Retiree RxCare
2025 Five Tier Formulary
(List of Covered Drugs or "Drug List")

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

Formulary ID No. 25485, Version 17

This formulary was updated on 09/01/2025. We have made no changes to this formulary since 09/01/2025. For more recent information or other questions, please contact Retiree RxCare Customer Care Center at 1-855-693-3921 (TTY users should call 711), 24 hours a day, 7 days a week, or visit http://retireerxcarepdp.com.

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 MG Insurance Company. When it refers to "plan" or "our plan," it means Retiree RxCare.

This document includes a partial Drug List (formulary) for our plan which is current as of 09/01/2025. For a complete, 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, 2025, and from time to time during the year.

What is the Retiree RxCare Abridged 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 Retiree RxCare 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. Retiree RxCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Retiree RxCare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by Retiree RxCare. For a complete listing of all prescription drugs covered by Retiree RxCare, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

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

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

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

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

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

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Retiree RxCare’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 after we add a corresponding drug. we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the

change at least 30 days before the change becomes effective. Alternatively, 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 also find information in the section below entitled “How do I request an exception to the Retiree RxCare’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/01/2025. To get updated information about the drugs covered by Retiree RxCare please contact us. Our contact information appears on the front and back cover pages. If there are any changes to this formulary mid-year, we will send members a notice of change.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 115. 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?

Retiree RxCare 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 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:** Retiree RxCare requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from Retiree RxCare before you fill your prescriptions. If you don’t get approval, Retiree RxCare may not cover the drug.

- **Prior Authorization B/D:** This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information is required from you or your Physician to make a determination before you may get your prescription filled. If you do not
  get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug, or for submitting the drug to your Medicare health plan.

- **Quantity Limits:** For certain drugs, Retiree RxCare limits the amount of the drug that Retiree RxCare will cover. For example, Retiree RxCare provides 30 per prescription for Zolpidem Tartrate 10mg. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. 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 Retiree RxCare 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 Retiree RxCare’s formulary?” on page 5 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. This document includes only a partial list of covered drugs,

so Retiree RxCare may cover your drug. For more information, 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 learn that Retiree RxCare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Retiree RxCare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Retiree RxCare.

- You can ask Retiree RxCare 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 Retiree RxCare's Formulary?

You can ask Retiree RxCare 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 a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Retiree RxCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up

to a maximum 30 day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Note: If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 30-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). 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 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 30-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current members, who are in a long-term care facility or going through level of care changes, Retiree RxCare will allow up to a one-month supply of medication.

Examples of level-of-care changes may include:

- Discharge from a hospital to a home setting (i.e., assisted living, long-term care (LTC), or private home) accompanied by a list of medications that may not always consider the plan drug list due to the short-term nature of the hospital visit.
- Termination of a Medicare Part A skilled nursing facility stay (where payments include all pharmacy charges)
- Hospice disenrollment
- Leaving a long-term care facility stay and returning to the community.
- Discharge from psychiatric hospitals with drug regimens that are highly individualized.

For more information

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

If you have questions about Retiree RxCare, 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.

Retiree RxCare Formulary

The abridged formulary that begins on the next page provides coverage information some of the drugs covered by Retiree RxCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 115.

Remember: This is only a partial list of drugs covered by Retiree RxCare. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. 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., *simvastatin*).

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

Understanding the requirements/limits

Coverage Tier	Definition
1	Preferred Generics
2	Generics
3	Preferred Brands
4	Non-Preferred Drugs
5	Specialty

Abbreviation	Program Name	Definition
PA	Prior Authorization	Approval is required before your plan will cover this medication.
PA B/D	Medicare Part B vs. Part D	Coverage may be available under Medicare Part B or Part.
QL	Quantity Limit	There is a limit to the amount that can be filled per prescription or over a period of time.

(List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
Analgesics, Other		
butalbital-acetaminophen-caffe	2	QL (180 PER 30 DAYS)
butalbital-acetaminophn 50-325	2	QL (180 PER 30 DAYS)
butalbital-aspirin-caffeine cp	2	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	2	QL (180 PER 30 DAYS)
tencon	4	QL (180 PER 30 DAYS)
ZEBUTAL	2	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	4	QL (120 PER 30 DAYS)
ARTHROTEC 75	4	QL (90 PER 30 DAYS)
CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	4	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	4	QL (30 PER 30 DAYS)
celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)	2	QL (60 PER 30 DAYS)
celecoxib 400 mg capsule	2	QL (30 PER 30 DAYS)
DAYPRO	4	QL (90 PER 30 DAYS)
diclofenac 1.5% topical soln	2	PA
diclofenac pot 50 mg tablet	2	QL (120 PER 30 DAYS)
diclofenac sodium (dr 25 mg tab, ec 25 mg tab)	2	QL (240 PER 30 DAYS)
diclofenac sodium (dr 50 mg tab, ec 50 mg tab)	2	QL (120 PER 30 DAYS)
diclofenac sodium (dr 75 mg tab, ec 75 mg tab)	2	QL (60 PER 30 DAYS)
diclofenac sodium 1% gel	2	
diclofenac sodium er	2	QL (60 PER 30 DAYS)
diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diclofenac-misoprost 50-0.2 mg	2	QL (120 PER 30 DAYS)
ec-naproxen dr 375 mg tablet	2	QL (120 PER 30 DAYS)
ec-naproxen dr 500 mg tablet	2	QL (90 PER 30 DAYS)
etodolac (400 mg tablet, 500 mg tablet)	2	QL (60 PER 30 DAYS)
etodolac 200 mg capsule	2	QL (150 PER 30 DAYS)
etodolac 300 mg capsule	2	QL (90 PER 30 DAYS)
etodolac er (400 mg tablet, 500 mg tablet)	2	QL (60 PER 30 DAYS)
etodolac er 600 mg tablet	2	QL (30 PER 30 DAYS)
flurbiprofen 100 mg tablet	2	QL (90 PER 30 DAYS)
ibu 400 mg tablet	1	QL (240 PER 30 DAYS)
ibu 600 mg tablet	1	QL (150 PER 30 DAYS)
ibu 800 mg tablet	1	QL (120 PER 30 DAYS)
ibuprofen 100 mg/5 ml susp	2	
ibuprofen 400 mg tablet	1	QL (240 PER 30 DAYS)
ibuprofen 600 mg tablet	1	QL (150 PER 30 DAYS)
ibuprofen 800 mg tablet	1	QL (120 PER 30 DAYS)
indomethacin 25 mg capsule	2	QL (240 PER 30 DAYS)
indomethacin 50 mg capsule	2	QL (120 PER 30 DAYS)
indomethacin er	2	QL (60 PER 30 DAYS)
ketorolac 10 mg tablet	2	
lurbipr	2	QL (90 PER 30 DAYS)
meloxicam 15 mg tablet	1	QL (30 PER 30 DAYS)
meloxicam 7.5 mg tablet	1	QL (60 PER 30 DAYS)
nabumetone 500 mg tablet	2	QL (120 PER 30 DAYS)
nabumetone 750 mg tablet	2	QL (60 PER 30 DAYS)
naproxen (500 mg kit, 500 mg tablet)	1	QL (90 PER 30 DAYS)
naproxen 125 mg/5 ml suspen	2	QL (1800 PER 30 DAYS)
naproxen 250 mg tablet	1	QL (180 PER 30 DAYS)
naproxen 375 mg tablet	1	QL (120 PER 30 DAYS)
naproxen dr 375 mg tablet	2	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
naproxen dr 500 mg tablet	2	QL (90 PER 30 DAYS)
naproxen sodium 275 mg tab	2	QL (150 PER 30 DAYS)
naproxen sodium 550 mg tab	2	QL (90 PER 30 DAYS)
oxaprozin (600 mg caplet, 600 mg tablet)	2	QL (90 PER 30 DAYS)
piroxicam 10 mg capsule	2	QL (60 PER 30 DAYS)
piroxicam 20 mg capsule	2	QL (30 PER 30 DAYS)
sulindac	2	QL (60 PER 30 DAYS)
Opioid Analgesics, Long-acting		
BELBUCA	3	PA, QL (60 PER 30 DAYS)
buprenorphine	2	PA, QL (4 PER 28 DAYS)
BUTRANS	4	PA, QL (4 PER 28 DAYS)
fentanyl	2	PA, QL (15 PER 30 DAYS)
hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)	2	PA, QL (60 PER 30 DAYS)
levorphanol tartrate	5	QL (120 PER 30 DAYS)
methadone hcl 10 mg tablet	2	QL (360 PER 30 DAYS)
methadone hcl 5 mg tablet	2	QL (180 PER 30 DAYS)
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)	2	PA, QL (90 PER 30 DAYS)
tramadol hcl er (100 mg tablet, 200 mg tablet, 300 mg tablet)	2	PA, QL (30 PER 30 DAYS)
Opioid Analgesics, Short-acting		
acetaminophen-cod #4 tablet	2	QL (180 PER 30 DAYS)
acetaminophen-codeine (#2 tablet, #3 tablet)	2	QL (360 PER 30 DAYS)
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)	1	QL (2700 PER 30 DAYS)
butorphanol 10 mg/ml spray	2	QL (48 PER 30 DAYS)
codeine sulfate (15 mg tablet, 60 mg tablet)	4	QL (180 PER 30 DAYS)
codeine sulfate 30 mg tablet	2	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
endocet (2.5-325 mg tablet, 5-325 mg tablet)	2	QL (360 PER 30 DAYS)
endocet 10-325 mg tablet	2	QL (180 PER 30 DAYS)
endocet 7.5-325 mg tablet	2	QL (240 PER 30 DAYS)
fentanyl citrate (400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)	5	PA, QL (120 PER 30 DAYS)
fentanyl citrate otfc 200 mcg	2	PA, QL (120 PER 30 DAYS)
hydrocodone-acetaminophen (5-300 mg, 5-325 mg)	2	QL (240 PER 30 DAYS)
hydrocodone-acetaminophen (7.5-300, 7.5-325, 10-300 mg, 10-325 mg)	2	QL (180 PER 30 DAYS)
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)	2	QL (2700 PER 30 DAYS)
hydrocodone-ibuprofen (7.5-200, 10-200)	2	QL (150 PER 30 DAYS)
hydrocodone-ibuprofen 5-200 mg	4	QL (150 PER 30 DAYS)
hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)	2	QL (1440 PER 30 DAYS)
hydromorphone hcl (10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)	2	PA
hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)	2	QL (180 PER 30 DAYS)
morphine sulf 100 mg/5 ml conc	2	QL (270 PER 30 DAYS)
morphine sulf 20 mg/5 ml soln	2	QL (1350 PER 30 DAYS)
morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)	2	QL (2700 PER 30 DAYS)
morphine sulfate ir 15 mg tab	3	QL (360 PER 30 DAYS)
morphine sulfate ir 30 mg tab	3	QL (180 PER 30 DAYS)
oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)	2	QL (180 PER 30 DAYS)
oxycodone hcl (ir) 5 mg tablet	2	QL (360 PER 30 DAYS)
oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)	2	QL (360 PER 30 DAYS)
oxycodone-acetaminophen 10-325	2	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxycodone-acetaminophn 7.5-325	2	QL (240 PER 30 DAYS)
ROXICODONE 15 MG TABLET	4	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	5	QL (180 PER 30 DAYS)
tramadol hcl 50 mg tablet	1	QL (240 PER 30 DAYS)
tramadol hcl-acetaminophen	2	QL (240 PER 30 DAYS)
Anesthetics		
Local Anesthetics		
dermacinrx lidocan	2	PA, QL (90 PER 30 DAYS)
lidocaine 5% ointment	2	PA, QL (100 PER 30 DAYS)
lidocaine 5% patch	2	PA, QL (90 PER 30 DAYS)
lidocaine hcl 4% solution	2	PA, QL (150 PER 30 DAYS)
lidocaine hcl laryngotracheal 4% solution	2	
lidocaine hcl viscous	2	
lidocaine-prilocaine	2	PA, QL (60 PER 30 DAYS)
LIDOCAN II	2	PA, QL (90 PER 30 DAYS)
lidocan iii	2	PA, QL (90 PER 30 DAYS)
lidocan iv	2	PA, QL (90 PER 30 DAYS)
lidocan v	2	PA, QL (90 PER 30 DAYS)
LIDODERM	5	PA, QL (90 PER 30 DAYS)
ZTLIDO	4	PA, QL (90 PER 30 DAYS)
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-craving		
acamprosate calcium	2	
disulfiram	2	
Opioid Dependence		
buprenorphine hcl (2 mg tablet, 8 mg tablet)	2	QL (90 PER 30 DAYS)
buprenorphine-nalox 8-2 mg tab	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)	2	QL (120 PER 30 DAYS)
buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg flm)	2	QL (60 PER 30 DAYS)
naltrexone 50 mg tablet	2	
SUBLOCADE	5	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM)	4	QL (60 PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	4	QL (120 PER 30 DAYS)
VIVITROL	5	
Opioid Reversal Agents		
KLOXXADO	4	
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)	2	
NARCAN	4	
OPVEE	4	
Smoking Cessation Agents		
bupropion hcl sr 150 mg tablet	2	QL (60 PER 30 DAYS)
NICOTROL	4	
NICOTROL NS	4	
varenicline tartrate	2	
Antibacterials		
Aminoglycosides		
amikacin sulfate	2	
ARIKAYCE	5	PA, QL (235.2 PER 28 DAYS)
gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)	2	
gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)	4	
gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMATIN	5	
neomycin sulfate	2	
streptomycin sulfate	4	
tobramycin 20 mg/2 ml vial	3	
tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)	2	
Antibacterials, Other		
AZACTAM	4	
aztreonam 1 gm vial	2	
aztreonam 2 gm vial	5	
CLEOCIN 2% VAGINAL CREAM	4	
CLEOCIN HCL	4	
CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL)		
CLEOCIN T 1% LOTION	4	
clindacin etz	2	
clindacin p	2	
clindamycin (pediatric)	2	
clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)	1	
clindamycin phosphate (1% gel, ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion)	2	
clindamycin phosphate-d5w	2	
clindamycin-0.9% nacl	2	
colistimethate	2	
CUBICIN	5	
CUBICIN RF	5	
DALVANCE	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
daptomycin 500 mg vial	2	
FLAGYL 375 CAPSULE	4	
IMPAVIDO	5	
linezolid 100 mg/5 ml susp	5	PA
linezolid 600 mg tablet	2	PA
linezolid-0.9% nacl	2	
linezolid-d5w	2	
methenamine hippurate	2	
METRO IV	2	
metronidazole (250 mg tablet, 500 mg tablet)	1	
metronidazole (vaginal 0.75% gl, 375 mg capsule, 500 mg/100 ml)	2	
nitrofurantoin (50 mg cap, 100 mg cap)	2	
nitrofurantoin mono-macro	2	
SIVEXTRO 200 MG TABLET	5	PA
SIVEXTRO 200 MG VIAL	5	
tigecycline	2	
tinidazole	2	
trimethoprim 100 mg tablet	2	
TYGACIL	5	
vancomycin hcl (1 gm add-van vial, 1 gm vial, 5 gm vial, 10 gm vial, 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)	2	
vancomycin hcl (1.75 vial, 2 vial)	4	
vancomycin hcl 125 mg capsule	2	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg capsule	2	QL (240 PER 30 DAYS)
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	4	PA
ZYVOX 600 MG/300 ML-D5W	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Beta-lactam, Cephalosporins		
cefaclor (250 mg capsule, 500 mg capsule)	2	
cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)	2	
cefazolin 1 g/50 ml-dextrose	2	
cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)	2	
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	2	
cefepime	2	
cefepime hcl (1 gm vial, 2 gram vial)	2	
cefepime-dextrose	2	
cefixime 400 mg capsule	2	
cefoxitin	2	
cefoxitin sodium	2	
cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)	2	
cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	2	
ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)	2	
ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 500 mg vial)	2	
ceftriaxone 250 mg vial	1	
cefuroxime	2	
cefuroxime sodium (1.5 gm vial, 750 mg vial)	2	
cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp)	2	
cephalexin (250 mg capsule, 500 mg capsule, 750 mg capsule)	1	
tazicef	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TEFLARO	5	
Beta-lactam, Penicillins		
amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)	1	
amoxicillin-clavulanate pot er	4	
amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	2	
ampicillin 500 mg capsule	2	
ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial)	2	
ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)	2	
BICILLIN L-A	4	
dicloxacillin sodium	2	
EXTENCILLINE	4	
lentocilin s	4	
nafcillin	2	
nafcillin sodium	2	
pen g k 2 million unit/50 ml	3	
pen g k 3 million unit/50 ml	4	
penicillin g potassium	2	
penicillin g sodium	4	
penicillin v potassium (125 mg/5 ml soln, 250 mg/5 ml soln)	2	
penicillin v potassium (250 mg tablet, 500 mg tablet)	1	
pfizerpen	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)	2	
ZOSYN 2.25 GM/50 ML GALAXY BAG	4	
Carbapenems		
ertapenem	2	
imipenem-cilastatin 250 mg vl	3	
imipenem-cilastatin 500 mg vl	2	
INVANZ	4	
meropenem (iv 1 gm vial, iv 500 mg vial)	2	
meropenem-0.9% nacl	2	
Macrolides		
azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg add-van vl, i.v. 500 mg vial)	2	
azithromycin (250 mg tablet, 500 mg tablet, 600 mg tablet)	1	
azithromycin 1 gm pwd packet	3	
clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)	4	
clarithromycin (250 mg tablet, 500 mg tablet)	2	
clarithromycin er	2	
DIFICID 200 MG TABLET	5	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	5	QL (136 PER 10 OVER TIME)
E.E.S. 200	4	
ery	4	
ERY-TAB	2	
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN LACTOBIONATE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
erythromycin (2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)	2	
erythromycin dr 250 mg cap	4	
erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)	2	
erythromycin lactobionate	2	
fidaxomicin	5	QL (20 PER 10 OVER TIME)
ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL)		
ZITHROMAX TRI-PAK	4	
Quinolones		
CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	4	
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	1	
ciprofloxacin-d5w	2	
levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)	1	
levofloxacin 25 mg/ml solution	2	
levofloxacin-d5w	2	
moxifloxacin 400 mg/250 ml bag	4	
moxifloxacin hcl 400 mg tablet	2	
ofloxacin 400 mg tablet	2	
Sulfonamides		
BACTRIM	4	
BACTRIM DS	4	
sulfadiazine	5	
sulfamethoxazole-trimethoprim (20 ml cup, susp)	2	
sulfamethoxazole-trimethoprim (ds tablet, ss tablet)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Tetracyclines		
avidoxy	2	
demeclocycline hcl	2	
doxy 100	2	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)	2	
doxycycline monohydrate (50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet)	2	
minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)	2	
mondoxyne nl 100 mg capsule	2	
NUZYRA	5	
tetracycline hcl (250 mg capsule, 500 mg capsule)	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	5	QL (600 PER 30 DAYS)
BRIVIACT 50 MG/5 ML VIAL	4	
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLE	4	
DIACOMIT	5	
divalproex sod dr 125 mg tab	1	
divalproex sodium (dr 125 mg cap sprnk, sod dr 250 mg tab, sod dr 500 mg tab)	2	
divalproex sodium er	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPIDIOLEX	5	PA
EPRONTIA	4	
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)	2	
FINTEPLA	5	PA, QL (360 PER 30 DAYS)
FYCOMPA (4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	QL (30 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	5	QL (680 PER 28 DAYS)
FYCOMPA 2 MG TABLET	4	QL (30 PER 30 DAYS)
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET)	4	
KEPPRA 1,000 MG TABLET	5	
LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	
LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)		
LAMICTAL (BLUE)	4	
lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
lamotrigine (5 mg disper tablet, 25 mg disper tab)	2	
lamotrigine (blue)	2	
lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)	2	
levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)	2	
levetiracetam er	2	
perampanel (4 mg tablet, 6 mg tablet, 8 mg tablet, 10 mg tablet, 12 mg tablet)	4	QL (30 PER 30 DAYS)
perampanel 2 mg tablet	2	QL (30 PER 30 DAYS)
roweepra 500 mg tablet	2	
SPRITAM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
subvenite	1	
subvenite (blue)	2	
topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg/ml solution)	2	
topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	1	
valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)	2	
Calcium Channel Modifying Agents		
CELONTIN	4	
ethosuximide (250 mg capsule, 250 mg/5 ml soln)	2	
methsuximide	2	
ZARONTIN 250 MG CAPSULE	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam (10 mg tablet, 20 mg tablet)	2	PA, QL (60 PER 30 DAYS)
clobazam 2.5 mg/ml suspension	2	PA, QL (480 PER 30 DAYS)
diazepam (10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk))	2	QL (5 PER 30 DAYS)
diazepam 2.5mg rectal gel(2pk)	4	QL (5 PER 30 DAYS)
gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)	2	QL (2160 PER 30 DAYS)
gabapentin 100 mg capsule	1	QL (1080 PER 30 DAYS)
gabapentin 300 mg capsule	1	QL (360 PER 30 DAYS)
gabapentin 400 mg capsule	1	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	2	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	2	QL (135 PER 30 DAYS)
LIBERVANT	5	QL (10 PER 30 DAYS)
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	4	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	4	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYRICA 20 MG/ML ORAL SOLUTION	4	QL (900 PER 30 DAYS)
MYSOLINE	5	
NAYZILAM	4	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	4	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	4	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	4	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	4	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	5	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	5	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	5	PA, QL (480 PER 30 DAYS)
phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)	2	
pregabalin (225 mg capsule, 300 mg capsule)	2	QL (60 PER 30 DAYS)
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)	2	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	2	QL (900 PER 30 DAYS)
primidone (50 mg tablet, 250 mg tablet)	2	
primidone 125 mg tablet	4	
SABRIL	5	QL (180 PER 30 DAYS)
SYMPAZAN (10 MG FILM, 20 MG FILM)	5	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	4	PA, QL (240 PER 30 DAYS)
tiagabine hcl	2	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY)	4	QL (10 PER 30 DAYS)
VALTOCO 20 MG NASAL SPRAY	5	QL (10 PER 30 DAYS)
vigabatrin	5	QL (180 PER 30 DAYS)
vigadrone	5	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIGAFYDE	5	QL (750 PER 30 DAYS)
vigpoder	5	QL (180 PER 30 DAYS)
ZTALMY	5	PA, QL (1100 PER 30 DAYS)
Sodium Channel Agents		
APTIOM (200 MG TABLET, 400 MG TABLET)	5	QL (30 PER 30 DAYS)
APTIOM (600 MG TABLET, 800 MG TABLET)	5	QL (60 PER 30 DAYS)
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	5	
carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)	2	
carbamazepine er	2	
CARBATROL	4	
dilantin (, 30 mg capsule, 100 mg capsule)	4	
DILANTIN-125	4	
epitol	2	
eslicarbazepine acetate (200 mg tablet, 400 mg tablet)	5	QL (30 PER 30 DAYS)
eslicarbazepine acetate (600 mg tablet, 800 mg tablet)	5	QL (60 PER 30 DAYS)
lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)	2	
oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)	2	
PHENYTEK	2	
phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)	2	
phenytoin sodium extended	2	
rufinamide (40 mg/ml suspension, 400 mg tablet)		
rufinamide 200 mg tablet	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	4	
TEGRETOL XR	4	
TRILEPTAL (150 MG TABLET, 300 MG TABLET)	4	
TRILEPTAL (300 MG/5 ML SUSP, 600 MG TABLET)	5	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	
VIMPAT 50 MG TABLET	4	
XCOPRI (25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	5	
XCOPRI 12.5-25 MG TITRATION PK	4	
ZONEGRAN 100 MG CAPSULE	5	
ZONEGRAN 25 MG CAPSULE	4	
ZONISADE	4	
zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)	2	
Antidementia Agents		
Cholinesterase Inhibitors		
ADLARITY	4	
ARICEPT (5 MG TABLET, 10 MG TABLET)	4	
donepezil hcl	1	
donepezil hcl odt	2	
EXELON	4	
galantamine er	2	
galantamine hbr	2	
galantamine hydrobromide	4	
rivastigmine	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet, 10 mg/5 ml cup)	2	PA
memantine hcl er	2	PA
NAMENDA	4	PA
Antidepressants		
Antidepressants, Other		
AUVELITY	5	QL (60 PER 30 DAYS)
bupropion hcl 100 mg tablet	2	QL (120 PER 30 DAYS)
bupropion hcl 75 mg tablet	2	QL (60 PER 30 DAYS)
bupropion hcl sr 100 mg tablet	2	QL (90 PER 30 DAYS)
bupropion hcl sr 150mg tablet	2	QL (60 PER 30 DAYS)
bupropion hcl sr 200 mg tablet	2	QL (60 PER 30 DAYS)
bupropion hcl xl 150 mg tablet	2	QL (90 PER 30 DAYS)
bupropion hcl xl 300 mg tablet	2	QL (30 PER 30 DAYS)
mirtazapine (15 mg odt, 30 mg odt, 45 mg odt)	2	QL (30 PER 30 DAYS)
mirtazapine (7.5 mg tablet, 30 mg tablet, 45 mg tablet)	1	QL (30 PER 30 DAYS)
mirtazapine 15 mg tablet	1	QL (45 PER 30 DAYS)
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	4	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	4	QL (45 PER 30 DAYS)
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	4	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	4	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	5	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	5	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	5	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	5	QL (14 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Monoamine Oxidase Inhibitors		
EMSAM	5	PA, QL (30 PER 30 DAYS)
MARPLAN	4	
NARDIL	4	
PARNATE	4	
phenelzine sulfate	2	
tranylcypromine sulfate	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		
CELEXA (10 MG TABLET, 20 MG TABLET)	4	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	4	QL (30 PER 30 DAYS)
citalopram hbr (10 mg tablet, 20 mg tablet)	1	QL (45 PER 30 DAYS)
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)	2	QL (600 PER 30 DAYS)
citalopram hbr 40 mg tablet	1	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	4	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	4	QL (90 PER 30 DAYS)
desvenlafaxine succinate er	2	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	4	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE DR 30 MG CAP	4	QL (90 PER 30 DAYS)
duloxetine hcl (dr 20 mg cap, dr 60 mg cap)	2	QL (60 PER 30 DAYS)
duloxetine hcl dr 30 mg cap	2	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	4	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	4	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	4	QL (90 PER 30 DAYS)
escitalopram 20 mg tablet	1	QL (30 PER 30 DAYS)
escitalopram oxalate (5 mg tablet, 10 mg tablet)	1	QL (45 PER 30 DAYS)
escitalopram oxalate (5 mg/5 ml, 10 mg/10 ml cup)	2	QL (600 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	4	QL (28 PER 28 DAYS)
fluoxetine dr	4	QL (4 PER 28 DAYS)
fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)	2	QL (600 PER 30 DAYS)
fluoxetine hcl 10 mg capsule	1	QL (90 PER 30 DAYS)
fluoxetine hcl 10 mg tablet	2	QL (90 PER 30 DAYS)
fluoxetine hcl 20 mg capsule	1	QL (120 PER 30 DAYS)
fluoxetine hcl 40 mg capsule	1	QL (60 PER 30 DAYS)
fluvoxamine maleate (25 mg tab, 50 mg tab)	2	QL (30 PER 30 DAYS)
fluvoxamine maleate 100 mg tab	2	QL (90 PER 30 DAYS)
LEXAPRO (5 MG TABLET, 10 MG TABLET)	4	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	4	QL (30 PER 30 DAYS)
nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)		
nefazodone hcl (50 mg tablet, 250 mg tablet)	4	
paroxetine cr (25 mg tablet, 37.5 mg tablet)	2	QL (60 PER 30 DAYS)
paroxetine cr 12.5 mg tablet	2	QL (30 PER 30 DAYS)
paroxetine er (25 mg tablet, 37.5 mg tablet)	2	QL (60 PER 30 DAYS)
paroxetine er 12.5 mg tablet	2	QL (30 PER 30 DAYS)
paroxetine hcl (10 mg tablet, 40 mg tablet)	2	QL (45 PER 30 DAYS)
paroxetine hcl 10 mg/5 ml susp	2	QL (900 PER 30 DAYS)
paroxetine hcl 20 mg tablet	2	QL (30 PER 30 DAYS)
paroxetine hcl 30 mg tablet	2	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	4	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	4	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	4	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	4	QL (60 PER 30 DAYS)
PRISTIQ	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROZAC 10 MG PULVULE	4	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	4	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	5	QL (60 PER 30 DAYS)
RALDESY	4	QL (1200 PER 30 DAYS)
sertraline 20 mg/ml oral conc	2	QL (300 PER 30 DAYS)
sertraline hcl (25 mg tablet, 50 mg tablet)	1	QL (45 PER 30 DAYS)
sertraline hcl 100 mg tablet	1	QL (60 PER 30 DAYS)
trazodone 300 mg tablet	2	
trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)	1	
TRINTELLIX	4	QL (30 PER 30 DAYS)
venlafaxine besylate er	4	QL (60 PER 30 DAYS)
venlafaxine hcl	2	QL (90 PER 30 DAYS)
venlafaxine hcl er 150 mg cap	2	QL (30 PER 30 DAYS)
venlafaxine hcl er 37.5 mg cap	1	QL (60 PER 30 DAYS)
venlafaxine hcl er 75 mg cap	2	QL (90 PER 30 DAYS)
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL (30 PER 30 DAYS)
vilazodone hcl	2	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	4	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	4	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	4	QL (300 PER 30 DAYS)

Tricyclics

amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	2	
amoxapine	2	
clomipramine hcl	2	
desipramine hcl	2	
doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
imipramine hcl	2	
NORPRAMIN	4	
nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)	2	
protriptyline hcl	2	
trimipramine maleate	2	

Antiemetics

Antiemetics, Other

chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)	2	PA
compro	2	
meclizine hcl (12.5 mg tablet, 25 mg tablet)	2	
perphenazine	2	PA
prochlorperazine	2	
prochlorperazine maleate	2	
promethazine hcl (6.25 mg/5 ml cup, 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 12.5 mg/10 ml cup, 25 mg suppository, 25 mg tablet, 50 mg tablet)	2	PA
promethegan (12.5 mg suppos, 25 mg suppository)	2	PA
scopolamine	2	PA

Emetogenic Therapy Adjuncts

aprepitant	2	PA
dronabinol	2	PA
EMEND (80 MG CAPSULE, TRIPACK)	4	PA
granisetron hcl 1 mg tablet	2	PA
ondansetron hcl (4 mg tablet, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet)	2	
ondansetron odt (4 mg tablet, 8 mg tablet)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antifungals		
AMBISOME	5	PA
amphotericin b	4	PA
amphotericin b liposome	5	PA
CANCIDAS	5	
caspofungin acetate	2	
ciclodan 8% solution	2	QL (6.6 PER 30 DAYS)
ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)	2	
ciclopirox 8% solution	2	QL (6.6 PER 30 DAYS)
clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)	2	
CRESEMBA	5	PA
DIFLUCAN (40 MG/ML SUSPENSION, 100 MG TABLET, 200 MG TABLET)		
econazole nitrate	2	
fluconazole (10 mg/ml susp, 40 mg/ml susp)	2	
fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	2	
flucytosine (250 mg capsule, 500 mg capsule)	5	PA
griseofulvin (125 mg/5 ml susp, micro 500 mg tab)	2	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	2	
itraconazole 100 mg capsule	2	QL (120 PER 30 DAYS)
ketoconazole (2% cream, 2% shampoo, 200 mg tablet)	2	
klayesta	2	
LOPROX 1% SHAMPOO	4	
micafungin	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
micafungin-0.9% nacl	4	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	4	PA
NOXAFIL 300 MG/16.7 ML VIAL	4	PA
nyamyc	2	
nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)	2	
nystop	2	
posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)	4	PA
posaconazole 300 mg/16.7 ml vl	2	PA
SPORANOX 100 MG CAPSULE	5	QL (120 PER 30 DAYS)
terbinafine hcl 250 mg tablet	1	QL (30 PER 30 DAYS)
terconazole (0.4% cream, 0.8% cream, 80 mg suppository)	2	
VFEND IV	4	PA
voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)	2	PA
voriconazole (hpbcd)	2	PA
voriconazole 40 mg/ml susp	5	PA

Antigout Agents

allopurinol (100 mg tablet, 300 mg tablet)	1	
colchicine 0.6 mg tablet	2	
COLCRYS	4	
probenecid	2	
probenecid-colchicine	2	

Antimigraine Agents

dihydroergotamine 4 mg/ml spry	5	PA, QL (8 PER 28 DAYS)
ergotamine-caffeine	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MIGRANAL	5	PA, QL (8 PER 28 DAYS)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG 140 MG/ML AUTOINJECTOR	3	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	3	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	3	PA, QL (2 PER 30 DAYS)
EMGALITY PEN	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	3	PA, QL (3 PER 30 DAYS)
NURTEC ODT	3	PA, QL (16 PER 30 DAYS)
UBRELVY	3	PA, QL (16 PER 30 DAYS)
Serotonin (5-HT) Receptor Agonist		
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	4	QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	4	QL (6 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	5	QL (6 PER 30 DAYS)
MAXALT	4	QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	4	QL (18 PER 30 DAYS)
naratriptan hcl	2	QL (18 PER 30 DAYS)
rizatriptan	2	QL (18 PER 30 DAYS)
sumatriptan	2	QL (12 PER 30 DAYS)
sumatriptan 6 mg/0.5 ml vial	2	QL (5 PER 30 DAYS)
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	2	QL (18 PER 30 DAYS)
sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)	2	QL (6 PER 30 DAYS)
zolmitriptan odt	2	QL (12 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antimyasthenic Agents		
Parasympathomimetics		
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	5	
pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)	2	
pyridostigmine er 180 mg tab	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone (25 mg tablet, 100 mg tablet)	2	
MYCOBUTIN	4	
rifabutin	2	
Antituberculars		
cycloserine	5	
ethambutol hcl	2	
isoniazid (100 mg tablet, 300 mg tablet)	1	
isoniazid 50 mg/5 ml solution	2	
PRETOMANID	4	
PRIFTIN	4	
pyrazinamide	2	
rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)	2	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide (25 mg capsule, 50 mg capsule)	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cyclophosphamide (25 mg tablet, 50 mg tablet)	3	PA
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)		
GLEOSTINE 100 MG CAPSULE	5	
LEUKERAN	5	
MATULANE	5	PA
VALCHLOR	5	PA, QL (60 PER 30 DAYS)
Antiandrogens		
abiraterone acetate 250 mg tab	5	PA, QL (120 PER 30 DAYS)
abirtega	2	PA, QL (120 PER 30 DAYS)
bicalutamide	2	
CASODEX	4	
ERLEADA 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	5	PA, QL (120 PER 30 DAYS)
EULEXIN	5	
NILANDRON	5	
nilutamide	5	
NUBEQA	5	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
YONSA	5	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents		
lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)	4	PA, QL (21 PER 28 DAYS)
lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)	5	PA, QL (30 PER 30 DAYS)
POMALYST	5	PA, QL (21 PER 28 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	5	PA, QL (60 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiestrogens/Modifiers		
FARESTON	5	
ORSERDU 345 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	5	PA, QL (90 PER 30 DAYS)
SOLTAMOX	5	
tamoxifen citrate	2	
toremifene citrate	5	
Antimetabolites		
mercaptopurine 20 mg/ml suspen	5	
mercaptopurine 50 mg tablet	2	
PURIXAN	5	
TABLOID	5	
Antineoplastics, Other		
AVMAPKI-FAKZYNJA	5	PA, QL (66 PER 28 DAYS)
HYDREA	4	
hydroxyurea	2	
INQOVI	5	PA, QL (5 PER 28 DAYS)
KISQALI FEMARA 200 MG CO-PACK	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	5	PA, QL (91 PER 28 DAYS)
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)		
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (80 PER 28 DAYS)
LYSODREN	5	
NIPENT	5	
ONUREG	5	PA, QL (14 PER 28 DAYS)
ORGOVYX	5	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	5	PA, QL (8 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO (40 MG, 60 MG)	5	PA, QL (4 PER 28 DAYS)
XPOVIO 40 MG ONCE WEEKLY	5	PA, QL (16 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	5	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	5	PA, QL (32 PER 28 DAYS)
ZOLINZA	5	PA, QL (120 PER 30 DAYS)
Aromatase Inhibitors, 3rd Generation		
anastrozole 1 mg tablet	1	
ARIMIDEX	5	
AROMASIN	5	
exemestane	2	
FEMARA	4	
letrozole	1	
Enzyme Inhibitors		
IWILFIN	5	PA, QL (240 PER 30 DAYS)
Molecular Target Inhibitors		
AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AKEEGA	5	PA, QL (60 PER 30 DAYS)
ALECENSA	5	PA, QL (240 PER 30 DAYS)
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA, QL (120 PER 30 DAYS)
AUGTYRO 160 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
AYVAKIT	5	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BALVERSA 4 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	5	PA, QL (30 PER 30 DAYS)
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	5	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	5	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
BRUKINSA	5	PA, QL (120 PER 30 DAYS)
CABOMETYX	5	PA, QL (30 PER 30 DAYS)
CALQUENCE	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	5	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL (84 PER 28 DAYS)
COPIKTRA	5	PA, QL (56 PER 28 DAYS)
COTELLIC	5	PA, QL (63 PER 28 DAYS)
DANZITEN	5	PA, QL (112 PER 28 DAYS)
dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)	5	PA, QL (30 PER 30 DAYS)
dasatinib 20 mg tablet	5	PA, QL (90 PER 30 DAYS)
DAURISMO 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ERIVEDGE	5	PA, QL (30 PER 30 DAYS)
erlotinib hcl (100 mg tablet, 150 mg tablet)	5	PA, QL (30 PER 30 DAYS)
erlotinib hcl 25 mg tablet	5	PA, QL (60 PER 30 DAYS)
everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)	5	PA, QL (60 PER 30 DAYS)
everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)	5	PA, QL (30 PER 30 DAYS)
everolimus 3 mg tab for susp	5	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EXKIVITY	5	PA, QL (120 PER 30 DAYS)
FOTIVDA	5	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	5	PA, QL (21 PER 28 DAYS)
GAVRETO	5	PA, QL (120 PER 30 DAYS)
gefitinib	5	PA, QL (30 PER 30 DAYS)
GILOTRIF	5	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	5	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	5	PA, QL (60 PER 30 DAYS)
GOMEKLI (1 MG CAPSULE, 1 MG TABLET FOR SUSP)	5	PA, QL (168 PER 28 DAYS)
GOMEKLI 2 MG CAPSULE	5	PA, QL (84 PER 28 DAYS)
IBRANCE	5	PA, QL (21 PER 28 DAYS)
IBTROZI	5	PA, QL (90 PER 30 DAYS)
ICLUSIG	5	PA, QL (30 PER 30 DAYS)
IDHIFA	5	PA, QL (30 PER 30 DAYS)
imatinib mesylate 100 mg tab	5	PA, QL (90 PER 30 DAYS)
imatinib mesylate 400 mg tab	5	PA, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (324 PER 30 DAYS)
IMKELDI	5	PA, QL (280 PER 28 DAYS)
INLYTA 1 MG TABLET	5	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	5	PA, QL (120 PER 30 DAYS)
INREBIC	5	PA, QL (120 PER 30 DAYS)
IRESSA	5	PA, QL (30 PER 30 DAYS)
ITOVEBI 3 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TABLET	5	PA, QL (30 PER 30 DAYS)
JAKAFI	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JAYPIRCA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
KISQALI 200 MG DAILY DOSE	5	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	5	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	5	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
KRAZATI	5	PA, QL (180 PER 30 DAYS)
lapatinib	5	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	5	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	5	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	5	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	5	PA, QL (240 PER 30 DAYS)
LUMAKRAS 240 MG TABLET	5	PA, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LYNPARZA	5	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	5	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	5	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	5	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	5	PA, QL (30 PER 30 DAYS)
MEKTOVI	5	PA, QL (180 PER 30 DAYS)
NERLYNX	5	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEXAVAR	5	PA, QL (120 PER 30 DAYS)
NINLARO	5	PA, QL (3 PER 28 DAYS)
ODOMZO	5	PA, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TABLET, 150 MG TABLET)	5	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	5	PA, QL (180 PER 30 DAYS)
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	5	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	5	PA, QL (96 PER 28 DAYS)
OJJAARA	5	PA, QL (30 PER 30 DAYS)
pazopanib hcl	5	PA, QL (120 PER 30 DAYS)
PEMAZYRE	5	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	5	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	5	PA, QL (30 PER 30 DAYS)
QINLOCK	5	PA, QL (90 PER 30 DAYS)
RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	5	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
REVUFORJ 110 MG TABLET	5	PA, QL (120 PER 30 DAYS)
REVUFORJ 160 MG TABLET	5	PA, QL (60 PER 30 DAYS)
REVUFORJ 25 MG TABLET	5	PA, QL (240 PER 30 DAYS)
REZLIDHIA	5	PA, QL (60 PER 30 DAYS)
ROMVIMZA	5	PA, QL (8 PER 28 DAYS)
ROZLYTREK 100 MG CAPSULE	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	5	PA, QL (336 PER 28 DAYS)
RUBRACA	5	PA, QL (120 PER 30 DAYS)
RYDAPT	5	PA, QL (240 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SCEMBLIX 100 MG TABLET	5	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	5	PA, QL (300 PER 30 DAYS)
sorafenib	5	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	5	PA, QL (90 PER 30 DAYS)
STIVARGA	5	PA, QL (84 PER 28 DAYS)
sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)	5	PA, QL (30 PER 30 DAYS)
sunitinib malate 12.5 mg cap	5	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
TABRECTA	5	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL (840 PER 28 DAYS)
TAGRISSO	5	PA, QL (30 PER 30 DAYS)
TALZENNA	5	PA, QL (30 PER 30 DAYS)
TASIGNA	5	PA, QL (120 PER 30 DAYS)
TAZVERIK	5	PA, QL (240 PER 30 DAYS)
TEPMETKO	5	PA, QL (60 PER 30 DAYS)
TIBSOVO	5	PA, QL (60 PER 30 DAYS)
torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)	5	PA, QL (30 PER 30 DAYS)
torpenz 5 mg tablet	5	PA, QL (60 PER 30 DAYS)
TRUQAP	5	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	5	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	5	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYKERB	5	PA, QL (180 PER 30 DAYS)
VANFLYTA	5	PA, QL (60 PER 30 DAYS)
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	2	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	5	PA, QL (42 PER 28 DAYS)
VERZENIO	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
VIZIMPRO	5	PA, QL (30 PER 30 DAYS)
VONJO	5	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VOTRIENT	5	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLET, 50 MG PELLET, 200 MG CAPSULE, 250 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLET	5	PA, QL (180 PER 30 DAYS)
XOSPATA	5	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ZELBORAF	5	PA, QL (240 PER 30 DAYS)
ZYDELIG	5	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	5	PA, QL (90 PER 30 DAYS)
Monoclonal Antibody/Antibody-Drug Conjugate		
KANJINTI	5	PA
MVASI	5	PA
ONTRUZANT	5	PA
RIABNI	5	PA
RUXIENCE	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRAZIMERA	5	PA
ZIRABEV	5	PA
Retinoids		
bexarotene (1% gel, 75 mg capsule)	5	PA
PANRETIN	5	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	5	PA
tretinoin 10 mg capsule	5	PA
Treatment Adjuncts		
mesna 400 mg tablet	5	
MESNEX 400 MG TABLET	5	
Antiparasitics		
Anthelmintics		
albendazole 200 mg tablet	2	
benznidazole	4	
BILTRICIDE	4	
ivermectin 3 mg tablet	2	PA
praziquantel	2	
STROMECTOL	4	PA
Antiprotozoals		
atovaquone	2	PA, QL (600 PER 30 DAYS)
atovaquone-proguanil hcl	2	
chloroquine phosphate	2	
COARTEM	4	
DARAPRIM	5	PA
hydroxychloroquine sulfate	2	
LAMPIT	4	
MALARONE	4	
mefloquine hcl	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEBUPENT	4	PA
nitazoxanide 500 mg tablet	5	QL (20 PER 30 OVER TIME)
PENTAM 300	4	
pentamidine 300 mg inhal powdr	2	PA
pentamidine 300 mg inject vial	2	
PLAQUENIL	4	
primaquine	2	
pyrimethamine 25 mg tablet	5	PA
quinine sulfate	2	PA

Antiparkinson Agents

Antiparkinson Agents, Other

amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)	2	
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	2	PA
carbidopa-levodopa-entacapone	2	
COMTAN	4	
entacapone	2	
TASMAR	5	
tolcapone	5	
trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)	2	PA

Dopamine Agonists

APOKYN	5	PA, QL (60 PER 30 DAYS)
apomorphine hcl	5	PA, QL (60 PER 30 DAYS)
bromocriptine mesylate	2	
NEUPRO	4	
pramipexole dihydrochloride	1	
ropinirole er	2	
ropinirole hcl (0.25 mg tablet, 1 mg tablet, 3 mg tablet, 5 mg tablet)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ropinirole hcl (0.5 mg tablet, 2 mg tablet, 4 mg tablet)		
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa	2	
carbidopa-levodopa	2	
carbidopa-levodopa er	2	
INBRIJA	5	PA, QL (300 PER 30 DAYS)
RYTARY	3	
SINEMET	4	
SINEMET 10-100	4	
SINEMET 25-100	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT 0.5 MG TABLET	4	
AZILECT 1 MG TABLET	5	
rasagiline mesylate	2	
selegiline hcl	2	
Antipsychotics		
1st Generation/Typical		
fluphenazine 2.5 mg/ml vial	4	PA
fluphenazine decanoate	2	PA
fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)	1	PA
fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)	2	PA
HALDOL DECANOATE 100	4	PA
HALDOL DECANOATE 50	4	PA
haloperidol	2	PA
haloperidol decanoate	2	PA
haloperidol decanoate 100	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
haloperidol lactate	2	PA
loxapine	2	PA
molindone hcl	4	PA
pimozide	4	PA
thioridazine hcl	2	PA
thiothixene	2	PA
trifluoperazine hcl	2	PA
2nd Generation/Atypical		
ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG TABLET, 5 MG TABLET)	4	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	5	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	5	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	5	QL (1 PER 28 DAYS)
aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	2	PA, QL (30 PER 30 DAYS)
aripiprazole (2 mg tablet, 5 mg tablet)	2	PA, QL (45 PER 30 DAYS)
aripiprazole 1 mg/ml solution	2	PA, QL (750 PER 30 DAYS)
aripiprazole odt	2	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	5	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	5	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	5	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	5	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5	QL (2.4 PER 42 OVER TIME)
asenapine maleate	2	PA, QL (60 PER 30 DAYS)
CAPLYTA	5	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK A	4	PA, QL (56 PER 28 DAYS)
FANAPT TITRATION PACK C	4	PA, QL (8 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GEODON (20 MG CAPSULE, 40 MG CAPSULE)	5	PA, QL (90 PER 30 DAYS)
GEODON (60 MG CAPSULE, 80 MG CAPSULE)	5	PA, QL (60 PER 30 DAYS)
GEODON 20 MG/ML VIAL	4	PA, QL (60 PER 30 DAYS)
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	4	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	5	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	5	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	5	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	5	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	5	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	4	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	5	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	5	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	5	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	5	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	5	QL (2.63 PER 84 OVER TIME)
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)	2	PA, QL (30 PER 30 DAYS)
lurasidone hcl 80 mg tablet	2	PA, QL (60 PER 30 DAYS)
LYBALVI	5	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
olanzapine (15 mg tablet, 20 mg tablet)	2	PA, QL (30 PER 30 DAYS)
olanzapine (2.5 mg tablet, 5 mg tablet)	1	PA, QL (45 PER 30 DAYS)
olanzapine (7.5 mg tablet, 10 mg tablet)	2	PA, QL (45 PER 30 DAYS)
olanzapine 10 mg vial	2	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
olanzapine odt	2	PA, QL (30 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	5	PA, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	5	PA, QL (30 PER 30 DAYS)
paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)	2	PA, QL (30 PER 30 DAYS)
paliperidone er 6 mg tablet	2	PA, QL (60 PER 30 DAYS)
PERSERIS	5	QL (1 PER 28 DAYS)
quetiapine 150 mg tablet	3	PA, QL (150 PER 30 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	2	PA, QL (60 PER 30 DAYS)
quetiapine fumarate (50 mg tab, 100 mg tab, 200 mg tab)	2	PA, QL (120 PER 30 DAYS)
quetiapine fumarate 25 mg tab	1	PA, QL (120 PER 30 DAYS)
quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)	2	PA, QL (30 PER 30 DAYS)
quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)	2	PA, QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	4	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	4	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)	4	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	5	QL (2 PER 28 DAYS)
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)	1	QL (60 PER 30 DAYS)
risperidone 0.25 mg odt	4	PA, QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	2	PA, QL (480 PER 30 DAYS)
risperidone 4 mg odt	2	PA, QL (120 PER 30 DAYS)
risperidone 4 mg tablet	1	QL (120 PER 30 DAYS)
risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial)	2	QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
risperidone er 50 mg vial	5	QL (2 PER 28 DAYS)
risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)	2	PA, QL (60 PER 30 DAYS)
SAPHRIS	4	PA, QL (60 PER 30 DAYS)
SECUADO	5	PA, QL (30 PER 30 DAYS)
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	5	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	5	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	5	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	5	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	5	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	5	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	5	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	QL (30 PER 30 DAYS)
ziprasidone hcl (20 mg capsule, 40 mg capsule)	2	QL (90 PER 30 DAYS)
ziprasidone hcl (60 mg capsule, 80 mg capsule)	2	QL (60 PER 30 DAYS)
ziprasidone mesylate	2	PA, QL (60 PER 30 DAYS)
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	PA, QL (45 PER 30 DAYS)
ZYPREXA 10 MG VIAL	4	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ZYPREXA 20 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	PA, QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT)	5	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	5	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS (15 MG TABLET, 20 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ZYPREXA ZYDIS (5 MG TABLET, 10 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
Antipsychotics, Other		
COBENFY	5	PA, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	5	PA, QL (56 PER 28 DAYS)
Treatment-Resistant		
clozapine (25 mg tablet, 50 mg tablet)	2	PA, QL (90 PER 30 DAYS)
clozapine 100 mg tablet	2	PA, QL (270 PER 30 DAYS)
clozapine 200 mg tablet	2	PA, QL (120 PER 30 DAYS)
clozapine odt (25 mg tablet, 100 mg tablet)	2	PA, QL (270 PER 30 DAYS)
clozapine odt 12.5 mg tablet	4	PA, QL (90 PER 30 DAYS)
clozapine odt 150 mg tablet	2	PA, QL (180 PER 30 DAYS)
clozapine odt 200 mg tablet	2	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	4	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	5	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	4	PA, QL (120 PER 30 DAYS)
VERSACLOZ	4	PA, QL (540 PER 30 DAYS)
Antispasticity Agents		
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	2	
DANTRIUM 25 MG CAPSULE	4	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	2	
tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)		

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tizanidine hcl (2 mg tablet, 4 mg tablet)	1	
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL (30 PER 30 DAYS)
DOVATO	5	QL (30 PER 30 DAYS)
GENVOYA	5	QL (30 PER 30 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	2	QL (180 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET	4	QL (60 PER 30 DAYS)
ISENTRESS 400 MG TABLET	5	QL (60 PER 30 DAYS)
ISENTRESS HD	5	QL (60 PER 30 DAYS)
JULUCA	5	QL (30 PER 30 DAYS)
STRIBILD	5	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	QL (60 PER 30 DAYS)
TIVICAY 10 MG TABLET	4	QL (240 PER 30 DAYS)
TIVICAY PD	5	QL (360 PER 30 DAYS)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO	5	QL (30 PER 30 DAYS)
EDURANT	5	QL (30 PER 30 DAYS)
EDURANT PED	5	QL (180 PER 30 DAYS)
efavirenz 600 mg tablet	2	QL (30 PER 30 DAYS)
efavirenz-emtric-tenofov disop	5	QL (30 PER 30 DAYS)
efavirenz-lamivu-tenofov disop	5	QL (30 PER 30 DAYS)
etravirine	5	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	4	QL (120 PER 30 DAYS)
nevirapine 200 mg tablet	2	QL (60 PER 30 DAYS)
nevirapine 50 mg/5 ml susp	2	QL (1200 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nevirapine er 400 mg tablet	2	QL (30 PER 30 DAYS)
PIFELTRO	5	QL (30 PER 30 DAYS)
SYMFI	5	QL (30 PER 30 DAYS)
SYMFI LO	5	QL (30 PER 30 DAYS)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir 20 mg/ml solution	2	QL (960 PER 30 DAYS)
abacavir 300 mg tablet	2	QL (60 PER 30 DAYS)
abacavir-lamivudine	2	QL (30 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS)
COMPLERA	5	QL (30 PER 30 DAYS)
DESCOVY	5	QL (30 PER 30 DAYS)
emtricitabine	2	QL (30 PER 30 DAYS)
emtricitabine-rilpivirne-tenof	5	QL (30 PER 30 DAYS)
emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)	5	QL (30 PER 30 DAYS)
emtricitabine-tenofv 200-300mg	2	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	4	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	4	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	4	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	4	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	4	QL (30 PER 30 DAYS)
EPZICOM	4	QL (30 PER 30 DAYS)
lamivudine (10 mg/ml oral soln, 300 mg/30ml sol cup)	2	QL (960 PER 30 DAYS)
lamivudine 150 mg tablet	2	QL (60 PER 30 DAYS)
lamivudine 300 mg tablet	2	QL (30 PER 30 DAYS)
lamivudine-zidovudine	2	QL (60 PER 30 DAYS)
ODEFSEY	5	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	4	QL (1920 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETROVIR 100 MG CAPSULE	4	QL (180 PER 30 DAYS)
tenofovir disoproxil fumarate	2	QL (30 PER 30 DAYS)
TRIUMEQ	5	QL (30 PER 30 DAYS)
TRIUMEQ PD	5	QL (180 PER 30 DAYS)
TRUVADA	5	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	5	QL (30 PER 30 DAYS)
VIREAD POWDER	5	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	4	QL (960 PER 30 DAYS)
zidovudine 100 mg capsule	2	QL (180 PER 30 DAYS)
zidovudine 300 mg tablet	2	QL (60 PER 30 DAYS)
zidovudine 50 mg/5 ml syrup	2	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON	5	QL (60 PER 30 DAYS)
maraviroc 150 mg tablet	5	QL (60 PER 30 DAYS)
maraviroc 300 mg tablet	5	QL (120 PER 30 DAYS)
RUKOBIA	5	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	5	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	5	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	4	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	5	QL (120 PER 30 DAYS)
SUNLENCA (4- 300 MG TABLET, 300 MG TABLET)	5	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	5	QL (5 PER 28 OVER TIME)
TYBOST	3	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	5	QL (120 PER 30 DAYS)
atazanavir sulfate (150 mg cap, 300 mg cap)	2	QL (30 PER 30 DAYS)
atazanavir sulfate 200 mg cap	2	QL (60 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
darunavir 600 mg tablet	5	QL (60 PER 30 DAYS)
darunavir 800 mg tablet	5	QL (30 PER 30 DAYS)
EVOTAZ	5	QL (30 PER 30 DAYS)
fosamprenavir calcium	5	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	4	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	5	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	5	QL (480 PER 30 DAYS)
LEXIVA 700 MG TABLET	5	QL (120 PER 30 DAYS)
lopinavir-ritonavir 80-20mg/ml	2	QL (480 PER 30 DAYS)
lopinavir-ritonavr 100-25mg tb	2	QL (300 PER 30 DAYS)
lopinavir-ritonavr 200-50mg tb	2	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	3	QL (360 PER 30 DAYS)
PREZCOBIX	5	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	5	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	5	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	4	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	5	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	5	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	5	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	5	QL (240 PER 30 DAYS)
ritonavir	2	QL (360 PER 30 DAYS)
SYMTUZA	5	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	5	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	5	QL (120 PER 30 DAYS)
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	5	QL (120 PER 30 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	5	
valganciclovir 450 mg tablet	2	
valganciclovir hcl 50 mg/ml	5	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	2	
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	5	
BARACLUDE 0.05 MG/ML SOLUTION	4	
entecavir	2	
lamivudine 100 mg tablet	2	
lamivudine hbv	2	
Anti-hepatitis C (HCV) Agents		
MAVYRET	5	PA
ribavirin (200 mg capsule, 200 mg tablet)	2	
ZEPATIER	5	PA
Anti-influenza Agents		
oseltamivir 6 mg/ml suspension	2	QL (1080 PER 365 OVER TIME)
oseltamivir phos 30 mg capsule	2	QL (168 PER 365 OVER TIME)
oseltamivir phosphate (45 mg capsule, 75 mg capsule)	2	QL (84 PER 365 OVER TIME)
RELENZA	4	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	4	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	4	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	4	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	4	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	4	QL (2 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiherpetic Agents		
acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)	1	
acyclovir (200 mg/5 ml susp, 200 mg/5 ml susp cup, 800 mg/20ml susp cup)	2	
acyclovir 5% ointment	2	PA
acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)	2	PA
famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)		
valacyclovir	2	
VALTREX	4	
ZOVIRAX 5% OINTMENT	4	PA
Antiviral, Coronavirus agents		
PAXLOVID 150-100 MG (MODERATE)	2	QL (20 PER 30 DAYS)
PAXLOVID 300-100 MG DOSE PACK	2	QL (30 PER 30 DAYS)
PAXLOVID 300/150-100MG(SEVERE)	2	QL (11 PER 30 OVER TIME)
Anxiolytics		
alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)	1	QL (120 PER 30 DAYS)
alprazolam 2 mg tablet	1	QL (150 PER 30 DAYS)
alprazolam er (0.5 mg tablet, 1 mg tablet)	2	QL (30 PER 30 DAYS)
alprazolam er 2 mg tablet	2	QL (150 PER 30 DAYS)
alprazolam er 3 mg tablet	2	QL (90 PER 30 DAYS)
alprazolam xr (0.5 mg tablet, 1 mg tablet)	2	QL (30 PER 30 DAYS)
alprazolam xr 2 mg tablet	2	QL (150 PER 30 DAYS)
alprazolam xr 3 mg tablet	2	QL (90 PER 30 DAYS)
buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)		
buspirone hcl 7.5 mg tablet	1	
chlordiazepoxide 25 mg capsule	2	PA, QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)	2	PA, QL (120 PER 30 DAYS)
clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)	2	QL (90 PER 30 DAYS)
clonazepam (0.5 mg tablet, 1 mg tablet)	1	QL (120 PER 30 DAYS)
clonazepam 2 mg odt	2	QL (300 PER 30 DAYS)
clonazepam 2 mg tablet	1	QL (300 PER 30 DAYS)
clorazepate 15 mg tablet	2	PA, QL (180 PER 30 DAYS)
clorazepate 3.75 mg tablet	2	PA, QL (120 PER 30 DAYS)
clorazepate 7.5 mg tablet	2	PA, QL (360 PER 30 DAYS)
diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)	1	PA, QL (120 PER 30 DAYS)
diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)	2	PA, QL (1200 PER 30 DAYS)
diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)	2	PA, QL (240 PER 30 DAYS)
hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)	2	PA
hydroxyzine pamoate	2	PA
lorazepam (0.5 mg tablet, 1 mg tablet)	1	PA, QL (120 PER 30 DAYS)
lorazepam 2 mg tablet	1	PA, QL (150 PER 30 DAYS)
lorazepam 2 mg/ml oral concent	2	PA, QL (150 PER 30 DAYS)
lorazepam intensol	2	PA, QL (150 PER 30 DAYS)
oxazepam	2	PA, QL (120 PER 30 DAYS)

Bipolar Agents

lithium carbonate	1	
lithium carbonate er	2	
lithium citrate	2	
LITHOBID	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose 100 mg tablet	2	QL (90 PER 30 DAYS)
acarbose 25 mg tablet	2	QL (360 PER 30 DAYS)
acarbose 50 mg tablet	2	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	4	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	4	QL (90 PER 30 DAYS)
BYDUREON BCISE	3	PA, QL (3.4 PER 28 DAYS)
CYCLOSET	4	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	3	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	3	QL (60 PER 30 DAYS)
ft sterile pads 2" x 2"	3	PA
gauze pads & dressings - pads 2 x 2	3	PA
glimepiride 1 mg tablet	1	QL (240 PER 30 DAYS)
glimepiride 2 mg tablet	1	QL (120 PER 30 DAYS)
glimepiride 4 mg tablet	1	QL (60 PER 30 DAYS)
glipizide 10 mg tablet	1	QL (120 PER 30 DAYS)
glipizide 2.5 mg tablet	4	QL (480 PER 30 DAYS)
glipizide 5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide er 10 mg tablet	1	QL (60 PER 30 DAYS)
glipizide er 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide er 5 mg tablet	1	QL (120 PER 30 DAYS)
glipizide xl 10 mg tablet	1	QL (60 PER 30 DAYS)
glipizide xl 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide xl 5 mg tablet	1	QL (120 PER 30 DAYS)
glipizide-metformin (2.5-500 mg, 5-500 mg)	1	QL (120 PER 30 DAYS)
glipizide-metformin 2.5-250 mg	1	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	4	QL (60 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	4	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glyburid-metformin 1.25-250 mg	2	QL (240 PER 30 DAYS)
glyburide 1.25 mg tablet	2	QL (480 PER 30 DAYS)
glyburide 2.5 mg tablet	2	QL (240 PER 30 DAYS)
glyburide 5 mg tablet	2	QL (120 PER 30 DAYS)
glyburide micro 1.5 mg tab	2	QL (240 PER 30 DAYS)
glyburide micro 3 mg tablet	2	QL (120 PER 30 DAYS)
glyburide micro 6 mg tablet	2	QL (60 PER 30 DAYS)
glyburide-metformin hcl (2.5-500 mg, 5-500 mg)	2	QL (120 PER 30 DAYS)
GLYXAMBI	4	QL (30 PER 30 DAYS)
isopropyl alcohol 0.7 ml/ml medicated pad	3	PA
JANUMET	3	QL (60 PER 30 DAYS)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30 DAYS)
JANUVIA	3	QL (30 PER 30 DAYS)
JARDIANCE	3	QL (30 PER 30 DAYS)
JENTADUETO	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
metformin hcl 1,000 mg tablet	1	QL (75 PER 30 DAYS)
metformin hcl 500 mg tablet	1	QL (150 PER 30 DAYS)
metformin hcl 850 mg tablet	1	QL (90 PER 30 DAYS)
metformin hcl er 500 mg tablet	1	QL (120 PER 30 DAYS)
metformin hcl er 750 mg tablet	1	QL (60 PER 30 DAYS)
MOUNJARO	3	PA, QL (2 PER 28 DAYS)
nateglinide 120 mg tablet	2	QL (90 PER 30 DAYS)
nateglinide 60 mg tablet	2	QL (180 PER 30 DAYS)
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	3	PA, QL (3 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pioglitazone hcl (30 mg tablet, 45 mg tablet)	1	QL (30 PER 30 DAYS)
pioglitazone hcl 15 mg tablet	1	QL (90 PER 30 DAYS)
pioglitazone-glimepiride	2	QL (30 PER 30 DAYS)
pioglitazone-metformin	2	QL (90 PER 30 DAYS)
repaglinide 0.5 mg tablet	1	QL (960 PER 30 DAYS)
repaglinide 1 mg tablet	1	QL (480 PER 30 DAYS)
repaglinide 2 mg tablet	1	QL (240 PER 30 DAYS)
RYBELSUS	3	PA, QL (30 PER 30 DAYS)
saxagliptin hcl	2	QL (30 PER 30 DAYS)
saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformn er 5-1000)	2	QL (30 PER 30 DAYS)
saxagliptn-metform er 2.5-1000	2	QL (60 PER 30 DAYS)
SOLIQUA 100-33	3	QL (18 PER 30 DAYS)
SYMLINPEN 120	5	
SYMLINPEN 60	5	
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
TRADJENTA	3	QL (30 PER 30 DAYS)
TRULICITY	3	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	3	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	3	QL (60 PER 30 DAYS)
Glycemic Agents		
BAQSIMI	4	QL (4 PER 30 DAYS)
diazoxide 50 mg/ml oral susp	2	
GLUCAGEN	3	QL (4 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glucagon emergency kit	2	QL (4 PER 30 DAYS)
GVOKE	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
PROGLYCEM	5	
Insulins		
droplet insulin syringe (ins syr 1 ml 30g 8mm, ins syr 1 ml 31g 8mm, ins syr 1ml 29g 12.7mm, ins syr 1ml 30g 12.7mm)	3	PA
droplet micron 34g 3.5mm	3	PA
droplet pen needle (29g 10mm, 29g 12mm, 31g 5mm, 31g 6mm, 31g 8mm, 32g 4mm, 32g 5mm, 32g 6mm, 32g 8mm)	2	PA
HUMALOG	3	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100	3	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200	3	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100	3	QL (60 PER 30 DAYS)
HUMULIN 70-30	3	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMULIN N	3	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	3	QL (60 PER 30 DAYS)
HUMULIN R	3	QL (60 PER 30 DAYS)
HUMULIN R U-500	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN R U-500 KWIKPEN	3	QL (60 PER 30 DAYS)
insulin pen needle	3	PA
insulin syringe (disp) u-100 0.3 ml	3	PA
insulin syringe (disp) u-100 1 ml	3	PA
insulin syringe (disp) u-100 1/2 ml	3	PA
insulin syringe (syr 0.5 ml, 1ml)	3	PA
LANTUS	3	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR	3	QL (60 PER 30 DAYS)
LYUMJEV	3	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100	3	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200	3	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100	3	QL (60 PER 30 DAYS)
needles, insulin disp., safety	3	PA
NOVOLIN 70-30	3	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLIN N	3	QL (60 PER 30 DAYS)
NOVOLIN N FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLIN R	3	QL (60 PER 30 DAYS)
NOVOLIN R FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG	3	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30	3	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG PENFILL	3	QL (60 PER 30 DAYS)
omnipod 5 (g6/libre 2 plus)	3	PA, QL (15 PER 30 DAYS)
omnipod 5 dexg7g6 intro(gen 5)	3	PA, QL (1 PER 720 OVER TIME)
omnipod 5 dexg7g6 pods (gen 5)	3	PA, QL (15 PER 30 DAYS)
omnipod 5 g6-g7 intro kt(gen5)	3	PA, QL (1 PER 720 OVER TIME)
omnipod 5 g6-g7 pods (gen 5)	3	PA, QL (15 PER 30 DAYS)
omnipod 5 intro(g6/libre2plus)	3	PA, QL (1 PER 720 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
omnipod classic pods (gen 3)	3	PA, QL (15 PER 30 DAYS)
omnipod dash intro kit (gen 4)	3	PA, QL (1 PER 720 OVER TIME)
omnipod dash pdm kit (gen 4)	3	PA, QL (1 PER 720 OVER TIME)
omnipod dash pods (gen 4)	3	PA, QL (15 PER 30 DAYS)
omnipod go pods	3	PA, QL (10 PER 30 DAYS)
pen needle (31g 5mm, 31g 8mm, 32g 4mm, 32g 6mm)	2	PA
TOUJEO MAX SOLOSTAR	3	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	3	QL (60 PER 30 DAYS)
true comfort safety pen needle	3	PA
unifine pentips	3	PA
unifine pentips plus	3	PA
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate (75 mg cap, 150 mg cp)	2	QL (60 PER 30 DAYS)
dabigatran etexilate 110 mg cp	2	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	3	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
enoxaparin 30 mg/0.3 ml syr	2	QL (9 PER 90 OVER TIME)
enoxaparin 40 mg/0.4 ml syr	2	QL (12 PER 90 OVER TIME)
enoxaparin 60 mg/0.6 ml syr	2	QL (18 PER 90 OVER TIME)
enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)	2	QL (30 PER 90 OVER TIME)
enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)	2	QL (24 PER 90 OVER TIME)
fondaparinux 10 mg/0.8 ml syr	5	QL (24 PER 90 OVER TIME)
fondaparinux 2.5 mg/0.5 ml syr	2	QL (15 PER 90 OVER TIME)
fondaparinux 5 mg/0.4 ml syr	5	QL (12 PER 90 OVER TIME)
fondaparinux 7.5 mg/0.6 ml syr	5	QL (18 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpujct, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)	2	
jantoven	1	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	5	QL (30 PER 90 OVER TIME)
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	4	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	4	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	4	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	4	QL (18 PER 90 OVER TIME)
rivaroxaban 1 mg/ml suspension	2	QL (620 PER 30 DAYS)
rivaroxaban 2.5 mg tablet	2	QL (60 PER 30 DAYS)
warfarin sodium	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	3	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	3	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	3	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	3	QL (51 PER 30 DAYS)
ZONTIVITY	4	

Blood Products and Modifiers, Other

AGRYLIN	4	
anagrelide hcl	2	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	4	PA
ARANESP (100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FULPHILA	5	PA
GRANIX	5	PA
LEUKINE	5	PA
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	5	PA
NIVESTYM 300 MCG/0.5 ML SYRING	3	PA
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNIT/2 ML VIAL)	4	PA
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA
PROMACTA	5	PA
RETACRIT	4	PA
UDENYCA	5	PA
UDENYCA AUTOINJECTOR	5	PA
UDENYCA ONBODY	5	PA
ZIEXTENZO	5	PA
Hemostasis Agents		
tranexamic acid 650 mg tablet	2	
Platelet Modifying Agents		
aspirin-dipyridamole er	2	
BRILINTA	3	
CABLIVI	5	
cilostazol	2	
clopidogrel 75 mg tablet	1	
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	2	
PLAVIX	4	
prasugrel hcl	2	
ticagrelor	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	2	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	1	
droxidopa	5	PA
guanfacine hcl	2	
midodrine hcl	2	
NORTHERA	5	PA
Alpha-adrenergic Blocking Agents		
CARDURA	4	QL (60 PER 30 DAYS)
doxazosin mesylate	2	QL (60 PER 30 DAYS)
phenoxybenzamine hcl	5	
prazosin hcl	2	
terazosin 1 mg capsule	1	QL (90 PER 30 DAYS)
terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)	1	QL (60 PER 30 DAYS)
Angiotensin II Receptor Antagonists		
ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	4	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	4	QL (30 PER 30 DAYS)
AVAPRO	4	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	4	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	4	QL (60 PER 30 DAYS)
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)	1	QL (60 PER 30 DAYS)
candesartan cilexetil 32 mg tb	1	QL (30 PER 30 DAYS)
COZAAR (25 MG TABLET, 50 MG TABLET)	4	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	4	QL (30 PER 30 DAYS)
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIOVAN 320 MG TABLET	4	QL (30 PER 30 DAYS)
EDARBI	4	QL (30 PER 30 DAYS)
irbesartan	1	QL (30 PER 30 DAYS)
losartan potassium (25 mg tab, 50 mg tab)	1	QL (60 PER 30 DAYS)
losartan potassium 100 mg tab	1	QL (30 PER 30 DAYS)
MICARDIS	4	QL (30 PER 30 DAYS)
olmesartan medoxomil (20 mg tab, 40 mg tab)	1	QL (30 PER 30 DAYS)
olmesartan medoxomil 5 mg tab	1	QL (60 PER 30 DAYS)
telmisartan	1	QL (30 PER 30 DAYS)
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)	1	QL (60 PER 30 DAYS)
valsartan 320 mg tablet	1	QL (30 PER 30 DAYS)
Angiotensin-converting Enzyme (ACE) Inhibitors		
ALTACE	4	
benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
captopril	1	
enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)	1	
fosinopril sodium	1	
lisinopril	1	
LOTENSIN	4	
moexipril hcl	1	
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
VASOTEC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)		
VASOTEC 20 MG TABLET	5	
ZESTRIL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiarrhythmics		
amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)	2	
dofetilide	2	
flecainide acetate	2	
mexiletine hcl	2	
MULTAQ	3	
pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)	2	
propafenone hcl	2	
propafenone hcl er	2	
quinidine gluc er 324 mg tab	2	
quinidine sulfate	2	
sorine (120 mg tablet, 160 mg tablet, 240 mg tablet)		
sorine 80 mg tablet	1	
sotalol (120 mg tablet, 160 mg tablet, 240 mg tablet)		
sotalol 80 mg tablet	1	
sotalol af (120 mg tablet, 160 mg tablet)	2	
sotalol af 80 mg tablet	1	
TIKOSYN	4	
Beta-adrenergic Blocking Agents		
acebutolol hcl	2	
atenolol	1	
betaxolol hcl (10 mg tablet, 20 mg tablet)	2	
bisoprolol fumarate (5 mg tab, 10 mg tab)	2	
BYSTOLIC	4	
carvedilol	1	
carvedilol er	2	
COREG CR	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INDERAL LA	5	
INDERAL XL	5	
INNOPRAN XL	5	
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)	2	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)		
metoprolol succinate	1	
metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)	1	
nadolol	2	
nebivolol hcl	2	
pindolol	2	
propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)	2	
propranolol hcl er	2	
TENORMIN	4	
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	2	
TOPROL XL	4	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate	1	
felodipine er	2	
isradipine	2	
nicardipine hcl (20 mg capsule, 30 mg capsule)	2	
nifedipine (10 mg capsule, 20 mg capsule)	2	
nifedipine er	2	
nimodipine 30 mg capsule	2	
nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet)	2	
nisoldipine er 25.5 mg tablet	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORVASC	4	
PROCARDIA XL	4	
SULAR	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM	4	
CARDIZEM CD (120 MG CAPSULE, 180 MG CAPSULE, 300 MG CAPSULE)	3	
CARDIZEM CD (240 MG CAPSULE, 360 MG CAPSULE)		
CARDIZEM LA	4	
cartia xt	2	
dilt-xr	2	
diltiazem 12hr er	2	
diltiazem 24hr er	2	
diltiazem 24hr er (cd)	2	
diltiazem 24hr er (la)	2	
diltiazem 24hr er (xr)	2	
diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)		
matzim la	2	
taztia xt	2	
tiadylt er	2	
TIAZAC	4	
verapamil er	2	
verapamil er pm	4	
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)		
verapamil sr	2	
VERELAN	4	
VERELAN PM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Cardiovascular Agents, Other		
acetazolamide	2	
acetazolamide er	2	
aliskiren	2	QL (30 PER 30 DAYS)
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril	1	
amlodipine-atorvastatin	2	
amlodipine-olmesartan	1	QL (30 PER 30 DAYS)
amlodipine-valsartan	1	QL (30 PER 30 DAYS)
amlodipine-valsartan-hctz	2	QL (30 PER 30 DAYS)
ATACAND HCT	4	QL (30 PER 30 DAYS)
atenolol-chlorthalidone	1	
AVALIDE	4	QL (30 PER 30 DAYS)
AZOR	4	QL (30 PER 30 DAYS)
benazepril-hydrochlorothiazide	1	
BENICAR HCT	4	QL (30 PER 30 DAYS)
bisoprolol-hydrochlorothiazide	1	
candesartan-hydrochlorothiazid	2	QL (30 PER 30 DAYS)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	2	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	3	PA, QL (600 PER 30 DAYS)
DEMSER	5	
digitek	2	QL (30 PER 30 DAYS)
digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)	1	QL (30 PER 30 DAYS)
digoxin 0.05 mg/ml solution	2	QL (150 PER 30 DAYS)
DIOVAN HCT	4	QL (30 PER 30 DAYS)
EDARBYCLOR	4	QL (30 PER 30 DAYS)
enalapril-hydrochlorothiazide	1	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENTRESTO 24 MG-26 MG TABLET	3	QL (180 PER 30 DAYS)
ENTRESTO SPRINKLE	3	QL (240 PER 30 DAYS)
EXFORGE	4	QL (30 PER 30 DAYS)
EXFORGE HCT	4	QL (30 PER 30 DAYS)
fosinopril-hydrochlorothiazide	1	
HYZAAR	4	QL (30 PER 30 DAYS)
irbesartan-hydrochlorothiazide	1	QL (30 PER 30 DAYS)
ivabradine hcl	2	PA, QL (60 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	3	QL (30 PER 30 DAYS)
lisinopril-hydrochlorothiazide	1	
losartan-hydrochlorothiazide	1	QL (30 PER 30 DAYS)
methazolamide	2	
metoprolol-hydrochlorothiazide	2	
metyrosine	5	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	3	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	4	QL (60 PER 30 DAYS)
olmesartan-amlodipine-hctz	2	QL (30 PER 30 DAYS)
olmesartan-hydrochlorothiazide	1	QL (30 PER 30 DAYS)
pentoxifylline	2	
quinapril-hydrochlorothiazide	1	
ranolazine er	2	QL (60 PER 30 DAYS)
spironolactone-hctz	1	
TEKTURNA	4	QL (30 PER 30 DAYS)
telmisartan-amlodipine	2	QL (30 PER 30 DAYS)
telmisartan-hctz 80-12.5 mg tb	1	QL (60 PER 30 DAYS)
telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)	1	QL (30 PER 30 DAYS)
TENORETIC 100	4	
TENORETIC 50	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
trandolapril-verapamil er	1	
TRIBENZOR	4	QL (30 PER 30 DAYS)
valsartan-hydrochlorothiazide	1	QL (30 PER 30 DAYS)
VASERETIC	4	
ZESTORETIC	4	
ZIAC	4	
Diuretics, Loop		
bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)	2	
furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)	1	
furosemide (20 mg/2 ml vial, 40 mg/4 ml vial, 40 mg/5 ml soln, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)	2	
LASIX	4	
torsemide	1	
Diuretics, Potassium-sparing		
amiloride hcl	2	
triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)		
Diuretics, Thiazide		
chlorthalidone	2	
hydrochlorothiazide	1	
indapamide	1	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)	1	QL (60 PER 30 DAYS)
fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fenofibric acid dr 135 mg cap	2	QL (30 PER 30 DAYS)
fenofibric acid dr 45 mg cap	2	QL (60 PER 30 DAYS)
gemfibrozil	1	QL (60 PER 30 DAYS)
LOPID	4	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin 80 mg tablet	1	QL (30 PER 30 DAYS)
atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	QL (45 PER 30 DAYS)
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	3	QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	4	QL (30 PER 30 DAYS)
fluvastatin er	2	QL (30 PER 30 DAYS)
fluvastatin sodium	2	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	4	QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	4	QL (30 PER 30 DAYS)
lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	QL (60 PER 30 DAYS)
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	QL (45 PER 30 DAYS)
pravastatin sodium 80 mg tab	1	QL (30 PER 30 DAYS)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)	1	QL (45 PER 30 DAYS)
rosuvastatin calcium 40 mg tab	1	QL (30 PER 30 DAYS)
simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)	1	QL (45 PER 30 DAYS)
simvastatin 20 mg tablet	1	QL (60 PER 30 DAYS)
simvastatin 80 mg tablet	1	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	4	QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	4	QL (60 PER 30 DAYS)
Dyslipidemics, Other		
cholestyramine (packet, powder)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cholestyramine light (packet, powder)	2	
COLESTID 1 GM TABLET	4	
colestipol hcl (1 gm tablet, granules, granules packet)		
ezetimibe	2	QL (30 PER 30 DAYS)
ezetimibe-simvastatin	1	QL (30 PER 30 DAYS)
icosapent ethyl (0.5 gm capsule, 500 mg capsule)	4	QL (240 PER 30 DAYS)
icosapent ethyl 1 gram capsule	4	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	5	PA
niacin er (750 mg tablet, 1,000 mg tablet)	2	QL (60 PER 30 DAYS)
niacin er 500 mg tablet	2	QL (30 PER 30 DAYS)
omega-3 acid ethyl esters	2	
prevalite (packet, powder)	2	
REPATHA PUSHTRONEX	3	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	3	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	3	PA, QL (2 PER 28 DAYS)
triklo	2	
VASCEPA 0.5 GM CAPSULE	3	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	3	QL (120 PER 30 DAYS)
VYTORIN	4	QL (30 PER 30 DAYS)
ZETIA	4	QL (30 PER 30 DAYS)
Mineralocorticoid Receptor Antagonists		
ALDACTONE	4	
eplerenone	2	
INSPRA	4	
KERENDIA	3	PA, QL (30 PER 30 DAYS)
spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)		

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Vasodilators, Direct-acting Arterial		
hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
minoxidil (2.5 mg tablet, 10 mg tablet)	2	
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE	4	
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	2	
isosorbide mononit 10 mg tab	2	
isosorbide mononit 20 mg tab	1	
isosorbide mononit er 120 mg	2	
isosorbide mononitrate er (er 30 mg tb, er 60 mg tb)	1	
NITRO-BID	4	
nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)	2	
nitroglycerin patch	2	
NITROLINGUAL	4	
NITROSTAT	4	
RECTIV	4	
VERQUVO	3	QL (30 PER 30 DAYS)
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL XR	4	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG, 15 MG CAP)	5	QL (120 PER 30 DAYS)
dextroamp-amphetamin 20 mg tab	2	QL (90 PER 30 DAYS)
dextroamphetamine 10 mg tab	2	QL (180 PER 30 DAYS)
dextroamphetamine 5 mg tab	2	QL (90 PER 30 DAYS)
dextroamphetamine er 5 mg cap	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)	1	QL (120 PER 30 DAYS)
dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)	2	QL (30 PER 30 DAYS)
dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)	2	QL (60 PER 30 DAYS)
lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)	2	QL (30 PER 30 DAYS)
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	4	QL (30 PER 30 DAYS)
zenzedi 10 mg tablet	2	QL (180 PER 30 DAYS)
zenzedi 5 mg tablet	2	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)	2	QL (60 PER 30 DAYS)
atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)	2	QL (30 PER 30 DAYS)
clonidine hcl er 0.1 mg tablet	2	QL (120 PER 30 DAYS)
dexmethylphenidate hcl	2	PA, QL (60 PER 30 DAYS)
FOCALIN	4	PA, QL (60 PER 30 DAYS)
guanfacine hcl er	2	QL (30 PER 30 DAYS)
methylphenidate 10 mg/5 ml sol	2	PA, QL (900 PER 30 DAYS)
methylphenidate 5 mg/5 ml soln	2	PA, QL (450 PER 30 DAYS)
methylphenidate er 20 mg tab	2	PA, QL (90 PER 30 DAYS)
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	2	PA, QL (90 PER 30 DAYS)
RITALIN	4	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	4	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	4	QL (30 PER 30 DAYS)
Central Nervous System, Other		
AUSTEDO (9 MG TABLET, 12 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITR KT(6-12-24 MG)	5	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITR(12-18-24-30MG)	5	PA, QL (28 PER 28 DAYS)
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
INGREZZA 40 MG SPRINKLE CAP	5	PA, QL (60 PER 30 DAYS)
INGREZZA INITIATION PK(TARDIV)	5	PA, QL (28 PER 28 DAYS)
INGREZZA SPRINKLE (60 MG CAP, 80 MG CAP)	5	PA, QL (30 PER 30 DAYS)
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)
riluzole	2	
tetrabenazine 12.5 mg tablet	4	PA, QL (240 PER 30 DAYS)
tetrabenazine 25 mg tablet	5	PA, QL (120 PER 30 DAYS)
VEOZAH	4	PA, QL (30 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	5	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
Multiple Sclerosis Agents		
AMPYRA	5	PA
AVONEX (4 PACK)	5	PA, QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AVONEX 30 MCG/0.5 ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
AVONEX PEN (4 PACK)	5	PA, QL (1 PER 28 DAYS)
BETASERON	5	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	5	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	5	PA, QL (12 PER 28 DAYS)
dalfampridine er	2	PA
dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)	2	PA, QL (60 PER 30 DAYS)
dimethyl fumarate 30d start pk	4	PA, QL (60 PER 30 DAYS)
fingolimod	5	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
glatiramer 20 mg/ml syringe	5	PA, QL (30 PER 30 DAYS)
glatiramer 40 mg/ml syringe	5	PA, QL (12 PER 28 DAYS)
glatopa 20 mg/ml syringe	5	PA, QL (30 PER 30 DAYS)
glatopa 40 mg/ml syringe	5	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	5	PA, QL (1.6 PER 28 DAYS)
PLEGRIDY	5	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	5	PA, QL (1 PER 28 DAYS)
TECFIDERA	5	PA, QL (60 PER 30 DAYS)
VUMERITY	5	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

cevimeline hcl	2	
chlorhexidine gluconate (15 ml cup, rinse)	1	
kourzeq	2	
oralone	2	
periogard	1	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	2	
SALAGEN	4	
triamcinolone 0.1% paste	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dermatological Agents		
Acne and Rosacea Agents		
accutane	2	
acitretin	2	
amnesteem	2	
AVITA	2	PA
azelaic acid 15% gel	2	
AZELEX	4	
BENZAMYCIN	4	
claravis	2	
clind ph-benzoyl perox 1.2-5%	2	
clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)	2	
doxycycline ir-dr	2	
erythromycin-benzoyl peroxide	2	
FINACEA 15% FOAM	3	
FINACEA 15% GEL	4	
isotretinoin	2	
KLARON	4	
myorisan	2	
neuac	2	
ORACEA	3	
RETIN-A	4	PA
sulfacetamide sodium (sod top susp, sodium lotn)	2	
tazarotene (0.05% cream, 0.05% gel, 0.1% cream, 0.1% gel)	2	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	4	PA
tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zenatane	2	
Dermatitis and Pruitus Agents		
ALA-CORT 1% CREAM	1	
alclometasone dipropionate	2	QL (120 PER 30 DAYS)
ammonium lactate	2	
betamethasone diprop augmented (crm, oin)	2	QL (200 PER 28 DAYS)
betamethasone dipropionate (crm, oint)	2	QL (135 PER 30 DAYS)
betamethasone dp 0.05% lot	2	QL (120 PER 30 DAYS)
betamethasone dp aug 0.05% gel	3	QL (200 PER 28 DAYS)
betamethasone dp aug 0.05% lot	2	QL (210 PER 30 DAYS)
betamethasone va 0.1% lotion	2	QL (120 PER 30 DAYS)
betamethasone valerate (va cream, valer ointm)	2	QL (135 PER 30 DAYS)
clobetasol 0.05% shampoo	2	QL (236 PER 30 DAYS)
clobetasol emollient 0.05% crm	2	QL (210 PER 28 DAYS)
clobetasol propionate (cream, gel, ointment)	2	QL (210 PER 28 DAYS)
clobetasol propionate (prop foam, solution)	2	QL (200 PER 28 DAYS)
clodan	2	QL (236 PER 30 DAYS)
desonide (cream, ointment)	2	QL (120 PER 30 DAYS)
desonide 0.05% lotion	2	QL (118 PER 30 DAYS)
desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)	2	QL (120 PER 30 DAYS)
DIPROLENE	4	QL (200 PER 28 DAYS)
doxepin 5% cream	2	PA
ELIDEL	4	PA
fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)	2	QL (120 PER 30 DAYS)
fluocinolone acetonide (body oil, scalp oil)	2	QL (118.28 PER 30 DAYS)
fluocinonide (cream, gel, ointment, solution)	2	QL (120 PER 30 DAYS)
fluocinonide 0.1% cream	2	QL (240 PER 28 DAYS)
fluocinonide-e	2	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluticasone propionate (0.005% oint, 0.05% cream)	2	QL (120 PER 30 DAYS)
halobetasol propionate (cream, ointmnt)	2	QL (200 PER 28 DAYS)
hydrocortisone (cream, ointment)	1	
hydrocortisone 2.5% lotion	2	QL (118 PER 30 DAYS)
hydrocortisone 2.5% ointment	1	QL (454 PER 30 DAYS)
hydrocortisone butyr 0.1% soln	2	QL (120 PER 30 DAYS)
hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)	2	QL (135 PER 30 DAYS)
hydrocortisone valerate	2	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	4	QL (135 PER 30 DAYS)
mometasone furoate (cream, oint)	2	QL (135 PER 30 DAYS)
mometasone furoate 0.1% soln	2	QL (120 PER 30 DAYS)
pimecrolimus	2	PA
PRUDOXIN	4	PA
selenium sulfide 2.5% lotion	2	
tacrolimus (0.03%, 0.1%)	2	PA
triamcinolone 0.025% cream	1	QL (454 PER 30 DAYS)
triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)	2	QL (120 PER 30 DAYS)
triamcinolone acetonide (0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)	2	QL (454 PER 30 DAYS)
triderm 0.5% cream	2	QL (454 PER 30 DAYS)
ZONALON	4	PA
Dermatological Agents, Other		
calcipotriene (cream, ointment, solution)	2	QL (120 PER 30 DAYS)
calcitrene	2	QL (120 PER 30 DAYS)
clotrimazole-betamethasone (crm, lot)	2	
diclofenac sodium 3% gel	2	PA
EFUDEX	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluorouracil (cream, topical soln)	2	
fluorouracil 2% topical soln	3	
imiquimod 5% cream packet	2	PA
methoxsalen	5	
nystatin-triamcinolone	2	
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	5	PA
podofilox 0.5% topical soln	2	
REGRANEX	5	PA, QL (15 PER 30 DAYS)
SANTYL	3	QL (180 PER 30 DAYS)
SILVADENE	4	
silver sulfadiazine	2	
SSD	2	

Pediculicides/Scabicides

ivermectin 1% cream	2	PA
malathion	2	
OVIDE	4	
permethrin	2	
SOOLANTRA	4	PA

Topical Anti-infectives

gentamicin sulfate (cream, ointment)	2	
METROCREAM	4	
METROGEL	4	
METROLOTION	4	
metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)	2	
mupirocin	2	QL (30 PER 30 OVER TIME)
rosadan	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Electrolytes/Minerals/ Metals/ Vitamins		
Electrolyte/Mineral Replacement		
aqua care sodium chloride	2	
CARBAGLU	5	PA
carglumic acid	5	PA
dextrose 2.5%-0.45% nacl	2	
dextrose 5%-0.2% nacl	1	
dextrose 5%-0.225% nacl	1	
dextrose 5%-0.45% nacl	2	
dextrose 5%-0.9% nacl	2	
glucose 5%-0.9% nacl	2	
kcl 20 meq/l in d5w solution	2	
kcl-d5w-0.2% nacl	2	
kcl-d5w-0.225% nacl	2	
kcl-d5w-0.45% nacl	2	
KLOR-CON 10	2	
KLOR-CON 8	2	
klor-con m10	2	
KLOR-CON M15	2	
klor-con m20	2	
magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)	2	
potassium chloride in d5lr	3	
potassium chloride proamp	2	
potassium chloride-0.45% nacl	2	
potassium citrate er	2	
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)	2	
sodium chloride 0.9%-water	2	

Electrolyte/Mineral/Metal Modifiers

CHEMET	4	
deferasirox (90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)	4	PA
deferasirox 125 mg tb for susp	4	PA
deferasirox 90 mg tablet	2	PA
EXJADE	5	PA
JADENU	5	PA
JADENU SPRINKLE	5	PA
SAMSCA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYPRINE	5	PA, QL (240 PER 30 DAYS)
tolvaptan (15 mg tablet, 30 mg tablet)	5	PA
trientine hcl 250 mg capsule	5	PA, QL (240 PER 30 DAYS)
dextrose 10%-water iv solution	1	
dextrose in water (50 ml, 100 ml, 250 ml, 1,000 ml, iv soln)	2	
glucose in water (50 ml, 100 ml)	2	
INTRALIPID 20% IV FAT EMUL	4	PA
NUTRILIPID	4	PA
TRAVASOL	4	PA
TROPHAMINE	4	PA
Potassium Binders		
kionex	2	
sodium polystyrene sulf powder	2	
SPS	2	
VELTASSA	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	2	
enulose	2	
generlac	2	
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	2	
LINZESS	3	QL (30 PER 30 DAYS)
lubiprostone 24 mcg capsule	2	QL (60 PER 30 DAYS)
lubiprostone 8 mcg capsule	2	QL (120 PER 30 DAYS)
MOVANTIK	3	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	4	PA, QL (18 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RELISTOR 150 MG TABLET	5	PA, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	5	PA, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents		
alosetron hcl 0.5 mg tablet	2	PA, QL (60 PER 30 DAYS)
alosetron hcl 1 mg tablet	5	PA, QL (60 PER 30 DAYS)
diphenoxylate-atrop 2.5-0.025	2	PA
loperamide 2 mg capsule	2	
LOTRONEX	5	PA, QL (60 PER 30 DAYS)
VIBERZI	5	PA, QL (60 PER 30 DAYS)
XERMELO	5	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)	2	PA
glycopyrrolate (1 mg tablet, 2 mg tablet)	2	
methscopolamine bromide	2	
Gastrointestinal Agents, Other		
bismuth-metronidazole-tetracyc	2	
chenodal	5	PA
GATTEX	5	PA
gavilyte-c	2	
gavilyte-g	1	
gavilyte-n	1	
GOLYTELY	4	
metoclopramide hcl (5 mg tablet, 10 mg tablet)	1	
metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol)	2	
MOVIPREP	4	
MYALEPT	5	PA
OCALIVA	5	PA, QL (30 PER 30 DAYS)
peg 3350-electrolyte solution	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
peg-3350 and electrolytes	1	
peg3350-sod sul-nacl-kcl-asb-c	1	
PYLERA	4	
REGLAN	4	
sod sulf-potass sulf-mag sulf	2	
SUPREP	4	
SUTAB	4	
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	2	
VOWST	5	PA, QL (12 PER 56 OVER TIME)
XIFAXAN 550 MG TABLET	5	PA, QL (90 PER 30 DAYS)
Histamine2 (H2) Receptor Antagonists		
cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)	2	
famotidine (20 mg tablet, 40 mg tablet)	1	
famotidine 40 mg/5 ml susp	2	
nizatidine (150 mg capsule, 300 mg capsule)	2	
Protectants		
CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)		
CYTOTEC	4	
misoprostol	2	
sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)	2	
Proton Pump Inhibitors		
esomeprazole magnesium (dr 2.5 mg packet, dr 5 mg packet, dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)	2	QL (30 PER 30 DAYS)
lansoprazole (dr 15 mg capsule, dr 30 mg capsule)	2	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	4	QL (30 PER 30 DAYS)
omeprazole (dr 20 mg capsule, dr 40 mg capsule)	1	QL (60 PER 30 DAYS)
omeprazole dr 10 mg capsule	1	QL (30 PER 30 DAYS)
pantoprazole sod dr 20 mg tab	1	QL (30 PER 30 DAYS)
pantoprazole sod dr 40 mg tab	1	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	4	QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	4	QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	4	QL (60 PER 30 DAYS)
rabeprazole sod dr 20 mg tab	2	QL (30 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine anhydrous	5	
BUPHENYL 500 MG TABLET	5	PA
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)	4	
CARNITOR SF	4	
CEREZYME	5	PA
CREON	3	
cromolyn 100 mg/5 ml oral conc	2	
CRYSVITA	5	PA
CYSTADANE	5	
CYSTAGON	4	PA
ELELYSO	5	PA
ENDARI	5	PA
KUVAN	5	PA
l-glutamine 5 gram powder pkt	5	PA
levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)		
levocarnitine sf	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
miglustat	5	PA, QL (180 PER 30 DAYS)
nitisinone	5	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	
PALYNZIQ	5	PA
PROLASTIN C	5	PA
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	5	PA, QL (14 PER 28 DAYS)
PYRUKYND (5 MG TABLET, 20 MG TABLET, 20 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK)	5	PA, QL (56 PER 28 DAYS)
PYRUKYND 5 MG TAPER PACK	5	PA, QL (7 PER 28 DAYS)
REVCOVI	5	
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate (500mg tb, powder)	5	PA
STRENSIQ	5	PA
VPRIV	5	PA
VYNDAMAX	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL	5	PA, QL (120 PER 30 DAYS)
WELIREG	5	PA, QL (90 PER 30 DAYS)
yargesa	5	PA, QL (180 PER 30 DAYS)
ZENPEP	3	
ZOKINVY	5	PA, QL (120 PER 30 DAYS)
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin er	2	QL (30 PER 30 DAYS)
DETROL	4	QL (60 PER 30 DAYS)
DETROL LA	4	QL (30 PER 30 DAYS)
fesoterodine fumarate er	2	QL (30 PER 30 DAYS)
GEMTESA	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	2	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	3	QL (300 PER 28 DAYS)
oxybutynin 5 mg tablet	2	QL (120 PER 30 DAYS)
oxybutynin chloride (5 mg/5 ml soln cup, 5 mg/5 ml solution, 5 mg/5 ml syrup)	2	QL (600 PER 30 DAYS)
oxybutynin cl er 10 mg tablet	2	QL (90 PER 30 DAYS)
oxybutynin cl er 15 mg tablet	2	QL (60 PER 30 DAYS)
oxybutynin cl er 5 mg tablet	2	QL (30 PER 30 DAYS)
solifenacin succinate	2	QL (30 PER 30 DAYS)
tolterodine tartrate	2	QL (60 PER 30 DAYS)
tolterodine tartrate er	2	QL (30 PER 30 DAYS)
TOVIAZ	4	QL (30 PER 30 DAYS)
trospium chloride	2	QL (60 PER 30 DAYS)
trospium chloride er	2	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	QL (30 PER 30 DAYS)
AVODART	4	QL (30 PER 30 DAYS)
dutasteride 0.5 mg capsule	2	QL (30 PER 30 DAYS)
dutasteride-tamsulosin	2	QL (30 PER 30 DAYS)
finasteride 5 mg tablet	1	QL (30 PER 30 DAYS)
FLOMAX	4	QL (60 PER 30 DAYS)
PROSCAR	4	QL (30 PER 30 DAYS)
RAPAFLO	4	QL (30 PER 30 DAYS)
silodosin	2	QL (30 PER 30 DAYS)
tadalafil (2.5 mg tablet, 5 mg tablet)	2	PA, QL (30 PER 30 DAYS)
tamsulosin hcl	1	QL (60 PER 30 DAYS)
Contraceptives, Other		
LILETTA	3	
NEXPLANON	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKYLA	4	
Genitourinary Agents, Other		
bethanechol chloride	2	
DEPEN	5	
penicillamine 250 mg tablet	5	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR	5	PA
ACTHAR SELFJECT	5	PA
CORTEF	4	
dexamethasone (0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)	2	
dexamethasone 0.5 mg tablet	1	
fludrocortisone acetate	2	
HEMADY	4	
hidex	2	
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)	2	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET)		
methylprednisolone	2	
prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup, 15mg/5ml soln cup)	2	
prednisolone sodium phosphate (5 mg/5 ml soln, sod ph 25 mg/5 ml)	2	
prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)	1	
prednisone 5 mg/5 ml solution	2	
taperdex 6 day 1.5 mg tablet	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
CHORIONIC GONADOTROPIN	4	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	4	
desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)	2	
INCRELEX	5	
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	3	PA
PREGNYL	4	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
ANDROGEL 1.62% GEL PUMP	4	PA, QL (150 PER 30 DAYS)
danazol	2	PA
DEPO-TESTOSTERONE	2	PA
methyltestosterone 10 mg cap	5	PA
testosterone ((2.5 g) pkt, gel pump)	2	PA, QL (150 PER 30 DAYS)
testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)	2	PA, QL (300 PER 30 DAYS)
testosterone 1% (25mg/2.5g) pk	2	PA, QL (225 PER 30 DAYS)
testosterone 1.62%(1.25 g) pkt	2	PA, QL (37.5 PER 30 DAYS)
testosterone 30 mg/1.5 ml pump	2	PA, QL (180 PER 30 DAYS)
testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)	2	PA
testosterone enanthate	3	PA
Estrogens		
DEPO-ESTRADIOL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)		
dotti	2	
ESTRACE 0.01% CREAM	4	
estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 10 mcg vaginal insrt)	2	
estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)		
estradiol (once weekly)	2	
estradiol (twice weekly)	2	
estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)		
ESTRING	4	
lyllana	2	
MENEST	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)		
VAGIFEM	4	
yuvafem	2	
abigale lo	2	
afirmelle	2	
altavera	2	
alyacen	2	
amabelz	2	
amethia	2	
amethyst	2	
apri	2	
aranelle	2	
ashlyna	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
aubra	2	
aubra eq	2	
aurovela	2	
aurovela 24 fe	2	
aurovela fe	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi 24 fe	2	
blisovi fe	2	
briellyn	2	
camrese	2	
camrese lo	2	
chateal	2	
chateal eq	2	
COMBIPATCH	4	
cryselle	2	
cyred	2	
cyred eq	2	
dasetta	2	
daysee	2	
desogestr-eth estrad eth estra	2	
desogestrel-ethinyl estradiol	2	
dolishale	2	
drospirenone-eth estra-levomef	2	
drospirenone-ethinyl estradiol	2	
elinest	2	
eluryng	2	
enilloring	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
enpresse	2	
enskyce	2	
estarylla	2	
estradiol-norethindrone acetat	2	
ethynodiol-ethinyl estradiol	2	
etonogestrel-ethinyl estradiol	2	
falmina	2	
feirza	2	
femynor	2	
fyavolv 1 mg-5 mcg tablet	2	
galbriela	2	
gemmily	2	
hailey	2	
hailey 24 fe	2	
hailey fe	2	
haloette	2	
iclevia	2	
introvale	2	
isibloom	2	
jaimiess	2	
jasmiel	2	
jinteli	2	
jolessa	2	
juleber	2	
junel	2	
junel fe	2	
junel fe 24	2	
kaitlib fe	2	
kalliga	2	
kariva	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
kelnor 1-35	2	
kelnor 1-50	2	
kurvelo	2	
larin	2	
larin 24 fe	2	
larin fe	2	
LAYOLIS FE	2	
leena	2	
lessina	2	
levonest	2	
levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)	2	
levonorgestrel-eth estradiol	2	
levora-28	2	
lo-zumandimine	2	
LOESTRIN	2	
LOESTRIN FE	2	
lojaimiess	2	
loryna	2	
low-ogestrel	2	
lutera	2	
marlissa	2	
merzee	2	
microgestin	2	
microgestin 24 fe	2	
microgestin fe	2	
mili	2	
mimvey	2	
mono-linyah	2	
necon	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nikki	2	
norelgestromin-eth estradiol	2	
norethin-eth estra-ferrous fum	2	
norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethin-eth estrad 1 mg-5 mcg, norethind-eth estrad 1-0.02 mg)	2	
norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)	2	
norgestimate-ethinyl estradiol	2	
nortrel	2	
NUVARING	4	
nylia	2	
nymyo	2	
ocella	2	
philith	2	
pimtrea	2	
portia	2	
PREMPHASE	3	
PREMPRO	3	
reclipsen	2	
setlakin	2	
simliya	2	
simpesse	2	
sprintec	2	
sronyx	2	
syeda	2	
tarina 24 fe	2	
tarina fe	2	
tarina fe 1-20 eq	2	
taysofy	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-nymyo	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
trivora-28	2	
turqoz	2	
TYBLUME	3	
tydemy	2	
valtya	2	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
volnea	2	
vyfemla	2	
vylibra	2	
wera	2	
wymzya fe	2	
xarah fe	2	
xelria fe	2	
xulane	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YASMIN 28	4	
YAZ	4	
zafemy	2	
zovia 1-35	2	
zumandimine	2	
Progestins		
camila	2	
deblitane	2	
DEPO-PROVERA	4	
DEPO-SUBQ PROVERA 104	3	
emzahh	2	
errin	2	
gallifrey	2	
heather	2	
incassia	2	
jencycla	2	
lyleq	2	
lyza	2	
medroxyprogesterone 150 mg/ml	2	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)	2	
meleya	2	
nora-be	2	
norethindrone	2	
norethindrone ac (lupaneta)	2	
norethindrone acetate	2	
orquidea	2	
progesterone (100 mg capsule, 200 mg capsule)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROVERA	4	
sharobel	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	
EVISTA	4	
raloxifene hcl	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	4	
EUTHYROX	1	
LEVO-T	1	
levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)	1	
LEVOXYL	1	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	2	
SYNTHROID	3	
TIROSINT	4	
TIROSINT-SOL	4	
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline	2	
ELIGARD (22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT)	4	PA
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	1	PA
FIRMAGON	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KORLYM	5	PA, QL (120 PER 30 DAYS)
leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)	2	PA
leuprolide depot	5	PA
LUPRON DEPOT (3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT)	2	PA
LUPRON DEPOT 3.75MG (LUPANETA)	5	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)	4	PA
mifepristone 300 mg tablet	5	PA, QL (120 PER 30 DAYS)
octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)	5	PA
octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)	2	PA
octreotide acetate er	5	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR	4	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

methimazole	1	
propylthiouracil	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA, QL (20 PER 30 DAYS)
FIRAZYR	5	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	5	PA, QL (27 PER 28 DAYS)
HAEGARDA 3,000 UNIT VIAL	5	PA, QL (18 PER 28 DAYS)
icatibant	5	PA, QL (18 PER 30 DAYS)
sajazir	5	PA, QL (18 PER 30 DAYS)
Immunoglobulins		
ATGAM	5	PA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
THYMOGLOBULIN	5	PA
Immunological Agents, Other		
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA
ACTEMRA ACTPEN	5	PA
ARCALYST	5	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	4	PA
COSENTYX (2 SYRINGES)	5	PA
COSENTYX SENSOREADY (2 PENS)	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX SYRINGE	5	PA
COSENTYX UNOREADY PEN	5	PA
DUPIXENT PEN	5	PA
DUPIXENT SYRINGE	5	PA
ENTYVIO PEN	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	4	PA
ORENCIA CLICKJECT	5	PA
RIDAURA	5	
RINVOQ	5	PA
RINVOQ LQ	5	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	4	PA
SKYRIZI ON-BODY	5	PA
SKYRIZI PEN	5	PA
STELARA	5	PA
STEQEYMA 45 MG/0.5 ML SYRINGE	4	PA
STEQEYMA 90 MG/ML SYRINGE	5	PA
TREMFYA (100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE)	4	PA
TREMFYA 200 MG/2 ML PEN	5	PA
TREMFYA ONE-PRESS	5	PA
TREMFYA PEN INDUCTION PK-CROHN	5	PA
TYENNE 162 MG/0.9 ML SYRINGE	5	PA
TYENNE AUTOINJECTOR	5	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	5	PA
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	PA, QL (2 PER 28 DAYS)
PEGASYS	5	PA
Immunosuppressants		
ASTAGRAF XL	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AZASAN	2	PA
azathioprine	2	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	5	PA
cyclosporine (25 mg capsule, 100 mg capsule)	2	PA
cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)	2	PA
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARSUS XR (0.75 MG TABLET, 1 MG TABLET)	4	PA
ENVARSUS XR 4 MG TABLET	5	PA
everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)	5	PA
everolimus 0.25 mg tablet	2	PA
gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)	2	PA
HADLIMA	5	PA
HADLIMA PUSHTOUCH	5	PA
HADLIMA(CF)	5	PA
HADLIMA(CF) PUSHTOUCH	5	PA
HUMIRA	5	PA
HUMIRA PEN	5	PA
HUMIRA(CF)	5	PA
HUMIRA(CF) PEN	5	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA
HUMIRA(CF) PEN PEDIATRIC UC	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA
IMURAN	4	PA
leflunomide (10 mg tablet, 20 mg tablet)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methotrexate (1 gm vial, 2.5 mg tablet)	2	
methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)		
methotrexate sodium	1	
mycophenolate 200 mg/ml susp	5	PA
mycophenolate mofetil (250 mg capsule, 500 mg tablet)	1	PA
mycophenolic acid	2	PA
MYFORTIC 180 MG TABLET	4	PA
MYHIBBIN	5	PA
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	4	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET)	4	PA
PROGRAF 5 MG CAPSULE	5	PA
RAPAMUNE 1 MG/ML ORAL SOLN	5	PA
RENFLEXIS	5	PA
REZUROCK	5	PA, QL (30 PER 30 DAYS)
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	4	PA
SIMLANDI(CF)	5	PA
SIMLANDI(CF) AUTOINJECTOR	5	PA
sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	2	PA
sirolimus (1 mg/ml oral soln, 1 mg/ml solution)	4	PA
tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))	2	PA
XATMEP	4	PA
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	5	PA
ZORTRESS 0.25 MG TABLET	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Vaccines		
ABRYSVO	1	QL (1 PER 365 OVER TIME)
ACTHIB	1	
ADACEL TDAP	1	
AREXVY	1	QL (1 PER 999 OVER TIME)
BCG VACCINE (TICE STRAIN)	1	
BEXSERO	1	
BOOSTRIX TDAP	1	
DAPTACEL DTAP	1	
DENGVAXIA	1	
DIPHTHERIA-TETANUS TOXOIDS-PED	1	
ENGERIX-B ADULT	1	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	1	PA
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	1	PA
HIBERIX	1	
IMOVAX RABIES VACCINE	1	PA
INFANRIX DTAP	1	
IPOL	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	PA
JYNNEOS (NATIONAL STOCKPILE)	1	PA
KINRIX	1	
M-M-R II VACCINE	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MRESVIA	1	QL (0.5 PER 999 DAYS)
PEDIARIX	1	
PEDVAXHIB	1	
PENBRAYA	1	
PENMENVY MEN A-B-C-W-Y	1	
PENTACEL	1	
PREHEVBRIO	1	PA
PRIORIX	1	
PROQUAD	1	
QUADRACEL DTAP-IPV	1	
RABAVERT	1	PA
RECOMBIVAX HB	1	PA
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 PER 999 OVER TIME)
STAMARIL	1	
TDVAX	1	PA
TENIVAC	1	PA
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX VACCINE	1	
VAXCHORA VACCINE	1	
VIMKUNYA	1	
VIVOTIF	1	
YF-VAX	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	4	QL (120 PER 30 DAYS)
AZULFIDINE	4	
balsalazide disodium	2	
CANASA	5	
COLAZAL	5	
DELZICOL	4	QL (180 PER 30 DAYS)
DIPENTUM	5	
LIALDA	4	QL (120 PER 30 DAYS)
mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)	2	
mesalamine 800 mg dr tablet	2	QL (180 PER 30 DAYS)
mesalamine dr	2	QL (180 PER 30 DAYS)
mesalamine dr 1.2 gm tablet	2	QL (120 PER 30 DAYS)
mesalamine er 0.375 gram cap	2	QL (120 PER 30 DAYS)
mesalamine er 500 mg capsule	2	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	4	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	4	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	4	
SFROWASA	4	
sulfasalazine	2	
sulfasalazine dr	2	
Glucocorticoids		
budesonide dr	2	PA, QL (90 PER 30 DAYS)
budesonide ec	2	PA, QL (90 PER 30 DAYS)
budesonide er	5	PA, QL (30 PER 30 DAYS)
hydrocortisone 100 mg/60 ml	2	
hydrocortisone 2.5% cream	1	QL (454 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
procto-med hc	1	QL (454 PER 30 DAYS)
proctosol-hc	1	QL (454 PER 30 DAYS)
proctozone-hc	1	QL (454 PER 30 DAYS)
Metabolic Bone Disease Agents		
alendronate sodium (35 mg tab, 70 mg tab)	1	QL (4 PER 28 DAYS)
alendronate sodium 10 mg tab	1	QL (120 PER 30 DAYS)
ATELVIA	4	QL (4 PER 28 DAYS)
calcitonin-salmon 200 unit spr	2	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)	2	
cinacalcet hcl (30 mg tablet, 60 mg tablet)	2	PA
cinacalcet hcl 90 mg tablet	5	PA
FORTEO	5	PA
FOSAMAX	4	QL (4 PER 28 DAYS)
ibandronate sodium 150 mg tab	2	QL (1 PER 28 DAYS)
paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)	2	
PROLIA	4	PA
risedronate sodium (5 mg tablet, 30 mg tab)	2	QL (30 PER 30 DAYS)
risedronate sodium 150 mg tab	2	QL (1 PER 28 DAYS)
risedronate sodium 35 mg tab	2	QL (4 PER 28 DAYS)
risedronate sodium dr	2	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)		
SENSIPAR (60 MG TABLET, 90 MG TABLET)	5	PA
SENSIPAR 30 MG TABLET	4	PA
TERIPARATIDE (560 MCG/2.24 ML, 560MCG/2.24ML PEN)	4	PA
TYMLOS	5	PA
XGEVA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate (drop, drops)	2	
brimonidine tartrate-timolol	2	
COMBIGAN	3	
COSOPT	4	
CYSTADROPS	5	PA
CYSTARAN	5	PA
dorzolamide-timolol eye drops	1	
MAXITROL EYE OINTMENT	4	
MIEBO	3	PA, QL (12 PER 30 DAYS)
neo-polycin hc	2	
neomycin-bacitracin-poly-hc	2	
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	2	
RESTASIS	3	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3	QL (11 PER 30 DAYS)
sulfacetamide-prednisolone	2	
TOBRADEX (DROPS, OINTMENT)	4	
tobramycin-dexamethasone	2	
XDEMVY	5	PA
XIIDRA	3	PA, QL (60 PER 30 DAYS)
Ophthalmic Anti-Infectives		
bacitracin 500 unit/gm ophth	3	
bacitracin-polymyxin	2	
BESIVANCE	3	
ciprofloxacin 0.3% eye drop	2	
erythromycin 0.5% eye ointment	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
gatifloxacin	2	
gentamicin 0.3% eye drop	2	
moxifloxacin (drops, drp-visc)	2	
NATACYN	4	
neo-polycin	2	
neomycin-bacitracin-polymyxin	2	
neomycin-polymyxin-gramicidin	3	
OCUFLOX	4	
ofloxacin 0.3% eye drops	2	
polycin	2	
polymyxin b sul-trimethoprim	1	
sulfacetamide sodium (drops, ointment)	2	
tobramycin 0.3% eye drop	2	
trifluridine	3	
VIGAMOX	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl 0.05% drops	2	
cromolyn 4% eye drops	2	
epinastine hcl	2	
Ophthalmic Anti-inflammatories		
ACULAR	4	
ACULAR LS	4	
bromfenac sodium (0.07% drp, 0.09% drp)	2	
dexamethasone 0.1% eye drop	2	
diclofenac 0.1% eye drops	2	
difluprednate	2	
DUREZOL	4	
EYSUVIS	3	PA
fluorometholone	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
flurbiprofen sodium	2	
FML	4	
ILEVRO	4	
INVELTYS	3	
ketorolac tromethamine (0.4% solution, 0.5% solution)	2	
PRED FORTE	4	
PRED MILD	4	
prednisolone acetate	2	
prednisolone sod 1% eye drop	3	
PROLENSA	3	

Ophthalmic Beta-Adrenergic Blocking Agents

betaxolol hcl 0.5% eye drop	2	
BETOPTIC S	4	
carteolol hcl	2	
ISTALOL	4	
levobunolol hcl	2	
timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)	2	
timolol maleate 0.5% eye drops	1	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	

Ophthalmic Intraocular Pressure Lowering Agents, Other

ALPHAGAN P	3	
AZOPT	4	
brimonidine 0.2% eye drop	1	
brimonidine tartrate 0.1% drop	3	
brimonidine tartrate 0.15% drp	2	
brinzolamide	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dorzolamide hcl	2	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	2	
RHOPRESSA	3	QL (15 PER 75 OVER TIME)
ROCKLATAN	3	QL (15 PER 75 OVER TIME)
SIMBRINZA	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost 0.03% eye drops	2	QL (15 PER 75 OVER TIME)
latanoprost 0.005% eye drops	1	QL (15 PER 75 OVER TIME)
LUMIGAN	3	QL (15 PER 75 OVER TIME)
TRAVATAN Z	4	QL (15 PER 75 OVER TIME)
travoprost	2	QL (15 PER 75 OVER TIME)
Otic Agents		
acetic acid 2% ear solution	2	
CIPRODEX	4	
ciprofloxacin-dexamethasone	2	
flac otic oil	2	
fluocinolone acetonide oil	2	
hydrocortisone-acetic acid	2	
neomycin-polymyxin-hc ear susp	2	
neomycin-polymyxin-hydrocort	2	
ofloxacin 0.3% ear drops	2	
Respiratory Tract/ Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX	3	QL (1 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
flunisolide	2	QL (75 PER 30 DAYS)
fluticasone prop 50 mcg spray	2	QL (16 PER 30 DAYS)
fluticasone prop hfa 110 mcg	3	QL (12 PER 30 DAYS)
fluticasone prop hfa 220 mcg	3	QL (24 PER 30 DAYS)
fluticasone prop hfa 44 mcg	3	QL (10.6 PER 30 DAYS)
mometasone furoate 50 mcg spry	2	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	3	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	3	QL (21.2 PER 30 DAYS)
XHANCE	4	QL (32 PER 30 DAYS)
Antihistamines		
azelastine 0.1% (137 mcg) spry	2	QL (60 PER 30 DAYS)
cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)	2	
clemastine fum 2.68 mg tablet	4	PA
cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)	2	PA
desloratadine 5 mg tablet	2	
levocetirizine 5 mg tablet	1	
olopatadine 665 mcg nasal spry	2	QL (30.5 PER 30 DAYS)
Antileukotrienes		
ACCOLATE	4	
montelukast sod 10 mg tablet	1	
montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew)	2	
SINGULAIR	4	
zafirlukast	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
ipratropium 0.03% spray	2	QL (60 PER 30 DAYS)
ipratropium 0.06% spray	2	QL (45 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ipratropium br 0.02% soln	2	PA
SPIRIVA HANDIHALER	4	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
tiotropium bromide	2	QL (30 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
albuterol hfa 90 mcg inhaler (generic proair hfa)	2	QL (17 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic proventil hfa)	2	QL (13.4 PER 30 DAYS)
albuterol sulfate (2 mg tab, 2 mg/5 ml syrup cup, sulf 2 mg/5 ml syrup, 4 mg tab, 8 mg/20 ml syrup cup)	2	
albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)	2	PA
epinephrine 0.15 mg auto-injct	3	
epinephrine 0.3 mg auto-inject	2	
PROAIR RESPICLICK	4	QL (2 PER 30 DAYS)
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	2	
VENTOLIN HFA	3	QL (36 PER 30 DAYS)
XOPENEX HFA	4	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	5	PA, QL (60 PER 30 DAYS)
PULMOZYME	5	PA
tobramycin 300 mg/5 ml ampule	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	5	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	5	PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers		
cromolyn 20 mg/2 ml neb soln	2	PA
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4	PA, QL (30 PER 30 DAYS)
roflumilast	2	PA, QL (30 PER 30 DAYS)
THEO-24	4	
theophylline anhydrous (er 300 mg tab, er 450 mg tab)	2	
theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)	2	
Pulmonary Antihypertensives		
ADCIRCA	5	PA, QL (60 PER 30 DAYS)
ADEMPAS	5	PA, QL (90 PER 30 DAYS)
ambrisentan	5	PA, QL (30 PER 30 DAYS)
bosentan (62.5 mg tablet, 125 mg tablet)	5	PA, QL (60 PER 30 DAYS)
LETAIRIS	5	PA, QL (30 PER 30 DAYS)
OPSUMIT	5	PA, QL (30 PER 30 DAYS)
sildenafil 20 mg tablet	2	PA, QL (90 PER 30 DAYS)
tadalafil 20 mg tablet	2	PA, QL (60 PER 30 DAYS)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	PA, QL (120 PER 30 DAYS)
VENTAVIS	5	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	5	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OFEV	5	PA, QL (60 PER 30 DAYS)
pirfenidone (267 mg capsule, 267 mg tablet)	5	PA, QL (270 PER 30 DAYS)
pirfenidone 801 mg tablet	5	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other		
acetylcysteine (10% vial, 20% vial)	2	PA
ADVAIR HFA	3	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
BREO ELLIPTA	3	QL (60 PER 30 DAYS)
breyna	2	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate	2	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT	4	QL (8 PER 30 DAYS)
DULERA	3	QL (39 PER 30 DAYS)
FASENRA	5	PA
FASENRA PEN	5	PA
fluticasone-salmeterol (100-50, 250-50, 500-50)	2	QL (60 PER 30 DAYS)
fluticasone-salmeterol (55-14, 113-14, 232-14)	3	QL (1 PER 30 DAYS)
ipratropium-albuterol	2	PA
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	4	PA, QL (30 PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
wixela inhub	2	QL (60 PER 30 DAYS)
Skeletal Muscle Relaxants		
carisoprodol 350 mg tablet	2	
chlorzoxazone 500 mg tablet	2	
cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methocarbamol (500 mg tablet, 750 mg tablet)	2	
vanadom	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	PA, QL (30 PER 30 DAYS)
DAYVIGO	3	PA, QL (30 PER 30 DAYS)
doxepin hcl (3 mg tablet, 6 mg tablet)	2	QL (30 PER 30 DAYS)
eszopiclone	2	QL (30 PER 30 DAYS)
HETLIOZ	5	PA, QL (30 PER 30 DAYS)
ramelteon	2	QL (30 PER 30 DAYS)
ROZEREM	4	QL (30 PER 30 DAYS)
SILENOR	4	QL (30 PER 30 DAYS)
tasimelteon	5	PA, QL (30 PER 30 DAYS)
temazepam (15 mg capsule, 30 mg capsule)	1	QL (30 PER 30 DAYS)
zaleplon 10 mg capsule	2	QL (60 PER 30 DAYS)
zaleplon 5 mg capsule	2	QL (30 PER 30 DAYS)
zolpidem tartrate (5 mg tablet, 10 mg tablet)	2	QL (30 PER 30 DAYS)
zolpidem tartrate er	2	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
armodafinil	2	PA, QL (30 PER 30 DAYS)
LUMRYZ	5	PA, QL (30 PER 30 DAYS)
LUMRYZ STARTER PACK	5	PA, QL (28 PER 28 DAYS)
modafinil (100 mg tablet, 200 mg tablet)	2	PA, QL (30 PER 30 DAYS)
NUVIGIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
NUVIGIL 50 MG TABLET	4	PA, QL (30 PER 30 DAYS)
sodium oxybate	5	PA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Alphabetical Listing

A

B

C

D

E

F

G

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

Retiree RxCare

This formulary was updated on 09/01/2025. For more recent information or other questions, please call Retiree RxCare at 1-855-693-3921 (TTY 711) anytime, 24 hours a day, 7 days a week, or visit our website: retireerxcarepdp.com.