PA MO
vigabatrin packet 500mg	4	QL (180 EA per 30 days) PA; ACS
vigabatrin tablet 500mg	4	QL (180 EA per 30 days) PA; ACS
vigadrone packet 500mg	4	QL (180 EA per 30 days) PA; LD
vigadrone tablet 500mg	4	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	4	QL (750 ML per 30 days) PA; LD
VIMPAT INJECTION 200MG/20ML	4	
VIMPAT ORAL SOLUTION 10MG/ML	4	QL (1200 ML per 30 days) MO
VIMPAT TABLET 50MG	4	QL (120 EA per 30 days) MO
VIMPAT TABLET 100MG, 150MG, 200MG	4	QL (60 EA per 30 days) MO
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG	3	QL (28 EA per 28 days)
XCOPRI TABLET TITRATION THERAPY PACK 150MG; 200MG, 50MG; 100MG	4	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	4	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	4	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	4	QL (60 EA per 30 days) MO
ZARONTIN CAPSULE 250MG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ZARONTIN SOLUTION 250MG/5ML	3	MO
ZONEGRAN CAPSULE 100MG, 25MG	4	MO
ZONISADE SUSPENSION 100MG/5ML	4	QL (900 ML per 30 days) PA MO
zonisamide capsule 100mg, 25mg	1	MO
zonisamide capsule 50mg	1	MO; HRM
ZTALMY SUSPENSION 50MG/ML	4	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5MG, 10MG, 15MG, 20MG, 25MG, 30MG	3	QL (30 EA per 30 days) MO
ADDERALL TABLET 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	3	QL (60 EA per 30 days) MO
ADDERALL TABLET 20MG	3	QL (90 EA per 30 days) MO
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 12.5MG, 15.7MG, 18.8MG, 3.1MG, 6.3MG, 9.4MG	3	QL (30 EA per 30 days) MO
amphetamine sulfate tablet 10mg, 5mg	1	QL (180 EA per 30 days) MO
amphetamine/dextroamphetamine er capsule extended release 24 hour 12.5mg; 12.5mg; 12.5mg; 12.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 9.375mg; 9.375mg; 9.375mg; 9.375mg	1	QL (30 EA per 30 days) MO
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	1	QL (30 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg	1	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
amphetamine/dextroamphetamine tablet 20mg	1	QL (90 EA per 30 days) MO
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL (30 EA per 30 days) MO
atomoxetine hydrochloride capsule 10mg, 25mg	1	QL (120 EA per 30 days) MO
atomoxetine capsule 10mg, 18mg, 25mg	1	QL (120 EA per 30 days) MO
atomoxetine capsule 100mg, 60mg, 80mg	1	QL (30 EA per 30 days) MO
atomoxetine capsule 40mg	1	QL (60 EA per 30 days) MO
AZSTARYS CAPSULE 10.4MG; 52.3MG, 5.2MG; 26.1MG, 7.8MG; 39.2MG	3	QL (30 EA per 30 days) MO
clonidine hydrochloride er tablet extended release 12 hour 0.1mg	1	MO
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 36MG, 54MG	3	QL (30 EA per 30 days) MO
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 17.3MG, 8.6MG	3	QL (30 EA per 30 days) MO
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL (60 EA per 30 days) MO
DAYTRANA PATCH 10MG/9HR, 15MG/9HR, 20MG/9HR, 30MG/9HR	3	QL (30 EA per 30 days) MO
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG	4	QL (120 EA per 30 days) MO
dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg	1	QL (30 EA per 30 days) MO
dexmethylphenidate hcl tablet 10mg, 5mg	1	QL (60 EA per 30 days) MO
dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg	1	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
dexmethylphenidate hydrochloride capsule extended release 24 hour 25mg	1	QL (30 EA per 30 days) MO
dexmethylphenidate hydrochloride tablet 2.5mg	1	QL (60 EA per 30 days) MO
dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg	1	QL (120 EA per 30 days) MO
dextroamphetamine sulfate solution 5mg/5ml	1	QL (1800 ML per 30 days) MO
dextroamphetamine sulfate tablet 15mg	1	QL (120 EA per 30 days) MO
dextroamphetamine sulfate tablet 10mg, 2.5mg, 5mg	1	QL (180 EA per 30 days) MO
dextroamphetamine sulfate tablet 7.5mg	1	QL (240 EA per 30 days) MO
dextroamphetamine sulfate tablet 30mg	1	QL (60 EA per 30 days) MO
dextroamphetamine sulfate tablet 20mg	1	QL (90 EA per 30 days) MO
DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5MG/ML	3	QL (240 ML per 30 days) MO
DYANAVEL XR TABLET EXTENDED RELEASE 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
DYANAVEL XR TABLET EXTENDED RELEASE 5MG	3	QL (60 EA per 30 days) MO
EVEKEO TABLET 10MG, 5MG	3	QL (180 EA per 30 days) MO
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 15MG, 20MG, 25MG, 30MG, 35MG, 40MG, 5MG	3	QL (30 EA per 30 days) MO
FOCALIN TABLET 10MG, 2.5MG, 5MG	3	QL (60 EA per 30 days) MO
guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg	1	QL (30 EA per 30 days) PA MO
guanfacine hydrochloride er tablet extended release 24 hour 3mg	1	QL (60 EA per 30 days) PA MO
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1MG, 2MG, 4MG	3	QL (30 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) PA MO
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 20MG, 40MG, 60MG, 80MG	3	QL (30 EA per 30 days) MO
lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	1	QL (30 EA per 30 days) MO
lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	QL (30 EA per 30 days) MO
METADATE CD CAPSULE EXTENDED RELEASE 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL (30 EA per 30 days) MO
methamphetamine hydrochloride tablet 5mg	1	QL (150 EA per 30 days) MO
METHYLIN SOLUTION 5MG/5ML	3	QL (1800 ML per 30 days) MO
METHYLIN SOLUTION 10MG/5ML	3	QL (900 ML per 30 days) MO
methylphenidate hydrochloride er (cd) capsule extended release (generic Metadate CD) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 30mg	1	QL (60 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER (OSM) TABLET EXTENDED RELEASE (GENERIC RELEXXI) 45MG, 63MG	3	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er (osm) tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg, (generic Relexxi) 72mg	1	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
methylphenidate hydrochloride er (xr) capsule extended release 24 hour (generic Aptensio XR) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg	1	QL (90 EA per 30 days) MO
methylphenidate hydrochloride solution 5mg/5ml	1	QL (1800 ML per 30 days) MO
methylphenidate hydrochloride solution 10mg/5ml	1	QL (900 ML per 30 days) MO
methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg	1	QL (180 EA per 30 days) MO
methylphenidate hydrochloride tablet 10mg, 20mg, 5mg	1	QL (90 EA per 30 days) MO
methylphenidate patch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	QL (30 EA per 30 days) MO
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5MG; 12.5MG; 12.5MG; 12.5MG, 3.125MG; 3.125MG; 3.125MG; 3.125MG, 6.25MG; 6.25MG; 6.25MG; 6.25MG, 9.375MG; 9.375MG; 9.375MG; 9.375MG	3	QL (30 EA per 30 days) MO
ONYDA XR SUSPENSION EXTENDED RELEASE 0.1MG/ML	3	QL (120 ML per 30 days) MO
procentra solution 5mg/5ml	4	QL (1800 ML per 30 days)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL (30 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL (60 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200MG	3	QL (90 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40MG	3	QL (30 EA per 30 days) MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30MG	3	QL (60 EA per 30 days) MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20MG	3	QL (90 EA per 30 days) MO
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25MG/5ML	3	QL (360 ML per 30 days) MO
RELEXXII TABLET EXTENDED RELEASE 18MG, 27MG, 36MG, 45MG, 54MG, 63MG, 72MG	3	QL (30 EA per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (30 EA per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30MG	3	QL (60 EA per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG	4	QL (30 EA per 30 days) MO
STRATTERA CAPSULE 10MG, 18MG, 25MG	3	QL (120 EA per 30 days) MO
STRATTERA CAPSULE 100MG, 60MG, 80MG	3	QL (30 EA per 30 days) MO
STRATTERA CAPSULE 40MG	3	QL (60 EA per 30 days) MO
VYVANSE CAPSULE 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG	3	QL (30 EA per 30 days) MO
VYVANSE TABLET CHEWABLE 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL (30 EA per 30 days) MO
XELSTRYM PATCH 13.5MG/9HR, 18MG/9HR, 4.5MG/9HR, 9MG/9HR	3	QL (30 EA per 30 days) MO
zenzedi tablet 15mg	1	QL (120 EA per 30 days)
zenzedi tablet 10mg, 2.5mg, 5mg	1	QL (180 EA per 30 days)
zenzedi tablet 7.5mg	1	QL (240 EA per 30 days)
zenzedi tablet 30mg	1	QL (60 EA per 30 days)
zenzedi tablet 20mg	1	QL (90 EA per 30 days)
HYPNOTICS		
AMBIEN CR TABLET EXTENDED RELEASE 12.5MG, 6.25MG	3	QL (30 EA per 30 days) PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
AMBIEN TABLET 10MG, 5MG	3	QL (30 EA per 30 days) PA MO; HRM
BELSOMRA TABLET 10MG, 15MG, 20MG, 5MG	2	QL (30 EA per 30 days) MO
DAYVIGO TABLET 10MG, 5MG	2	QL (30 EA per 30 days) MO
doxepin hydrochloride tablet 3mg, 6mg	1	QL (30 EA per 30 days) MO; HRM
EDLUAR TABLET SUBLINGUAL 10MG	3	QL (30 EA per 30 days) PA MO; HRM
EDLUAR TABLET SUBLINGUAL 5MG	3	QL (60 EA per 30 days) PA MO; HRM
estazolam tablet 1mg, 2mg	1	QL (30 EA per 30 days) PA MO; HRM
eszopiclone tablet 1mg, 2mg, 3mg	1	QL (30 EA per 30 days) PA MO; HRM
flurazepam hydrochloride capsule 15mg, 30mg	1	QL (30 EA per 30 days)
HALCION TABLET 0.25MG	3	QL (60 EA per 30 days) PA MO; HRM
HETLIOZ LQ SUSPENSION 4MG/ML	4	QL (158 ML per 30 days) PA; LD
HETLIOZ CAPSULE 20MG	4	QL (30 EA per 30 days) PA; LD
IGALMI FILM 120MCG, 180MCG	4	QL (60 EA per 30 days) PA
LUNESTA TABLET 1MG, 2MG, 3MG	3	QL (30 EA per 30 days) PA MO; HRM
midazolam hcl injection 10mg/2ml, 2mg/2ml, 5mg/5ml, 5mg/ml	1	HRM
midazolam hcl syrup 2mg/ml	1	QL (300 ML per 30 days); HRM
midazolam hydrochloride injection 10mg/10ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml	1	HRM
midazolam hydrochloride injection 10mg/2ml	1	MO; HRM
pentobarbital sodium injection 50mg/ml	1	
QUVIVIQ TABLET 25MG, 50MG	2	QL (30 EA per 30 days) MO
ramelteon tablet 8mg	1	QL (30 EA per 30 days) MO
RESTORIL CAPSULE 15MG, 22.5MG, 30MG	3	QL (30 EA per 30 days) PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
RESTORIL CAPSULE 7.5MG	4	QL (30 EA per 30 days) PA MO; HRM
ROZEREM TABLET 8MG	3	QL (30 EA per 30 days) MO
SILENOR TABLET 3MG, 6MG	3	QL (30 EA per 30 days) MO; HRM
tasimelteon capsule 20mg	4	QL (30 EA per 30 days) PA; ACS
temazepam capsule 15mg, 22.5mg, 30mg, 7.5mg	1	QL (30 EA per 30 days) PA MO; HRM
triazolam tablet 0.125mg, 0.25mg	1	QL (60 EA per 30 days) PA MO; HRM
zaleplon capsule 5mg	1	QL (30 EA per 30 days) PA MO; HRM
zaleplon capsule 10mg	1	QL (60 EA per 30 days) PA MO; HRM
zolpidem tartrate er tablet extended release 12.5mg, 6.25mg	1	QL (30 EA per 30 days) PA MO; HRM
ZOLPIDEM TARTRATE CAPSULE 7.5MG	3	QL (30 EA per 30 days) PA MO
zolpidem tartrate tablet sublingual 1.75mg, 3.5mg	1	QL (30 EA per 30 days) PA MO; HRM
zolpidem tartrate tablet 10mg, 5mg	1	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	2	QL (1 ML per 30 days) PA; ACS
AJOVY AUTO-INJECTOR 225MG/1.5ML	2	QL (1.5 ML per 28 days) PA; ACS
AJOVY PREFILLED SYRINGE 225MG/1.5ML	2	QL (4.5 ML per 90 days) PA; ACS
almotriptan malate tablet 12.5mg, 6.25mg	1	QL (8 EA per 30 days) MO
almotriptan tablet 12.5mg, 6.25mg	1	QL (8 EA per 30 days) MO
CAMBIA PACKET 50MG	4	QL (9 EA per 30 days) PA MO
diclofenac potassium packet 50mg	1	QL (9 EA per 30 days) PA MO
dihydroergotamine mesylate injection 1mg/ml	4	PA MO
dihydroergotamine mesylate nasal solution 4mg/ml	4	QL (8 ML per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
eletriptan hydrobromide tablet 20mg, 40mg	1	QL (12 EA per 30 days) MO
ELYXYB SOLUTION 120MG/4.8ML	4	QL (28.8 ML per 21 days) PA MO
EMGALITY INJECTION 120MG/ML	2	QL (2 ML per 30 days) PA; ACS
EMGALITY INJECTION 100MG/ML	2	QL (3 ML per 30 days) PA; ACS
ERGOMAR TABLET SUBLINGUAL 2MG	4	MO
ergotamine tartrate/caffeine tablet 100mg; 1mg	1	QL (40 EA per 28 days) PA MO
FROVA TABLET 2.5MG	4	QL (12 EA per 30 days) ST MO
frovatriptan succinate tablet 2.5mg	1	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL INJECTION 4MG/0.5ML, 6MG/0.5ML	4	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML, 6MG/0.5ML	4	QL (4 ML per 30 days) ST MO
IMITREX TABLET 25MG, 50MG	3	QL (9 EA per 30 days) ST MO
IMITREX TABLET 100MG	4	QL (12 EA per 30 days) ST MO
MAXALT-MLT TABLET DISINTEGRATING 10MG	3	QL (12 EA per 30 days) ST MO
MAXALT TABLET 10MG	3	QL (12 EA per 30 days) ST MO
migergot suppository 100mg; 2mg	4	QL (20 EA per 28 days) PA MO
MIGRANAL SOLUTION 4MG/ML	4	QL (8 ML per 30 days) PA MO
naratriptan hcl tablet 1mg, 2.5mg	1	QL (9 EA per 30 days) MO
NURTEC TABLET DISINTEGRATING 75MG	2	QL (16 EA per 30 days) PA MO
ONZETRA XSAIL EXHALER POWDER 11MG/NOSEPC	4	QL (16 EA per 30 days) ST MO
QULIPTA TABLET 10MG, 30MG, 60MG	2	QL (30 EA per 30 days) PA MO
RELPAX TABLET 20MG	3	QL (12 EA per 30 days) MO
RELPAX TABLET 40MG	4	QL (12 EA per 30 days) MO
REYVOW TABLET 50MG	3	QL (8 EA per 30 days) PA MO
REYVOW TABLET 100MG	4	QL (8 EA per 30 days) PA MO
rizatriptan benzoate odt tablet disintegrating 10mg, 5mg	1	QL (12 EA per 30 days) MO
rizatriptan benzoate tablet 10mg, 5mg	1	QL (12 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
sumatriptan succinate refill injection 4mg/0.5ml, 6mg/0.5ml	1	QL (4 ML per 30 days) MO
sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml	1	QL (4 ML per 30 days) MO
sumatriptan succinate tablet 100mg	1	QL (12 EA per 30 days) MO
sumatriptan succinate tablet 25mg, 50mg	1	QL (9 EA per 30 days) MO
sumatriptan/naproxen sodium tablet 500mg; 85mg	1	QL (9 EA per 30 days) MO
sumatriptan solution 20mg/act, 5mg/act	1	QL (12 EA per 30 days) MO
SYMBRAVO TABLET 20MG; 10MG	4	QL (9 EA per 30 days) ST MO
TOSYMRA SOLUTION 10MG/ACT	3	QL (12 EA per 30 days) ST MO
TREXIMET TABLET 500MG; 85MG	4	QL (9 EA per 30 days) ST MO
TRUDHESA AEROSOL SOLUTION 0.725MG/ACT	4	QL (12 ML per 28 days) PA
UBRELVY TABLET 100MG, 50MG	2	QL (16 EA per 30 days) PA MO
VYEPTI INJECTION 100MG/ML	4	QL (1 ML per 90 days) PA; ACS LD
ZAVZPRET SOLUTION 10MG/ACT	4	QL (6 EA per 21 days) PA MO
ZEMBRACE SYMTOUCH INJECTION 3MG/0.5ML	4	QL (8 ML per 30 days) ST MO
zolmitriptan odt tablet disintegrating 2.5mg, 5mg	1	QL (6 EA per 30 days) MO
ZOLMITRIPTAN SOLUTION 2.5MG	3	QL (12 EA per 30 days) MO
zolmitriptan solution 5mg	1	QL (12 EA per 30 days) MO
zolmitriptan tablet 2.5mg, 5mg	1	QL (6 EA per 30 days) MO
ZOMIG NASAL SPRAY 2.5MG, 5MG	3	QL (12 EA per 30 days) ST MO
zomig tablet 2.5mg	1	QL (6 EA per 30 days)
zomig tablet 5mg	4	QL (6 EA per 30 days)
MISCELLANEOUS		
AMONDYS 45 INJECTION 100MG/2ML	4	PA; LD
AMVUTTRA INJECTION 25MG/0.5ML	4	QL (0.5 ML per 90 days) PA; ACS LD
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	4	QL (56 EA per 365 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	4	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	4	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	4	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	4	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	4	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	4	QL (60 EA per 30 days) PA; ACS
DAYBUE SOLUTION 200MG/ML	4	QL (3600 ML per 30 days) PA; LD
DUVYZAT SUSPENSION 8.86MG/ML	4	QL (420 ML per 30 days) PA; LD
edaravone injection 60mg/100ml	4	QL (1400 ML per 28 days) PA; ACS
edaravone injection 30mg/100ml	4	QL (2800 ML per 28 days) PA; ACS
ENSPRYNG INJECTION 120MG/ML	4	PA; ACS LD
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100MG, 200MG, 300MG	3	MO; HRM
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	4	QL (80 ML per 12 days) PA; LD
EVRYSDI TABLET 5MG	4	QL (30 EA per 30 days) PA; LD
EXONDYS 51 INJECTION 100MG/2ML, 500MG/10ML	4	PA; LD
FIRDAPSE TABLET 10MG	4	PA; LD
flumazenil injection 0.5mg/5ml, 1mg/10ml	1	
gabapentin once-daily (generic Gralise) tablet 300mg	1	QL (150 EA per 30 days) MO
gabapentin once-daily (generic Gralise) tablet 600mg	1	QL (90 EA per 30 days) MO
GRALISE TABLET 300MG	3	QL (150 EA per 30 days) MO
GRALISE TABLET 750MG, 900MG	3	QL (60 EA per 30 days) MO
GRALISE TABLET 450MG, 600MG	3	QL (90 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
HORIZANT TABLET EXTENDED RELEASE 300MG, 600MG	3	QL (60 EA per 30 days) MO
INGREZZA CAPSULE SPRINKLE 40MG, 60MG, 80MG	4	QL (30 EA per 30 days) PA; ACS LD
INGREZZA CAPSULE THERAPY PACK 40MG; 80MG	4	QL (28 EA per 28 days) PA; ACS LD
INGREZZA CAPSULE 40MG, 60MG, 80MG	4	QL (30 EA per 30 days) PA; ACS LD
lithium carbonate er tablet extended release 300mg, 450mg	1	MO
lithium carbonate capsule 150mg, 300mg, 600mg	1	MO
lithium carbonate tablet 300mg	1	MO
lithium solution 8meq/5ml	1	MO
LITHOBID TABLET EXTENDED RELEASE 300MG	4	MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330MG	3	QL (60 EA per 30 days) PA MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165MG, 82.5MG	3	QL (90 EA per 30 days) PA MO
MESTINON TIMESPAN TABLET EXTENDED RELEASE 180MG	4	MO
MESTINON SOLUTION 60MG/5ML	4	MO
MESTINON TABLET 60MG	4	MO
NUEDEXTA CAPSULE 20MG; 10MG	4	QL (60 EA per 30 days) PA MO
paroxetine capsule 7.5mg	1	PA MO; HRM
pregabalin er tablet extended release 24 hour 330mg	1	QL (60 EA per 30 days) PA MO
pregabalin er tablet extended release 24 hour 165mg, 82.5mg	1	QL (90 EA per 30 days) PA MO
pyridostigmine bromide er tablet extended release 180mg	1	MO
pyridostigmine bromide solution 60mg/5ml	1	MO
pyridostigmine bromide tablet 30mg, 60mg	1	MO
RADICAVA ORS STARTER KIT SUSPENSION 105MG/5ML	4	QL (140 ML per 365 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
RADICAVA ORS SUSPENSION 105MG/5ML	4	QL (50 ML per 28 days) PA; ACS LD
RADICAVA INJECTION 30MG/100ML	4	QL (2800 ML per 28 days) PA; ACS LD
REGONOL INJECTION 10MG/2ML	4	
riluzole tablet 50mg	1	MO
SAVELLA TITRATION PACK MISCELLANEOUS 12.5MG; 25MG; 50MG	3	QL (110 EA per 365 days) PA MO
SAVELLA TABLET 100MG, 12.5MG, 25MG, 50MG	3	QL (60 EA per 30 days) PA MO
SKYCLARYS CAPSULE 50MG	4	QL (90 EA per 30 days) PA; LD
TEGLUTIK SUSPENSION 50MG/10ML	4	QL (600 ML per 30 days); ACS LD
tetrabenazine tablet 25mg	4	QL (120 EA per 30 days) PA; ACS
tetrabenazine tablet 12.5mg	4	QL (90 EA per 30 days) PA; ACS
TIGLUTIK SUSPENSION 50MG/10ML	4	QL (600 ML per 30 days); ACS LD
UPLIZNA INJECTION 100MG/10ML	4	PA; ACS LD
VILTEPSO INJECTION 250MG/5ML	4	PA; LD
VYONDYS 53 INJECTION 100MG/2ML	4	PA; LD
WAINUA INJECTION 45MG/0.8ML	4	QL (0.8 ML per 30 days) PA; LD
XENAZINE TABLET 25MG	4	QL (120 EA per 30 days) PA; ACS LD
XENAZINE TABLET 12.5MG	4	QL (90 EA per 30 days) PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10MG	4	PA; ACS LD
AUBAGIO TABLET 14MG, 7MG	4	QL (30 EA per 30 days) PA; ACS LD
AVONEX PEN INJECTION 30MCG/0.5ML	4	QL (1 EA per 28 days) PA; ACS
AVONEX INJECTION 30MCG/0.5ML	4	QL (1 EA per 28 days) PA; ACS
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	4	QL (120 EA per 30 days) PA; ACS LD
BETASERON INJECTION 0.3MG	4	QL (14 EA per 28 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BRIUMVI INJECTION 150MG/6ML	4	QL (42 ML per 365 days) PA; ACS LD
COPAXONE INJECTION 40MG/ML	4	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	4	QL (30 ML per 30 days) PA; ACS
dalfampridine er tablet extended release 12 hour 10mg	1	PA; ACS
dimethyl fumarate starter pack capsule delayed release therapy pack 120mg; 240mg	4	QL (120 EA per 365 days) PA; ACS
dimethyl fumarate capsule delayed release 120mg	4	QL (14 EA per 7 days) PA; ACS
dimethyl fumarate capsule delayed release 240mg	4	QL (60 EA per 30 days) PA; ACS
fingolimod hydrochloride capsule 0.5mg	4	QL (30 EA per 30 days) PA; ACS
GILENYA CAPSULE 0.25MG	4	QL (28 EA per 28 days) PA; ACS
GILENYA CAPSULE 0.5MG	4	QL (30 EA per 30 days) PA; ACS
glatiramer acetate injection 40mg/ml	4	QL (12 ML per 28 days) PA; ACS
glatiramer acetate injection 20mg/ml	4	QL (30 ML per 30 days) PA; ACS
glatopa injection 40mg/ml	4	QL (12 ML per 28 days) PA; ACS
glatopa injection 20mg/ml	4	QL (30 ML per 30 days) PA; ACS
KESIMPTA INJECTION 20MG/0.4ML	4	QL (6.4 ML per 365 days) PA; ACS LD
LEMTRADA INJECTION 12MG/1.2ML	4	QL (6 ML per 365 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (4 TAB PACK) 10MG	4	QL (16 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (5 TAB PACK) 10MG	4	QL (20 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (6 TAB PACK) 10MG	4	QL (24 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (7 TAB PACK) 10MG	4	QL (28 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (8 TAB PACK) 10MG	4	QL (32 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (9 TAB PACK) 10MG	4	QL (36 EA per 999 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MAVENCLAD TABLET THERAPY PACK (10 TAB PACK) 10MG	4	QL (40 EA per 999 days) PA; ACS LD
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 1MG MAINTENANCE DOSAGE)	3	QL (14 EA per 365 days) PA; ACS LD
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 2MG MAINTENANCE DOSAGE)	4	QL (24 EA per 365 days) PA; ACS LD
MAYZENT TABLET 0.25MG	4	QL (112 EA per 28 days) PA; ACS LD
MAYZENT TABLET 1MG, 2MG	4	QL (30 EA per 30 days) PA; ACS LD
OCREVUS ZUNOVO INJECTION 23000UNIT/23ML; 920MG/23ML	4	QL (23 ML per 180 days) PA; ACS LD
OCREVUS INJECTION 300MG/10ML	4	QL (20 ML per 180 days) PA; ACS LD
PLEGRIDY STARTER PACK INJECTION 63MCG/0.5ML; 94MCG/0.5ML	4	QL (2 ML per 365 days) PA; ACS LD
PLEGRIDY INJECTION 125MCG/0.5ML	4	QL (1 ML per 28 days) PA; ACS LD
PONVORY TABLET 20MG	4	QL (30 EA per 30 days) PA; ACS LD
REBIF REBIDOSE TITRATION PACK INJECTION 8.8MCG/0.2ML; 22MCG/0.5ML	4	QL (8.4 ML per 365 days) PA; ACS
REBIF REBIDOSE INJECTION 22MCG/0.5ML, 44MCG/0.5ML	4	QL (6 ML per 28 days) PA; ACS
REBIF TITRATION PACK INJECTION 8.8MCG/0.2ML; 22MCG/0.5ML	4	QL (8.4 ML per 365 days) PA; ACS
REBIF INJECTION 22MCG/0.5ML, 44MCG/0.5ML	4	QL (6 ML per 28 days) PA; ACS
TASCENSO ODT TABLET DISINTEGRATING 0.25MG, 0.5MG	4	QL (30 EA per 30 days) PA; LD
TECFIDERA STARTER PACK CAPSULE DELAYED RELEASE THERAPY PACK 120MG; 240MG	4	QL (120 EA per 365 days) PA; ACS LD
TECFIDERA CAPSULE DELAYED RELEASE 120MG	4	QL (14 EA per 7 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TECFIDERA CAPSULE DELAYED RELEASE 240MG	4	QL (60 EA per 30 days) PA; ACS LD
teriflunomide tablet 14mg, 7mg	4	QL (30 EA per 30 days) PA; ACS
TYSABRI INJECTION 300MG/15ML	4	PA; ACS LD
VUMERITY CAPSULE DELAYED RELEASE 231MG	4	QL (120 EA per 30 days) PA; ACS LD
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0.23MG; 0.46MG	4	QL (14 EA per 365 days) PA; ACS LD
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG; 0.46MG; 0.92MG	4	QL (56 EA per 365 days) PA; ACS LD
ZEPOSIA CAPSULE 0.92MG	4	QL (30 EA per 30 days) PA; ACS LD
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX CAPSULE EXTENDED RELEASE 24 HOUR 15MG, 30MG	4	QL (30 EA per 30 days) PA MO; HRM
BACLOFEN INJECTION 50MCG/ML	3	B/D
baclofen injection 20000mcg/20ml, 40mg/20ml, 500mcg/ml	1	B/D
BACLOFEN ORAL SOLUTION 10MG/5ML	4	QL (1200 ML per 30 days) PA MO
baclofen oral solution 5mg/5ml	4	QL (1200 ML per 30 days) PA MO
baclofen suspension 25mg/5ml	4	QL (480 ML per 30 days) PA MO
baclofen tablet 10mg, 15mg, 20mg, 5mg	1	MO
BOTOX INJECTION 200UNIT	3	QL (2 EA per 84 days) PA
BOTOX INJECTION 100UNIT	3	QL (4 EA per 84 days) PA
carisoprodol tablet 250mg, 350mg	1	QL (84 EA per 30 days) PA MO; HRM
chlorzoxazone tablet 375mg, 750mg	1	QL (120 EA per 30 days) PA MO; HRM
chlorzoxazone tablet 500mg	1	QL (180 EA per 30 days) PA MO; HRM
chlorzoxazone tablet 250mg	4	QL (120 EA per 30 days) PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CYCLOBENZAPRINE HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 15MG, 30MG	3	QL (30 EA per 30 days) PA MO; HRM
cyclobenzaprine hydrochloride tablet 10mg, 5mg, 7.5mg	1	QL (90 EA per 30 days) PA MO; HRM
DANTRIUM CAPSULE 25MG	3	MO
dantrolene sodium capsule 100mg, 25mg, 50mg	1	MO
DYSPORT INJECTION 300UNIT, 500UNIT	3	PA; ACS
fexmid tablet 7.5mg	1	QL (90 EA per 30 days) PA; HRM
FLEQSUVY SUSPENSION 25MG/5ML	4	QL (480 ML per 30 days) PA MO
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML, 50MCG/ML	3	B/D
GABLOFEN INJECTION 40000MCG/20ML	4	B/D
LYVISPAH PACKET 10MG, 20MG	3	QL (120 EA per 30 days) PA MO
LYVISPAH PACKET 5MG	3	QL (360 EA per 30 days) PA MO
metaxalone tablet 400mg, 800mg	1	QL (120 EA per 30 days) PA MO; HRM
methocarbamol injection 1000mg/10ml	1	PA
methocarbamol tablet 750mg	1	QL (240 EA per 30 days) PA MO; HRM
methocarbamol tablet 500mg	1	QL (360 EA per 30 days) PA MO; HRM
methocarbamol tablet 1000mg	4	QL (120 EA per 30 days) PA; HRM
MYOBLOC INJECTION 2500UNIT/0.5ML, 5000UNIT/ML	3	PA; ACS
MYOBLOC INJECTION 10000UNIT/2ML	4	PA; ACS
NORGESIC FORTE TABLET 770MG; 60MG; 50MG	4	QL (120 EA per 30 days) PA; HRM
norgesic tablet 385mg; 30mg; 25mg	4	QL (120 EA per 30 days) PA; HRM
orphenadrine citrate er tablet extended release 12 hour 100mg	1	QL (60 EA per 30 days) PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
orphenadrine citrate injection 30mg/ml	1	PA MO; HRM
orphenadrine/aspirin/caffeine tablet 385mg; 30mg; 25mg	4	QL (120 EA per 30 days) PA; HRM
orphengesic forte tablet 770mg; 60mg; 50mg	1	QL (120 EA per 30 days) PA; HRM
OZOBAX DS SOLUTION 10MG/5ML	4	QL (1200 ML per 30 days) PA
ROBAXIN INJECTION 1000MG/10ML	3	PA MO
SOHONOS CAPSULE 1.5MG, 10MG, 1MG, 2.5MG, 5MG	4	PA; ACS LD
SOMA TABLET 250MG, 350MG	3	QL (84 EA per 30 days) PA MO; HRM
tanlor tablet 1000mg	4	QL (120 EA per 30 days) PA; HRM
tizanidine hcl tablet 2mg	1	MO
tizanidine hydrochloride capsule 2mg, 4mg, 6mg	1	MO
tizanidine hydrochloride tablet 4mg	1	MO
XEOMIN INJECTION 100UNIT, 200UNIT, 50UNIT	3	PA; ACS LD
ZANAFLEX TABLET 4MG	3	MO
NARCOLEPSY/CATAPLEXY		
armodafinil tablet 150mg, 200mg, 250mg	1	QL (30 EA per 30 days) PA MO
armodafinil tablet 50mg	1	QL (60 EA per 30 days) PA MO
LUMRYZ STARTER PACK THERAPY PACK 4.5GM; 6GM; 7.5GM	4	QL (56 EA per 365 days) PA; ACS LD
LUMRYZ PACKET 4.5GM, 6GM, 7.5GM, 9GM	4	QL (30 EA per 30 days) PA; ACS LD
modafinil tablet 100mg	1	QL (30 EA per 30 days) PA MO
modafinil tablet 200mg	1	QL (60 EA per 30 days) PA MO
NUVIGIL TABLET 50MG	3	QL (60 EA per 30 days) PA MO
NUVIGIL TABLET 150MG, 200MG, 250MG	4	QL (30 EA per 30 days) PA MO
PROVIGIL TABLET 100MG	4	QL (30 EA per 30 days) PA MO
PROVIGIL TABLET 200MG	4	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE SOLUTION 500MG/ML	4	QL (540 ML per 30 days) PA; LD
SUNOSI TABLET 150MG	3	QL (30 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SUNOSI TABLET 75MG	4	QL (30 EA per 30 days) PA MO
WAKIX TABLET 17.8MG, 4.45MG	4	QL (60 EA per 30 days) PA; ACS LD
XYREM SOLUTION 500MG/ML	4	QL (540 ML per 30 days) PA; LD
XYWAV SOLUTION 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	4	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium dr tablet delayed release 333mg	1	MO
BRIXADI INJECTION 64MG/0.18ML	4	QL (0.18 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 96MG/0.27ML	4	QL (0.27 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 128MG/0.36ML	4	QL (0.36 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 8MG/0.16ML	4	QL (0.64 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 16MG/0.32ML	4	QL (1.28 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 24MG/0.48ML	4	QL (1.92 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 32MG/0.64ML	4	QL (2.56 ML per 28 days) PA; ACS LD
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	1	QL (120 EA per 30 days) MO
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	1	QL (180 EA per 30 days) MO
buprenorphine hcl tablet sublingual 8mg	1	QL (120 EA per 30 days) MO
buprenorphine hcl tablet sublingual 2mg	1	QL (180 EA per 30 days) MO
buprenorphine hydrochloride/ naloxone hydrochloride film 8mg; 2mg	1	QL (120 EA per 30 days) MO
buprenorphine hydrochloride/ naloxone hydrochloride film 2mg; 0.5mg	1	QL (180 EA per 30 days) MO
buprenorphine hydrochloride/ naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg	1	QL (90 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg	1	QL (60 EA per 30 days) MO
disulfiram tablet 250mg, 500mg	1	MO
KLOXXADO LIQUID 8MG/0.1ML	3	MO
lofexidine hydrochloride tablet 0.18mg	4	QL (224 EA per 14 days) PA MO
LUCEMYRA TABLET 0.18MG	4	QL (224 EA per 14 days) PA MO
naloxone hcl injection 4mg/10ml	1	MO
naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe	1	
naloxone hydrochloride vial injection 0.4mg/ml	1	MO
naloxone hydrochloride liquid 4mg/0.1ml	1	MO
naltrexone hydrochloride tablet 50mg	1	MO
NARCAN LIQUID 4MG/0.1ML	3	MO
NICOTROL NS SOLUTION 10MG/ML	3	QL (360 ML per 365 days) MO
OPVEE SOLUTION 2.7MG/0.1ML	3	
SUBLOCADE INJECTION 100MG/0.5ML, 300MG/1.5ML	4	QL (1.5 ML per 30 days) PA; ACS LD
SUBOXONE FILM 8MG; 2MG	3	QL (120 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG	3	QL (180 EA per 30 days) MO
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	3	QL (90 EA per 30 days) MO
varenicline starting month tablet therapy pack 0.5mg; 1mg	1	
varenicline tartrate tablet 0.5mg, 1mg	1	MO
VIVITROL INJECTION 380MG	4	ACS
ZIMHI INJECTION 5MG/0.5ML	3	
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL (30 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG	3	QL (90 EA per 30 days) MO
ENDOCRINE AND METABOLIC		
ANDROGENS		
AVEED INJECTION 750MG/3ML	4	ACS LD
AZMIRO INJECTION 200MG/ML	3	PA MO
danazol capsule 100mg, 200mg, 50mg	1	MO
depo-testosterone injection 100mg/ml, 200mg/ml	1	PA
JATENZO CAPSULE 158MG, 198MG	3	QL (120 EA per 30 days) PA MO
JATENZO CAPSULE 237MG	4	QL (60 EA per 30 days) PA MO
methitest tablet 10mg	4	PA
methyltestosterone capsule 10mg	4	PA MO
TESTIM GEL 1%	3	QL (300 GM per 30 days) PA MO
TESTOPEL PELLET 75MG	3	PA; ACS LD
testosterone cypionate injection 100mg/ml, 200mg/ml	1	MO
testosterone enanthate injection 200mg/ml	1	PA MO
testosterone pump gel 1.62%	1	QL (150 GM per 30 days) MO
testosterone pump gel 1%	1	QL (300 GM per 30 days) MO
testosterone pump gel 2% (10mg/act)	1	QL (120 GM per 30 days) MO
testosterone gel 1.62% (20.25mg/1.25gm, 40.5mg/2.5gm)	1	QL (150 GM per 30 days) MO
testosterone gel 1% (25mg/2.5gm, 50mg/5gm)	1	QL (300 GM per 30 days) MO
testosterone solution 30mg/act	1	QL (180 ML per 30 days) MO
TLANDO CAPSULE 112.5MG	3	QL (120 EA per 30 days) PA MO
UNDECATREX CAPSULE 200MG	4	QL (120 EA per 30 days) PA
VOGELXO PUMP GEL 1%	3	QL (300 GM per 30 days) PA MO
VOGELXO GEL 50MG/5GM	3	QL (300 GM per 30 days) PA MO
XYOSTED INJECTION 100MG/0.5ML, 50MG/0.5ML, 75MG/0.5ML	3	PA MO
ANTIDIABETICS, INSULINS		
ADMELOG SOLOSTAR INJECTION 100UNIT/ML	3	ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ADMELOG INJECTION 100UNIT/ML	3	PA MO
AFREZZA POWDER 4UNIT, 8UNIT	3	MO
AFREZZA POWDER 4UNIT; 8 UNIT TITRATION PACK, 4UNIT; 8UNIT; 12UNIT TITRATION PACK, 8UNIT; 12UNIT, 12UNIT	4	MO
BD ALCOHOL SWABS	2	PA MO
APIDRA SOLOSTAR INJECTION 100UNIT/ML	3	ST MO
APIDRA INJECTION 100UNIT/ML	3	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16”	2	PA MO
BASAGLAR KWIKPEN INJECTION 100UNIT/ML	3	ST MO
BASAGLAR TEMPO PEN INJECTION 100UNIT/ML	3	ST MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2”	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2”	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16”	2	PA MO
BD PEN NEEDLE/ORIGINAL/ ULTRA-FINE/29G X 1/2”	2	PA MO
BD PEN MISCELLANEOUS	2	MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64”	2	PA MO
CEQUR SIMPLICITY 2U DEVICE	3	MO
CEQUR SIMPLICITY INSERTER MISCELLANEOUS	3	MO
CURITY GAUZE PADS 2”X2” 12 PLY PAD	2	PA MO
FIASP FLEXTOUCH INJECTION 100UNIT/ML	2	MO
FIASP PENFILL INJECTION 100UNIT/ML	2	MO
FIASP PUMPCART INJECTION 100UNIT/ML	2	B/D MO
FIASP INJECTION 100UNIT/ML	2	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	ST MO
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	ST MO
HUMALOG KWIKPEN INJECTION 200UNIT/ML	4	ST MO
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	ST MO
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	ST MO
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	ST MO
HUMALOG TEMPO PEN INJECTION 100UNIT/ML	3	ST MO
HUMALOG INJECTION VIAL 100UNIT/ML	3	PA MO
HUMALOG INJECTION CARTRIDGE 100UNIT/ML	3	ST MO
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	ST MO
HUMULIN N INJECTION 100UNIT/ML	3	ST MO
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	4	B/D MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	4	MO
HUMULIN R INJECTION 100UNIT/ML	3	PA MO
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	2	MO
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ ML	3	ST MO
INSULIN ASPART PROTAMINE/ INSULIN ASPART INJECTION 30%; 70%	3	ST MO
INSULIN ASPART INJECTION 100UNIT/ML	2	B/D MO
INSULIN DEGLUDEC FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ ML	3	ST MO
INSULIN DEGLUDEC INJECTION 100UNIT/ML	3	ST MO
INSULIN GLARGINE MAX SOLOSTAR INJECTION 300UNIT/ ML	3	ST MO
INSULIN GLARGINE SOLOSTAR INJECTION 300UNIT/ML	3	ST MO
INSULIN GLARGINE-YFGN INJECTION 100UNIT/ML	3	ST MO
INSULIN LISPRO JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	ST MO
INSULIN LISPRO KWIKPEN INJECTION 100UNIT/ML	3	ST MO
INSULIN LISPRO PROTAMINE/ INSULIN LISPRO KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ ML	3	ST MO
INSULIN LISPRO INJECTION 100UNIT/ML	3	PA MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	2	MO
LANTUS INJECTION 100UNIT/ML	2	MO
LYUMJEV KWIKPEN INJECTION 100UNIT/ML	3	ST MO
LYUMJEV KWIKPEN INJECTION 200UNIT/ML	4	ST MO
LYUMJEV TEMPO PEN INJECTION 100UNIT/ML	3	ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
LYUMJEV INJECTION 100UNIT/ML	3	PA MO
MERILOG SOLOSTAR INJECTION 100UNIT/ML	3	ST
MERILOG INJECTION 100UNIT/ML	3	PA
MYXREDLIN INJECTION 100UNIT/100ML; 0.9%	3	ST
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	3	ST MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	2	MO
NOVOLIN N RELION INJECTION 100UNIT/ML	3	ST MO
NOVOLIN N INJECTION 100UNIT/ML	2	MO
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	3	ST MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	2	MO
NOVOLIN R RELION INJECTION 100UNIT/ML	3	PA MO
NOVOLIN R INJECTION 100UNIT/ML	2	B/D MO
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	2	MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	ST MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	2	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	2	MO
NOVOLOG RELION INJECTION 100UNIT/ML	2	B/D MO
NOVOLOG INJECTION 100UNIT/ML	2	B/D MO
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	MO
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	3	MO
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	3	MO
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	MO
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	MO
OMNIPOD POD PALS MISCELLANEOUS	3	
REZVOGLAR KWIKPEN INJECTION 100UNIT/ML	3	ST MO
SEMGLEE INJECTION 100UNIT/ML	3	ST MO
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	2	MO
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	2	MO
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML, 200UNIT/ML	3	ST MO
TRESIBA INJECTION 100UNIT/ML	3	ST MO
TWIIST REFILL KIT/INFUSION SET KIT	3	
TWIIST REFILL KIT KIT	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TWIIST STARTER KIT KIT	3	
V-GO 20 KIT	3	QL (30 EA per 30 days) MO
V-GO 30 KIT	3	QL (30 EA per 30 days) MO
V-GO 40 KIT	3	QL (30 EA per 30 days) MO
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
acarbose tablet 100mg, 25mg, 50mg	1	QL (90 EA per 30 days) MO
ACTOPLUS MET TABLET 850MG; 15MG	3	QL (90 EA per 30 days) MO
ACTOS TABLET 15MG, 30MG, 45MG	3	QL (30 EA per 30 days) MO
ALOGLIPTIN/METFORMIN HCL TABLET 12.5MG; 500MG	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HYDROCHLORIDE TABLET 12.5MG; 1000MG	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	QL (30 EA per 30 days) ST MO
ALOGLIPTIN TABLET 12.5MG, 25MG, 6.25MG	3	QL (30 EA per 30 days) ST MO
BRYNOVIN SOLUTION 25MG/ML	3	QL (120 ML per 30 days) ST
DAPAGLIFLOZIN PROPANEDIOL/ METFORMIN HYDROCHLORIDE TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	QL (30 EA per 30 days) ST MO
DAPAGLIFLOZIN PROPANEDIOL/ METFORMIN HYDROCHLORIDE TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL (60 EA per 30 days) ST MO
DAPAGLIFLOZIN PROPANEDIOL TABLET 10MG, 5MG	2	QL (30 EA per 30 days) MO
DUETACT TABLET 2MG; 30MG, 4MG; 30MG	3	QL (30 EA per 30 days) MO
exenatide injection 5mcg/0.02ml	1	QL (1.2 ML per 30 days) PA MO
exenatide injection 10mcg/0.04ml	1	QL (2.4 ML per 30 days) PA MO
FARXIGA TABLET 10MG, 5MG	2	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
glimepiride tablet 4mg	1	QL (60 EA per 30 days) MO
glimepiride tablet 3mg	1	QL (60 EA per 30 days) PA
glimepiride tablet 1mg, 2mg	1	QL (90 EA per 30 days) MO
glipizide er tablet extended release 24 hour 10mg	1	QL (60 EA per 30 days) MO
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL (90 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL (120 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL (240 EA per 30 days) MO
glipizide tablet 10mg	1	QL (120 EA per 30 days) MO
glipizide tablet 2.5mg, 5mg	1	QL (240 EA per 30 days) MO
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10MG	3	QL (60 EA per 30 days) MO
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 5MG	3	QL (90 EA per 30 days) MO
glyburide micronized tablet 1.5mg, 3mg, 6mg	1	PA MO
glyburide/metformin hydrochloride tablet 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	1	PA MO
glyburide tablet 1.25mg, 2.5mg, 5mg	1	PA MO
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	2	QL (30 EA per 30 days) MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKAMET TABLET 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET TABLET 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKANA TABLET 300MG	3	QL (30 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
INVOKANA TABLET 100MG	3	QL (60 EA per 30 days) ST MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA TABLET 100MG, 25MG, 50MG	2	QL (30 EA per 30 days) MO
JARDIANCE TABLET 10MG, 25MG	2	QL (30 EA per 30 days) ST MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	2	QL (60 EA per 30 days) MO
LIRAGLUTIDE INJECTION 6MG/ML	4	QL (9 ML per 30 days) PA MO
metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg	1	QL (120 EA per 30 days) MO
metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg	1	QL (120 EA per 30 days) PA MO
metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 750mg	1	QL (60 EA per 30 days) MO
metformin hydrochloride er (generic Fortamet) tablet extended release 24 hour 1000mg	1	QL (60 EA per 30 days) PA MO
metformin hydrochloride er (generic Glumetza) tablet extended release 24 hour 1000mg	4	QL (60 EA per 30 days) PA MO
metformin hydrochloride solution 500mg/5ml	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
METFORMIN HYDROCHLORIDE TABLET 625MG	4	QL (120 EA per 30 days) PA MO
metformin hydrochloride tablet 500mg	1	QL (150 EA per 30 days) MO
metformin hydrochloride tablet 1000mg	1	QL (75 EA per 30 days) MO
metformin hydrochloride tablet 850mg	1	QL (90 EA per 30 days) MO
metformin hydrochloride tablet 750mg	4	QL (90 EA per 30 days) PA
miglitol tablet 100mg, 25mg, 50mg	1	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	2	QL (4 ML per 365 days) PA
nateglinide tablet 120mg, 60mg	1	QL (90 EA per 30 days) MO
ONGLYZA TABLET 5MG	3	QL (30 EA per 30 days) ST MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL (3 ML per 28 days) PA MO
pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg	1	QL (30 EA per 30 days) MO
pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg	1	QL (90 EA per 30 days) MO
pioglitazone hcl tablet 45mg	1	QL (30 EA per 30 days) MO
pioglitazone hydrochloride tablet 15mg, 30mg	1	QL (30 EA per 30 days) MO
repaglinide tablet 0.5mg, 1mg	1	QL (120 EA per 30 days) MO
repaglinide tablet 2mg	1	QL (240 EA per 30 days) MO
RIOMET SOLUTION 500MG/5ML	3	MO
RYBELSUS TABLET 3MG	2	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	2	QL (30 EA per 30 days) PA MO
saxagliptin hydrochloride/ metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg	1	QL (30 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
saxagliptin hydrochloride/ metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg	1	QL (60 EA per 30 days) ST MO
saxagliptin hydrochloride tablet 2.5mg, 5mg	1	QL (30 EA per 30 days) ST MO
SEGLUROMET TABLET 2.5MG; 500MG	3	QL (120 EA per 30 days) ST MO
SEGLUROMET TABLET 2.5MG; 1000MG, 7.5MG; 1000MG, 7.5MG; 500MG	3	QL (60 EA per 30 days) ST MO
SITAGLIPTIN/METFORMIN HYDROCHLORIDE TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL (30 EA per 30 days) ST MO
SITAGLIPTIN/METFORMIN HYDROCHLORIDE TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) ST MO
SITAGLIPTIN/METFORMIN HYDROCHLORIDE TABLET 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) ST MO
SITAGLIPTIN TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) ST MO
STEGLATRO TABLET 15MG, 5MG	3	QL (30 EA per 30 days) ST MO
STEGLUJAN TABLET 15MG; 100MG, 5MG; 100MG	3	QL (30 EA per 30 days) MO
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	4	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	4	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL (30 EA per 30 days) ST MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) ST MO
SYNJARDY TABLET 5MG; 500MG	3	QL (120 EA per 30 days) ST MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TRADJENTA TABLET 5MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	QL (2 ML per 28 days) PA MO
TZIELD INJECTION 2MG/2ML	4	PA; LD
VICTOZA INJECTION 18MG/3ML	4	QL (9 ML per 30 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL (30 EA per 30 days) ST MO
ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) ST MO
ZITUVIMET TABLET 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) ST MO
ZITUVIO TABLET 100MG, 25MG, 50MG	3	QL (30 EA per 30 days) ST MO
CALCIUM REGULATORS		
ACTONEL TABLET 150MG	3	QL (1 EA per 28 days) ST MO
ACTONEL TABLET 35MG	3	QL (4 EA per 28 days) ST MO
alendronate sodium solution 70mg/75ml	1	MO
alendronate sodium tablet 10mg	1	QL (120 EA per 30 days) MO
alendronate sodium tablet 35mg, 70mg	1	QL (4 EA per 28 days) MO
ATELVIA TABLET DELAYED RELEASE 35MG	3	QL (4 EA per 28 days) ST MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BINOSTO TABLET EFFERVESCENT 70MG	3	QL (4 EA per 28 days) ST MO
BOMYNTRA INJECTION 120MG/1.7ML	4	PA; ACS LD
BONSITY INJECTION 560MCG/2.24ML	4	PA; ACS
calcitonin salmon injection 200unit/ml	4	PA MO
calcitonin-salmon solution 200unit/act	1	MO
EVENITY INJECTION 105MG/1.17ML	4	QL (2.34 ML per 28 days) PA; ACS
FORTEO INJECTION 560MCG/2.24ML	4	PA; ACS
FOSAMAX PLUS D TABLET 70MG; 2800UNIT, 70MG; 5600UNIT	3	QL (4 EA per 28 days) ST MO
FOSAMAX TABLET 70MG	3	QL (4 EA per 28 days) ST MO
ibandronate sodium injection 3mg/3ml	1	QL (3 ML per 90 days) MO
ibandronate sodium tablet 150mg	1	QL (1 EA per 30 days) MO
MIACALCIN INJECTION 200UNIT/ML	4	PA MO
OSENVELT INJECTION 120MG/1.7ML	4	PA; ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
pamidronate disodium injection 30mg/10ml, 90mg/10ml	1	
PROLIA INJECTION 60MG/ML	3	QL (1 ML per 180 days); ACS
RECLAST INJECTION 5MG/100ML	3	ACS
risedronate sodium dr tablet delayed release 35mg	1	QL (4 EA per 28 days) MO
risedronate sodium tablet 150mg	1	QL (1 EA per 28 days) MO
risedronate sodium tablet 30mg, 5mg	1	QL (30 EA per 30 days) MO
risedronate sodium tablet 35mg	1	QL (4 EA per 28 days) MO
teriparatide injection (brand by Alvogen) 560mcg/2.24ml	4	PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TYMLOS INJECTION 3120MCG/1.56ML	4	PA; ACS LD
WYOST INJECTION 120MG/1.7ML	4	PA; ACS LD
XGEVA INJECTION 120MG/1.7ML	4	PA; ACS
YORVIPATH INJECTION 168MCG/0.56ML	4	QL (1.12 ML per 28 days) PA; LD
YORVIPATH INJECTION 294MCG/0.98ML	4	QL (1.96 ML per 28 days) PA; LD
YORVIPATH INJECTION 420MCG/1.4ML	4	QL (2.8 ML per 28 days) PA; LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS
zoledronic acid injection 4mg/5ml, 5mg/100ml	1	ACS
CHELATING AGENTS		
CHEMET CAPSULE 100MG	4	MO
CUPRIMINE CAPSULE 250MG	4	ACS
CUVRIOR TABLET 300MG	4	PA; LD
deferasirox packet 180mg, 360mg, 90mg	4	PA; ACS
deferasirox tablet soluble 125mg	1	PA; ACS
deferasirox tablet soluble 250mg, 500mg	4	PA; ACS
deferasirox tablet 180mg, 360mg, 90mg	1	PA; ACS
deferiprone tablet 1000mg, 500mg	4	PA; ACS LD
deferoxamine mesylate injection 2gm, 500mg	1	B/D; ACS
DEPEN TITRATABS TABLET 250MG	4	ACS
DESFERAL INJECTION 500MG	4	B/D; ACS
EXJADE TABLET SOLUBLE 125MG, 250MG, 500MG	4	PA; ACS LD
FERRIPROX TWICE-A-DAY TABLET 1000MG	4	PA; LD
FERRIPROX SOLUTION 100MG/ML	4	PA; LD
FERRIPROX TABLET 1000MG, 500MG	4	PA; LD
JADENU SPRINKLE PACKET 180MG, 360MG, 90MG	4	PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
JADENU TABLET 180MG, 360MG, 90MG	4	PA; ACS LD
kionex suspension 15gm/60ml	1	
LOKELMA PACKET 10GM	2	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	2	QL (96 EA per 30 days) MO
penicillamine capsule 250mg	4	ACS
penicillamine tablet 250mg	4	ACS
sodium polystyrene sulfonate powder	1	MO
sps combination suspension 15gm/60ml, 15gm/60ml	1	MO
SYPRINE CAPSULE 250MG	4	PA; ACS
trientine hydrochloride capsule 250mg, 500mg	4	PA; ACS
VELTASSA PACKET 1GM	2	QL (240 EA per 30 days) MO
VELTASSA PACKET 25.2GM	2	QL (30 EA per 30 days)
VELTASSA PACKET 16.8GM	2	QL (30 EA per 30 days) MO
VELTASSA PACKET 8.4GM	2	QL (90 EA per 30 days) MO
CONTRACEPTIVES		
afirmelle tablet 20mcg; 0.1mg	1	
altavera tablet 30mcg; 0.15mg	1	
alyacen 1/35 tablet 35mcg; 1mg	1	MO
alyacen 7/7/7 tablet 0.5mg; 075mg; 1mg; 0.035mg	1	
amethyst tablet 20mcg; 90mcg	1	
ANNOVERA RING 0.013MG/24HR; 0.15MG/24HR	3	QL (1 EA per 365 days) MO
apri tablet 0.15mg; 30mcg	1	
aranelle tablet 0.5mg; 1mg; 0.035mg	1	MO
ashlyna tablet 0.15mg; 0.01mg; 0.03mg	1	
aubra eq tablet 20mcg; 0.1mg	1	
aurovela 1.5/30 tablet 30mcg; 1.5mg	1	
aurovela 1/20 tablet 20mcg; 1mg	1	
aurovela 24 fe tablet 20mcg; 75mg; 1mg	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
aurovela fe 1/20 tablet 20mcg; 75mg; 1mg	1	MO
AVERI TABLET 0.15MG; 0.03MG; 36.5MG	3	
aviane tablet 20mcg; 0.1mg	1	MO
ayuna tablet 0.03mg; 0.15mg	1	
azurette tablet 0.15mg; 0.02mg; 0.01mg	1	
BALCOLTRA TABLET 20MCG; 36.5MG; 0.1MG	3	MO
balziva tablet 35mcg; 0.4mg	1	
BEYAZ TABLET 3MG; 0.02MG; 0.451MG	3	MO
blisovi 24 fe tablet 20mcg; 75mg; 1mg	1	MO
blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	MO
blisovi fe 1/20 tablet 20mcg; 75mg; 1mg	1	
briellyn tablet 35mcg; 0.4mg	1	
camila tablet 0.35mg	1	
CAMRESE LO TABLET 0.1MG; 0.02MG; 0.01MG	2	
CAMRESE TABLET 0.15MG; 0.03MG; 0.01MG	2	
charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg	1	
chateal eq tablet 30mcg; 0.15mg	1	
cryselle-28 tablet 30mcg; 0.3mg	1	MO
cyred eq tablet 0.15mg; 30mcg	1	
dasetta 1/35 tablet 35mcg; 1mg	1	
dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg	1	
daysee tablet 0.15mg; 0.03mg; 0.01mg	1	
deblitane tablet 0.35mg	1	
delyla tablet 20mcg; 0.1mg	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE INJECTION 150MG/ML	3	MO
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	2	MO
dolishale tablet 20mcg; 90mcg	1	MO
drospirenone/ethinyl estradiol/ levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg	1	MO
drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg	1	MO
elinest tablet 30mcg; 0.3mg	1	
eluryng ring 0.015mg/24hr; 0.12mg/24hr	1	
emzahh tablet 0.35mg	1	MO
enilloring ring 0.015mg/24hr; 0.12mg/24hr	1	MO
enskyce tablet 0.15mg; 0.03mg	1	MO
errin tablet 0.35mg	1	
estarylla tablet 35mcg; 0.25mg	1	
ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg	1	MO
etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	1	MO
falmina tablet 20mcg; 0.1mg	1	
feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
feirza 1/20 tablet 20mcg; 75mg; 1mg	1	
FEMLYV TABLET DISINTEGRATING 0.02MG; 1MG	3	PA
finzala tablet chewable 20mcg; 75mg; 1mg	1	
galbriela tablet chewable 25mcg; 75mg; 0.8mg	1	
gemmily capsule 20mcg; 75mg; 1mg	1	
hailey 1.5/30 tablet 30mcg; 1.5mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
hailey 24 fe tablet 20mcg; 75mg; 1mg	1	
hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
hailey fe 1/20 tablet 20mcg; 75mg; 1mg	1	
haloette ring 0.015mg/24hr; 0.12mg/24hr	1	
heather tablet 0.35mg	1	MO
iclevia tablet 0.03mg; 0.15mg	1	
incassia tablet 0.35mg	1	
introvale tablet 0.03mg; 0.15mg	1	
isibloom tablet 0.15mg; 30mcg	1	
jaimiess tablet 0.15mg; 0.03mg; 0.01mg	1	
jasmiel tablet 3mg; 0.02mg	1	
jencycla tablet 0.35mg	1	
JOLESSA TABLET 0.03MG; 0.15MG	2	
joyeaux tablet 20mcg; 75mg; 0.1mg	1	
juleber tablet 0.15mg; 30mcg	1	
junel 1.5/30 tablet 30mcg; 1.5mg	1	
junel 1/20 tablet 20mcg; 1mg	1	
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	MO
junel fe 1/20 tablet 20mcg; 75mg; 1mg	1	
junel fe 24 tablet 20mcg; 75mg; 1mg	1	
kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg	1	MO
kalliga tablet 0.15mg; 30mcg	1	
kariva tablet 0.15mg; 0.02mg; 0.01mg	1	
kelnor 1/35 tablet 35mcg; 1mg	1	MO
kurvelo tablet 0.03mg; 0.15mg	1	
KYLEENA INTRAUTERINE DEVICE 19.5MG	3	ACS LD
larin 1.5/30 tablet 30mcg; 1.5mg	1	
larin 1/20 tablet 20mcg; 1mg	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
larin 24 fe tablet 20mcg; 75mg; 1mg	1	
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
larin fe 1/20 tablet 20mcg; 75mg; 1mg	1	
lessina tablet 20mcg; 0.1mg	1	MO
levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg	1	
levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg	1	MO
levonorgestrel/ethinyl estradiol/ ferrous bisglycinate tablet 0.02mg; 36.5mg; 0.1mg	1	MO
levonorgestrel/ethinyl estradiol tablet 0.05mg; 0.03mg; 0.075mg; 0.04mg; 0.125mg, 0.15mg; 0.03mg; 0.01mg, 0.15; 0.02mg; 0.025mg; 0.03mg; 0.01mg	1	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg	1	MO
levora 0.15/30-28 tablet 0.03mg; 0.15mg	1	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	2	ACS LD
LO LOESTRIN FE TABLET 10MCG; 75MG; 1MG	3	MO
lo-zumandimine tablet 3mg; 0.02mg	1	MO
loestrin 1.5/30-21 tablet 30mcg; 1.5mg	1	
loestrin 1/20-21 tablet 20mcg; 1mg	1	
loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
loestrin fe 1/20 tablet 20mcg; 75mg; 1mg	1	
lojaimiess tablet 0.1mg; 0.02mg; 0.01mg	1	MO
loryna tablet 3mg; 0.02mg	1	
low-ogestrel tablet 30mcg; 0.3mg	1	
lutera tablet 20mcg; 0.1mg	1	
lyleq tablet 0.35mg	1	
lyza tablet 0.35mg	1	
marlissa tablet 0.03mg; 0.15mg	1	MO
medroxyprogesterone acetate injection 150mg/ml	1	MO
meleya tablet 0.35mg	1	
merzee capsule 20mcg; 75mg; 1mg	1	
mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg	1	
microgestin 1.5/30 tablet 30mcg; 1.5mg	1	
microgestin 1/20 tablet 20mcg; 1mg	1	
microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	1	
microgestin fe 1/20 tablet 20mcg; 75mg; 1mg	1	
mili tablet 35mcg; 0.25mg	1	
minzoya tablet 0.02mg; 36.5mg; 0.1mg	1	MO
MIRENA INTRAUTERINE DEVICE 20MCG/DAY	3	ACS LD
mono-linyah tablet 35mcg; 0.25mg	1	
NATAZIA TABLET 3MG; 1MG; 2MG	3	MO
necon 0.5/35-28 tablet 35mcg; 0.5mg	1	
NEXPLANON INJECTION 68MG	2	ACS LD
NEXTSTELLIS TABLET 3MG; 14.2MG	3	MO
nikki tablet 3mg; 0.02mg	1	
NORA-BE TABLET 0.35MG	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr	1	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule 20mcg; 75mg; 1mg	1	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg	1	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 1mg; 20mcg; 75mg, 1mg, 20mcg; 30mcg; 35mcg; 75mg	1	MO
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	1	MO
norethindrone tablet 0.35mg	1	MO
norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg	1	MO
norlyroc tablet 0.35mg	1	
nortrel 0.5/35 (28) tablet 35mcg; 0.5mg	1	MO
nortrel 1/35 28-day regimen	1	
nortrel 1/35 21-day regimen	1	MO
nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg	1	
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	3	MO
nylia 1/35 tablet 35mcg; 1mg	1	
nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg	1	MO
OCELLA TABLET 3MG; 0.03MG	2	
orquidea tablet 0.35mg	1	
orsythia tablet 20mcg; 0.1mg	1	
PHEXXI GEL 1%; 1.8%; 0.4%	3	MO
philith tablet 35mcg; 0.4mg	1	
pimtrea tablet 0.15mg; 0.02mg; 0.01mg	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
portia-28 tablet 0.03mg; 0.15mg	1	
reclipsen tablet 0.15mg; 0.03mg	1	
RIVELSA TABLET 0.15MG; 0.02MG; 0.025MG; 0.03MG	3	
rosyrah tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg	1	MO
SAFYRAL TABLET 3MG; 0.03MG; 0.451MG	3	MO
setlakin tablet 0.03mg; 0.15mg	1	
sharobel tablet 0.35mg	1	
simliya tablet 0.15mg; 0.02mg; 0.01mg	1	
simpesse tablet 0.1mg; 0.03mg; 0.01mg	1	MO
SKYLA INTRAUTERINE DEVICE 13.5MG	3	ACS LD
sprintec 28 tablet 35mcg; 0.25mg	1	MO
sronyx tablet 20mcg; 0.1mg	1	
syeda tablet 3mg; 0.03mg	1	
tarina 24 fe tablet 20mcg; 75mg; 1mg	1	
tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg	1	
taysofy capsule 20mcg; 75mg; 1mg	1	
TAYTULLA CAPSULE 20MCG; 75MG; 1MG	3	MO
tilia fe tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg	1	
tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	1	MO
tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg	1	MO
tri-linyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	1	
tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg	1	
tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg	1	MO
tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg	1	
tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg	1	
tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	1	
tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg	1	
tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	1	
turqoz tablet 30mcg; 0.3mg	1	
tydemy tablet 3mg; 0.03mg; 0.451mg	1	
valtya 1/50 tablet 50mcg; 1mg	1	MO
velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg	1	MO
vestura tablet 3mg; 0.02mg	1	
vienva tablet 20mcg; 0.1mg	1	
viorele tablet 0.15mg; 0.02mg; 0.01mg	1	MO
volnea tablet 0.15mg; 0.02mg; 0.01mg	1	
vyfemla tablet 35mcg; 0.4mg	1	MO
vylibra tablet 35mcg; 0.25mg	1	
wera tablet 35mcg; 0.5mg	1	
wymzya fe tablet chewable 35mcg; 0.4mg; 75mg	1	
xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg	1	
xelria fe tablet chewable 35mcg; 75mg; 0.4mg	1	MO
xulane patch weekly 35mcg/24hr; 150mcg/24hr	1	
YASMIN 28 TABLET 3MG; 0.03MG	3	MO
YAZ TABLET 3MG; 0.02MG	3	MO
zafemy patch weekly 35mcg/24hr; 150mcg/24hr	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
zovia 1/35 tablet 35mcg; 1mg	1	
zumandimine tablet 3mg; 0.03mg	1	
ESTROGENS		
abigale lo tablet 0.5mg; 0.1mg	1	
abigale tablet 1mg; 0.5mg	1	
ACTIVELLA TABLET 1MG; 0.5MG	3	MO
ANGELIQ TABLET 0.25MG; 0.5MG, 0.5MG; 1MG	3	MO
BIJUVA CAPSULE 0.5MG; 100MG, 1MG; 100MG	3	QL (30 EA per 30 days) MO
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	3	QL (4 EA per 28 days) MO
CLIMARA PATCH WEEKLY 0.025MG/24HR, 0.05MG/24HR, 0.06MG/24HR, 0.075MG/24HR, 0.1MG/24HR, 37.5MCG/24HR	3	QL (4 EA per 28 days) MO
COMBIPATCH PATCH TWICE WEEKLY 0.05MG/DAY; 0.14MG/DAY, 0.05MG/DAY; 0.25MG/DAY	3	QL (8 EA per 28 days) MO
DELESTROGEN INJECTION 10MG/ML, 20MG/ML	3	MO
DEPO-ESTRADIOL INJECTION 5MG/ML	3	MO
DIVIGEL GEL 0.25MG/0.25GM, 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	3	MO
dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	1	QL (8 EA per 28 days)
DUAVEE TABLET 20MG; 0.45MG	3	MO
ELESTRIN GEL 0.06%	3	MO
ESTRACE CREAM 0.1MG/GM	3	MO
estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml	1	MO
estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg	1	MO
estradiol cream 0.1mg/gm	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm	1	MO
estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	1	QL (8 EA per 28 days) MO
estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr	1	QL (4 EA per 28 days) MO
estradiol oral tablet 0.5mg, 1mg, 2mg, 10mcg	1	MO
ESTRING RING 7.5MCG/24HR	3	QL (1 EA per 90 days) MO
EVAMIST SOLUTION 1.53MG/ SPRAY	3	QL (16.2 ML per 30 days) MO
FEMRING RING 0.05MG/24HR, 0.1MG/24HR	3	QL (1 EA per 90 days) MO
fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg	1	MO
IMVEXXY MAINTENANCE PACK INSERT 10MCG, 4MCG	3	PA MO
IMVEXXY STARTER PACK INSERT 10MCG, 4MCG	3	PA MO
jinteli tablet 5mcg; 1mg	1	
lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	1	QL (8 EA per 28 days)
MENEST TABLET 0.3MG, 0.625MG, 1.25MG, 2.5MG	3	MO
MENOSTAR PATCH WEEKLY 14MCG/24HR	3	QL (4 EA per 28 days) MO
mimvey tablet 1mg; 0.5mg	1	
MINIVELLE PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	QL (8 EA per 28 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg	1	MO
PREMARIN CREAM 0.625MG/GM	3	MO
PREMARIN INJECTION 25MG	3	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	MO
PREMPHASE TABLET 0.625MG; 5MG	3	MO
PREMPRO TABLET 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	3	MO
VAGIFEM TABLET 10MCG	3	MO
VIVELLE-DOT PATCH TWICE WEEKLY 0.025MG/24HR, 0.0375MG/24HR, 0.05MG/24HR, 0.075MG/24HR, 0.1MG/24HR	3	QL (8 EA per 28 days) MO
yuvafem tablet 10mcg	1	
GLUCOCORTICOIDS		
AGAMREE SUSPENSION 40MG/ML	4	QL (200 ML per 26 days) PA; LD
ALKINDI SPRINKLE CAPSULE SPRINKLE 0.5MG, 1MG, 2MG, 5MG	4	PA; ACS LD
betamethasone sodium phosphate/ betamethasone acetate injection 3mg/ml; 3mg/ml	1	MO
CELESTONE SOLUSPAN INJECTION 3MG/ML; 3MG/ML	3	
CORTEF TABLET 10MG, 20MG, 5MG	3	MO
CORTISONE ACETATE TABLET 25MG	3	
deflazacort suspension 22.75mg/ml	4	PA; LD
deflazacort tablet 18mg, 30mg, 36mg, 6mg	4	PA; ACS
DEPO-MEDROL INJECTION 20MG/ML, 40MG/ML, 80MG/ML	3	B/D MO
DEXABLISS TABLET THERAPY PACK 1.5MG	3	
dexamethasone 10-day dose pack tablet therapy pack 1.5mg	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
dexamethasone 13-day dose pack tablet therapy pack 1.5mg	1	MO
dexamethasone 6-day dose pack tablet therapy pack 1.5mg	1	MO
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	3	MO
dexamethasone sodium phosphate injection prefilled syringe 10mg/ml	1	
dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml	1	MO
dexamethasone elixir 0.5mg/5ml	1	MO
dexamethasone solution 0.5mg/5ml	1	MO
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	1	MO
EMFLAZA SUSPENSION 22.75MG/ML	4	PA; LD
EMFLAZA TABLET 18MG, 30MG, 36MG, 6MG	4	PA; LD
fludrocortisone acetate tablet 0.1mg	1	MO
HEMADY TABLET 20MG	3	
HEXATRIONE INJECTION 20MG/ML	3	
hidex 6-day tablet therapy pack 1.5mg	1	
hydrocortisone sodium succinate injection 100mg	1	MO
hydrocortisone tablet 10mg, 20mg, 5mg	1	MO
jaythari tablet 18mg, 30mg, 36mg, 6mg	4	PA; LD
KENALOG-10 INJECTION 10MG/ML	3	MO
KENALOG-40 INJECTION 40MG/ML	3	MO
KENALOG-80 INJECTION 80MG/ML	3	MO
KHINDIVI SOLUTION 1MG/ML	4	PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MEDROL DOSEPAK TABLET THERAPY PACK 4MG	3	MO
MEDROL TABLET 16MG, 2MG, 4MG, 8MG	3	B/D MO
methylprednisolone acetate injection 40mg/ml, 80mg/ml	1	B/D MO
methylprednisolone dose pack tablet therapy pack 4mg	1	MO
methylprednisolone sodium succinate injection 500mg	1	B/D
methylprednisolone sodium succinate injection 1000mg, 125mg	1	B/D MO
methylprednisolone sodiumsuccinate injection 40mg	1	B/D MO
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	1	B/D MO
ORAPRED ODT TABLET DISINTEGRATING 10MG, 15MG, 30MG	3	B/D MO
PEDIAPRED SOLUTION 5MG/5ML	3	B/D MO
prednisolone sodium phosphate odt tablet disintegrating 30mg	1	B/D
prednisolone sodium phosphate odt tablet disintegrating 10mg, 15mg	1	B/D MO
prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	1	B/D MO
prednisolone solution 15mg/5ml	1	B/D MO
prednisolone tablet 5mg	1	B/D MO
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	3	B/D MO
prednisone solution 5mg/5ml	1	B/D MO
prednisone tablet therapy pack 10mg, 5mg	1	MO
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	B/D MO
RAYOS TABLET DELAYED RELEASE 5MG	4	B/D
RAYOS TABLET DELAYED RELEASE 1MG, 2MG	4	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SOLU-CORTEF INJECTION 1000MG, 100MG, 250MG, 500MG	3	MO
SOLU-MEDROL INJECTION 2GM	3	B/D
SOLU-MEDROL INJECTION 1000MG, 125MG, 40MG, 500MG	3	B/D MO
taperdex 12-day tablet therapy pack 1.5mg	1	
taperdex 6-day tablet therapy pack 1.5mg	1	MO
taperdex 7-day tablet therapy pack 1.5mg	1	
triamcinolone acetonide injection 10mg/ml	1	
triamcinolone acetonide injection 40mg/ml	1	MO
ZILRETTA INJECTION 32MG	3	ACS LD
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	MO
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	MO
diazoxide suspension 50mg/ml	4	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION SOLUTION RECONSTITUTED 1MG/ML	3	
glucagon emergency kit for low blood sugar injection kit 1mg	1	MO
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	MO
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	2	MO
GVOKE KIT INJECTION 1MG/0.2ML	2	MO
GVOKE PFS INJECTION 1MG/0.2ML	2	MO
PROGLYCEM SUSPENSION 50MG/ML	4	MO
ZEGALOGUE INJECTION 0.6MG/0.6ML	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MISCELLANEOUS		
ACETADOTE INJECTION 200MG/ML	3	
acetylcysteine injection 200mg/ml	1	
ACTHAR GEL INJECTION 40UNIT/0.5ML	4	QL (14 ML per 28 days) PA; ACS LD
ACTHAR GEL INJECTION 80UNIT/ML	4	QL (28 ML per 28 days) PA; ACS LD
ACTHAR INJECTION 80UNIT/ML	4	QL (1.5 ML per 1 days) PA; ACS LD
ALDURAZYME INJECTION 2.9MG/5ML	4	PA; ACS LD
AQNEURSA PACKET 1GM	4	QL (112 EA per 28 days) PA; LD
betaine anhydrous powder 1gm	4	ACS
BUPHENYL POWDER 3GM/TSP	4	PA; ACS LD
BUPHENYL TABLET 500MG	4	PA; ACS LD
cabergoline tablet 0.5mg	1	MO
CARBAGLU TABLET SOLUBLE 200MG	4	PA; LD
carglumic acid tablet soluble 200mg	4	PA; LD
CARNITOR SF SOLUTION 1GM/10ML	3	MO
CARNITOR INJECTION 200MG/ML	3	MO
CARNITOR ORAL SOLUTION 1GM/10ML	3	MO
CARNITOR TABLET 330MG	3	MO
CERDELGA CAPSULE 84MG	4	PA; ACS LD
CEREZYME INJECTION 400UNIT	4	PA; ACS LD
CHORIONIC GONADOTROPIN INJECTION 10000UNIT	3	PA; ACS
cinacalcet hydrochloride tablet 30mg	1	QL (60 EA per 30 days); ACS
cinacalcet hydrochloride tablet 90mg	4	QL (120 EA per 30 days); ACS
cinacalcet hydrochloride tablet 60mg	4	QL (60 EA per 30 days); ACS
CORTROPHIN INJECTION 80UNIT/ML	4	QL (1.5 ML per 1 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CORTROPHIN INJECTION 40UNIT/0.5ML	4	QL (14 ML per 28 days) PA; ACS
CORTROPHIN INJECTION PREFILLED SYRINGE 80UNIT/ML	4	QL (28 ML per 28 days) PA; ACS
CRENESSITY CAPSULE 100MG, 25MG, 50MG	4	QL (60 EA per 30 days) PA; LD
CRENESSITY SOLUTION 50MG/ML	4	QL (120 ML per 30 days) PA; LD
CRYSVITA INJECTION 10MG/ML, 20MG/ML, 30MG/ML	4	PA; ACS LD
CYSTADANE POWDER 1GM	4	LD
CYSTAGON CAPSULE 150MG, 50MG	3	PA; ACS LD
DDAVP INJECTION 4MCG/ML	4	MO
DDAVP TABLET 0.1MG	3	MO
DDAVP TABLET 0.2MG	4	MO
desmopressin acetate injection 4mcg/ml	1	MO
desmopressin acetate nasal solution 0.01%	1	MO
desmopressin acetate tablet 0.1mg, 0.2mg	1	MO
DOJOLVI LIQUID 100%	4	PA; ACS LD
EGRIFTA SV INJECTION 2MG	4	QL (30 EA per 30 days) PA; ACS LD
EGRIFTA WR INJECTION 11.6MG	4	QL (4 EA per 28 days) PA; ACS LD
ELAPRASE INJECTION 6MG/3ML	4	PA; ACS LD
ELELYSO INJECTION 200UNIT	4	PA; ACS LD
ELFABRIO INJECTION 20MG/10ML, 5MG/2.5ML	4	PA; ACS LD
EVISTA TABLET 60MG	3	MO
FABRAZYME INJECTION 35MG, 5MG	4	PA; ACS LD
FENSOLVI INJECTION 45MG	4	PA; ACS LD
fomepizole injection 1.5gm/1.5ml	4	
GALAFOLD CAPSULE 123MG	4	QL (14 EA per 28 days) PA; LD
GENOTROPIN MINIQUICK INJECTION 0.2MG	2	PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA; ACS
GENOTROPIN INJECTION 12MG, 5MG	4	PA; ACS
HARLIKU TABLET 2MG	4	QL (30 EA per 30 days) PA; LD
HUMATROPE INJECTION 12MG, 24MG, 6MG	4	PA; ACS
INCRELEX INJECTION 40MG/4ML	4	PA; LD
ISTURISA TABLET 1MG	4	QL (240 EA per 30 days) PA; LD
ISTURISA TABLET 5MG	4	QL (360 EA per 30 days) PA; LD
javygtor packet 100mg, 500mg	4	PA; LD
javygtor tablet 100mg	4	PA; LD
JYNARQUE TABLET THERAPY PACK 0, 15MG	4	QL (56 EA per 28 days) PA; LD
JYNARQUE TABLET 15MG, 30MG	4	QL (120 EA per 30 days) PA; LD
KANUMA INJECTION 20MG/10ML	4	PA; ACS LD
KORLYM TABLET 300MG	4	PA; LD
KUVAN PACKET 100MG, 500MG	4	PA; ACS LD
KUVAN TABLET 100MG	4	PA; ACS LD
LAMZEDE INJECTION 10MG	4	PA; LD
lanreotide acetate injection 120mg/0.5ml	4	PA; ACS
levocarnitine injection 200mg/ml	1	
levocarnitine oral solution 1gm/10ml	1	MO
levocarnitine tablet 330mg	1	MO
LUMIZYME INJECTION 50MG	4	PA; ACS LD
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	4	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	4	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	4	PA; ACS
MEPSEVII INJECTION 10MG/5ML	4	PA; LD
methergine tablet 0.2mg	1	
methylergonovine maleate tablet 0.2mg	4	MO
mifepristone tablet 300mg	4	PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
miglustat capsule 100mg	4	QL (90 EA per 30 days) PA; ACS
MIPLYFFA CAPSULE 124MG, 47MG, 62MG, 93MG	4	QL (90 EA per 30 days) PA; LD
MYALEPT INJECTION 11.3MG	4	QL (30 EA per 30 days) PA; LD
MYCAPSSA CAPSULE DELAYED RELEASE 20MG	4	QL (112 EA per 28 days) PA; LD
MYFEMBREE TABLET 1MG; 0.5MG; 40MG	4	QL (28 EA per 28 days) PA MO
NAGLAZYME INJECTION 1MG/ML	4	PA; ACS LD
NEXVIAZYME INJECTION 100MG	4	PA; ACS LD
NGENLA INJECTION 24MG/1.2ML, 60MG/1.2ML	4	PA; ACS LD
nitisinone capsule 10mg, 20mg, 2mg, 5mg	4	PA; ACS
NITYR TABLET 10MG, 2MG, 5MG	4	PA; LD
NORDITROPIN FLEXPRO INJECTION 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML, 5MG/1.5ML	4	PA; ACS
NOVAREL INJECTION 5000UNIT	3	PA; ACS
NULIBRY INJECTION 9.5MG	4	PA; LD
NUTROPIN AQ NUSPIN 10 INJECTION 10MG/2ML	4	PA; ACS LD
NUTROPIN AQ NUSPIN 20 INJECTION 20MG/2ML	4	PA; ACS LD
NUTROPIN AQ NUSPIN 5 INJECTION 5MG/2ML	4	PA; ACS LD
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	1	PA; ACS
octreotide acetate injection 1000mcg/ml, 10mg, 20mg, 30mg, 500mcg/ml	4	PA; ACS
OLPRUVA THERAPY PACK 2GM, 3GM, 4GM, 5GM, 6.67GM, 6GM	4	PA; LD
OMNITROPE INJECTION 10MG/1.5ML, 5.8MG, 5MG/1.5ML	4	PA; ACS LD
OPFOLDA CAPSULE 65MG	3	QL (8 EA per 28 days) PA; ACS LD
ORFADIN CAPSULE 2MG	3	PA; LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ORFADIN CAPSULE 10MG, 20MG, 5MG	4	PA; LD
ORFADIN SUSPENSION 4MG/ML	4	PA; LD
ORIAHNN CAPSULE THERAPY PACK 300MG; 1MG; 0.5MG	4	QL (56 EA per 28 days) PA MO
ORILISSA TABLET 150MG	4	QL (28 EA per 28 days) PA MO
ORILISSA TABLET 200MG	4	QL (56 EA per 28 days) PA MO
OSPHENA TABLET 60MG	3	QL (30 EA per 30 days) PA MO
PALYNZIQ INJECTION 10MG/0.5ML, 2.5MG/0.5ML, 20MG/ML	4	PA; ACS LD
PHEBURANE PELLET 483MG/GM	4	PA; ACS LD
POMBILITI INJECTION 105MG	4	PA; ACS LD
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL INJECTION 10000UNIT	3	PA; ACS
PROCYSBI CAPSULE DELAYED RELEASE 25MG	4	QL (120 EA per 30 days) PA; LD
PROCYSBI CAPSULE DELAYED RELEASE 75MG	4	QL (810 EA per 30 days) PA; LD
PROCYSBI PACKET 300MG, 75MG	4	PA; LD
raloxifene hydrochloride tablet 60mg	1	MO
RAVICTI LIQUID 1.1GM/ML	4	PA; ACS LD
RECORLEV TABLET 150MG	4	QL (240 EA per 30 days) PA; LD
REVCOVI INJECTION 2.4MG/1.5ML	4	PA; LD
REZDIFFRA TABLET 100MG, 60MG, 80MG	4	QL (30 EA per 30 days) PA; ACS LD
SAMSCA TABLET 15MG	4	QL (30 EA per 30 days) PA; ACS LD
SAMSCA TABLET 30MG	4	QL (60 EA per 30 days) PA; ACS LD
SANDOSTATIN LAR DEPOT INJECTION 10MG, 20MG, 30MG	4	PA; ACS
SANDOSTATIN INJECTION 50MCG/ML	3	PA; ACS
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML	4	PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
sapropterin dihydrochloride packet 100mg, 500mg	4	PA; ACS
sapropterin dihydrochloride tablet 100mg	4	PA; ACS
SENSIPAR TABLET 30MG	3	QL (60 EA per 30 days); ACS
SENSIPAR TABLET 90MG	4	QL (120 EA per 30 days); ACS
SENSIPAR TABLET 60MG	4	QL (60 EA per 30 days); ACS
SEROSTIM INJECTION 4MG, 5MG, 6MG	4	PA; ACS LD
SIGNIFOR LAR INJECTION 10MG, 20MG, 30MG, 40MG, 60MG	4	QL (1 EA per 28 days) PA; LD
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	4	PA; LD
SKYTROFA INJECTION 11MG, 13.3MG, 3.6MG, 3MG, 4.3MG, 5.2MG, 6.3MG, 7.6MG, 9.1MG	4	PA; ACS LD
sodium phenylbutyrate powder 3gm/tsp	4	PA; ACS
sodium phenylbutyrate tablet 500mg	4	PA; ACS
SOGROYA INJECTION 10MG/1.5ML, 15MG/1.5ML, 5MG/1.5ML	4	PA; ACS LD
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	4	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	4	PA; ACS LD
STRENSIQ INJECTION 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	4	PA; LD
SYNAREL SOLUTION 2MG/ML	4	MO
TEPEZZA INJECTION 500MG	4	PA; ACS LD
tolvaptan tablet therapy pack 15mg; 15mg, 30mg; 15mg, 45mg; 15mg, 60mg; 30mg, 90mg; 30mg	4	QL (56 EA per 28 days) PA
tolvaptan (generic Jynarque) tablet 15mg, 30mg	4	QL (120 EA per 30 days) PA; ACS LD
tolvaptan (generic Samsca) tablet 15mg	4	QL (30 EA per 30 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
tolvaptan (generic Samsca) tablet 30mg	4	QL (60 EA per 30 days) PA; ACS
TRIPTODUR INJECTION 22.5MG	4	PA; LD
VASOPRESSIN/SODIUM CHLORIDE INJECTION 0.9%; 20UNIT/100ML, 0.9%; 40UNIT/100ML	3	
vasopressin injection 20unit/ml	1	
VASOSTRICT INJECTION 20UNIT/ML, 5%; 20UNIT/100ML, 5%; 40UNIT/100ML	3	
VEOZAH TABLET 45MG	3	QL (30 EA per 30 days) PA MO
VIJOICE PACKET 50MG	4	QL (28 EA per 28 days) PA; ACS LD
VIJOICE TABLET THERAPY PACK 125MG, 50MG	4	QL (28 EA per 28 days) PA; ACS LD
VIJOICE TABLET THERAPY PACK 250MG	4	QL (56 EA per 28 days) PA; ACS LD
VIMIZIM INJECTION 5MG/5ML	4	PA; ACS LD
VOXZOGO INJECTION 0.4MG, 0.56MG, 1.2MG	4	QL (30 EA per 30 days) PA; ACS LD
VPRIV INJECTION 400UNIT	4	PA; ACS LD
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25MG	4	QL (120 EA per 30 days) PA
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75MG	4	QL (30 EA per 30 days) PA
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150MG	4	QL (90 EA per 30 days) PA
XENPOZYME INJECTION 20MG, 4MG	4	PA; ACS LD
XIAFLEX INJECTION 0.9MG	4	PA; ACS LD
yargesa capsule 100mg	4	QL (90 EA per 30 days) PA; LD
ZAVESCA CAPSULE 100MG	4	QL (90 EA per 30 days) PA; LD
ZOMACTON INJECTION 5MG	3	PA; ACS
ZOMACTON INJECTION 10MG	4	PA; ACS
PROGESTINS		
CRINONE GEL 4%, 8%	3	PA MO
gallifrey tablet 5mg	1	
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
megestrol acetate suspension 40mg/ml, 625mg/5ml	1	MO
norethindrone acetate tablet 5mg	1	MO
progesterone capsule 100mg, 200mg	1	MO
progesterone injection 50mg/ml	1	MO
PROMETRIUM CAPSULE 100MG	3	MO
PROMETRIUM CAPSULE 200MG	4	MO
PROVERA TABLET 10MG, 2.5MG, 5MG	3	MO
THYROID AGENTS		
ADTHYZA TABLET 130MG, 16.25MG, 32.5MG, 65MG, 97.5MG	3	MO
ARMOUR THYROID TABLET 120MG, 15MG, 180MG, 240MG, 300MG, 30MG, 60MG, 90MG	3	MO
CYTOMEL TABLET 25MCG, 50MCG, 5MCG	3	MO
ERMEZA SOLUTION 150MCG/5ML	3	MO
levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
LEVOTHYROXINE SODIUM CAPSULE 100MCG, 112MCG, 125MCG, 137MCG, 13MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	3	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 100MCG, 200MCG/5ML	4	
levothyroxine sodium injection 200mcg, 500mcg	4	MO
levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	MO
liothyronine sodium injection 10mcg/ml	4	
liothyronine sodium tablet 25mcg, 50mcg, 5mcg	1	MO
methimazole tablet 10mg, 5mg	1	MO
NIVA THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	3	MO
NP THYROID 120 TABLET 120MG	3	MO
NP THYROID 15 TABLET 15MG	3	MO
NP THYROID 30 TABLET 30MG	3	MO
NP THYROID 60 TABLET 60MG	3	MO
NP THYROID 90 TABLET 90MG	3	MO
propylthiouracil tablet 50mg	1	MO
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
THYQUIDITY SOLUTION 100MCG/5ML	3	MO
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	3	MO
TIROSINT-SOL SOLUTION 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 37.5MCG/ML, 44MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML	3	MO
TIROSINT CAPSULE 100MCG, 112MCG, 125MCG, 137MCG, 13MCG, 150MCG, 175MCG, 200MCG, 25MCG, 37.5MCG, 44MCG, 50MCG, 62.5MCG, 75MCG, 88MCG	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
VITAMIN D ANALOGS		
calcitriol capsule 0.25mcg, 0.5mcg	1	MO
calcitriol injection 1mcg/ml	1	
calcitriol oral solution 1mcg/ml	1	MO
doxercalciferol capsule 0.5mcg, 1mcg, 2.5mcg	1	MO
doxercalciferol injection 4mcg/2ml	1	
HECTOROL INJECTION 4MCG/2ML	3	
paricalcitol capsule 1mcg, 2mcg, 4mcg	1	MO
paricalcitol injection 2mcg/ml, 5mcg/ml	1	MO
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	4	MO
ROCALTROL CAPSULE 0.25MCG, 0.5MCG	3	MO
ROCALTROL SOLUTION 1MCG/ML	3	MO
ZEMPLAR CAPSULE 1MCG, 2MCG	3	MO
ZEMPLAR INJECTION 2MCG/ML	3	MO
ZEMPLAR INJECTION 5MCG/ML	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO CAPSULE 300MG; 0.5MG	4	QL (4 EA per 30 days) B/D
AKYNZEO POWDER FOR INJECTION 235MG; 0.25MG	3	ACS LD
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML	4	ACS LD
ANTIVERT TABLET CHEWABLE 25MG	3	HRM
ANTIVERT TABLET 50MG	3	HRM
ANZEMET TABLET 50MG	3	B/D
APONVIE INJECTION 32MG/4.4ML	3	
aprepitant capsule therapy pack, 40mg, 80mg	1	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
aprepitant capsule 125mg	4	B/D MO
BONJESTA TABLET EXTENDED RELEASE 20MG; 20MG	3	QL (60 EA per 30 days) MO; HRM
CINVANTI INJECTION 130MG/18ML	3	PA
compro suppository 25mg	1	MO; HRM
DICLEGIS TABLET DELAYED RELEASE 10MG; 10MG	3	QL (120 EA per 30 days) MO; HRM
DIMENHYDRINATE INJECTION 50MG/ML	3	
doxylamine succinate/pyridoxine hydrochloride tablet delayed release 10mg; 10mg	1	QL (120 EA per 30 days) MO; HRM
dronabinol capsule 10mg, 2.5mg, 5mg	1	QL (60 EA per 30 days) PA MO
EMEND BIPACK CAPSULE 80MG	4	B/D MO
EMEND TRIPACK CAPSULE 125MG; 80MG	3	B/D MO
EMEND INJECTION 150MG	3	MO
EMEND SUSPENSION RECONSTITUTED 125MG/5ML	3	B/D MO
FOCINVEZ INJECTION 150MG/50ML	3	
fosaprepitant dimeglumine injection 150mg	1	MO
GIMOTI SOLUTION 15MG/ACT	4	QL (9.8 ML per 28 days) PA
granisetron hcl injection 1mg/ml, 4mg/4ml	1	MO
granisetron hydrochloride tablet 1mg	1	QL (60 EA per 30 days) B/D MO
MARINOL CAPSULE 2.5MG	3	QL (60 EA per 30 days) PA MO
meclizine hcl tablet 12.5mg, 25mg	1	MO; HRM
meclizine hydrochloride tablet 50mg	1	MO
metoclopramide hcl solution 5mg/5ml	1	MO
metoclopramide hydrochloride injection 5mg/ml	1	MO
metoclopramide hydrochloride tablet 10mg, 5mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
metoclopramide odt tablet disintegrating 5mg	1	MO
ondansetron hcl solution 4mg/5ml	1	QL (900 ML per 30 days) B/D MO
ondansetron hcl tablet 24mg	1	B/D
ondansetron hydrochloride injection 40mg/20ml, 4mg/2ml	1	MO
ondansetron hydrochloride tablet 4mg, 8mg	1	B/D MO
ondansetron odt tablet disintegrating 4mg, 8mg	1	B/D MO
ondansetron odt tablet disintegrating 16mg	4	
PALONOSETRON HYDROCHLORIDE INJECTION 0.25MG/2ML	3	
palonosetron hydrochloride injection 0.25mg/5ml	1	
PHENERGAN INJECTION 25MG/ML, 50MG/ML	3	PA MO; HRM
POSFREA INJECTION 0.25MG/5ML	3	
prochlorperazine edisylate injection 10mg/2ml	1	MO; HRM
prochlorperazine maleate tablet 10mg, 5mg	1	MO; HRM
prochlorperazine suppository 25mg	1	MO; HRM
promethazine hcl injection 25mg/ml, 50mg/ml	1	PA MO; HRM
promethazine hcl suppository 12.5mg	1	PA MO; HRM
promethazine hydrochloride plain solution 6.25mg/5ml	1	PA MO; HRM
promethazine hydrochloride solution 6.25mg/5ml	1	PA
promethazine hydrochloride suppository 25mg	1	PA MO; HRM
promethazine hydrochloride tablet 12.5mg, 25mg, 50mg	1	PA MO; HRM
promethegan suppository 50mg	1	PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
promethegan suppository 12.5mg, 25mg	1	PA; HRM
REGLAN TABLET 10MG, 5MG	3	MO
SANCUSO PATCH 3.1MG/24HR	4	QL (4 EA per 28 days) MO
scopolamine patch 72 hour 1mg/3days	1	QL (10 EA per 30 days) PA MO; HRM
SUSTOL INJECTION 10MG/0.4ML	4	
TIGAN INJECTION 100MG/ML	4	PA MO
trimethobenzamide hydrochloride capsule 300mg	1	PA MO
VARUBI TABLET THERAPY PACK 90MG	4	QL (4 EA per 30 days) B/D; ACS LD
ANTISPASMODICS		
ATROPINE SULFATE INJECTION 0.25MG/5ML	3	PA
ATROPINE SULFATE INJECTION 1MG/10ML	3	PA MO
atropine sulfate injection 0.4mg/ml, 0.5mg/5ml, 1mg/ml, 8mg/20ml	1	PA
BELLADONNA/OPIUM SUPPOSITORY 16.2MG; 30MG, 16.2MG; 60MG	3	PA MO; HRM
chlordiazepoxide hydrochloride/ clidinium bromide capsule 5mg; 2.5mg	4	QL (240 EA per 30 days) PA MO; HRM
CUVPOSA SOLUTION 1MG/5ML	3	QL (1350 ML per 30 days) MO
dicyclomine hcl solution 10mg/5ml	1	PA MO; HRM
dicyclomine hydrochloride capsule 10mg	1	PA MO; HRM
dicyclomine hydrochloride injection 10mg/ml	1	PA MO; HRM
dicyclomine hydrochloride tablet 20mg	1	PA MO; HRM
GLYCATE TABLET 1.5MG	4	
GLYCOPYRROLATE INJECTION 0.6MG/3ML	3	
glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml	1	MO
glycopyrrolate oral solution 1mg/5ml	1	MO
GLYCOPYRROLATE TABLET 1.5MG	4	
glycopyrrolate tablet 1mg, 2mg	1	MO
hyoscyamine sulfate odt tablet disintegrating 0.125mg	1	PA MO; HRM
hyoscyamine sulfate elixir 0.125mg/5ml	1	PA MO; HRM
hyoscyamine sulfate solution 0.125mg/ml	1	PA MO; HRM
hyoscyamine sulfate tablet sublingual 0.125mg	1	PA MO; HRM
hyoscyamine sulfate tablet 0.125mg	1	PA MO; HRM
LEVSIN/SL TABLET SUBLINGUAL 0.125MG	3	PA MO; HRM
LEVSIN TABLET 0.125MG	3	PA MO; HRM
LIBRAX CAPSULE 5MG; 2.5MG	4	QL (240 EA per 30 days) PA MO; HRM
methscopolamine bromide tablet 2.5mg, 5mg	1	PA MO
nulev tablet disintegrating 0.125mg	1	PA MO; HRM
oscimin tablet sublingual 0.125mg	1	PA MO; HRM
oscimin tablet 0.125mg	1	PA; HRM
ROBINUL FORTE TABLET 2MG	3	MO
ROBINUL TABLET 1MG	3	MO
H2-RECEPTOR ANTAGONISTS		
cimetidine hydrochloride solution 300mg/5ml	4	PA MO
cimetidine tablet 200mg, 300mg, 400mg, 800mg	1	MO
famotidine premixed injection 0.4mg/ml; 0.9%	1	
famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml	1	
famotidine suspension reconstituted 40mg/5ml	1	MO
famotidine tablet 20mg, 40mg	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
nizatidine capsule 150mg, 300mg	1	MO
PEPCID TABLET 20MG	3	MO
PEPCID TABLET 40MG	4	MO
INFLAMMATORY BOWEL DISEASE		
APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375GM	3	QL (120 EA per 30 days) MO
AZULFIDINE EN-TABS TABLET DELAYED RELEASE 500MG	3	MO
AZULFIDINE TABLET 500MG	3	MO
balsalazide disodium capsule 750mg	1	MO
budesonide er tablet extended release 24 hour 9mg	4	MO
budesonide capsule delayed release particles 3mg	1	MO
budesonide foam 2mg	1	QL (66.8 GM per 28 days) MO
CANASA SUPPOSITORY 1000MG	4	MO
CORTENEMA ENEMA 100MG/60ML	3	
DIPENTUM CAPSULE 250MG	4	MO
hydrocortisone enema 100mg/60ml	1	MO
LIALDA TABLET DELAYED RELEASE 1.2GM	4	MO
mesalamine dr capsule delayed release 400mg	1	MO
mesalamine dr tablet delayed release 1.2gm, 800mg	1	MO
mesalamine er capsule extended release 24 hour 0.375gm	1	QL (120 EA per 30 days) MO
mesalamine er capsule extended release 500mg	4	QL (240 EA per 30 days) MO
mesalamine enema 4gm	1	MO
mesalamine kit 4gm	1	MO
mesalamine suppository 1000mg	1	MO
PENTASA CAPSULE EXTENDED RELEASE 500MG	4	QL (240 EA per 30 days) MO
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	QL (480 EA per 30 days) MO
ROWASA KIT 4GM	4	MO
SFROWASA ENEMA 4GM/60ML	4	QL (1680 ML per 28 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
sulfasalazine tablet delayed release 500mg	1	MO
sulfasalazine tablet 500mg	1	MO
UCERIS FOAM 2MG/ACT	3	QL (66.8 GM per 28 days) MO
UCERIS TABLET EXTENDED RELEASE 24 HOUR 9MG	4	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	MO
constulose solution 10gm/15ml	1	
enulose solution 10gm/15ml	1	MO
gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	1	MO
gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	1	MO
gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	1	
generlac solution 10gm/15ml	1	
GOLYTELY SOLUTION RECONSTITUTED 236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	3	MO
kristalose packet 10gm, 20gm	1	PA
lactulose packet 10gm, 20gm	1	PA MO
lactulose solution 10gm/15ml	1	MO
MOVIPREP SOLUTION RECONSTITUTED 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	3	MO
peg-3350/electrolytes/ascorbate solution reconstituted 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm	1	MO
peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	1	MO
peg-3350/nacl/na bicarbonate/ kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PLENVU SOLUTION RECONSTITUTED 7.54GM; 140GM; 2.2GM; 48.11GM; 5.2GM; 9GM	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	MO
SUFLAVE SOLUTION RECONSTITUTED 0.9GM; 178.7GM; 1.12GM; 0.5GM; 7.3GM	3	MO
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	MO
SUTAB TABLET 225MG; 188MG; 1479MG	3	MO
MISCELLANEOUS		
alosetron hydrochloride tablet 0.5mg	1	QL (60 EA per 30 days) PA MO
alosetron hydrochloride tablet 1mg	4	QL (60 EA per 30 days) PA MO
AMITIZA CAPSULE 24MCG, 8MCG	3	QL (60 EA per 30 days) PA MO
bismuth subcitrate pot/ metronidazole/tetracycline hydrochlo capsule 140mg; 125mg; 125mg	1	MO
BYLVAY (PELLETS) CAPSULE SPRINKLE 600MCG	4	QL (120 EA per 30 days) PA; LD
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG	4	QL (360 EA per 30 days) PA; LD
BYLVAY CAPSULE 1200MCG	4	QL (180 EA per 30 days) PA; LD
BYLVAY CAPSULE 400MCG	4	QL (540 EA per 30 days) PA; LD
CARAFATE SUSPENSION 1GM/10ML	3	MO
CARAFATE TABLET 1GM	3	MO
CHENODAL TABLET 250MG	4	PA; LD
CHOLBAM CAPSULE 250MG, 50MG	4	PA; LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	MO
cromolyn sodium concentrate 100mg/5ml	1	MO
CTEXLI TABLET 250MG	4	PA
CYTOTEC TABLET 100MCG, 200MCG	3	MO
diphenoxylate hydrochloride/ atropine sulfate tablet 0.025mg; 2.5mg	1	MO; HRM
diphenoxylate/atropine liquid 0.025mg/5ml; 2.5mg/5ml	1	MO; HRM
EOHILIA SUSPENSION 2MG/10ML	4	QL (600 ML per 30 days) PA MO
GASTROCROM CONCENTRATE 100MG/5ML	4	MO
GATTEX INJECTION 5MG	4	PA; ACS LD
HELIDAC THERAPY MISCELLANEOUS 262.4MG; 250MG; 500MG	4	QL (448 EA per 365 days)
IBSRELA TABLET 50MG	4	PA MO
IQIRVO TABLET 80MG	4	QL (30 EA per 30 days) PA; ACS LD
lansoprazole/amoxicillin/ clarithromycin therapy pack 500mg; 500mg; 30mg	1	QL (224 EA per 365 days) MO
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	2	QL (30 EA per 30 days) MO
LIVDELZI CAPSULE 10MG	4	QL (30 EA per 30 days) PA; LD
LIVMARLI SOLUTION 19MG/ML	4	QL (60 ML per 30 days) PA; LD
LIVMARLI SOLUTION 9.5MG/ML	4	QL (90 ML per 30 days) PA; LD
LIVMARLI TABLET 30MG	4	QL (30 EA per 30 days) PA; LD
LIVMARLI TABLET 10MG, 15MG, 20MG	4	QL (60 EA per 30 days) PA; LD
LOMOTIL TABLET 0.025MG; 2.5MG	3	MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
loperamide hydrochloride capsule 2mg	1	MO
LOTRONEX TABLET 0.5MG, 1MG	4	QL (60 EA per 30 days) PA MO
LUBIPROSTONE CAPSULE 24MCG, 8MCG	3	QL (60 EA per 30 days) PA MO
misoprostol tablet 100mcg, 200mcg	1	MO
MOTEGRITY TABLET 1MG, 2MG	3	QL (30 EA per 30 days) PA MO
MOTOFEN TABLET 0.025MG; 1MG	4	QL (64 EA per 30 days) ST MO; HRM
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO
MYTESI TABLET DELAYED RELEASE 125MG	4	PA; ACS LD
OCALIVA TABLET 10MG, 5MG	4	QL (30 EA per 30 days) PA; ACS LD
OMECLAMOX-PAK MISCELLANEOUS 500MG; 500MG; 20MG	3	QL (160 EA per 365 days) MO
opium tincture tincture 1%	1	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 2600UNIT, 4200UNIT, 10500UNIT	3	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 21000UNIT, 16800UNIT	4	MO
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000UNIT, 8000UNIT	3	MO
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000UNIT, 24000UNIT	4	MO
prucalopride tablet 1mg, 2mg	1	QL (30 EA per 30 days) PA MO
PYLERA CAPSULE 140MG; 125MG; 125MG	3	MO
REBYOTA SUSPENSION 150ML	4	PA; LD
RELISTOR INJECTION 12MG/0.6ML, 8MG/0.4ML	4	PA MO
RELISTOR TABLET 150MG	4	QL (90 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
RELTONE CAPSULE 200MG, 400MG	4	PA
SUCRAID SOLUTION 8500UNIT/ML	4	LD
sucralfate suspension 1gm/10ml	1	MO
sucralfate tablet 1gm	1	MO
SYMPROIC TABLET 0.2MG	3	MO
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	3	QL (336 EA per 365 days) MO
TRULANCE TABLET 3MG	3	QL (30 EA per 30 days) MO
URSO FORTE TABLET 500MG	3	MO
URSODIOL CAPSULE 200MG, 400MG	4	PA
ursodiol capsule 300mg	1	MO
ursodiol tablet 250mg, 500mg	1	MO
VIBERZI TABLET 100MG, 75MG	4	QL (60 EA per 30 days) PA MO
VIOKACE TABLET 10440UNIT	3	MO
VIOKACE TABLET 20880UNIT	4	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	3	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	3	QL (224 EA per 365 days) PA MO
VOWST CAPSULE	4	PA; LD
XERMELO TABLET 250MG	4	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	4	PA MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PROTON PUMP INHIBITORS		
ACIPHEX TABLET DELAYED RELEASE 20MG	4	QL (30 EA per 30 days) MO
DEXILANT CAPSULE DELAYED RELEASE 30MG, 60MG	3	QL (30 EA per 30 days) MO
dexlansoprazole capsule delayed release 30mg, 60mg	1	QL (30 EA per 30 days) MO
esomeprazole magnesium capsule delayed release 20mg, 40mg	1	QL (30 EA per 30 days) MO
esomeprazole magnesium packet 10mg, 2.5mg, 20mg, 40mg, 5mg	1	QL (30 EA per 30 days) MO
esomeprazole sodium injection 40mg	1	
KONVOMEP SUSPENSION RECONSTITUTED 2MG/ML; 84MG/ML	3	QL (600 ML per 30 days) PA
lansoprazole capsule delayed release 15mg	1	QL (30 EA per 30 days) MO
lansoprazole capsule delayed release 30mg	1	QL (42 EA per 30 days) MO
lansoprazole tablet delayed release disintegrating 15mg	1	QL (30 EA per 30 days) MO
lansoprazole tablet delayed release disintegrating 30mg	1	QL (42 EA per 30 days) MO
NEXIUM CAPSULE DELAYED RELEASE 20MG, 40MG	3	QL (30 EA per 30 days) MO
NEXIUM PACKET 10MG, 2.5MG, 20MG, 40MG, 5MG	3	QL (30 EA per 30 days) MO
omeprazole dr capsule delayed release 10mg	1	QL (30 EA per 30 days) MO
omeprazole/sodium bicarbonate capsule 40mg; 1100mg	1	QL (30 EA per 30 days) MO
omeprazole/sodium bicarbonate capsule 20mg; 1100mg	4	QL (30 EA per 30 days) MO
omeprazole/sodium bicarbonate packet 20mg; 1680mg, 40mg; 1680mg	4	QL (30 EA per 30 days) MO
omeprazole capsule delayed release 20mg, 40mg	1	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PANTOPRAZOLE SODIUM/ SODIUM CHLORIDE INJECTION 40MG/100ML; 0.9%, 40MG/50ML; 0.9%, 80MG/100ML; 0.9%	3	
pantoprazole sodium injection 40mg	1	
pantoprazole sodium packet 40mg	1	QL (30 EA per 30 days) MO
pantoprazole sodium tablet delayed release 20mg	1	QL (30 EA per 30 days) MO
pantoprazole sodium tablet delayed release 40mg	1	QL (60 EA per 30 days) MO
PREVACID SOLUTAB TABLET DELAYED RELEASE DISINTEGRATING 15MG	3	QL (30 EA per 30 days) MO
PREVACID SOLUTAB TABLET DELAYED RELEASE DISINTEGRATING 30MG	3	QL (42 EA per 30 days) MO
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL (42 EA per 30 days) MO
PRILOSEC PACKET 10MG	4	QL (120 EA per 30 days) MO
PRILOSEC PACKET 2.5MG	4	QL (90 EA per 30 days) MO
PROTONIX INJECTION 40MG	3	
PROTONIX PACKET 40MG	3	QL (30 EA per 30 days) MO
PROTONIX TABLET DELAYED RELEASE 20MG	3	QL (30 EA per 30 days) MO
PROTONIX TABLET DELAYED RELEASE 40MG	3	QL (60 EA per 30 days) MO
rabeprazole sodium tablet delayed release 20mg	1	QL (30 EA per 30 days) MO
VOQUEZNA TABLET 10MG	3	QL (30 EA per 30 days) PA MO
VOQUEZNA TABLET 20MG	3	QL (60 EA per 30 days) PA MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl er tablet extended release 24 hour 10mg	1	QL (30 EA per 30 days) MO
AVODART CAPSULE 0.5MG	3	QL (30 EA per 30 days) MO
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8MG	3	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4MG	3	QL (60 EA per 30 days) MO
CIALIS TABLET 5MG	3	QL (30 EA per 30 days) PA MO
dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg	1	QL (30 EA per 30 days) MO
dutasteride capsule 0.5mg	1	QL (30 EA per 30 days) MO
finasteride tablet 5mg	1	QL (30 EA per 30 days) MO
JALYN CAPSULE 0.5MG; 0.4MG	4	QL (30 EA per 30 days) MO
PROSCAR TABLET 5MG	3	QL (30 EA per 30 days) MO
silodosin capsule 4mg, 8mg	1	QL (30 EA per 30 days) MO
tadalafil (generic Cialis) tablet 5mg	1	QL (30 EA per 30 days) PA MO
tamsulosin hydrochloride capsule 0.4mg	1	QL (60 EA per 30 days) MO
UROXATRAL TABLET EXTENDED RELEASE 24 HOUR 10MG	3	QL (30 EA per 30 days) MO
MISCELLANEOUS		
acetic acid 0.25% solution 0.25%	1	MO
bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg	1	MO
ELMIRON CAPSULE 100MG	3	QL (90 EA per 30 days) MO
FILSPARI TABLET 200MG, 400MG	4	QL (30 EA per 30 days) PA; ACS LD
flavoxate hcl tablet 100mg	1	MO; HRM
INTRAROSA INSERT 6.5MG	3	QL (28 EA per 28 days) PA MO
LITHOSTAT TABLET 250MG	3	MO
neomycin/polymyxin b sulfates solution 40mg/ml; 200000unit/ml	1	MO
ORACIT SOLUTION 640MG/5ML; 490MG/5ML	3	MO
ORAL CITRATE SOLUTION 640MG/5ML; 490MG/5ML	3	MO
OXLUMO INJECTION 94.5MG/0.5ML	4	PA; LD
potassium citrate er tablet extended release 1080mg, 15meq, 540mg	1	MO
potassium citrate/citric acid solution 334mg/5ml; 1100mg/5ml	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
RENACIDIN SOLUTION 1980.6MG/30ML; 59.4MG/30ML; 980.4MG/30ML	3	MO
RIMSO-50 INJECTION 50%	4	MO
RIVFLOZA INJECTION 128MG/0.8ML	4	QL (0.8 ML per 30 days) PA; ACS LD
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	4	QL (1 ML per 30 days) PA; ACS LD
sodium citrate/citric acid solution 334mg/5ml; 500mg/5ml	1	MO
SORBITOL SOLUTION 3%	3	
TARPEYO CAPSULE DELAYED RELEASE 4MG	4	QL (120 EA per 30 days) PA; LD
THIOLA EC TABLET DELAYED RELEASE 100MG, 300MG	4	LD
THIOLA TABLET 100MG	4	LD
tiopronin dr tablet delayed release 100mg, 300mg	4	ACS
tiopronin tablet 100mg	4	ACS
tricitrates solution 334mg/5ml; 550mg/5ml; 500mg/5ml	1	MO
UROCIT-K 10 TABLET EXTENDED RELEASE 1080MG	3	MO
UROCIT-K 15 TABLET EXTENDED RELEASE 15MEQ	3	MO
VANRAFIA TABLET 0.75MG	4	QL (30 EA per 30 days) PA; LD
venxxiva tablet delayed release 100mg, 300mg	4	LD
URINARY ANTISPASMODICS		
darifenacin hydrobromide er tablet extended release 24 hour 15mg, 7.5mg	1	QL (30 EA per 30 days) MO; HRM
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2MG	3	QL (30 EA per 30 days) MO; HRM
DETROL TABLET 1MG, 2MG	3	QL (60 EA per 30 days) MO; HRM
fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg	1	QL (30 EA per 30 days) MO; HRM
GEMTESA TABLET 75MG	2	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
mirabegron er tablet extended release 24 hour 25mg, 50mg	1	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	2	QL (300 ML per 28 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	2	QL (30 EA per 30 days) MO
oxybutynin chloride er tablet extended release 24 hour 5mg	1	QL (30 EA per 30 days) MO; HRM
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg	1	QL (60 EA per 30 days) MO; HRM
oxybutynin chloride solution 5mg/5ml	1	QL (600 ML per 30 days) MO; HRM
oxybutynin chloride tablet 5mg	1	QL (120 EA per 30 days) MO; HRM
oxybutynin chloride tablet 2.5mg	1	QL (90 EA per 30 days) MO
OXYTROL PATCH TWICE WEEKLY 3.9MG/24HR	3	QL (8 EA per 28 days) MO; HRM
solifenacin succinate tablet 10mg, 5mg	1	QL (30 EA per 30 days) MO; HRM
tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg	1	QL (30 EA per 30 days) MO; HRM
tolterodine tartrate tablet 1mg, 2mg	1	QL (60 EA per 30 days) MO; HRM
TOVIAZ TABLET EXTENDED RELEASE 24 HOUR 4MG, 8MG	3	QL (30 EA per 30 days) MO; HRM
trospium chloride er capsule extended release 24 hour 60mg	1	QL (30 EA per 30 days) MO; HRM
trospium chloride tablet 20mg	1	QL (60 EA per 30 days) MO; HRM
VESICARE LS SUSPENSION 5MG/5ML	3	QL (300 ML per 30 days); HRM
VESICARE TABLET 10MG, 5MG	3	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREAM 2%	3	MO
CLEOCIN SUPPOSITORY 100MG	3	MO
clindamycin phosphate cream 2%	1	MO
CLINDESSE CREAM 2%	3	QL (5 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
GYNAZOLE-1 CREAM 2%	3	MO
metronidazole vaginal gel 0.75%	1	MO
miconazole 3 suppository 200mg	1	MO
terconazole cream 0.4%, 0.8%	1	MO
terconazole suppository 80mg	1	MO
VANDAZOLE GEL 0.75%	3	MO
XACIATO GEL 2%	3	
HEMATOLOGIC		
ANTICOAGULANTS		
argatroban injection 250mg/2.5ml, 50mg/50ml	1	
ARIXTRA INJECTION 2.5MG/0.5ML	3	MO
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	4	MO
dabigatran etexilate capsule 110mg	1	QL (120 EA per 30 days) MO
dabigatran etexilate capsule 150mg, 75mg	1	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	2	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (74 EA per 30 days) MO
enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	1	MO
fondaparinux sodium injection 2.5mg/0.5ml	1	MO
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	4	MO
FRAGMIN INJECTION 10000UNIT/4ML	3	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	4	MO
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	3	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML	3	
HEPARIN SODIUM/NACL 0.45% INJECTION 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%	2	
HEPARIN SODIUM/SODIUM CHLORIDE INJECTION 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	2	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML PF	2	
heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000unit/ml	1	MO
jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
LOVENOX INJECTION 120MG/0.8ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML	3	MO
LOVENOX INJECTION 100MG/ML, 150MG/ML, 80MG/0.8ML	4	MO
PRADAXA CAPSULE 110MG	3	QL (120 EA per 30 days) MO
PRADAXA CAPSULE 150MG, 75MG	3	QL (60 EA per 30 days) MO
PRADAXA PACKET 30MG, 40MG, 50MG	3	QL (120 EA per 30 days)
PRADAXA PACKET 110MG	3	QL (120 EA per 30 days) MO
PRADAXA PACKET 150MG, 20MG	3	QL (60 EA per 30 days)
rivaroxaban suspension reconstituted 1mg/ml	1	QL (620 ML per 30 days)

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
rivaroxaban tablet 2.5mg	1	QL (60 EA per 30 days) MO
SAVAYSA TABLET 15MG, 30MG, 60MG	3	QL (30 EA per 30 days) ST MO
warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	MO
XARELTO STARTER PACK TABLET THERAPY PACK 15MG; 20MG	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	2	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE INJECTION 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 500MCG/ML	4	QL (1 ML per 21 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 150MCG/0.3ML	4	QL (1.2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 200MCG/0.4ML	4	QL (1.6 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML	4	QL (2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 300MCG/0.6ML	4	QL (2.4 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/ML, 200MCG/ML	4	QL (4 ML per 28 days) PA; ACS
EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	QL (12 ML per 28 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FULPHILA INJECTION 6MG/0.6ML	4	PA; ACS
FYLNETRA INJECTION 6MG/0.6ML	4	PA; ACS LD
GRANIX INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML	4	PA; ACS
LEUKINE INJECTION 250MCG	4	PA; ACS
MIRCERA INJECTION 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML	3	QL (0.6 ML per 28 days) PA
MIRCERA INJECTION 30MCG/0.3ML	3	QL (1.2 ML per 28 days) PA
MOZOBIL INJECTION 24MG/1.2ML	4	PA; ACS LD
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	4	PA; ACS
NEULASTA INJECTION 6MG/0.6ML	4	PA; ACS
NEUPOGEN INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	4	PA; ACS
NIVESTYM INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML, 480MCG/1.6ML	4	PA; ACS
NPLATE INJECTION 125MCG, 250MCG, 500MCG	4	PA; ACS
NYVEPRIA INJECTION 6MG/0.6ML	4	PA; ACS
plerixafor injection 24mg/1.2ml	4	PA; ACS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	4	PA; ACS
RELEUKO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	4	PA; ACS LD
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
RETACRIT INJECTION 40000UNIT/ML	4	PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ROLVEDON INJECTION 13.2MG/0.6ML	4	PA; ACS LD
RYZNEUTA INJECTION 20MG/ML	4	PA
STIMUFEND INJECTION 6MG/0.6ML	4	PA; ACS
UDENYCA ONBODY INJECTION 6MG/0.6ML	4	PA; ACS
UDENYCA INJECTION 6MG/0.6ML	4	PA; ACS
XOLREMDI CAPSULE 100MG	4	QL (120 EA per 30 days) PA; LD
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	4	PA; ACS
ZIEXTENZO INJECTION 6MG/0.6ML	4	PA; ACS LD
MISCELLANEOUS		
ADAKVEO INJECTION 100MG/10ML	4	PA; ACS
ADZYNMA INJECTION 1500UNIT, 500UNIT	4	PA; ACS LD
AGRYLIN CAPSULE 0.5MG	3	MO
ALVAIZ TABLET 54MG, 9MG	4	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	4	QL (90 EA per 30 days) PA; ACS
aminocaproic acid injection 250mg/ml	1	
aminocaproic acid oral solution 0.25gm/ml	4	MO
aminocaproic acid tablet 1000mg, 500mg	4	MO
anagrelide hydrochloride capsule 0.5mg, 1mg	1	MO
ANDEMBRY INJECTION 200MG/1.2ML	4	QL (15.6 ML per 365 days) PA; ACS LD
BERINERT INJECTION 500UNIT	4	QL (24 EA per 30 days) PA; ACS LD
BKEMV INJECTION 300MG/30ML	4	PA
CABLIVI INJECTION 11MG	4	PA; LD
cilostazol tablet 100mg, 50mg	1	MO
CINRYZE INJECTION 500UNIT	4	QL (20 EA per 30 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CYKLOKAPRON INJECTION 1000MG/10ML	3	
DOPTELET TABLET 20MG	4	QL (60 EA per 30 days) PA; ACS LD
EKTERLY TABLET 300MG	4	QL (12 EA per 30 days) PA; ACS LD
eltrombopag olamine packet 25mg	4	QL (180 EA per 30 days) PA; ACS
eltrombopag olamine packet 12.5mg	4	QL (360 EA per 30 days) PA; ACS
eltrombopag olamine tablet 12.5mg, 25mg	4	QL (30 EA per 30 days) PA; ACS
eltrombopag olamine tablet 50mg, 75mg	4	QL (60 EA per 30 days) PA; ACS
EMPAVELI INJECTION 1080MG/20ML	4	QL (200 ML per 30 days) PA; LD
ENDARI PACKET 5GM	4	PA; ACS LD
ENJAYMO INJECTION 1100MG/22ML	4	PA; ACS LD
EPYSQLI INJECTION 300MG/30ML	4	PA; ACS
FABHALTA CAPSULE 200MG	4	QL (60 EA per 30 days) PA; LD
FIRAZYR INJECTION 30MG/3ML	4	QL (27 ML per 30 days) PA; ACS LD
GIVLAARI INJECTION 189MG/ML	4	PA; LD
HAEGARDA INJECTION 3000UNIT	4	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	4	QL (30 EA per 30 days) PA; ACS LD
icatibant acetate injection 30mg/3ml	4	QL (27 ML per 30 days) PA; ACS
KALBITOR INJECTION 10MG/ML	4	QL (12 ML per 30 days) PA; ACS LD
l-glutamine packet 5gm	4	PA; ACS
MULPLETA TABLET 3MG	4	QL (14 EA per 365 days) PA; ACS
ORLADEYO CAPSULE 110MG, 150MG	4	QL (28 EA per 28 days) PA; LD
pentoxifylline er tablet extended release 400mg	1	MO
PIASKY INJECTION 340MG/2ML	4	PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PROMACTA PACKET 25MG	4	QL (180 EA per 30 days) PA; ACS LD
PROMACTA PACKET 12.5MG	4	QL (360 EA per 30 days) PA; ACS LD
PROMACTA TABLET 12.5MG, 25MG	4	QL (30 EA per 30 days) PA; ACS LD
PROMACTA TABLET 50MG, 75MG	4	QL (60 EA per 30 days) PA; ACS LD
PYRUKYND TAPER PACK TABLET THERAPY PACK 20MG; 5MG, 50MG; 20MG	4	QL (14 EA per 14 days) PA; LD
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	4	QL (7 EA per 7 days) PA; LD
PYRUKYND TABLET 20MG, 50MG, 5MG	4	QL (56 EA per 28 days) PA; LD
REBLOZYL INJECTION 25MG, 75MG	4	PA; ACS LD
RUCONEST INJECTION 2100UNIT	4	QL (12 EA per 30 days) PA; ACS LD
RYPLAZIM INJECTION 68.8MG	4	PA; ACS LD
RYTELO INJECTION 188MG, 47MG	4	PA; LD
sajazir injection 30mg/3ml	4	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 100MG	3	PA MO
SIKLOS TABLET 1000MG	4	PA MO
SOLIRIS INJECTION 300MG/30ML	4	PA; ACS LD
TAKHZYRO INJECTION 150MG/ML	4	QL (2 ML per 28 days) PA; ACS LD
TAKHZYRO INJECTION 300MG/2ML	4	QL (4 ML per 28 days) PA; ACS LD
TAVALISSE TABLET 100MG, 150MG	4	QL (60 EA per 30 days) PA; LD
TAVNEOS CAPSULE 10MG	4	QL (180 EA per 30 days) PA; LD
tranexamic acid/sodium chloride injection 0.7%; 1000mg/100ml	1	
tranexamic acid injection 1000mg/10ml	1	
tranexamic acid tablet 650mg	1	MO
ULTOMIRIS INJECTION 1100MG/11ML, 300MG/3ML	4	PA; ACS LD
VEOPOZ INJECTION 400MG/2ML	4	PA; LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
VOYDEYA TABLET THERAPY PACK 100MG; 50MG	4	QL (180 EA per 30 days) PA; LD
VOYDEYA TABLET 100MG	4	QL (180 EA per 30 days) PA; LD
XROMI SOLUTION 100MG/ML	4	PA MO
PLATELET AGGREGATION INHIBITORS		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	1	QL (60 EA per 30 days) MO
BRILINTA TABLET 60MG, 90MG	3	MO
clopidogrel tablet 300mg	1	QL (2 EA per 365 days) MO
clopidogrel tablet 75mg	1	QL (30 EA per 30 days) MO
dipyridamole tablet 25mg, 50mg, 75mg	1	PA MO
EFFIENT TABLET 10MG, 5MG	3	MO
PLAVIX TABLET 75MG	3	QL (30 EA per 30 days) ST MO
prasugrel hydrochloride tablet 10mg, 5mg	1	MO
ticagrelor tablet 60mg, 90mg	1	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ABRILADA 1-PEN KIT INJECTION 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
ABRILADA 2-PEN KIT INJECTION 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
ABRILADA INJECTION 20MG/0.4ML	4	QL (52 EA per 365 days) PA; ACS
ABRILADA INJECTION 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
ACTEMRA ACTPEN INJECTION 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA; ACS LD
ACTEMRA INJECTION 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA; ACS LD
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	QL (40 ML per 28 days) PA; ACS LD
ADALIMUMAB-AACF (2 PEN) INJECTION 40MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF (2 SYRINGE) INJECTION 40MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ADALIMUMAB-AACF STARTER PACK/CD/UC/HS (6 PEN) INJECTION 40MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF STARTER PACK/PSORIASIS/UVEITIS (4 PEN) INJECTION 40MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	4	QL (52 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-AATY CD/UC/HS STARTER INJECTION 80MG/0.8ML	4	QL (6 EA per 365 days) PA; ACS
ADALIMUMAB-ADAZ INJECTION 20MG/0.2ML	4	QL (10.4 ML per 365 days) PA; ACS
ADALIMUMAB-ADAZ INJECTION 10MG/0.1ML	4	QL (2.6 ML per 365 days) PA; ACS
ADALIMUMAB-ADAZ INJECTION 40MG/0.4ML, 80MG/0.8ML	4	QL (22.4 ML per 365 days) PA; ACS
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML	4	QL (26 EA per 365 days) PA; ACS
ADALIMUMAB-ADBM INJECTION 20MG/0.4ML	4	QL (52 EA per 365 days) PA; ACS
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	4	QL (52 EA per 365 days) PA; ACS
ADALIMUMAB-FKJP INJECTION 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-RYVK (2 PEN) INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-RYVK INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
ADBRY INJECTION 150MG/ML, 300MG/2ML	4	QL (56 ML per 365 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
AMJEVITA INJECTION 20MG/0.2ML	4	QL (10.4 ML per 365 days) PA; ACS
AMJEVITA INJECTION 20MG/0.4ML	4	QL (20.8 ML per 365 days) PA; ACS
AMJEVITA INJECTION 40MG/0.4ML, 80MG/0.8ML	4	QL (22.4 ML per 365 days) PA; ACS
AMJEVITA INJECTION 40MG/0.8ML	4	QL (44.8 ML per 365 days) PA; ACS
AMJEVITA INJECTION 10MG/0.2ML	4	QL (5.2 ML per 365 days) PA; ACS
AVSOLA INJECTION 100MG	4	PA; ACS LD
BIMZELX INJECTION 160MG/ML, 320MG/2ML	4	QL (4 ML per 28 days) PA; ACS
CIBINQO TABLET 100MG, 200MG, 50MG	4	QL (30 EA per 30 days) PA; ACS
CIMZIA STARTER KIT INJECTION 200MG/ML	4	QL (6 EA per 365 days) PA; ACS
CIMZIA INJECTION 200MG/ML, 200MG	4	QL (2 EA per 28 days) PA; ACS
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	4	QL (32 ML per 365 days) PA; ACS LD
COSENTYX UNOREADY INJECTION 300MG/2ML	4	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	4	PA; LD
COSENTYX INJECTION 150MG/ML	4	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 75MG/0.5ML	4	QL (8 ML per 365 days) PA; ACS LD
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.8ML	4	QL (12 EA per 365 days) PA; ACS
CYLTEZO STARTER PACKAGE FOR PSORIASIS INJECTION 40MG/0.8ML	4	QL (8 EA per 365 days) PA; ACS
CYLTEZO INJECTION 10MG/0.2ML	4	QL (26 EA per 365 days) PA; ACS
CYLTEZO INJECTION 20MG/0.4ML	4	QL (52 EA per 365 days) PA; ACS
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DUPIXENT INJECTION 200MG/1.14ML	4	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	4	QL (8 ML per 28 days) PA; ACS
EBGLYSS INJECTION 250MG/2ML	4	QL (40 ML per 365 days) PA; ACS LD
ENBREL MINI INJECTION 50MG/ML	4	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK INJECTION 50MG/ML	4	QL (8 ML per 28 days) PA; ACS
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	4	QL (8 ML per 28 days) PA; ACS
ENTYVIO PEN INJECTION 108MG/0.68ML	4	QL (1.36 ML per 28 days) PA; ACS LD
ENTYVIO INJECTION 300MG	4	QL (8 EA per 365 days) PA; ACS LD
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	4	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	4	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	4	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	4	QL (44.8 ML per 365 days) PA; ACS
HULIO INJECTION 20MG/0.4ML	4	QL (52 EA per 365 days) PA; ACS
HULIO INJECTION 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML (BRAND CORDAVIS NOT COVERED)	4	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN-PS/UV STARTER INJECTION 80MG/0.8ML; 40MG/0.4ML	4	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML (BRAND CORDAVIS NOT COVERED)	4	QL (28 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	4	QL (26 EA per 365 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	4	QL (52 EA per 365 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK INJECTION 80MG/0.8ML; 40MG/0.4ML	4	QL (2.4 ML per 365 days) PA; ACS
HYRIMOZ PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	4	QL (4.8 ML per 365 days) PA; ACS
HYRIMOZ PLAQUE PSORIASIS STARTER PACK INJECTION 80MG/0.8ML; 40MG/0.4ML	4	QL (3.2 ML per 365 days) PA; ACS
HYRIMOZ PLAQUE PSORIASIS/ UVEITIS STARTER PACK INJECTION 80MG/0.8ML; 40MG/0.4ML	4	QL (3.2 ML per 365 days) PA; ACS
HYRIMOZ SENSOREADY CD/UC/ HS STARTER PACK INJECTION 80MG/0.8ML	4	QL (4.8 ML per 365 days) PA; ACS
HYRIMOZ SENSOREADY PENS INJECTION 80MG/0.8ML	4	QL (22.4 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 20MG/0.2ML	4	QL (10.4 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 10MG/0.1ML	4	QL (2.6 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 40MG/0.4ML	4	QL (22.4 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 40MG/0.8ML	4	QL (44.8 ML per 365 days) PA; ACS
IDACIO (2 PEN) INJECTION 40MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE) INJECTION 40MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE INJECTION 40MG/0.8ML	4	PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS INJECTION 40MG/0.8ML	4	PA; ACS
ILUMYA INJECTION 100MG/ML	4	PA; ACS LD
INFLECTRA INJECTION 100MG	4	PA; ACS LD
INFLIXIMAB INJECTION 100MG	4	PA; ACS LD
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	4	QL (2.28 ML per 28 days) PA; ACS LD
KINERET INJECTION 100MG/0.67ML	4	QL (18.76 ML per 28 days) PA; LD
LEQSELVI TABLET 8MG	4	QL (60 EA per 30 days) PA; ACS LD
LITFULO CAPSULE 50MG	4	QL (28 EA per 28 days) PA; ACS LD
NEMLUVIO INJECTION 30MG	4	QL (2 EA per 28 days) PA; ACS LD
OLUMIANT TABLET 1MG, 2MG, 4MG	4	QL (30 EA per 30 days) PA; ACS LD
OMVOH INJECTION 300MG/15ML	4	PA; ACS LD
OMVOH INJECTION 100MG/ML, KIT 200MG/2ML; 100MG/ML	4	QL (3 ML per 28 days) PA; ACS LD
ORENCIA CLICKJECT INJECTION 125MG/ML	4	QL (4 ML per 28 days) PA; ACS
ORENCIA INJECTION 250MG	4	PA; ACS
ORENCIA INJECTION 50MG/0.4ML	4	QL (1.6 ML per 28 days) PA; ACS
ORENCIA INJECTION 87.5MG/0.7ML	4	QL (2.8 ML per 28 days) PA; ACS
ORENCIA INJECTION 125MG/ML	4	QL (4 ML per 28 days) PA; ACS
OTEZLA TABLET THERAPY PACK 10MG; 20MG; 30MG, 10MG; 20MG	4	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET 20MG, 30MG	4	QL (60 EA per 30 days) PA; ACS
OTULFI INJECTION 45MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS
OTULFI INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
OTULFI INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA; ACS
PYZCHIVA INJECTION 45MG/0.5ML	2	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PYZCHIVA INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA; ACS
REMICADE INJECTION 100MG	4	PA; ACS
RENFLEXIS INJECTION 100MG	4	PA; ACS LD
RINVOQ LQ SOLUTION 1MG/ML	4	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	4	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	4	QL (30 EA per 30 days) PA; ACS
SELARSDI INJECTION 45MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS
SELARSDI INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
SELARSDI INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA; ACS
SILIQ INJECTION 210MG/1.5ML	4	QL (4.5 ML per 28 days) PA; ACS
SIMLANDI 1-PEN KIT INJECTION 80MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS
SIMLANDI 1-PEN KIT INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
SIMLANDI 2-PEN KIT INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
SIMLANDI INJECTION 80MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS
SIMLANDI INJECTION 20MG/0.2ML	4	QL (52 EA per 365 days) PA; ACS
SIMLANDI INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
SIMPONI ARIA INJECTION 50MG/4ML	4	PA; ACS
SIMPONI INJECTION 50MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS
SIMPONI INJECTION 100MG/ML	4	QL (3 ML per 28 days) PA; ACS
SKYRIZI PEN INJECTION 150MG/ML	4	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	4	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	4	QL (120 ML per 365 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	4	QL (6 ML per 365 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SOTYKTU TABLET 6MG	4	QL (30 EA per 30 days) PA; ACS LD
SPEVIGO INJECTION 450MG/7.5ML	4	PA; LD
SPEVIGO INJECTION 150MG/ML, 300MG/2ML	4	QL (28 ML per 365 days) PA; LD
STELARA INJECTION 45MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA; ACS
STEQEYMA INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
STEQEYMA INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
STEQEYMA INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA; ACS
TALTZ INJECTION 20MG/0.25ML	4	QL (0.25 ML per 28 days) PA; ACS LD
TALTZ INJECTION 40MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS LD
TALTZ INJECTION 80MG/ML	4	QL (3 ML per 28 days) PA; ACS LD
TOFIDENCE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	QL (40 ML per 28 days) PA; ACS LD
TREMFYA INDUCTION PACK FOR CROHNS DISEASE INJECTION 200MG/2ML	4	QL (4 ML per 28 days) PA; ACS
TREMFYA INJECTION 100MG/ML	4	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	4	QL (20 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	4	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	QL (40 ML per 28 days) PA; ACS
USTEKINUMAB-AEKN INJECTION 45MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB-AEKN INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
USTEKINUMAB-TTWE INJECTION 45MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB-TTWE INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
USTEKINUMAB-TTWE INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA; ACS
USTEKINUMAB INJECTION 45MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
USTEKINUMAB INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA; ACS
VELSIPITY TABLET 2MG	4	QL (30 EA per 30 days) PA; ACS LD
WEZLANA INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
WEZLANA INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
WEZLANA INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA; ACS
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	4	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION 1MG/ML	4	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET 10MG, 5MG	4	QL (60 EA per 30 days) PA; ACS
YESINTEK INJECTION 45MG/0.5ML	2	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	2	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
YUFLYMA 2-PEN KIT INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	4	QL (52 EA per 365 days) PA; ACS
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
YUFLYMA CD/UC/HS STARTER INJECTION 80MG/0.8ML	4	QL (6 EA per 365 days) PA; ACS
YUSIMRY INJECTION 40MG/0.8ML	3	QL (44.8 ML per 365 days) PA; ACS
ZYMFENTRA 2-PEN INJECTION 120MG/ML	4	QL (2 EA per 28 days) PA; ACS
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	4	QL (2 EA per 28 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABLET 10MG, 20MG	4	QL (30 EA per 30 days) MO
AURANOFIN CAPSULE 3MG	4	MO
hydroxychloroquine sulfate tablet 100mg, 200mg, 300mg, 400mg	1	MO
JYLAMVO SOLUTION 2MG/ML	3	
leflunomide tablet 10mg, 20mg	1	QL (30 EA per 30 days) MO
methotrexate sodium tablet 2.5mg	1	MO
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL (1.6 ML per 28 days); ACS
PLAQUENIL TABLET 200MG	3	MO
RASUVO INJECTION 7.5MG/0.15ML	3	QL (0.6 ML per 28 days); ACS
RASUVO INJECTION 10MG/0.2ML	3	QL (0.8 ML per 28 days); ACS
RASUVO INJECTION 12.5MG/0.25ML	3	QL (1 ML per 28 days); ACS
RASUVO INJECTION 15MG/0.3ML	3	QL (1.2 ML per 28 days); ACS
RASUVO INJECTION 17.5MG/0.35ML	3	QL (1.4 ML per 28 days); ACS
RASUVO INJECTION 20MG/0.4ML	3	QL (1.6 ML per 28 days); ACS
RASUVO INJECTION 22.5MG/0.45ML	3	QL (1.8 ML per 28 days); ACS
RASUVO INJECTION 25MG/0.5ML	3	QL (2 ML per 28 days); ACS
RASUVO INJECTION 30MG/0.6ML	3	QL (2.4 ML per 28 days); ACS
RIDAURA CAPSULE 3MG	4	MO
SOVUNA TABLET 300MG	3	
SOVUNA TABLET 200MG	3	MO
TREXALL TABLET 10MG, 15MG, 5MG, 7.5MG	3	MO
XATMEP SOLUTION 2.5MG/ML	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
IMMUNOGLOBULINS		
ALYGLO INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	4	PA; ACS LD
ASCENIV INJECTION 5GM/50ML	4	PA; ACS LD
BIVIGAM INJECTION 10%, 5GM/50ML	4	PA; ACS LD
CUTAQUIG INJECTION 1.65GM/10ML, 1GM/6ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	4	PA; ACS LD
CUVITRU INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML, 8GM/40ML	4	PA; ACS LD
CYTOGAM INJECTION 50MG/ML	4	ACS
FLEBOGAMMA DIF INJECTION 10GM/200ML, 20GM/400ML, 5GM/100ML	4	PA; ACS LD
GAMASTAN INJECTION	2	B/D; ACS LD
GAMMAGARD LIQUID INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	4	PA; ACS LD
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJECTION 10GM, 5GM	4	PA; ACS LD
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	4	PA; ACS LD
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	4	PA; ACS LD
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	4	PA; ACS LD
HEPAGAM B INJECTION 312UNIT/ML	3	ACS
HIZENTRA INJECTION 10GM/50ML, 1GM/5ML, 2GM/10ML, 4GM/20ML	4	PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
HYPERHEP B INJECTION 110UNIT/0.5ML, 220UNIT/ML	3	ACS LD
HYPERRAB INJECTION 300UNIT/ML	3	
HYPERRAB INJECTION 1500UNIT/5ML, 900UNIT/3ML	4	
HYPERRHO S/D MINI-DOSE INJECTION 250UNIT	3	ACS LD
HYPERRHO S/D INJECTION 1500UNIT	3	ACS LD
HYPERTET INJECTION 250UNIT/ML	3	
HYQVIA INJECTION 10GM/100ML; 800UNIT/5ML, 2.5GM/25ML; 200UNT/1.25ML, 20GM/200ML; 1600UNIT/10ML, 30GM/300ML; 2400UNIT/15ML, 5GM/50ML; 400UNIT/2.5ML	4	PA; ACS LD
IMOGAM RABIES-HT INJECTION 300UNIT/2ML	3	
KEDRAB INJECTION 300UNIT/2ML	3	
KEDRAB INJECTION 1500UNIT/10ML	4	
NABI-HB INJECTION 312UNIT/ML	3	ACS LD
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	4	PA; ACS LD
PANZYGA INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 30GM/300ML, 5GM/50ML	4	PA; ACS LD
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	4	PA; ACS LD
RHOGAM ULTRA-FILTERED PLUS INJECTION 1500UNIT	3	ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
RHOPHYLAC INJECTION 1500UNIT/2ML	3	ACS LD
VARIZIG INJECTION 125UNIT/1.2ML	4	ACS
WINRHO SDF INJECTION 1500UNIT/1.3ML	3	ACS
XEMBIFY INJECTION 1GM/5ML	3	PA; ACS LD
XEMBIFY INJECTION 10GM/50ML, 2GM/10ML, 4GM/20ML	4	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE INJECTION 100MCG/0.5ML	4	PA; ACS LD
ARCALYST INJECTION 220MG	4	PA; ACS LD
BEYFORTUS INJECTION 100MG/ML, 50MG/0.5ML	3	
ENFLONSIA INJECTION 105MG/0.7ML	3	
GRASTEK TABLET SUBLINGUAL 2800BAU	3	QL (30 EA per 30 days) PA MO
ILARIS INJECTION 150MG/ML	4	QL (2 ML per 28 days) PA; ACS LD
IMAAVY INJECTION 1200MG/6.5ML	4	PA; ACS LD
JOENJA TABLET 70MG	4	QL (60 EA per 30 days) PA; LD
ODACTRA TABLET SUBLINGUAL	3	QL (30 EA per 30 days) PA MO
PALFORZIA INITIAL DOSE ESCALATION CAPSULE SPRINKLE THERAPY PACK 0.5MG; 1MG	3	QL (26 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 10 CAPSULE SPRINKLE THERAPY PACK 240MG DAILY	3	QL (120 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 11 (MAINTENANCE) PACKET 300MG	3	QL (30 EA per 30 days) PA; ACS LD
PALFORZIA LEVEL 11 (TITRATION) PACKET 300MG	3	QL (30 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 1 CAPSULE SPRINKLE THERAPY PACK 1MG	3	QL (90 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 2 CAPSULE SPRINKLE THERAPY PACK 1MG	3	QL (180 EA per 365 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PALFORZIA LEVEL 3 CAPSULE SPRINKLE THERAPY PACK 12MG DAILY	3	QL (90 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 4 CAPSULE SPRINKLE THERAPY PACK 20MG	3	QL (30 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 5 CAPSULE SPRINKLE THERAPY PACK 20MG	3	QL (60 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 6 CAPSULE SPRINKLE THERAPY PACK 20MG	3	QL (120 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 7 CAPSULE SPRINKLE THERAPY PACK 120MG DAILY	3	QL (60 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 8 CAPSULE SPRINKLE THERAPY PACK 160MG DAILY	3	QL (120 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 9 CAPSULE SPRINKLE THERAPY PACK 100MG	3	QL (60 EA per 365 days) PA; ACS LD
RAGWITEK TABLET SUBLINGUAL 12AMB A 1-U	3	QL (30 EA per 30 days) PA MO
RYSTIGGO INJECTION 420MG/3ML	4	QL (12 ML per 28 days) PA; ACS LD
RYSTIGGO INJECTION 560MG/4ML	4	QL (16 ML per 28 days) PA; ACS LD
RYSTIGGO INJECTION 280MG/2ML, 840MG/6ML	4	QL (24 ML per 28 days) PA; ACS LD
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	4	ACS LD
VYVGART HYTRULO INJECTION 1000MG/5ML; 10000UNIT/5ML	4	QL (20 ML per 28 days) PA; ACS
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	4	QL (22.4 ML per 28 days) PA; ACS LD
VYVGART INJECTION 400MG/20ML	4	QL (240 ML per 28 days) PA; ACS LD
ZILBRYSQ INJECTION 16.6MG/0.416ML	4	QL (11.65 ML per 28 days) PA; LD
ZILBRYSQ INJECTION 23MG/0.574ML	4	QL (16.08 ML per 28 days) PA; LD
ZILBRYSQ INJECTION 32.4MG/0.81ML	4	QL (22.68 ML per 28 days) PA; LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ZINPLAVA INJECTION 1000MG/40ML	4	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	4	B/D MO
ATGAM INJECTION 50MG/ML	4	B/D
azasan tablet 100mg, 75mg	1	B/D
AZATHIOPRINE INJECTION 100MG	3	B/D
azathioprine tablet 100mg, 50mg, 75mg	1	B/D MO
BENLYSTA INJECTION 120MG, 200MG/ML, 400MG	4	PA; ACS LD
CELLCEPT INTRAVENOUS INJECTION 500MG	3	B/D
CELLCEPT CAPSULE 250MG	4	B/D MO
CELLCEPT SUSPENSION RECONSTITUTED 200MG/ML	4	B/D MO
CELLCEPT TABLET 500MG	4	B/D MO
cyclosporine modified capsule 100mg, 25mg, 50mg	1	B/D MO
cyclosporine modified solution 100mg/ml	1	B/D MO
cyclosporine capsule 100mg, 25mg	1	B/D MO
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D MO
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	4	B/D MO
everolimus tablet 0.25mg	1	B/D MO
everolimus tablet 0.5mg, 0.75mg, 1mg	4	B/D MO
gengraf capsule 100mg, 25mg	1	B/D
IMURAN TABLET 50MG	3	B/D MO
LUPKYNIS CAPSULE 7.9MG	4	QL (180 EA per 30 days) PA; LD
mycophenolate mofetil capsule 250mg	1	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
mycophenolate mofetil injection 500mg	1	B/D MO
mycophenolate mofetil suspension reconstituted 200mg/ml	4	B/D MO
mycophenolate mofetil tablet 500mg	1	B/D MO
mycophenolic acid dr tablet delayed release 180mg, 360mg	1	B/D MO
MYFORTIC TABLET DELAYED RELEASE 180MG	3	B/D MO
MYFORTIC TABLET DELAYED RELEASE 360MG	4	B/D MO
MYHIBBIN SUSPENSION 200MG/ML	4	B/D MO
NEORAL CAPSULE 100MG, 25MG	3	B/D MO
NEORAL SOLUTION 100MG/ML	3	B/D MO
NIKTIMVO INJECTION 9MG/0.18ML	4	QL (1.44 ML per 28 days) PA; ACS LD
NIKTIMVO INJECTION 22MG/0.44ML	4	QL (1.76 ML per 28 days) PA; ACS LD
NULOJIX INJECTION 250MG	4	B/D
PROGRAF CAPSULE 0.5MG, 1MG, 5MG	3	B/D MO
PROGRAF INJECTION 5MG/ML	3	B/D
PROGRAF PACKET 0.2MG, 1MG	3	B/D MO
REZUROCK TABLET 200MG	4	QL (30 EA per 30 days) PA; LD
SANDIMMUNE CAPSULE 25MG	3	B/D MO
SANDIMMUNE CAPSULE 100MG	4	B/D MO
SANDIMMUNE INJECTION 50MG/ML	3	B/D
SAPHNELO INJECTION 300MG/2ML	4	QL (2 ML per 28 days) PA; ACS LD
SIMULECT INJECTION 10MG, 20MG	4	B/D
sirolimus solution 1mg/ml	4	B/D MO
sirolimus tablet 0.5mg, 1mg, 2mg	1	B/D MO
tacrolimus capsule 0.5mg, 1mg, 5mg	1	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
THYMOGLOBULIN INJECTION 25MG	4	B/D
ZORTRESS TABLET 0.25MG, 0.5MG, 0.75MG, 1MG	4	B/D MO
VACCINES		
ABRYSVO INJECTION 120MCG/0.5ML	2	QL (1 EA per 999 days) PA
ACTHIB INJECTION 10MCG/0.5ML	1	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	2	QL (1 EA per 999 days) PA
BCG VACCINE INJECTION 50MG	1	
BEXSERO INJECTION 0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
DENGVAXIA INJECTION	1	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	1	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
IPOL INACTIVATED IPV INJECTION	1	
IXIARO INJECTION	1	
JYNNEOS INJECTION 0.5ML	1	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
M-M-R II INJECTION	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MENQUADFI INJECTION 0.5ML	1	
MENVEO INJECTION	1	
MRESVIA INJECTION 50MCG/0.5ML	2	QL (0.5 ML per 999 days) PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	1	
PENBRAYA INJECTION	1	
PENMENVY INJECTION	1	
PENTACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	1	
PRIORIX INJECTION	1	
PROQUAD INJECTION	1	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	1	
RABAVERT INJECTION	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION	1	
ROTATEQ SOLUTION	1	
SHINGRIX INJECTION 50MCG/0.5ML	1	QL (2 EA per 999 days)
TENIVAC INJECTION 2LFU; 5LFU	1	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	1	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	1	
VARIVAX INJECTION 1350PFU/0.5ML	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
VAXCHORA SUSPENSION RECONSTITUTED	1	
VIMKUNYA INJECTION 40MCG/0.8ML	2	
VIVOTIF CAPSULE DELAYED RELEASE	1	MO
YF-VAX INJECTION	1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
calcium gluconate/sodium chloride injection 1gm/50ml; 0.675%, 2gm/100ml; 0.675%	1	
CALCIUM GLUCONATE INJECTION 10%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	2	
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJECTION 10%; 0.2%	3	
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	3	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS INJECTION 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	3	
dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%	1	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	3	MO
dextrose/sodium chloride injection 5%; 0.225%	1	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	3	B/D
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	B/D
KCL 0.075%/D5W/NACL 0.45% INJECTION 5%; 10MEQ/L; 0.45%	3	
KCL 0.15%/D5W/NACL 0.2% INJECTION 5%; 20MEQ/L; 0.2%	3	
KCL 0.15%/D5W/NACL 0.45% INJECTION 5%; 20MEQ/L; 0.45%	3	
KCL 0.15%/D5W/NACL 0.9% INJECTION 5%; 20MEQ/L; 0.9%	3	
KCL 0.3%/D5W/NACL 0.45% INJECTION 5%; 40MEQ/L; 0.45%	3	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	3	
lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	1	
magnesium sulfate in d5w injection 5%; 1gm/100ml	1	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	3	
magnesium sulfate injection 2gm/50ml, 4gm/100ml, 4gm/50ml, 50%	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l	1	
PLASMA-LYTE 148 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
PLASMA-LYTE A INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
POTASSIUM ACETATE INJECTION 2MEQ/ML	3	
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	3	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE INJECTION 5%; 0.15%; 0.225%, 5%; 10MEQ/L; 0.45%, 5%; 20MEQ/L; 0.45%, 5%; 20MEQ/L; 0.9%, 5%; 30MEQ/L; 0.45%, 5%; 40MEQ/L; 0.45%, 5%; 40MEQ/L; 0.9%	3	
POTASSIUM CHLORIDE/DEXTROSE INJECTION 5%; 10MEQ/L, 5%; 20MEQ/L	3	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	3	
potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%	1	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
potassium chloride injection 2meq/ml	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
POTASSIUM PHOSPHATE/ SODIUM CHLORIDE INJECTION 1180MG/250ML; 1120MG/250ML; 0.9%	3	
potassium phosphate injection 236mg/ml; 224mg/ml	1	
POTASSIUM PHOSPHATES/ SODIUM CHLORIDE INJECTION 1180MG/100ML; 1120MG/100ML; 0.9%	3	
potassium phosphates injection 236mg/ml; 224mg/ml	1	
RINGERS INJECTION INJECTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	2	
SODIUM ACETATE INJECTION 2MEQ/ML	3	
sodium acetate injection 4meq/ml	1	
SODIUM BICARBONATE INJECTION 7.5%	3	
sodium bicarbonate injection 4.2%	1	
sodium bicarbonate injection 8.4%	1	MO
sodium chloride 0.45% injection 0.45%	1	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	3	MO
sodium chloride injection 0.9%, 3%, 4meq/ml	1	MO
sodium phosphate injection 142mg/ml; 276mg/ml	1	
sodium phosphates injection 142mg/ml; 276mg/ml	1	
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	3	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
C-NATE DHA CAPSULE 100MG; 400UNIT; 1MG; 15MCG; 28MG; 1MG; 30MG; 200MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	MO
CITRANATAL 90 DHA MISCELLANEOUS 120MG; 159MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 1MG; 90MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	2	MO
CITRANATAL B-CALM MISCELLANEOUS 120MG; 120MG; 400UNIT; 1MG; 20MG; 25MG	2	MO
CITRANATAL HARMONY CAPSULE 104MG; 400UNIT; 260MG; 50MG; 1MG; 27MG; 25MG; 30UNIT	2	MO
CITRANATAL MEDLEY CAPSULE 62MG; 200MG; 1MG; 27MG; 12.5MG; 200UNIT; 15UNIT	2	MO
COMPLETENATE TABLET CHEWABLE 120MG; 1000UNIT; 400UNIT; 12MCG; 29MG; 1MG; 20MG; 10MG; 3MG; 2MG; 11UNIT	2	MO
CONCEPT DHA CAPSULE 25MG; 300MCG; 5MG; 2MG; 12.5MCG; 156MG; 39MG; 53.5MG; 310MG; 1MG; 5MG; 1.8MG; 200MG; 38MG; 25MG; 3MG; 2MG; 10MG	2	MO
CONCEPT OB CAPSULE 210MG; 300MCG; 7MG; 800MCG; 10MCG; 130MG; 1MG; 6.9MG; 1.3MG; 20MG; 92.4MG; 25MG; 5MG; 5MG; 18.2MG	2	MO
EFFER-K TABLET EFFERVESCENT 0.84GM; 1GM, 1.68GM; 2GM	3	MO
effer-k tablet effervescent 25meq	1	MO
ELITE-OB TABLET 120MG; 2100UNIT; 315UNIT; 1MG; 15MCG; 1.25MG; 50MG; 15MG; 10MG; 10MG; 3.4MG; 2MG; 20UNIT; 10MG	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ENBRACE HR CAPSULE 500MCG; 1MG; 50MCG; 13.6MG; 25MCG; 1MG; 2.5MG; 24MG; 5.23MG; 25MCG; 0; 12MCG; 25MCG; 25MCG; 1MG	2	MO
FLORAFOL PEDIATRIC TABLET CHEWABLE 70MG; 3.5MCG; 0.5MG; 250MCG; 12MG; 1.15MG; 1MG; 1MG; 700MCG; 12MCG; 11.5MG, 70MG; 3.5MCG; 1MG; 250MCG; 12MG; 1.15MG; 1MG; 1MG; 700MCG; 12MCG; 11.5MG	3	MO
FLORIVA LIQUID 0.25MG/ML; 400UNIT/ML	3	MO
FLORIVA TABLET CHEWABLE 75MG; 40MCG; 600UNIT; 1MG; 6MCG; 262MCG; 15MG; 1.8MG; 2000UNIT; 1.5MG; 0.25MG; 1.3MG; 20UNIT; 5MG, 75MG; 40MCG; 600UNIT; 1MG; 6MCG; 100MCG; 162MCG; 15MG; 1.8MG; 2000UNIT; 1.5MG; 0.5MG; 1.3MG; 20UNIT; 5MG, 75MG; 40MCG; 600UNIT; 1MG; 6MCG; 100MCG; 162MCG; 15MG; 1.8MG; 2000UNIT; 1.5MG; 1MG; 1.3MG; 20UNIT; 5MG	3	MO
fluoride tablet chewable 0.25mg, 0.5mg, 1mg	1	MO
FOLIVANE-OB CAPSULE 210MG; 300MCG; 7MG; 800MCG; 10MCG; 1MG; 85MG; 6.9MG; 1.3MG; 20MG; 25MG; 5MG; 5MG; 18.2MG	2	MO
klor-con 10 tablet extended release 10meq	1	
klor-con 8 tablet extended release 8meq	1	
klor-con m10 tablet extended release 10meq	1	MO
klor-con m15 tablet extended release 15meq	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
klor-con m20 tablet extended release 20meq	1	MO
klor-con/ef tablet effervescent 25meq	1	MO
klor-con packet 20meq	1	
M-NATAL PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	2	MO
multi vitamin/fluoride tablet chewable 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit	1	
multi-vitamin/fluoride drops solution 35mg/ml; 400unit/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 5unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 5unit/ml	1	MO
multi-vitamin/fluoride/iron solution 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml	1	MO
multivitamin/fluoride tablet chewable 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit	1	MO
NEO-VITAL RX TABLET 120MG; 0.2MG; 200MG; 2MG; 12MCG; 2MG; 1000MCG; 5MG; 27MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.2MG; 25MG	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NEONATAL PLUS TABLET 20MG; 0.2MG; 200MG; 10MCG; 2MG; 2MG; 12MCG; 27MG; 1000MCG; 5MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 9.2MG; 25MG	2	MO
NESTABS ONE CAPSULE 18MG; 6.25MCG; 15MCG; 225MG; 38MG; 1MG; 15MG; 30MG; 10MG; 20MG	2	MO
NESTABS TABLET 65MG; 155MG; 450UNIT; 55MG; 10MCG; 32MG; 1000MCG; 100MCG; 50MG; 3MG; 120MG; 3MG; 30UNIT; 10MG	2	MO
NIVA-PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	2	MO
OB COMPLETE ONE CAPSULE 200MCG; 55MG; 70MG; 1200UNIT; 1MG; 50MCG; 300MG; 40MG; 10MG; 476MG; 1000MCG; 40MG; 25MG; 10MG; 150MCG; 30MG; 4MG; 2MG; 30UNIT; 15MG	2	MO
OB COMPLETE PETITE CAPSULE 125MG; 1000UNIT; 1MG; 15MCG; 5MG; 1MG; 35MG; 200MG; 30MG; 3.4MG; 2MG; 30UNIT; 25MG	2	MO
OB COMPLETE PREMIER TABLET 120MG; 800UNIT; 1MG; 15MCG; 100MG; 15MG; 20MG; 1MG; 30MG; 10MG; 10MG; 3.4MG; 2MG; 2100UNIT; 20UNIT; 10MG	2	MO
OB COMPLETE/DHA CAPSULE 125MG; 1000UNIT; 1MG; 15MCG; 10MG; 1MG; 30MG; 200MG; 3.4MG; 2MG; 30UNIT; 25MG	2	MO
OB COMPLETE TABLET 120MG; 2100UNIT; 315UNIT; 1MG; 15MCG; 1.25MG; 50MG; 15MG; 10MG; 10MG; 3.4MG; 2MG; 20UNIT; 10MG	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PNV 27-CA/FE/FA TABLET 80MG; 30MCG; 200MG; 2.5MG; 3MG; 1MG; 60MG; 100MG; 17MG; 7MG; 4MG; 1.6MG; 1.5MG; 1200MCG; 10MCG; 7MG; 25MG	2	MO
PNV PRENATAL PLUS MULTIVITAMIN TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG	2	MO
PNV-DHA+DOCUSATE CAPSULE 28MG; 160MG; 400UNIT; 300MG; 55MG; 27MG; 1.25MG; 25MG; 30UNIT	2	MO
pnv-dha capsule 85mg; 140mg; 200unit; 12mcg; 300mg; 27mg; 400mcg; 600mcg; 45mg; 25mg; 10unit	1	MO
PNV-OMEGA CAPSULE 85MG; 250MCG; 140MG; 200UNIT; 12MCG; 300MG; 40MG; 28MG; 400MCG; 600MCG; 45MG; 150MCG; 25MG; 10UNIT	2	MO
pnv-select tablet 80mg; 2500unit; 300mcg; 120mg; 6mg; 400unit; 2mg; 12mcg; 27mg; 400mcg; 600mcg; 30mg; 20mg; 150mcg; 20mg; 3.4mg; 3mg; 10unit; 15mg	1	MO
POKONZA PACKET 10MEQ	4	PA MO
POLY-VI-FLOR/IRON SUSPENSION 200MCG/ML; 7MG/ML; 8MG/ML; 0.4MG/ML; 0.25MG/ML; 10MCG/ML; 3.35MG/ML	3	MO
POLY-VI-FLOR/IRON TABLET CHEWABLE 10MG; 200MCG; 0.5MG;	3	MO
POLY-VI-FLOR SUSPENSION 200MCG/ML; 8MG/ML; 0.4MG/ML; 0.25MG/ML; 10MCG/ML; 3.35MG/ML	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
POLY-VI-FLOR TABLET CHEWABLE 200MCG; 0.25MG; 200MCG; 1MG; 60MG; 4.5MCG; 200MCG; 10MG; 1MG; 1.2MG; 0.5MG; 1MG; 600MCG; 10MCG; 10MG	3	MO
potassium chloride er capsule extended release 10meq, 8meq	1	MO
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	1	MO
potassium chloride packet 20meq	1	MO
potassium chloride oral solution 10%, 20%	1	MO
PRENAISSANCE PLUS CAPSULE 100MG; 400UNIT; 250MG; 50MG; 1MG; 28MG; 25MG; 30UNIT	2	MO
PRENAISSANCE CAPSULE 28MG; 160MG; 800UNIT; 325MG; 55MG; 29MG; 1.25MG; 25MG; 30UNIT	2	MO
PRENATAL PLUS VITAMIN ANDMINERAL TABLET 120MG; 200MG; 12MCG; 2MG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.9MG; 25MG	2	MO
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	MO
PRENATE AM TABLET 200MG; 12MCG; 400MCG; 600MCG; 75MG; 25MG; 500MG	2	
PRENATE DHA CAPSULE 600MCG; 90MG; 155MG; 400UNIT; 25MCG; 300MG; 18MG; 400MCG; 50MG; 26MG; 40UNIT	2	MO
PRENATE ELITE TABLET 600MCG; 75MG; 2600UNIT; 330MCG; 155MG; 600UNIT; 1.5MG; 13MCG; 20MG; 400MCG; 25MG; 21MG; 150MCG; 21MG; 3.5MG; 3MG; 40UNIT; 15MG	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PRENATE ENHANCE CAPSULE 85MG; 500MCG; 155MG; 1000UNIT; 12MCG; 400MG; 28MG; 400MCG; 600MCG; 50MG; 150MCG; 25MG; 10UNIT	2	MO
PRENATE ESSENTIAL CAPSULE 600MCG; 90MG; 280MCG; 155MG; 220UNIT; 13MCG; 300MG; 40MG; 18MG; 400MCG; 50MG; 150MCG; 26MG; 10UNIT	2	MO
PRENATE MINI CAPSULE 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 400MCG; 18MG; 25MG; 150MCG; 26MG; 10UNIT; 25MG	2	MO
PRENATE PIXIE CAPSULE 600MCG; 30MG; 75MCG; 500UNIT; 13MCG; 200MG; 10MG; 400MCG; 150MCG; 5MG; 10UNIT; 5MG	2	MO
PRENATE RESTORE CAPSULE 85MG; 10MG; 500MCG; 155MG; 1000UNIT; 12MCG; 400MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	2	MO
PRENATE TABLET CHEWABLE 280MCG; 25MG; 250MCG; 500MG; 300UNIT; 125MCG; 400MCG; 600MCG; 50MG; 10MG	2	MO
PRIMACARE CAPSULE 1MG; 100MG; 25MG; 1000UNIT; 300MG; 120MG; 30MG; 250MCG; 750MCG; 50MG; 50MG; 10MG; 150MCG; 50MG; 1.5MG; 15UNIT; 15MG	2	MO
PROVIDA OB CAPSULE 300MCG; 60MG; 6MG; 400UNIT; 1MG; 12MCG; 20MG; 1.25MG; 30MG; 20MG; 10MG; 20MG; 25MG; 3.5MG; 2.5MG; 10MG	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
QUFLORA FE PEDIATRIC LIQUID 36MG/ML; 3MCG/ML; 400UNIT/ML; 2MCG/ML; 9.5MG/ML; 37.5MCG/ML; 4MG/ML; 1MG/ML; 0.4MG/ML; 1500UNIT/ML; 0.6MG/ML; 0.25MG/ML; 0.5MG/ML; 5UNIT/ML	3	
QUFLORA FE TABLET CHEWABLE 100MG; 45MCG; 10MG; 600UNIT; 1MG; 9MCG; 216MCG; 9MG; 20MG; 2MG; 2500UNIT; 1MG; 0.25MG; 1.5MG; 30UNIT; 12MG	3	
QUFLORA PEDIATRIC SOLUTION 0.5MG/ML	3	
QUFLORA PEDIATRIC SOLUTION 0.25 MG/ML	3	MO
QUFLORA PEDIATRIC TABLET CHEWABLE 60MG; 400UNIT; 1MG; 4MCG; 100MCG; 108MCG; 15MG; 5MG; 1.5MG; 1200UNIT; 1.3MG; 0.25MG; 1.2MG; 15UNIT, 60MG; 400UNIT; 1MG; 4MCG; 100MCG; 108MCG; 15MG; 5MG; 1.5MG; 1200UNIT; 1.3MG; 0.5MG; 1.2MG; 15UNIT, 60MG; 400UNIT; 1MG; 4MCG; 100MCG; 108MCG; 15MG; 5MG; 1.5MG; 1200UNIT; 1.3MG; 1MG; 1.2MG; 15UNIT	3	MO
SE-NATAL 19 TABLET CHEWABLE 1000UNIT; 100MG; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	MO
SE-NATAL 19 TABLET 100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	2	MO
SELECT-OB TABLET CHEWABLE 60MG; 400UNIT; 5MCG; 1MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 1.6MG; 30UNIT; 1700UNIT; 15MG	2	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SELECT-OB TABLET CHEWABLE 60MG; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1700UNIT; 1.8MG; 1.6MG; 30UNIT; 15MG	2	MO
sodium fluoride oral solution 0.5mg/ml	1	MO
sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg	1	MO
TARON-C DHA CAPSULE 25MG; 300MCG; 5MG; 2MG; 12.5MCG; 156MG; 39MG; 1MG; 35MG; 5MG; 200MG; 25MG; 3MG; 2MG; 10MG	2	MO
THRIVITE RX TABLET 120MG; 4000UNIT; 30MCG; 200MG; 7MG; 400UNIT; 3MG; 8MCG; 1MG; 29MG; 100MG; 20MG; 150MCG; 3MG; 3MG; 3MG; 30UNIT; 15MG	2	MO
TRI-VI-FLOR SUSPENSION 200MCG/ML; 0.25MG/ML; 337.5MCG/ML; 7.5MCG/ML	3	MO
TRI-VITAMIN DROPS WITH FLUORIDE SUSPENSION 200MCG/ML; 0.25MG/ML; 337.5MCG/ML; 7.5MCG/ML	3	MO
tri-vite/fluoride solution 35mg/ml; 0.25mg/ml; 1500unit/ml; 400unit/ml, 35mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml	1	MO
TRINATAL RX 1 TABLET 80MG; 400UNIT; 30MCG; 200MG; 400UNIT; 3MG; 2.5MCG; 60MG; 1MG; 100MG; 17MG; 7MG; 4MG; 3600UNIT; 1.6MG; 1.5MG; 15UNIT; 25MG	2	MO
TRISTART DHA CAPSULE 55MG; 1000UNIT; 14MCG; 200MG; 15MG; 400MCG; 31MG; 30MG; 600MCG; 5MG; 200MCG; 35MG; 1.8MG; 1.3MG; 15UNIT	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
VITAFOL GUMMIES TABLET CHEWABLE 10MG; 333.333UNIT; 3.333MG; 2.667MG; 25MG; 5.1MG; 3.33MG; 0.333MG; 5MG; 34.8MG; 50MCG; 0.833MG; 366.667MG; 5UNIT	2	MO
VITAFOL ULTRA CAPSULE 415MG; 30MG; 1100UNIT; 1000UNIT; 2MG; 12MCG; 200MG; 0.4MG; 0.6MG; 20MG; 15MG; 29MG; 150MCG; 2.5MG; 1.8MG; 1.6MG; 20UNIT; 25MG	2	MO
VITAFOL-OB TABLET 70MG; 2700UNIT; 100MG; 400UNIT; 2MG; 12MCG; 65MG; 1MG; 25MG; 18MG; 2.5MG; 1.8MG; 1.6MG; 30UNIT; 25MG	2	MO
VITAFOL-ONE CAPSULE 30MG; 1100UNIT; 1000UNIT; 2MG; 12MCG; 200MG; 1MG; 20MG; 15MG; 29MG; 150MCG; 2.5MG; 1.8MG; 1.6MG; 20UNIT; 25MG	2	MO
WESCAP-C DHA CAPSULE 25MG; 300MCG; 12.5MCG; 2MG; 156MG; 39MG; 53.5MG; 1MG; 5MG; 1.8MG; 200MG; 5MG; 38MG; 25MG; 3MG; 2MG; 10MG	2	MO
WESCAP-PN DHA CAPSULE 85MG; 140MG; 12MCG; 300MG; 0.6MG; 0.4MG; 27MG; 45MG; 25MG; 5MCG; 6.7MG	2	MO
WESNATE DHA CAPSULE 100MG; 15MCG; 1MG; 1MG; 28MG; 30MG; 200MG; 20MG; 3MG; 3MG; 10MCG; 20.1MG; 20MG	2	MO
WESTAB PLUS TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
WESTGEL DHA CAPSULE 55MG; 25MCG; 14MCG; 200MG; 15MG; 400MCG; 31MG; 30MG; 600MCG; 5MG; 200MCG; 35MG; 1.8MG; 1.3MG; 10MG	2	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	3	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CLINIMIX E 2.75%/DEXTROSE 5% INJECTION 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 515MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5% INJECTION 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 15% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 20% INJECTION 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 8/10 INJECTION 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CLINIMIX E 8/14 INJECTION 83MEQ/L; 1656MG/100ML; 920MG/100ML; 33MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	3	B/D
clinisol sf 15% injection 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml	1	B/D MO
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	2	B/D
dextrose 10% injection 10%	1	
DEXTROSE 25% INJECTION 250MG/ML	3	B/D
dextrose 5% injection 5%	1	MO
DEXTROSE 50% INJECTION 50%	2	B/D
DEXTROSE 70% INJECTION 70%	2	B/D
GLUCOSE (DEXTROSE) 50% INJECTION 50%	2	B/D
GLUCOSE (DEXTROSE) 70% INJECTION 70%	2	B/D
INTRALIPID INJECTION 20GM/100ML	2	B/D
INTRALIPID INJECTION 30GM/100ML	3	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
KABIVEN INJECTION 38MEQ/L; 467MG/100ML; 330MG/100ML; 99MG/100ML; 3.8MEQ/L; 45MEQ/L; 10.8GM/100ML; 164MG/100ML; 231MG/100ML; 199MG/100ML; 164MG/100ML; 231MG/100ML; 263MG/100ML; 7.8MEQ/L; 164MG/100ML; 231MG/100ML; 9.7MMOL/L; 23MEQ/L; 199MG/100ML; 131MG/100ML; 31MEQ/L; 7.8MEQ/L; 164MG/100ML; 55MG/100ML; 6.7MG/100ML; 213MG/100ML	3	B/D
NUTRILIPID INJECTION 20GM/100ML	2	B/D
OMEGAVEN INJECTION 10GM/100ML, 5GM/50ML	4	B/D
PERIKABIVEN INJECTION 333MG/100ML; 235MG/100ML; 71MG/100ML; 20MG/100ML; 6.8GM/100ML; 116MG/100ML; 164MG/100ML; 141MG/100ML; 116MG/100ML; 164MG/100ML; 187MG/100ML; 68MG/100ML; 116MG/100ML; 164MG/100ML; 124MG/100ML; 141MG/100ML; 94MG/100ML; 170MG/100ML; 105MG/100ML; 3.5GM/100ML; 116MG/100ML; 40MG/100ML; 4.8MG/100ML; 152MG/100ML	3	B/D
plenamine injection 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml	1	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	B/D
SMOFLIPID INJECTION 3%; 6%; 5%; 6%	3	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
MAXITROL OINTMENT 0.1%; 3.5MG/GM; 10000UNIT/GM	3	MO
MAXITROL SUSPENSION 0.1%; 3.5MG/ML; 10000UNIT/ML	3	MO
neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	1	
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm	1	MO
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	1	MO
neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml	1	MO
neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml	1	MO
sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%	1	MO
TOBRADEX ST SUSPENSION 0.05%; 0.3%	2	MO
TOBRADEX OINTMENT 0.1%; 0.3%	2	MO
tobramycin/dexamethasone suspension 0.1%; 0.3%	1	MO
ZYLET SUSPENSION 0.5%; 0.3%	2	MO
ANTI-INFECTIVES		
AZASITE SOLUTION 1%	3	MO
bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm	1	MO
bacitracin ointment 500unit/gm	1	MO
BESIVANCE SUSPENSION 0.6%	2	MO
BETADINE OPHTHALMIC PREP SOLUTION 5%	3	MO
CILOXAN OINTMENT 0.3%	2	QL (42 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ciprofloxacin hydrochloride solution 0.3%	1	QL (30 ML per 30 days) MO
erythromycin ointment 5mg/gm	1	QL (42 GM per 30 days) MO
gatifloxacin solution 0.5%	1	QL (20 ML per 30 days) MO
gentamicin sulfate ophthalmic solution 0.3%	1	QL (30 ML per 30 days) MO
levofloxacin ophthalmic solution 1.5%	1	QL (20 ML per 30 days) MO
levofloxacin ophthalmic solution 0.5%	1	QL (30 ML per 30 days) MO
moxifloxacin hydrochloride ophthalmic solution 0.5%	1	QL (12 ML per 30 days) MO
neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	1	
neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm	1	MO
neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml	1	MO
OCUFLOX SOLUTION 0.3%	3	QL (60 ML per 30 days) MO
ofloxacin ophthalmic solution 0.3%	1	QL (60 ML per 30 days) MO
polycin ointment 500unit/gm; 10000unit/gm	1	
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	1	MO
sulfacetamide sodium ointment 10%	1	MO
sulfacetamide sodium solution 10%	1	QL (90 ML per 30 days) MO
tobramycin solution 0.3%	1	QL (30 ML per 30 days) MO
TOBREX OINTMENT 0.3%	3	MO
trifluridine solution 1%	1	MO
VIGAMOX SOLUTION 0.5%	3	QL (12 ML per 30 days) MO
XDEMVY SOLUTION 0.25%	4	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN GEL 0.15%	3	MO
ANTI-INFLAMMATORIES		
ACULAR LS SOLUTION 0.4%	3	MO
ACULAR SOLUTION 0.5%	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ACUVAIL SOLUTION 0.45%	3	MO
ALREX SUSPENSION 0.2%	3	MO
bromfenac sodium solution 0.07%, 0.075%	1	MO
bromfenac solution 0.09%	1	MO
BROMSITE SOLUTION 0.075%	3	MO
dexamethasone sodium phosphate ophthalmic solution 0.1%	1	MO
DEXYCU INJECTION 9%	4	
diclofenac sodium ophthalmic solution 0.1%	1	QL (10 ML per 30 days) MO
difluprednate emulsion 0.05%	1	MO
DUREZOL EMULSION 0.05%	3	MO
FLAREX SUSPENSION 0.1%	3	MO
fluorometholone suspension 0.1%	1	MO
flurbiprofen sodium solution 0.03%	1	MO
FML FORTE SUSPENSION 0.25%	3	MO
FML LIQUIFILM SUSPENSION 0.1%	3	MO
ILEVRO SUSPENSION 0.3%	3	MO
ILUVIEN IMPLANT 0.19MG	4	ACS LD
INVELTYS SUSPENSION 1%	3	MO
ketorolac tromethamine ophthalmic solution 0.4%, 0.5%	1	MO
LOTEMAX SM GEL 0.38%	2	MO
LOTEMAX GEL 0.5%	3	MO
LOTEMAX OINTMENT 0.5%	2	MO
LOTEMAX SUSPENSION 0.5%	3	MO
loteprednol etabonate gel 0.5%	1	MO
loteprednol etabonate suspension 0.2%, 0.5%	1	MO
MAXIDEX SUSPENSION 0.1%	3	MO
NEVANAC SUSPENSION 0.1%	3	MO
OZURDEX IMPLANT 0.7MG	4	ACS LD
PRED FORTE SUSPENSION 1%	3	MO
PRED MILD SUSPENSION 0.12%	3	MO
prednisolone acetate suspension 1%	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
PROLENSA SOLUTION 0.07%	3	MO
RETISERT IMPLANT 0.59MG	4	ACS LD
TRIESENCE INJECTION 40MG/ML	3	MO
XIPERE INJECTION 40MG/ML	4	PA; LD
YUTIQ IMPLANT 0.18MG	4	ACS LD
ANTIALLERGICS		
ALOCRIL SOLUTION 2%	3	
azelastine hcl solution 0.05%	1	MO
bepotastine besilate solution 1.5%	1	MO
BEPREVE SOLUTION 1.5%	3	MO
cromolyn sodium solution 4%	1	MO
epinastine hcl solution 0.05%	1	MO
olopatadine hydrochloride solution 0.1%	1	MO
olopatadine hydrochloride solution 0.2%	1	MO
ZERVIATE SOLUTION 0.24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLUTION 0.1%, 0.15%	3	MO
apraclonidine solution 0.5%	1	MO
AZOPT SUSPENSION 1%	3	MO
betaxolol hcl solution 0.5%	1	MO
BETIMOL SOLUTION 0.25%, 0.5%	3	MO
bimatoprost solution 0.03%	1	MO
brimonidine tartrate/timolol maleate solution 0.2%; 0.5%	1	MO
brimonidine tartrate solution 0.1%, 0.15%, 0.2%	1	MO
brinzolamide suspension 1%	1	MO
carteolol hcl solution 1%	1	MO
COMBIGAN SOLUTION 0.2%; 0.5%	2	MO
COSOPT PF SOLUTION 2%; 0.5%	3	MO
COSOPT SOLUTION 22.3MG/ML; 6.8MG/ML	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml	1	MO
dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%	1	MO
dorzolamide hydrochloride solution 2%	1	MO
DURYSTA INJECTION 10MCG	4	PA; ACS LD
IOPIDINE SOLUTION 1%	4	MO
ISTALOL SOLUTION 0.5%	3	MO
IYUZEH SOLUTION 0.005%	3	ST MO
latanoprost solution 0.005%	1	MO
levobunolol hcl solution 0.5%	1	MO
LUMIGAN SOLUTION 0.01%	2	MO
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	4	ACS LD
pilocarpine hcl solution 1%, 2%, 4%	1	MO
pilocarpine hydrochloride solution 1%, 2%, 4%	1	MO
pilocarpine hydrochloride solution 1.25%	1	PA
RHOPRESSA SOLUTION 0.02%	3	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	3	MO
SIMBRINZA SUSPENSION 0.2%; 1%	3	MO
tafluprost solution 0.015mg/ml	1	ST MO
timolol hemihydrate solution 0.5%	1	MO
timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%	1	MO
timolol maleate solution 0.25%, 0.5%	1	MO
TIMOPTIC OCUDOSE SOLUTION 0.25%, 0.5%	3	MO
TRAVATAN Z SOLUTION 0.004%	3	MO
travoprost solution 0.004%	1	MO
VUITY SOLUTION 1.25%	3	PA MO
VYZULTA SOLUTION 0.024%	3	MO
XALATAN SOLUTION 0.005%	3	ST MO
XELPROS EMULSION 0.005%	3	ST

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Drug name	Drug tier	Requirements/Limits
ZIOPTAN SOLUTION 0.015MG/ML	3	ST MO
MISCELLANEOUS		
ALCAINE SOLUTION 0.5%	3	MO
atropine sulfate ophthalmic solution 1%	1	MO
BEOVU SOLUTION PREFILLED SYRINGE 6MG/0.05ML	4	PA; ACS LD
BYOOVIZ SOLUTION 0.5MG/0.05ML	4	PA; ACS LD
CEQUA SOLUTION 0.09%	3	QL (60 EA per 30 days) PA MO
CIMERLI SOLUTION 0.3MG/0.05ML, 0.5MG/0.05ML	4	PA; ACS LD
CYCLOGYL SOLUTION 0.5%, 1%, 2%	3	MO
cyclopentolate hydrochloride solution 1%	1	MO
cyclosporine emulsion 0.05%	1	QL (60 EA per 30 days) MO
CYSTADROPS SOLUTION 0.37%	4	PA; LD
CYSTARAN SOLUTION 0.44%	4	PA; LD
EYLEA HD SOLUTION 8MG/0.07ML	4	PA; ACS LD
EYLEA SOLUTION PREFILLED SYRINGE 2MG/0.05ML	4	PA; ACS LD
EYLEA SOLUTION 2MG/0.05ML	4	PA; ACS LD
EYSUVIS SUSPENSION 0.25%	3	MO
IZERVAY SOLUTION 2MG/0.1ML	4	PA; LD
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3MG/0.05ML, 0.5MG/0.05ML	4	PA; ACS LD
MIEBO SOLUTION 1.338GM/ML	2	QL (12 ML per 30 days) MO
OXERVATE SOLUTION 0.002%	4	QL (28 ML per 28 days) PA; LD
PAVBLU SOLUTION PREFILLED SYRINGE 2MG/0.05ML	4	PA; ACS
PAVBLU SOLUTION 2MG/0.05ML	4	PA; ACS
phenylephrine hydrochloride solution 10%, 2.5%	1	
proparacaine hcl solution 0.5%	1	MO
RESTASIS MULTIDOSE EMULSION 0.05%	2	QL (5.5 ML per 30 days) MO
RESTASIS EMULSION 0.05%	2	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SUSVIMO SOLUTION 10MG/0.1ML	4	PA; ACS LD
SYFOVRE SOLUTION 15MG/0.1ML	4	PA; LD
TETRACAINE HYDROCHLORIDE SOLUTION 0.5%	3	MO
TRYPTYR SOLUTION 0.003%	3	QL (60 EA per 30 days) PA
TYRVAYA SOLUTION 0.03MG/ACT	3	QL (8.4 ML per 30 days) MO
VABYSMO SOLUTION PREFILLED SYRINGE 6MG/0.05ML	4	PA; ACS LD
VABYSMO SOLUTION 6MG/0.05ML	4	PA; ACS LD
VERKAZIA EMULSION 0.1%	4	QL (120 EA per 30 days) PA MO
VEVYE SOLUTION 0.1%	3	QL (2 ML per 30 days) PA MO
XIIDRA SOLUTION 5%	2	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
acetic acid solution 2%	1	MO
CIPRO HC SUSPENSION 0.2%; 1%	3	MO
ciprofloxacin/dexamethasone suspension 0.3%; 0.1%	1	MO
ciprofloxacin solution 0.2%	1	MO
CORTISPORIN-TC SUSPENSION 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	3	MO
DERMOTIC OIL 0.01%	3	MO
flac oil 0.01%	1	
fluocinolone acetonide oil 0.01%	1	MO
hydrocortisone/acetic acid solution 2%; 1%	1	MO
neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml	1	MO
neomycin/polymyxin/ hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	1	MO
ofloxacin otic solution 0.3%	1	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	2	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days) MO
DUAKLIR PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400MCG/ACT; 12MCG/ACT	3	QL (1 EA per 30 days) ST MO
ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml	1	B/D MO
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days) MO
UMECLIDINIUM/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days) PA MO
ANTICHOLINERGICS		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	2	QL (30 EA per 30 days) MO
ipratropium bromide inhalation solution 0.02%	1	B/D MO
ipratropium bromide nasal solution 0.03%	1	QL (30 ML per 28 days) MO
ipratropium bromide nasal solution 0.06%	1	QL (45 ML per 30 days) MO
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
tiotropium bromide capsule 18mcg	1	QL (30 EA per 30 days) MO
TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400MCG/ACT	3	QL (1 EA per 30 days) ST MO
YUPELRI SOLUTION 175MCG/3ML	4	QL (90 ML per 30 days) PA MO
ANTIHISTAMINE COMBINATIONS		
azelastine hydrochloride/fluticasone propionate suspension 137mcg/act; 50mcg/act	1	QL (23 GM per 30 days) MO
CLARINEX-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 2.5MG; 120MG	3	MO
DYMISTA SUSPENSION 137MCG/ACT; 50MCG/ACT	3	QL (23 GM per 30 days) MO
promethazine hydrochloride/phenylephrine hydrochloride syrup 5mg/5ml; 6.25mg/5ml	1	PA; HRM
promethazine vc syrup 5mg/5ml; 6.25mg/5ml	1	PA; HRM
RYALTRIS SUSPENSION 25MCG/ACT; 665MCG/ACT	3	MO
ANTIHISTAMINES		
azelastine hydrochloride solution 0.1%	1	QL (30 ML per 25 days) MO
carbinoxamine maleate solution 4mg/5ml	1	PA MO
carbinoxamine maleate tablet 4mg	1	PA MO
carbinoxamine maleate tablet 6mg	4	PA MO
carbzah solution 4mg/5ml	1	PA
cetirizine hydrochloride solution 5mg/5ml	1	QL (300 ML per 30 days) MO
CLARINEX TABLET 5MG	3	QL (30 EA per 30 days) MO
clemastine fumarate syrup 0.67mg/5ml	4	QL (1800 ML per 30 days) PA
clemastine fumarate tablet 2.68mg	1	PA MO
clemasz tablet 2.68mg	1	PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
cyproheptadine hcl syrup 2mg/5ml	1	PA MO; HRM
cyproheptadine hydrochloride tablet 4mg	1	PA MO; HRM
desloratadine odt tablet disintegrating 2.5mg, 5mg	1	QL (30 EA per 30 days) MO
desloratadine tablet 5mg	1	QL (30 EA per 30 days) MO
diphenhydramine hcl elixir 12.5mg/5ml	1	PA; HRM
diphenhydramine hydrochloride injection 50mg/ml	1	MO; HRM
hydroxyzine hcl injection 25mg/ml	1	PA MO; HRM
hydroxyzine hcl tablet 50mg	1	PA MO; HRM
hydroxyzine hydrochloride injection 50mg/ml	1	PA MO; HRM
hydroxyzine hydrochloride syrup 10mg/5ml	1	PA MO; HRM
hydroxyzine hydrochloride tablet 10mg, 25mg	1	PA MO; HRM
hydroxyzine pamoate capsule 100mg, 25mg, 50mg	1	PA MO; HRM
levocetirizine dihydrochloride solution 2.5mg/5ml	1	MO
levocetirizine dihydrochloride tablet 5mg	1	QL (30 EA per 30 days) MO
olopatadine hcl solution 0.6%	1	QL (30.5 GM per 30 days) MO
QUZYTTIR INJECTION 10MG/ML	4	PA MO
ryclora solution 2mg/5ml	1	PA MO; HRM
ryvent tablet 6mg	1	PA MO
BETA AGONISTS		
albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act	1	QL (13.4 GM per 30 days) MO
albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act	1	QL (17 GM per 30 days) MO
albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act	1	QL (36 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D MO
albuterol sulfate syrup 2mg/5ml	1	MO
albuterol sulfate tablet 2mg, 4mg	1	MO
arformoterol tartrate nebulization solution 15mcg/2ml	1	QL (120 ML per 30 days) PA MO
BROVANA NEBULIZATION SOLUTION 15MCG/2ML	4	QL (120 ML per 30 days) PA MO
formoterol fumarate nebulization solution 20mcg/2ml	1	QL (120 ML per 30 days) PA MO
levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml	1	B/D MO
levalbuterol hydrochloride nebulization solution 0.63mg/3ml	1	B/D MO
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	2	QL (30 GM per 30 days) MO
levalbuterol nebulization solution 1.25mg/0.5ml	1	B/D MO
PERFOROMIST NEBULIZATION SOLUTION 20MCG/2ML	4	QL (120 ML per 30 days) PA MO
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL (2 EA per 30 days) MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	2	QL (60 EA per 30 days) MO
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
terbutaline sulfate injection 1mg/ml	1	MO
terbutaline sulfate tablet 2.5mg, 5mg	1	MO
VENTOLIN HFA AEROSOL SOLUTION 108MCG/ACT	3	QL (36 GM per 30 days) MO
XOPENEX HFA AEROSOL 45MCG/ACT	3	QL (30 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
ACCOLATE TABLET 10MG, 20MG	3	QL (60 EA per 30 days) MO
montelukast sodium packet 4mg	1	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
montelukast sodium tablet chewable 4mg, 5mg	1	QL (30 EA per 30 days) MO
montelukast sodium tablet 10mg	1	QL (30 EA per 30 days) MO
SINGULAIR PACKET 4MG	3	QL (30 EA per 30 days) ST MO
SINGULAIR TABLET CHEWABLE 4MG, 5MG	3	QL (30 EA per 30 days) ST MO
SINGULAIR TABLET 10MG	3	QL (30 EA per 30 days) ST MO
zafirlukast tablet 10mg, 20mg	1	QL (60 EA per 30 days) MO
zileuton er tablet extended release 12 hour 600mg	4	QL (120 EA per 30 days) MO
ZYFLO TABLET 600MG	4	QL (120 EA per 30 days) MO
MISCELLANEOUS		
acetylcysteine inhalation solution 10%, 20%	1	B/D MO
ALYFTREK TABLET 125MG; 50MG; 10MG	4	QL (56 EA per 28 days) PA; ACS LD
ALYFTREK TABLET 50MG; 20MG; 4MG	4	QL (84 EA per 28 days) PA; ACS LD
aminophylline injection 25mg/ml	1	
ARALAST NP INJECTION 1000MG, 500MG	4	PA; ACS LD
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL (2 EA per 30 days) MO
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	4	QL (2 EA per 30 days) ST MO
CINQAIR INJECTION 100MG/10ML	4	PA; ACS LD
COCAINE HYDROCHLORIDE SOLUTION 40MG/ML	3	PA
cromolyn sodium nebulization solution 20mg/2ml	1	B/D MO
DALIRESP TABLET 250MCG, 500MCG	3	MO
elixophyllin elixir 80mg/15ml	1	
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	1	QL (2 EA per 30 days) MO
EPIPEN 2-PAK INJECTION 0.3MG/0.3ML	3	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK INJECTION 0.15MG/0.3ML	3	QL (2 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ESBRIET CAPSULE 267MG	4	QL (270 EA per 30 days) PA; ACS LD
ESBRIET TABLET 267MG	4	QL (270 EA per 30 days) PA; ACS LD
ESBRIET TABLET 801MG	4	QL (90 EA per 30 days) PA; ACS LD
FASENRA PEN INJECTION 30MG/ML	4	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	4	QL (1 ML per 28 days) PA; ACS LD
GLASSIA INJECTION 4GM/200ML, 5GM/250ML	4	PA; ACS
GLASSIA INJECTION 1000MG/50ML	4	PA; ACS LD
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	4	QL (56 EA per 28 days) PA; ACS LD
KALYDECO TABLET 150MG	4	QL (60 EA per 30 days) PA; ACS LD
NEFFY SOLUTION 1MG/0.1ML, 2MG/0.1ML	3	QL (2 EA per 28 days) MO
NUCALA INJECTION 40MG/0.4ML	4	QL (0.4 ML per 28 days) PA; ACS LD
NUCALA INJECTION 100MG	4	QL (3 EA per 28 days) PA; ACS LD
NUCALA INJECTION 100MG/ML	4	QL (3 ML per 28 days) PA; ACS LD
NUMBRINO SOLUTION 40MG/ML	3	PA
OFEV CAPSULE 100MG, 150MG	4	QL (60 EA per 30 days) PA; ACS LD
OHTUVAYRE SUSPENSION 3MG/2.5ML	4	QL (150 ML per 30 days) PA; ACS LD
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	4	QL (56 EA per 28 days) PA; ACS LD
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	4	QL (112 EA per 28 days) PA; ACS LD
pirfenidone capsule 267mg	4	QL (270 EA per 30 days) PA; ACS
pirfenidone tablet 267mg	4	QL (270 EA per 30 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
pirfenidone tablet 534mg, 801mg	4	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C INJECTION 1000MG/20ML	4	PA; LD
PULMOZYME SOLUTION 2.5MG/2.5ML	4	PA; ACS LD
roflumilast tablet 250mcg, 500mcg	1	MO
SYMDEKO TABLET THERAPY PACK 150MG; 100MG, 75MG; 50MG	4	QL (56 EA per 28 days) PA; ACS LD
TEZSPIRE INJECTION 210MG/1.91ML	4	QL (1.91 ML per 28 days) PA; ACS LD
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG, 400MG	3	MO
theophylline er tablet extended release 12 hour 200mg	1	
theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg	1	MO
theophylline er tablet extended release 24 hour 400mg, 600mg	1	MO
theophylline elixir 80mg/15ml	1	MO
theophylline solution 80mg/15ml	1	MO
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	4	QL (84 EA per 28 days) PA; ACS LD
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	4	QL (56 EA per 28 days) PA; ACS LD
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	4	PA; ACS LD
ZEMAIRA INJECTION 1000MG, 4000MG, 5000MG	4	PA; ACS LD
NASAL STEROIDS		
flunisolide solution 0.025%	1	QL (75 ML per 30 days) MO
fluticasone propionate suspension 50mcg/act	1	QL (16 GM per 30 days) MO
mometasone furoate suspension 50mcg/act	1	QL (34 GM per 30 days) MO
OMNARIS SUSPENSION 50MCG/ ACT	3	QL (12.5 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
QNASL CHILDRENS AEROSOL SOLUTION 40MCG/ACT	3	QL (6.8 GM per 30 days) MO
QNASL AEROSOL SOLUTION 80MCG/ACT	3	QL (10.6 GM per 30 days) MO
XHANCE EXHALER SUSPENSION 93MCG/ACT	3	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	3	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	2	QL (30 EA per 30 days) MO
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (13 GM per 30 days) ST MO
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (2 EA per 28 days) ST MO
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH, 220MCG/INH	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	3	QL (1 EA per 30 days) ST MO
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	1	B/D MO
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 50MCG/ACT	3	QL (120 EA per 30 days) PA MO
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/ACT	3	QL (240 EA per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL (21.2 GM per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) PA MO
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180MCG/ACT, 90MCG/ACT	3	QL (2 EA per 30 days) ST MO
PULMICORT SUSPENSION 0.25MG/2ML, 0.5MG/2ML	3	B/D MO
PULMICORT SUSPENSION 1MG/2ML	4	B/D MO
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	3	QL (21.2 GM per 30 days) ST MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 50MCG/ACT, 250MCG/ACT; 50MCG/ACT, 500MCG/ACT; 50MCG/ACT	3	QL (60 EA per 30 days) ST MO
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days) MO
AIRDUO RESPICLICK 113/14 AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 232/14 AEROSOL POWDER BREATH ACTIVATED 232MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 55/14 AEROSOL POWDER BREATH ACTIVATED 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days) ST MO
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	2	QL (32.1 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	2	QL (60 EA per 30 days) MO
breyna aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	1	QL (10.3 GM per 30 days) ST MO
budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	1	QL (10.2 GM per 30 days) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	3	QL (13 GM per 30 days) MO
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) PA MO
fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL HFA (GENERIC ADVAIR HFA) AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL (1 EA per 30 days) ST MO

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Drug name	Drug tier	Requirements/Limits
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT, 80MCG/ACT; 4.5MCG/ACT	3	QL (10.2 GM per 30 days) ST MO
wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
ABSORICA LD CAPSULE 16MG, 24MG, 32MG, 8MG	4	
ABSORICA CAPSULE 10MG, 20MG, 25MG, 30MG, 35MG, 40MG	4	PA
ACANYA GEL 2.5%; 1.2%	3	MO
accutane capsule 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 5%, 7.5%	3	QL (90 GM per 30 days) MO
adapalene pump gel 0.3%	1	QL (45 GM per 30 days) PA MO
adapalene/benzoyl peroxide gel 0.1%; 2.5%	1	QL (45 GM per 30 days) PA MO
adapalene/benzoyl peroxide gel 0.3%; 2.5%	1	QL (70 GM per 30 days) PA MO
ADAPALENE/BENZOYL PEROXIDE PAD 0.1%; 2.5%	4	QL (28 EA per 28 days) PA
adapalene cream 0.1%	1	QL (45 GM per 30 days) PA MO
adapalene gel 0.1%, 0.3%	1	QL (45 GM per 30 days) PA MO
adapalene pad 0.1%	4	QL (28 EA per 28 days) PA
ADAPALENE SOLUTION 0.1%	3	QL (120 ML per 30 days) PA
AKLIEF CREAM 0.005%	3	QL (45 GM per 30 days) PA MO
ALTRENO LOTION 0.05%	3	QL (45 GM per 30 days) PA MO
amnesteem capsule 10mg, 20mg, 30mg, 40mg	1	PA
AMZEEQ FOAM 4%	3	QL (30 GM per 30 days) MO
ARAZLO LOTION 0.045%	3	MO
ATRALIN GEL 0.05%	3	QL (45 GM per 30 days) PA MO
AZELEX CREAM 20%	3	QL (50 GM per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
BENZAMYCIN GEL 5%; 3%	3	MO
CABTREO GEL 0.15%; 3.1%; 1.2%	3	QL (50 GM per 30 days) PA MO
claravis capsule 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTION 1%	3	QL (60 ML per 30 days) MO
clindacin etz pledgets swab 1%	1	
clindacin-p swab 1%	1	MO
clindacin foam 1%	1	QL (100 GM per 30 days)
CLINDAGEL GEL 1%	4	QL (75 ML per 30 days) MO
clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 3.75%; 1.2%, 5%; 1.2%	1	MO
clindamycin phosphate/tretinoin gel 1.2%; 0.025%	1	QL (60 GM per 30 days) PA MO
clindamycin phosphate foam 1%	1	QL (100 GM per 30 days) MO
clindamycin phosphate gel tube 1%	1	QL (75 GM per 30 days) MO
clindamycin phosphate gel bottle 1%	1	QL (75 ML per 30 days) MO
clindamycin phosphate lotion 1%	1	QL (60 ML per 30 days) MO
clindamycin phosphate external solution 1%	1	QL (60 ML per 30 days) MO
clindamycin phosphate swab 1%	1	MO
clindamycin/benzoyl peroxide gel 5%; 1%	1	MO
dapsone gel 5%, 7.5%	1	QL (90 GM per 30 days) MO
DIFFERIN PUMP GEL 0.3%	3	QL (45 GM per 30 days) PA MO
DIFFERIN CREAM 0.1%	3	QL (45 GM per 30 days) PA MO
EPIDUO FORTE GEL 0.3%; 2.5%	3	QL (70 GM per 30 days) PA MO
EPIDUO GEL 0.1%; 2.5%	3	QL (45 GM per 30 days) PA
ery pad 2%	1	MO
erythromycin/benzoyl peroxide gel 5%; 3%	1	MO
erythromycin gel 2%	1	QL (60 GM per 30 days) MO
erythromycin solution 2%	1	QL (60 ML per 30 days) MO
FABIOR FOAM 0.1%	4	QL (100 GM per 30 days) MO
isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	PA
KLARON LOTION 10%	3	MO

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Drug name	Drug tier	Requirements/Limits
neuac gel 5%; 1.2%	1	
ONEXTON GEL 3.75%; 1.2%	3	MO
RETIN-A MICRO PUMP GEL 0.04%, 0.08%	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO PUMP GEL 0.1%	4	QL (50 GM per 30 days) PA MO
RETIN-A MICRO GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO GEL 0.06%	4	QL (50 GM per 30 days) PA MO
RETIN-A CREAM 0.025%, 0.05%, 0.1%	3	QL (45 GM per 30 days) PA MO
RETIN-A GEL 0.01%, 0.025%	3	QL (45 GM per 30 days) PA MO
sodium sulfacetamide/sulfur suspension 8%; 4%	1	QL (473 ML per 30 days) MO
sulfacetamide sodium lotion 10%	1	MO
sulfacleanse 8/4 suspension 8%; 4%	1	QL (473 ML per 30 days)
TAZAROTENE FOAM 0.1%	3	QL (100 GM per 30 days) MO
TRETINOIN MICROSPHERE PUMP GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
tretinoin microsphere gel 0.08%	1	QL (50 GM per 30 days) PA MO
tretinoin cream 0.025%, 0.05%, 0.1%	1	QL (45 GM per 30 days) PA MO
tretinoin gel 0.01%, 0.025%, 0.05%	1	QL (45 GM per 30 days) PA MO
TWYNEO CREAM 3%; 0.1%	3	QL (30 GM per 30 days) PA
WINLEVI CREAM 1%	3	QL (60 GM per 30 days) PA MO
zenatane capsule 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL 1.2%; 0.025%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate cream 0.1%	1	QL (30 GM per 30 days) MO
gentamicin sulfate ointment 0.1%	1	QL (30 GM per 30 days) MO
mupirocin cream 2%	1	QL (30 GM per 30 days) MO
mupirocin ointment 2%	1	QL (30 GM per 30 days) MO
NEO-SYNALAR CREAM 0.025%; 0.5%	3	QL (60 GM per 30 days) MO
SILVADENE CREAM 1%	3	MO
silver sulfadiazine cream 1%	1	MO

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Drug name	Drug tier	Requirements/Limits
SSD CREAM 1%	2	
SULFAMYLON CREAM 85MG/GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
ciclodan solution 8%	1	QL (6.6 ML per 30 days)
ciclopirox nail lacquer solution 8%	1	QL (6.6 ML per 30 days) MO
ciclopirox olamine cream 0.77%	1	QL (90 GM per 30 days) MO
ciclopirox gel 0.77%	1	QL (100 GM per 30 days) MO
ciclopirox shampoo 1%	1	QL (120 ML per 30 days) MO
ciclopirox suspension 0.77%	1	QL (60 ML per 30 days) MO
clotrimazole/betamethasone dipropionate cream 0.05%; 1%	1	QL (45 GM per 30 days) MO
clotrimazole/betamethasone dipropionate lotion 0.05%; 1%	1	QL (30 ML per 30 days) MO
clotrimazole cream 1%	1	QL (45 GM per 30 days) MO
clotrimazole solution 1%	1	QL (30 ML per 30 days) MO
econazole nitrate cream 1%	1	QL (85 GM per 30 days) MO
EXELDERM CREAM 1%	3	QL (60 GM per 30 days) MO
EXELDERM SOLUTION 1%	3	QL (30 ML per 30 days) MO
JUBLIA SOLUTION 10%	4	QL (8 ML per 30 days) PA MO
ketoconazole cream 2%	1	QL (60 GM per 30 days) MO
ketoconazole foam 2%	1	QL (100 GM per 30 days) MO
ketoconazole shampoo 2%	1	QL (120 ML per 30 days) MO
ketodan foam 2%	1	QL (100 GM per 30 days)
klayesta powder 100000unit/gm	1	QL (60 GM per 30 days)
LULICONAZOLE CREAM 1%	3	QL (60 GM per 30 days) ST MO
LUZU CREAM 1%	3	QL (60 GM per 30 days) ST MO
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM OINTMENT 0.25%; 81.35%; 15%	3	QL (50 GM per 30 days) PA MO
MYCOZYL HC GEL 0.667%; 1%	4	QL (28 GM per 30 days) PA
MYCOZYL HC LIQUID 0.667%; 1%	3	QL (30 ML per 30 days) PA
naftifine hydrochloride cream 2%	1	QL (60 GM per 28 days) MO
naftifine hydrochloride cream 1%	1	QL (90 GM per 30 days) MO
naftifine hydrochloride gel 2%	1	QL (60 GM per 30 days) MO
NAFTIN GEL 2%	3	QL (60 GM per 30 days) MO
nyamyc powder 100000unit/gm	1	QL (60 GM per 30 days)
nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%	1	QL (60 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
nystatin/triamcinolone cream 100000unit/gm; 1mg/gm	1	QL (60 GM per 30 days) MO
nystatin/triamcinolone ointment 100000unit/gm; 0.1%	1	QL (60 GM per 30 days) MO
nystatin cream 100000unit/gm	1	QL (30 GM per 30 days) MO
nystatin ointment 100000unit/gm	1	QL (30 GM per 30 days) MO
nystatin powder 100000unit/gm	1	QL (60 GM per 30 days) MO
nystop powder 100000unit/gm	1	QL (60 GM per 30 days)
oxiconazole nitrate cream 1%	1	QL (90 GM per 30 days) MO
OXISTAT LOTION 1%	3	QL (60 ML per 30 days) MO
selenium sulfide lotion 2.5%	1	MO
selenium sulfide shampoo 2.25%	1	QL (180 ML per 30 days) MO
tavaborole solution 5%	4	QL (10 ML per 30 days) PA MO
VUSION OINTMENT 0.25%; 81.35%; 15%	3	QL (50 GM per 30 days) PA MO
DERMATOLOGY, ANTIPSORIATICS		
acitretin capsule 10mg, 17.5mg, 25mg	1	PA MO
calcipotriene/betamethasone dipropionate ointment 0.064%; 0.005%	1	QL (400 GM per 28 days) PA MO
calcipotriene/betamethasone dipropionate suspension 0.064%; 0.005%	1	QL (120 GM per 30 days) PA MO
calcipotriene cream 0.005%	1	QL (120 GM per 30 days) PA MO
CALCIPOTRIENE FOAM 0.005%	4	QL (120 GM per 30 days) PA
calcipotriene ointment 0.005%	1	QL (120 GM per 30 days) PA MO
calcipotriene solution 0.005%	1	QL (60 ML per 30 days) PA MO
calcitrene ointment 0.005%	1	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
ENSTILAR FOAM 0.064%; 0.005%	4	QL (120 GM per 30 days) PA MO
methoxsalen capsule 10mg	4	MO
SORILUX FOAM 0.005%	4	QL (120 GM per 30 days) PA MO
TACLONEX SUSPENSION 0.064%; 0.005%	4	QL (120 GM per 30 days) PA MO
tazarotene cream 0.05%, 0.1%	1	QL (60 GM per 30 days) PA MO
tazarotene gel 0.05%, 0.1%	1	QL (100 GM per 30 days) PA MO
TAZORAC CREAM 0.05%, 0.1%	3	QL (60 GM per 30 days) PA MO

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Drug name	Drug tier	Requirements/Limits
TAZORAC GEL 0.05%	3	QL (100 GM per 30 days) PA MO
TAZORAC GEL 0.1%	4	QL (100 GM per 30 days) PA MO
VECTICAL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
VTAMA CREAM 1%	4	QL (60 GM per 30 days) PA MO
ZORYVE CREAM 0.3%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
ZORYVE FOAM 0.3%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cream 1%	1	
ala-scalp lotion 2%	1	QL (60 ML per 30 days) MO
alclometasone dipropionate cream 0.05%	1	QL (60 GM per 30 days) MO
alclometasone dipropionate ointment 0.05%	1	QL (60 GM per 30 days)
amcinonide cream 0.1%	4	QL (60 GM per 30 days) MO
amcinonide ointment 0.1%	1	QL (60 GM per 30 days) MO
betamethasone dipropionate augmented cream 0.05%	1	QL (120 GM per 30 days) MO
betamethasone dipropionate augmented gel 0.05%	1	QL (120 GM per 30 days) MO
betamethasone dipropionate augmented lotion 0.05%	1	QL (120 ML per 30 days) MO
betamethasone dipropionate augmented ointment 0.05%	1	QL (120 GM per 30 days) MO
betamethasone dipropionate cream 0.05%	1	QL (120 GM per 30 days) MO
betamethasone dipropionate lotion 0.05%	1	QL (120 ML per 30 days) MO
betamethasone dipropionate ointment 0.05%	1	QL (120 GM per 30 days) MO
betamethasone valerate cream 0.1%	1	QL (120 GM per 30 days) MO
betamethasone valerate foam 0.12%	1	QL (120 GM per 30 days) MO
betamethasone valerate lotion 0.1%	1	QL (120 ML per 30 days) MO
betamethasone valerate ointment 0.1%	1	QL (120 GM per 30 days) MO
BRYHALI LOTION 0.01%	3	QL (100 GM per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
clobetasol propionate e cream 0.05%	1	QL (60 GM per 30 days) MO
clobetasol propionate emollient foam 0.05%	1	QL (100 GM per 30 days) MO
clobetasol propionate cream 0.05%	1	QL (60 GM per 30 days) MO
clobetasol propionate foam 0.05%	1	QL (100 GM per 30 days) MO
clobetasol propionate gel 0.05%	1	QL (60 GM per 30 days) MO
clobetasol propionate liquid 0.05%	1	QL (125 ML per 30 days) MO
clobetasol propionate lotion 0.05%	1	QL (118 ML per 30 days) MO
clobetasol propionate ointment 0.05%	1	QL (60 GM per 30 days) MO
clobetasol propionate shampoo 0.05%	1	QL (118 ML per 30 days) MO
clobetasol propionate solution 0.05%	1	QL (50 ML per 30 days) MO
CLOBEX LIQUID 0.05%	4	QL (125 ML per 30 days) MO
CLOBEX LOTION 0.05%	3	QL (118 ML per 30 days) MO
CLOBEX SHAMPOO 0.05%	3	QL (118 ML per 30 days) MO
clocortolone pivalate cream 0.1%	1	QL (90 GM per 30 days)
clodan shampoo 0.05%	1	QL (118 ML per 30 days)
CORDRAN TAPE 4MCG/SQCM	4	QL (1 EA per 30 days) MO
DERMA-SMOOTHE/FS BODY OIL 0.01%	3	QL (118.28 ML per 30 days) MO
DERMA-SMOOTHE/FS SCALP OIL 0.01%	3	QL (118.28 ML per 30 days) MO
desonide cream 0.05%	1	QL (60 GM per 30 days) MO
desonide gel 0.05%	1	QL (60 GM per 30 days) MO
desonide lotion 0.05%	1	QL (118 ML per 30 days) MO
desonide ointment 0.05%	1	QL (60 GM per 30 days) MO
desoximetasone cream 0.05%, 0.25%	1	QL (100 GM per 30 days) MO
desoximetasone gel 0.05%	1	QL (60 GM per 30 days) MO
desoximetasone liquid 0.25%	1	QL (100 ML per 30 days) MO
desoximetasone ointment 0.05%, 0.25%	1	QL (100 GM per 30 days) MO
diflorasone diacetate cream 0.05%	1	QL (60 GM per 30 days) MO
diflorasone diacetate ointment 0.05%	1	QL (60 GM per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
DIPROLENE OINTMENT 0.05%	3	QL (120 GM per 30 days) MO
DUOBRII LOTION 0.01%; 0.045%	4	QL (200 GM per 28 days) PA MO
EPIFOAM FOAM 1%; 1%	3	QL (10 GM per 30 days) MO
fluocinolone acetonide body oil 0.01%	1	QL (118.28 ML per 30 days) MO
fluocinolone acetonide scalp oil 0.01%	1	QL (118.28 ML per 30 days) MO
fluocinolone acetonide cream 0.025%	1	QL (120 GM per 30 days) MO
fluocinolone acetonide cream 0.01%	1	QL (60 GM per 30 days) MO
fluocinolone acetonide ointment 0.025%	1	QL (120 GM per 30 days) MO
fluocinolone acetonide solution 0.01%	1	QL (60 ML per 30 days) MO
fluocinonide emulsified base cream 0.05%	1	QL (120 GM per 30 days) MO
fluocinonide cream 0.05%, 0.1%	1	QL (120 GM per 30 days) MO
fluocinonide gel 0.05%	1	QL (60 GM per 30 days) MO
fluocinonide ointment 0.05%	1	QL (60 GM per 30 days) MO
fluocinonide solution 0.05%	1	QL (60 ML per 30 days) MO
FLURANDRENOLIDE CREAM 0.05%	3	QL (120 GM per 30 days) MO
flurandrenolide lotion 0.05%	1	QL (120 ML per 30 days) MO
fluticasone propionate cream 0.05%	1	QL (60 GM per 30 days) MO
fluticasone propionate lotion 0.05%	1	QL (120 ML per 30 days) MO
fluticasone propionate ointment 0.005%	1	QL (60 GM per 30 days) MO
halcinonide cream 0.1%	4	QL (60 GM per 30 days) MO
halcinonide solution 0.1%	1	QL (120 ML per 30 days) PA
halobetasol propionate cream 0.05%	1	QL (50 GM per 30 days) MO
halobetasol propionate foam 0.05%	1	QL (100 GM per 30 days)
halobetasol propionate ointment 0.05%	1	QL (50 GM per 30 days) MO
HALOG CREAM 0.1%	4	QL (60 GM per 30 days) MO
hydrocortisone acetate cream 2.5%	4	QL (28.4 GM per 30 days) PA
hydrocortisone butyrate cream 0.1%	1	QL (45 GM per 30 days) MO
hydrocortisone butyrate lotion 0.1%	1	QL (118 ML per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
hydrocortisone butyrate ointment 0.1%	1	QL (45 GM per 30 days) MO
hydrocortisone butyrate solution 0.1%	1	QL (60 ML per 30 days) MO
hydrocortisone valerate cream 0.2%	1	QL (60 GM per 30 days) MO
hydrocortisone valerate ointment 0.2%	1	QL (60 GM per 30 days) MO
hydrocortisone cream 1%	1	MO
hydrocortisone cream 2.5%	1	QL (30 GM per 30 days) MO
hydrocortisone lotion 2.5%	1	QL (118 ML per 30 days) MO
hydrocortisone lotion 2%	4	QL (60 ML per 30 days) MO
hydrocortisone ointment 2.5%	1	MO
hydrocortisone ointment 1%	1	QL (30 GM per 30 days) MO
hydrocortisone solution 2.5%	1	MO
HYDROXYM CREAM 2%	4	QL (28 GM per 30 days) PA
KENALOG AEROSOL SOLUTION 0.147MG/GM	3	QL (100 GM per 30 days) MO
LEXETTE FOAM 0.05%	3	QL (100 GM per 30 days) MO
LIDOTRAL + HYDROCORTISONE CREAM 1%; 3.88%	3	QL (85 GM per 30 days) PA
LIDOTRAL + HYDROCORTISONE LOTION 1%; 3.88%, 1%; 5%	3	QL (118 ML per 30 days) PA
LIDOTRAL/HYDROCORTISONE W/ PEPTIDES & ARNICA CREAM 1%; 5%	3	QL (85 GM per 30 days) PA
LOCOID LOTION 0.1%	4	QL (118 ML per 30 days) MO
micort hc cream 2.5%	1	QL (28.4 GM per 30 days) PA
mometasone furoate cream 0.1%	1	QL (45 GM per 30 days) MO
mometasone furoate ointment 0.1%	1	QL (45 GM per 30 days) MO
mometasone furoate solution 0.1%	1	QL (60 ML per 30 days) MO
SYNALAR CREAM 0.025%	3	QL (120 GM per 30 days) MO
SYNALAR OINTMENT 0.025%	3	QL (120 GM per 30 days) MO
texacort solution 2.5%	1	QL (30 ML per 30 days) MO
TOPICORT CREAM 0.05%, 0.25%	3	QL (100 GM per 30 days) MO
TOPICORT GEL 0.05%	4	QL (60 GM per 30 days) MO
TOPICORT LIQUID 0.25%	3	QL (100 ML per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TOPICORT OINTMENT 0.05%, 0.25%	3	QL (100 GM per 30 days) MO
tovet foam 0.05%	1	QL (100 GM per 30 days)
triamcinolone acetonide aerosol solution 0.147mg/gm	1	QL (100 GM per 30 days) MO
triamcinolone acetonide cream 0.025%, 0.5%	1	MO
triamcinolone acetonide cream 0.1%	1	QL (454 GM per 30 days) MO
triamcinolone acetonide lotion 0.025%, 0.1%	1	QL (60 ML per 30 days) MO
triamcinolone acetonide ointment 0.025%, 0.1%	1	MO
triamcinolone acetonide ointment 0.5%	1	QL (15 GM per 30 days) MO
triamcinolone acetonide ointment 0.05%	1	QL (430 GM per 30 days) MO
triderm cream 0.5%	1	
ULTRAVATE LOTION 0.05%	3	QL (60 ML per 30 days)
VANOS CREAM 0.1%	4	QL (120 GM per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
BRUSELIX GEL 3.88%	3	QL (57 GM per 30 days) PA
DERMACINRX LIDOGEL GEL 2.8%	4	QL (100 GM per 30 days) PA
DYCLOPRO SOLUTION 0.5%	3	QL (30 ML per 30 days) PA
glydo prefilled syringe 2%	1	QL (60 ML per 30 days) PA MO
lidocaine hcl prefilled syringe 2%	1	QL (60 ML per 30 days) PA MO
lidocaine hydrochloride jelly gel 2%	1	QL (30 ML per 30 days) PA MO
lidocaine hydrochloride external solution 4%	1	QL (50 ML per 30 days) PA MO
lidocaine/prilocaine cream 2.5%; 2.5%	1	QL (30 GM per 30 days) MO
lidocaine ointment 5%	1	QL (35.44 GM per 30 days) PA MO
lidocaine patch 5%	1	QL (90 EA per 30 days) PA MO
lidocan patch 5%	1	QL (90 EA per 30 days) PA
LIDOREX GEL 2.8%	4	QL (100 GM per 30 days) PA
LIDOTRAL GEL 3.88%, 5%	3	QL (85 GM per 30 days) PA
LIDOTRAL LIQUID 2%	3	QL (30 ML per 30 days) PA
LIDOTRAL SOLUTION 5%	3	QL (30 ML per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PLIAGLIS CREAM 7%; 7%	3	QL (30 GM per 30 days) PA
QUTENZA KIT 8% (1-PATCH)	4	QL (1 EA per 90 days) PA; ACS LD
QUTENZA KIT 8% (2-PATCH)	4	QL (2 EA per 90 days) PA; ACS LD
QUTENZA KIT 8% (4-PATCH)	4	QL (4 EA per 90 days) PA; ACS LD
tridacaine ii patch 5%	1	QL (90 EA per 30 days) PA
tridacaine patch 5%	1	QL (90 EA per 30 days) PA
ZTLIDO PATCH 1.8%	3	QL (90 EA per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir cream 5%	1	QL (5 GM per 30 days) MO
acyclovir ointment 5%	1	QL (30 GM per 30 days) MO
ammonium lactate cream 12%	1	MO
ammonium lactate lotion 12%	1	MO
ANUSOL-HC CREAM 2.5%	3	QL (30 GM per 30 days) MO
azelaic acid gel 15%	1	QL (50 GM per 30 days) MO
bexarotene gel 1%	4	QL (60 GM per 30 days) PA; ACS
brimonidine tartrate gel 0.33%	1	MO
CONDYLOX GEL 0.5%	3	QL (7 GM per 28 days) MO
CORTIFOAM FOAM 10%	3	QL (15 GM per 30 days) MO
DENAVIR CREAM 1%	3	QL (5 GM per 30 days) MO
DICLOFENAC EPOLAMINE PATCH 1.3%	3	QL (60 EA per 30 days) PA MO
diclofenac sodium gel 3%	1	QL (100 GM per 30 days) PA MO
diclofenac sodium external solution 2%	1	QL (224 GM per 28 days) PA MO
diclofenac sodium external solution 1.5%	1	QL (300 ML per 28 days) MO
doxepin hydrochloride cream 5%	1	QL (45 GM per 30 days) PA MO
doxycycline capsule delayed release 40mg	1	QL (30 EA per 30 days) PA MO
ELIDEL CREAM 1%	3	QL (100 GM per 30 days) ST MO
EMROSI CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	QL (30 EA per 30 days) PA
EPSOLAY CREAM 5%	3	QL (30 GM per 30 days) PA MO
EUCRISA OINTMENT 2%	3	QL (120 GM per 30 days) PA MO
FINACEA FOAM 15%	3	QL (50 GM per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
FLECTOR PATCH 1.3%	3	QL (60 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	4	QL (30 GM per 30 days) PA
fluorouracil cream 5%	1	QL (40 GM per 30 days) MO
fluorouracil external solution 2%, 5%	1	QL (10 ML per 30 days) MO
hydrocortisone acetate/pramoxine cream 1%; 1%	1	QL (30 GM per 30 days) MO
hydrocortisone perianal cream 1%	1	MO
hydrocortisone perianal cream 2.5%	1	QL (30 GM per 30 days) MO
HYFTOR GEL 0.2%	4	QL (20 GM per 25 days) PA; ACS LD
IMIQUIMOD PUMP CREAM 3.75%	3	QL (15 GM per 28 days) MO
imiquimod cream 5%	1	QL (24 EA per 30 days) MO
imiquimod cream 3.75%	1	QL (28 EA per 28 days) MO
ivermectin cream 1%	1	QL (45 GM per 30 days) MO
KLISYRI OINTMENT 1%	4	QL (5 EA per 30 days) PA MO
LEVULAN KERASTICK SOLUTION RECONSTITUTED 20%	3	QL (6 EA per 30 days)
LICART PATCH 24 HOUR 1.3%	3	PA MO
METROCREAM CREAM 0.75%	3	MO
metronidazole cream 0.75%	1	MO
metronidazole gel 0.75%, 1%	1	MO
metronidazole lotion 0.75%	1	MO
MIRVASO GEL 0.33%	3	MO
nitroglycerin ointment 0.4%	1	QL (30 GM per 30 days) MO
NORITATE CREAM 1%	4	QL (60 GM per 30 days) MO
OPZELURA CREAM 1.5%	4	QL (60 GM per 28 days) PA MO
ORACEA CAPSULE DELAYED RELEASE 40MG	4	QL (30 EA per 30 days) PA MO
PANRETIN GEL 0.1%	4	QL (60 GM per 30 days) PA
penciclovir cream 1%	1	QL (5 GM per 30 days) MO
pimecrolimus cream 1%	1	QL (100 GM per 30 days) MO
PODOCON-25 SOLUTION 25%	3	QL (15 ML per 30 days)
podofilox gel 0.5%	1	QL (7 GM per 28 days) MO
podofilox solution 0.5%	1	MO
procto-med hc cream 2.5%	1	QL (30 GM per 30 days)
proctocort cream 1%	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PROCTOFOAM HC FOAM 1%; 1%	3	QL (10 GM per 30 days) MO
proctosol hc cream 2.5%	1	QL (30 GM per 30 days)
proctozone-hc cream 2.5%	1	QL (30 GM per 30 days)
PRUDOXIN CREAM 5%	3	QL (45 GM per 30 days) PA MO
QBREXZA PAD 2.4%	3	QL (30 EA per 30 days) PA MO
RECTIV OINTMENT 0.4%	3	QL (30 GM per 30 days) MO
RHOFADE CREAM 1%	3	QL (30 GM per 30 days) PA MO
salicylic acid wart remover liquid 27.5%	1	QL (10 ML per 30 days) MO
salicylic acid shampoo 6%	1	QL (177 ML per 30 days) MO
salicylic acid solution 26%	1	QL (10 ML per 30 days) MO
SOOLANTRA CREAM 1%	3	QL (45 GM per 30 days) MO
tacrolimus ointment 0.03%, 0.1%	1	QL (60 GM per 30 days) MO
TARGRETIN GEL 1%	4	QL (60 GM per 30 days) PA; ACS
VALCHLOR GEL 0.016%	4	QL (60 GM per 30 days) PA; LD
VEREGEN OINTMENT 15%	4	QL (30 GM per 28 days) MO
VIRASAL LIQUID 27.5%	3	QL (10 ML per 30 days) MO
XERESE CREAM 5%; 1%	4	QL (5 GM per 30 days) MO
YCANTH SOLUTION 0.7%	4	PA; ACS LD
ZELSUVMI GEL 10.3%	4	QL (31 GM per 28 days) PA
ZILXI FOAM 1.5%	3	QL (30 GM per 30 days) PA MO
ZONALON CREAM 5%	3	QL (45 GM per 30 days) PA MO
ZORYVE CREAM 0.15%	3	QL (60 GM per 30 days) PA MO
ZOVIRAX CREAM 5%	3	QL (5 GM per 30 days) MO
ZOVIRAX OINTMENT 5%	3	QL (30 GM per 30 days) MO
ZYCLARA PUMP CREAM 3.75%	4	QL (15 GM per 28 days) MO
ZYCLARA PUMP CREAM 2.5%	4	QL (7.5 GM per 28 days) MO
ZYCLARA CREAM 3.75%	4	QL (28 EA per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan lotion 10%	4	QL (237 GM per 30 days)
ELIMITE CREAM 5%	3	MO
malathion lotion 0.5%	1	MO
NATROBA SUSPENSION 0.9%	3	QL (120 ML per 30 days) MO
OVIDE LOTION 0.5%	3	MO
permethrin cream 5%	1	MO
pruradik lotion 10%	4	QL (237 GM per 30 days)
SPINOSAD SUSPENSION 0.9%	3	QL (120 ML per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DERMATOLOGY, WOUND CARE AGENTS		
FILSUVEZ GEL 10%	4	QL (702 GM per 30 days) PA; LD
lactated ringers irrigation solution 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	1	
PHYSIOLYTE SOLUTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 5MEQ/1000ML; 140MEQ/1000ML	3	
RINGERS IRRIGATION SOLUTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147.5MEQ/L	3	
SANTYL OINTMENT 250UNIT/GM	3	QL (180 GM per 30 days) MO
sodium chloride 0.9% solution 0.9%	1	MO
sterile water for irrigation solution	1	MO
TIS-U-SOL SOLUTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	3	
VYJUVEK GEL	4	QL (10 ML per 28 days) PA; ACS LD
MOUTH/THROAT/DENTAL AGENTS		
ARESTIN MISCELLANEOUS 1MG	4	PA; ACS LD
cevimeline hydrochloride capsule 30mg	1	MO
chlorhexidine gluconate solution 0.12%	1	MO
clinpro 5000 paste 1.1%	1	MO
clotrimazole troche 10mg	1	MO
DENTA 5000 PLUS SENSITIVE GEL 5%; 1.1%	3	MO
denta 5000 plus cream 1.1% (2-pack)	1	QL (51 GM per 30 days)
denta 5000 plus cream 1.1%	1	QL (51 GM per 30 days) MO
dentagel gel 1.1%	1	MO
EVOXAC CAPSULE 30MG	3	MO
fluoridex daily defense paste 1.1%	1	
FLUORIDEX SENSITIVITY RELIEF/ SLS FREE GEL 5%; 1.1%	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FLUORIMAX 5000 SENSITIVE GEL 5%; 1.1%	3	
fluorimax 5000 paste 1.1%	1	
fraiche 5000 dental gel 1.1%	1	
FRAICHE 5000 PREVI GEL 3%; 1.1%	3	
just right 5000 paste 1.1%	1	
kourzeq paste 0.1%	1	
lidocaine hcl mouth/throat solution 4%	1	
lidocaine hydrochloride viscous solution 2%	1	MO
lidocaine viscous solution 2%	1	MO
nystatin suspension 100000unit/ml	1	MO
oralone dental paste paste 0.1%	1	
periogard solution 0.12%	1	
pilocarpine hydrochloride tablet 5mg, 7.5mg	1	MO
PREVIDENT 5000 BOOSTER PLUS PASTE 1.1%	3	MO
PREVIDENT 5000 DRY MOUTH GEL 1.1%	3	MO
PREVIDENT 5000 ENAMEL PROTECT GEL 5%; 1.1%	3	MO
PREVIDENT 5000 ORTHO DEFENSE PASTE 1.1%	3	MO
PREVIDENT 5000 PLUS CREAM 1.1%	3	QL (51 GM per 30 days) MO
PREVIDENT FLUORIDE GEL 1.1%	3	MO
PREVIDENT RINSE SOLUTION 0.2%	3	MO
SALAGEN TABLET 5MG, 7.5MG	3	MO
sf 5000 plus cream 1.1%	1	QL (51 GM per 30 days) MO
sf gel 1.1%	1	MO
sodium fluoride 5000 plus cream 1.1%	1	QL (51 GM per 30 days) MO
sodium fluoride 5000 ppm dry mouth gel 1.1%	1	MO
SODIUM FLUORIDE 5000 PPM SENSITIVE GEL 5%; 1.1%	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
sodium fluoride 5000 ppm cream 1.1%	1	QL (51 GM per 30 days)
sodium fluoride 5000 ppm paste 1.1%	1	MO
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE GEL 5%; 1.1%	3	MO
sodium fluoride mouth/throat solution 0.2%	1	MO
triamcinolone acetonide dental paste paste 0.1%	1	MO
UNCLASSIFIED		
No Classification		
HYDROCAINE CREAM 0.5%; 3%	3	QL (57 GM per 30 days) PA

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

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