



BlueCare Plus (HMO D-SNP)SM
BlueCare Plus Choice (HMO D-SNP)SM
BlueCare Plus Select (HMO D-SNP)SM

2025 Formulary

(List of Covered Drugs)

We have made no changes to this formulary since 11/01/2024. For more recent information or other questions, please contact BlueCare Plus Tennessee at **1-800-332-5762** (TTY users should call TTY **711**).

From **Oct. 1 to March 31**, you can call us seven days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET.

Or visit bluecareplus.bcbst.com.

Please Read: This document contains information about the drugs we cover in this plan.

2025 Formulary

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 BlueCare Plus Tennessee. When it refers to “plan” or “our plan,” it means BlueCare Plus, BlueCare Plus Choice or BlueCare Plus Select.

This document includes a Drug List (formulary) for our plan which is current as of 11/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the BlueCare Plus Tennessee Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, 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: <https://bluecareplus.bcbst.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 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.

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 BlueCare Plus Tennessee 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 it 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 or 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 BlueCare Plus Tennessee 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 11/01/2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of a mid-year non-maintenance formulary change, we may reprint our

formulary and distribute copies to our members. Updated formularies are posted to our website at bluecareplus.bcbst.com.

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.” 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 74. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 90 capsules per 90 days per prescription for Dexilant. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 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 our plan 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 BlueCare Plus Tennessee Formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Service and ask if your drug is covered. If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

- You can ask our plan to make an exception and cover your drug. See the next section for information about how to request an exception.

How do I request an exception to the BlueCare Plus Tennessee Formulary?

You can ask our plan 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, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan 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 days (or 31 days for long-term care (LTC)) supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 days (or 31 days for long-term care (LTC)) supply of medication. If coverage is not approved, after your first 30 days (or 31 days for long-term care (LTC)) supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you have a level of care change (e.g., you're discharged from a long-term care

facility to a home setting) outside of the transition window, you can obtain a one-time supply of a transition-eligible drug by contacting Member Service.

For more information

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

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

BlueCare Plus Tennessee Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 74.

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

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

What you pay for a 30- or 90-day supply of Standard Retail & Mail Order Drugs

For BlueCare Plus and BlueCare Plus Select members:

- *generic drugs*
\$0 copay
- BRAND DRUGS
\$0 copay

For BlueCare Plus Choice members:

- *generic drugs*
\$0–\$4.90 copay
- BRAND DRUGS
\$0–\$12.15 copay

* A long-term supply is not available for drugs with a NDS indicator. NDS stands for non-extended day supply. Drugs with “NDS” in the requirements/limits column are not eligible for long-term supplies.

Copays and coinsurance may vary based on the level of ‘Extra Help’ you receive. Please contact the plan for further details.

Abbreviations: Requirements & Limits

NDS= Non-extended day supply medication. This drug may be available for up to a 30-day supply only.

B/D= This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA= Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

PA= Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL= Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

MME= Morphine Milligram Equivalent. Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

lowercase italics= Generic drugs

UPPERCASE = Brand name drugs

Effective 01/2025

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
MITIGARE CAPS .6mg	1	
<i>probenecid</i> TABS 500mg	1	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg, 400mg	1	
<i>diclofenac potassium</i> TABS 50mg	1	
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg	1	QL (30 tabs / 30 days)
<i>meloxicam</i> TABS 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA; MME
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	1	QL (10 patches / 30 days), PA; MME
<i>fentanyl</i> PT72 100mcg/hr	1	QL (8 patches / 30 days), PA; MME
<i>methadone hcl</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; MME
<i>methadone hcl</i> SOLN 10mg/5ml	1	QL (600 mL / 30 days), PA; MME

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg	1	QL (240 tabs / 30 days), PA; MME
<i>methadone hcl</i> TABS 10mg	1	QL (120 tabs / 30 days), PA; MME
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg	1	QL (60 tabs / 30 days), PA; MME
<i>morphine sulfate</i> TBCR 200mg	1	QL (30 tabs / 30 days), PA; MME

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (4500 mL / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (180 tabs / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (180 tabs / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days); MME
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet</i>	1	QL (120 tabs / 30 days); MME
<i>fentanyl citrate</i> LPOP 200mcg	1	QL (120 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 400mcg	1	NDS, QL (116 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 600mcg	1	NDS, QL (77 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 800mcg	1	NDS, QL (58 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 1200mcg	1	NDS, QL (39 lozenges / 30 days), PA; MME
<i>fentanyl citrate</i> LPOP 1600mcg	1	NDS, QL (29 lozenges / 30 days), PA; MME
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (5550 mL / 30 days); MME
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (120 tabs / 30 days); MME
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (120 tabs / 30 days); MME
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (120 tabs / 30 days); MME
<i>morphine sulfate</i> SOLN 4mg/ml	1	QL (500 mL / 30 days)
<i>morphine sulfate</i> SOLN 8mg/ml	1	QL (250 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days); MME
<i>morphine sulfate</i> SOLN 10mg/ml	1	QL (200 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (300 mL / 30 days); MME
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (120 tabs / 30 days); MME
<i>nalbuphine hcl</i> SOLN 10mg/ml	1	QL (200 mL / 30 days)
<i>nalbuphine hcl</i> SOLN 20mg/ml	1	QL (100 mL / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (120 mL / 30 days); MME
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (480 mL / 30 days); MME
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (120 tabs / 30 days); MME
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days); MME
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days); MME

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	1	NDS
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	1	NDS, PA
<i>atovaquone</i> SUSP 750mg/5ml	1	
<i>aztreonam</i> SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	1	NDS, QL (84 vials / 28 days)
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 9gm/60ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>daptomycin SOLR 350mg, 500mg</i>	1	NDS
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
IMPAVIDO CAPS 50mg	1	NDS, PA
<i>ivermectin TABS 3mg</i>	1	
<i>linezolid SOLN 600mg/300ml</i>	1	
<i>linezolid SUSR 100mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	1	QL (60 tabs / 30 days)
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate TABS 1gm</i>	1	
<i>metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitazoxanide TABS 500mg</i>	1	NDS, QL (14 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	1	
<i>pentamidine isethionate for inj SOLR 300mg</i>	1	
<i>pentamidine isethionate for nebulization SOLR 300mg</i>	1	B/D, QL (1 vial / 28 days)
<i>polymyxin b sulfate SOLR 500000unit</i>	1	
<i>praziquantel TABS 600mg</i>	1	
<i>pyrimethamine TABS 25mg</i>	1	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate SOLR 1gm</i>	1	
<i>sulfadiazine TABS 500mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NDS, PA
<i>tobramycin</i> NEBU 300mg/5ml	1	NDS, B/D, QL (280 mL / 28 days)
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (40 caps / 10 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (80 caps / 10 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN HYDROCHLORIDE SOLR 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	PA
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	PA
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	NDS, QL (630 mL / 30 days)
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)

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

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> SOLR 200mg	1	NDS, PA
VORICONAZOLE SOLR 200mg	1	NDS, PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, QL (600 mL / 30 days)
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	QL (24 tabs / 30 days)
<i>mefloquine hcl</i> TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	QL (42 caps / 30 days)

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml	1	QL (960 mL / 30 days)
<i>abacavir sulfate</i> TABS 300mg	1	QL (60 tabs / 30 days)
APTIVUS CAPS 250mg	1	NDS, QL (120 caps / 30 days)
<i>atazanavir sulfate</i> CAPS 150mg, 200mg	1	QL (60 caps / 30 days)
<i>atazanavir sulfate</i> CAPS 300mg	1	QL (30 caps / 30 days)
<i>darunavir</i> TABS 600mg	1	NDS, QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	1	NDS, QL (30 tabs / 30 days)
EDURANT TABS 25mg	1	NDS, QL (30 tabs / 30 days)
<i>efavirenz</i> TABS 600mg	1	QL (30 tabs / 30 days)
<i>emtricitabine</i> CAPS 200mg	1	QL (30 caps / 30 days)
EMTRIVA SOLN 10mg/ml	1	QL (680 mL / 28 days)
<i>etravirine</i> TABS 100mg	1	NDS, QL (120 tabs / 30 days)
<i>etravirine</i> TABS 200mg	1	NDS, QL (60 tabs / 30 days)
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, QL (120 tabs / 30 days)
FUZEON SOLR 90mg	1	NDS, QL (60 vials / 30 days)
INTELENCE TABS 25mg	1	QL (120 tabs / 30 days)
ISENTRESS CHEW 25mg	1	QL (180 tabs / 30 days)
ISENTRESS CHEW 100mg	1	NDS, QL (180 tabs / 30 days)
ISENTRESS PACK 100mg	1	QL (300 packets / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TABS 400mg	1	NDS, QL (120 tabs / 30 days)
ISENTRESS HD TABS 600mg	1	NDS, QL (60 tabs / 30 days)
<i>lamivudine</i> SOLN 10mg/ml	1	QL (900 mL / 30 days)
<i>lamivudine</i> TABS 150mg	1	QL (60 tabs / 30 days)
<i>lamivudine</i> TABS 300mg	1	QL (30 tabs / 30 days)
<i>maraviroc</i> TABS 150mg	1	NDS, QL (240 tabs / 30 days)
<i>maraviroc</i> TABS 300mg	1	NDS, QL (120 tabs / 30 days)
<i>nevirapine</i> SUSP 50mg/5ml	1	QL (1200 mL / 30 days)
<i>nevirapine</i> TABS 200mg	1	QL (60 tabs / 30 days)
<i>nevirapine</i> TB24 400mg	1	QL (30 tabs / 30 days)
NORVIR PACK 100mg	1	QL (360 packets / 30 days)
PIFELTRO TABS 100mg	1	NDS, QL (60 tabs / 30 days)
PREZISTA SUSP 100mg/ml	1	NDS, QL (360 mL / 30 days)
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	1	QL (240 tabs / 30 days)
REYATAZ PACK 50mg	1	NDS, QL (180 packets / 30 days)
<i>ritonavir</i> TABS 100mg	1	QL (360 tabs / 30 days)
RUKOBIA TB12 600mg	1	NDS, QL (60 tabs / 30 days)
SELZENTRY SOLN 20mg/ml	1	NDS, QL (1800 mL / 30 days)
SELZENTRY TABS 25mg	1	QL (240 tabs / 30 days)
SELZENTRY TABS 75mg	1	NDS, QL (120 tabs / 30 days)
SUNLENCA (4 X 300MG) TBPK 300mg	1	NDS, QL (8 tabs / year)
SUNLENCA (5 X 300MG) TBPK 300mg	1	NDS, QL (10 tabs / year)
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	QL (30 tabs / 30 days)
TIVICAY TABS 10mg	1	QL (60 tabs / 30 days)
TIVICAY TABS 25mg, 50mg	1	NDS, QL (60 tabs / 30 days)
TIVICAY PD TBSO 5mg	1	QL (180 tabs / 30 days)
TYBOST TABS 150mg	1	QL (30 tabs / 30 days)
VIRACEPT TABS 250mg	1	NDS, QL (300 tabs / 30 days)
VIRACEPT TABS 625mg	1	NDS, QL (120 tabs / 30 days)
VIREAD POWD 40mg/gm	1	NDS, QL (240 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS 150mg, 200mg, 250mg	1	NDS, QL (30 tabs / 30 days)
<i>zidovudine</i> CAPS 100mg	1	QL (180 caps / 30 days)
<i>zidovudine</i> SYRP 50mg/5ml	1	QL (1680 mL / 28 days)
<i>zidovudine</i> TABS 300mg	1	QL (60 tabs / 30 days)

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 tabs / 30 days)
BIKTARVY 30-120-15 MG	1	NDS, QL (30 tabs / 30 days)
BIKTARVY 50-200-25 MG	1	NDS, QL (30 tabs / 30 days)
CIMDUO TAB 300-300	1	NDS, QL (30 tabs / 30 days)
COMPLERA TAB	1	NDS, QL (30 tabs / 30 days)
DELSTRIGO TAB	1	NDS, QL (30 tabs / 30 days)
DESCOVY TAB 120-15MG	1	NDS, QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	1	NDS, QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	1	NDS, QL (30 tabs / 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NDS, QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	1	NDS, QL (30 tabs / 30 days)
GENVOYA TAB	1	NDS, QL (30 tabs / 30 days)
JULUCA TAB 50-25MG	1	NDS, QL (30 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (480 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (300 tabs / 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (150 tabs / 30 days)
ODEFSEY TAB	1	NDS, QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	1	NDS, QL (30 tabs / 30 days)
STRIBILD TAB	1	NDS, QL (30 tabs / 30 days)
SYMTUZA TAB	1	NDS, QL (30 tabs / 30 days)
TRIUMEQ PD TAB	1	QL (180 tabs / 30 days)
TRIUMEQ TAB	1	NDS, QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NDS
TRECTOR TABS 250mg	1	

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	
BARACLUDE SOLN .05mg/ml	1	NDS
<i>entecavir</i> TABS .5mg, 1mg	1	
EPCLUSA PAK 150-37.5	1	NDS, QL (30 tabs / 30 days), PA
EPCLUSA PAK 200-50MG	1	NDS, QL (60 tabs / 30 days), PA
EPCLUSA TAB 200-50MG	1	NDS, QL (56 tabs / 28 days), PA
EPCLUSA TAB 400-100	1	NDS, QL (28 tabs / 28 days), PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
HARVONI PAK 33.75-150MG	1	NDS, QL (28 packets / 28 days), PA
HARVONI PAK 45-200MG	1	NDS, QL (28 packets / 28 days), PA
HARVONI TAB 45-200MG	1	NDS, QL (28 tabs / 28 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine (hbv)</i> TABS 100mg	1	
LIVTENCITY TABS 200mg	1	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	1	NDS, QL (180 tabs / 30 days), PA
MAVYRET TAB 100-40MG	1	NDS, QL (84 tabs / 28 days), PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (20 tabs / 5 days)
PAXLOVID TAB 300-100	1	QL (30 tabs / 5 days)
PEGASYS SOLN 180mcg/ml	1	NDS, QL (4 vials / 28 days)
PEGASYS SOSY 180mcg/0.5ml	1	NDS, QL (4 syringes / 28 days)
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm	1	QL (120 tabs / 30 days)
<i>valacyclovir hcl</i> TABS 500mg	1	QL (60 tabs / 30 days)
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VOSEVI TAB	1	NDS, QL (28 tabs / 28 days), PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	1	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	
<i>tigecycline SOLR 50mg</i>	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide CAPS 25mg, 50mg; SOLN 1gm/5ml, 2gm/10ml, 500mg/2.5ml</i>	1	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg</i>	1	B/D
<i>cyclophosphamide SOLR 1gm, 2gm, 500mg</i>	1	NDS, B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml</i>	1	B/D
<i>GLEOSTINE CAPS 10mg, 40mg, 100mg</i>	1	
ANTIMETABOLITES		
<i>gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg</i>	1	B/D
<i>INQOVI TAB 35-100MG</i>	1	NDS, QL (5 tabs / 28 days), PA
<i>LONSURF TAB 15-6.14</i>	1	NDS, PA
<i>LONSURF TAB 20-8.19</i>	1	NDS, PA
<i>mercaptopurine TABS 50mg</i>	1	
<i>methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm</i>	1	B/D
<i>ONUREG TABS 200mg, 300mg</i>	1	NDS, QL (14 tabs / 28 days), PA
<i>PURIXAN SUSP 2000mg/100ml</i>	1	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate TABS 250mg</i>	1	NDS, QL (120 tabs / 30 days), PA
<i>abiraterone acetate TABS 500mg</i>	1	NDS, QL (60 tabs / 30 days), PA
<i>AKEEGA TAB 50/500MG</i>	1	NDS, QL (60 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), PA
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	B/D
<i>flutamide</i> CAPS 125mg	1	
<i>letrozole</i> TABS 2.5mg	1	
LEUPROLIDE ACETATE INJ 22.5mg	1	PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	1	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	1	NDS, PA
LUPRON DEPOT (4-MONTH) KIT 30mg	1	NDS, PA
LUPRON DEPOT (6-MONTH) KIT 45mg	1	NDS, PA
LYSODREN TABS 500mg	1	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	1	PA
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), PA
ORGOVYX TABS 120mg	1	NDS, QL (32 tabs / 30 days), PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	1	PA
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (28 caps / 28 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAPS 1mg, 2mg	1	NDS, QL (21 caps / 21 days), PA
POMALYST CAPS 3mg, 4mg	1	NDS, QL (21 caps / 28 days), PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), PA
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	1	NDS, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	1	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	1	
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), PA
MATULANE CAPS 50mg	1	NDS
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), PA

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml	1	NDS, B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml	1	NDS, B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), PA
ALUNBRIG TABS 30mg	1	NDS, QL (60 tabs / 30 days), PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 180 days), PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), PA
BALVERSA TABS 3mg	1	NDS, QL (90 tabs / 30 days), PA
BALVERSA TABS 4mg	1	NDS, QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 5mg	1	NDS, QL (30 tabs / 30 days), PA
BOSULIF CAPS 50mg	1	NDS, QL (30 caps / 30 days), PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 days), PA
BOSULIF TABS 100mg	1	NDS, QL (90 tabs / 30 days), PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), PA
COMETRIQ KIT 20mg	1	NDS, PA
COMETRIQ KIT 100MG	1	NDS, PA
COMETRIQ KIT 140MG	1	NDS, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (60 caps / 30 days), PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), PA
HERCEP HYLEC SOL 60-10000	1	NDS, PA
HERCEPTIN SOLR 150mg	1	NDS, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), PA
ICLUSIG TABS 10mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), PA
ICLUSIG TABS 15mg	1	NDS, QL (60 tabs / 30 days), PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	1	NDS, QL (56 caps / 28 days), PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (324 mL / 30 days), PA
IMBRUVICA TABS 140mg	1	NDS, QL (112 tabs / 28 days), PA
IMBRUVICA TABS 280mg	1	NDS, QL (56 tabs / 28 days), PA
IMBRUVICA TABS 420mg	1	NDS, QL (30 tabs / 30 days), PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), PA
JAYPIRCA TABS 50mg, 100mg	1	NDS, QL (90 tabs / 30 days), PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D
KANJINTI SOLR 150mg, 420mg	1	NDS, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), PA
KISQALI (200MG DAILY DOSE) TBPK 200mg	1	NDS, QL (21 tabs / 28 days), PA
KISQALI (400MG DAILY DOSE) TBPK 200mg	1	NDS, QL (42 tabs / 28 days), PA
KISQALI (600MG DAILY DOSE) TBPK 200mg	1	NDS, QL (63 tabs / 28 days), PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOLR .05mg/ml	1	NDS, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), PA
MONJUVI SOLR 200mg	1	NDS, PA
NERLYNX TABS 40mg	1	NDS, PA
NINLARO CAPS 2.3mg	1	NDS, QL (6 caps / 28 days), PA
NINLARO CAPS 3mg	1	NDS, QL (4 caps / 28 days), PA
NINLARO CAPS 4mg	1	NDS, QL (3 caps / 28 days), PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), PA
OGIVRI SOLR 150mg, 420mg	1	NDS, PA
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), PA
OJEMDA SUSR 25mg/ml	1	NDS, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, PA
PHESGO SOL	1	NDS, PA

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

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), PA
RETEVMO TABS 80mg	1	NDS, QL (120 tabs / 30 days), PA
RETEVMO TABS 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAPS 25mg	1	NDS, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), PA
SCEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), PA
SPRYCEL TABS 20mg	1	NDS, QL (90 tabs / 30 days), PA
SPRYCEL TABS 50mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), PA
SPRYCEL TABS 70mg	1	NDS, QL (60 tabs / 30 days), PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), PA
TAFINLAR TBSO 10mg	1	NDS, PA
TAGRISSE TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), PA
TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), PA
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, PA
TUKYSA TABS 50mg, 150mg	1	NDS, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (60 tabs / 30 days), PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), PA
XALKORI CAPS 200mg, 250mg	1	NDS, QL (60 caps / 30 days), PA
XALKORI CPSP 20mg, 50mg	1	NDS, QL (240 caps / 30 days), PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	NDS, QL (12 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	NDS, QL (20 tabs / 28 days), PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), PA
ZOLINZA CAPS 100mg	1	NDS, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TABS 150mg	1	NDS, QL (150 tabs / 30 days), PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	1	NDS

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

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg</i>	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days)
<i>doxazosin mesylate TABS 8mg</i>	1	QL (60 tabs / 30 days)
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	QL (30 caps / 30 days)
<i>terazosin hcl CAPS 10mg</i>	1	QL (60 caps / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg, 20mg, 40mg</i>	1	
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	
<i>valsartan TABS 40mg, 80mg, 160mg, 320mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl TABS 100mg, 200mg, 400mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	
<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	1	
<i>sorine TABS 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days)
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	QL (3 syringes / 28 days), PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	QL (1 cartridge / 28 days), PA
REPATHA SURECLICK SOAJ 140mg/ml	1	QL (3 pens / 28 days), PA
VASCEPA CAPS .5gm, 1gm	1	

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

Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorothiazide sodium</i> SOLR 500mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>ethacrynate sodium</i> SOLR 50mg	1	NDS
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	QL (4 patches / 28 days)
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	1	QL (120 ampules / 30 days)
<i>CORLANOR TABS 5mg, 7.5mg</i>	1	QL (60 tabs / 30 days)
<i>digoxin SOLN .05mg/ml; TABS 125mcg</i>	1	
<i>digoxin TABS 250mcg</i>	1	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	1	NDS, QL (90 caps / 30 days), PA
<i>droxidopa CAPS 200mg, 300mg</i>	1	NDS, QL (180 caps / 30 days), PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	1	
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	1	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	1	NDS, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	1	
<i>minoxidil TABS 2.5mg, 10mg</i>	1	
<i>ranolazine TB12 500mg, 1000mg</i>	1	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, PA
<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), PA
TYVASO SOLN .6mg/ml	1	NDS, B/D
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> TABS 2mg	1	QL (150 tabs / 30 days), PA
<i>alprazolam</i> TABS .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days), PA
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg	1	QL (30 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 50mg	1	QL (60 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	1	QL (90 tabs / 30 days)
<i>lorazepam</i> TABS 2mg	1	QL (150 tabs / 30 days), PA
<i>lorazepam</i> TABS .5mg, 1mg	1	QL (90 tabs / 30 days), PA
<i>lorazepam intensol</i> CONC 2mg/ml	1	PA
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA
NAMZARIC CAP 7-10MG	1	PA
NAMZARIC CAP 14-10MG	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 21-10MG	1	PA
NAMZARIC CAP 28-10MG	1	PA
NAMZARIC CAP PAK	1	PA
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 150mg	1	QL (90 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days)
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days)
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	1	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	1	QL (28 caps / 28 days)
<i>fluoxetine hcl</i> CAPS 10mg	1	QL (30 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 20mg	1	QL (90 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>fluoxetine hcl</i> SOLN 20mg/5ml	1	QL (600 mL / 30 days)
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>paroxetine hcl</i> TABS 30mg	1	QL (60 tabs / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml	1	
<i>sertraline hcl</i> TABS 25mg	1	QL (30 tabs / 30 days)
<i>sertraline hcl</i> TABS 50mg, 100mg	1	QL (60 tabs / 30 days)
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	1	
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 150mg	1	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 75mg	1	QL (90 caps / 30 days)
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	QL (90 tabs / 30 days)
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / year), PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / year), PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg; SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carbidopa</i> TABS 25mg	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone TABS 200mg</i>	1	
<i>INBRIJA CAPS 42mg</i>	1	NDS
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	1	
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
ANTIPSYCHOTICS		
<i>ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml</i>	1	NDS
<i>ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg</i>	1	NDS
<i>aripiprazole SOLN 1mg/ml</i>	1	
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	1	QL (60 tabs / 30 days)
<i>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml</i>	1	NDS
<i>ARISTADA INITIO PRSY 675mg/2.4ml</i>	1	NDS
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	1	QL (60 tabs / 30 days)
<i>CAPLYTA CAPS 10.5mg, 21mg, 42mg</i>	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>clozapine TABS 25mg, 50mg, 100mg, 200mg; TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1	
<i>FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg</i>	1	NDS, QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FANAPT PAK	1	QL (8 tabs / 28 days)
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 80mg, 120mg	1	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), PA
<i>olanzapine</i> SOLR 10mg	1	
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; TBDP 5mg, 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg; TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (480 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	QL (60 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	PA
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days)
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	1	QL (7 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	
ZYPREXA RELPREVV SUSR 210mg	1	
ZYPREXA RELPREVV SUSR 300mg, 405mg	1	NDS
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	1	NDS
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml; TABS 10mg, 20mg	1	PA
<i>clonazepam</i> TABS .5mg, 1mg, 2mg; TBDP .125mg, .25mg, .5mg, 1mg, 2mg	1	
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg	1	QL (90 tabs / 30 days), PA
<i>clorazepate dipotassium</i> TABS 15mg	1	QL (180 tabs / 30 days), PA
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	1	NDS
<i>diazepam</i> SOLN 5mg/5ml	1	PA
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	PA
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, PA
FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS
FYCOMPA TABS 2mg	1	
<i>gabapentin</i> CAPS 100mg, 400mg	1	QL (270 caps / 30 days), PA
<i>gabapentin</i> CAPS 300mg	1	QL (360 caps / 30 days), PA
<i>gabapentin</i> SOLN 250mg/5ml	1	QL (2160 mL / 30 days), PA
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days), PA
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days), PA
<i>lacosamide</i> SOLN 10mg/ml, 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	NDS, QL (10 films / 30 days)
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	PA
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	1	QL (90 caps / 30 days)
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days)
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days)
<i>primidone</i> TABS 50mg, 250mg	1	
<i>rowepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml; TABS 400mg	1	NDS
<i>rufinamide</i> TABS 200mg	1	
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	1	
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg	1	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	NDS
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	NDS
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	NDS
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	NDS
<i>vigabatrin</i> PACK 500mg; TABS 500mg	1	NDS
<i>vigadrone</i> PACK 500mg; TABS 500mg	1	NDS
VIGAFYDE SOLN 100mg/ml	1	NDS
<i>vigpoder</i> PACK 500mg	1	NDS
XCOPRI TABS 25mg, 50mg, 100mg, 150mg, 200mg	1	NDS
XCOPRI PAK 12.5-25	1	
XCOPRI PAK 50-100MG	1	NDS
XCOPRI PAK 100-150	1	NDS
XCOPRI PAK 150-200	1	NDS
ZONISADE SUSP 100mg/5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg, 40mg	1	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
<i>clonidine hcl (adhd)</i> TB12 .1mg	1	
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS		
<i>ramelteon</i> TABS 8mg	1	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	1	NDS, QL (30 caps / 30 days), PA
<i>temazepam</i> CAPS 15mg, 30mg	1	QL (30 caps / 30 days), PA
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 28 days), PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 28 days)
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (18 tabs / 28 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 28 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (36 tabs / 28 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (36 inhalers / 28 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (18 inhalers / 28 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml, 6mg/0.5ml; SOCT 4mg/0.5ml, 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (16 injections / 28 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (18 tabs / 28 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO XR TB24 6mg, 12mg	1	NDS, QL (90 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TB24 24mg	1	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR PATIENT TITRAT (6-12-24MG)	1	NDS, QL (42 tabs / 180 days), PA
AUSTEDO XR PATIENT TITRAT (12-18-24-30MG)	1	NDS, QL (28 tabs / 180 days), PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	NDS, PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), PA

MULTIPLE SCLEROSIS AGENTS

AVONEX PSKT 30mcg/0.5ml	1	NDS, QL (1 injection / 28 days), PA
AVONEX PEN AJKT 30mcg/0.5ml	1	NDS, QL (1 injection / 28 days), PA
BETASERON KIT .3mg	1	NDS, QL (14 injections / 28 days), PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 injections / 30 days), PA
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 injections / 28 days), PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), PA
<i>fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 injections / 30 days), PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 injections / 28 days), PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 injections / 30 days), PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 injections / 28 days), PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / year), PA
MAYZENT TABS 1mg, 2mg	1	NDS, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
MAYZENT TABS .25mg	1	NDS, QL (112 tabs / 28 days), PA
MAYZENT STARTER PACK (7) TBPk .25mg	1	QL (7 tabs / 180 days), PA
MAYZENT STARTER PACK (12) TBPk .25mg	1	NDS, QL (12 tabs / 180 days), PA
VUMERITY CPDR 231mg	1	NDS, QL (120 caps / 30 days), PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 10mg, 20mg	1	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	1	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), PA
XYWAV SOL 0.5GM/ML	1	NDS, QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	1	QL (60 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	
<i>disulfiram</i> TABS 250mg, 500mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl</i> LIQD 4mg/0.1ml	1	QL (2 sprays / 30 days)
<i>naloxone hcl</i> SOCT .4mg/ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (53 tabs / 180 days)

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg	1	QL (360 tabs / 30 days)
<i>acarbose</i> TABS 50mg	1	QL (180 tabs / 30 days)
<i>acarbose</i> TABS 100mg	1	QL (90 tabs / 30 days)
CYCLOSET TABS .8mg	1	QL (180 tabs / 30 days)
FARXIGA TABS 5mg	1	QL (60 tabs / 30 days)
FARXIGA TABS 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg	1	QL (240 tabs / 30 days)
<i>glimepiride</i> TABS 2mg	1	QL (120 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg; TB24 2.5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg; TB24 5mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (30 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO XR TAB 5-1000	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> SOLN 500mg/5ml	1	QL (765 mL / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg; TB24 750mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days)
<i>metformin hcl</i> TB24 1000mg	1	QL (60 tabs / 30 days)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg	1	QL (180 tabs / 30 days)
<i>nateglinide</i> TABS 120mg	1	QL (90 tabs / 30 days)
OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml, 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ALCOHOL SWABS	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	QL (10 pens / 30 days)
FIASP SOLN 100unit/ml	1	QL (9 vials / 30 days)
FIASP FLEXTOUCH SOPN 100unit/ml	1	QL (20 pens / 30 days)
FIASP PENFILL SOCT 100unit/ml	1	QL (20 injections / 30 days)
GAUZE PADS 2X2	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	QL (2 vials / 30 days)
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	QL (6 pens / 30 days)
INSULIN PEN NEEDLES	1	PA
INSULIN SAFETY NEEDLES	1	PA
INSULIN SYRINGE (DISP) U-100 0.3ML	1	PA
INSULIN SYRINGE (DISP) U-100 1/2ML	1	PA
INSULIN SYRINGE (DISP) U-100 1ML	1	PA
NOVOLIN INJ 70/30	1	QL (90 mL / 30 days)
NOVOLIN INJ 70/30 FP	1	QL (20 pens / 30 days)
NOVOLIN N SUSP 100unit/ml	1	QL (90 mL / 30 days)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	QL (20 pens / 30 days)
NOVOLIN R SOLN 100unit/ml	1	QL (6 vials / 30 days)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	QL (20 pens / 30 days)
NOVOLOG SOLN 100unit/ml	1	QL (9 vials / 30 days)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	QL (20 pens / 30 days)
NOVOLOG MIX INJ 70/30	1	QL (90 mL / 30 days)
NOVOLOG MIX INJ FLEXPEN	1	QL (30 pens / 30 days)
NOVOLOG PENFILL SOCT 100unit/ml	1	QL (20 cartridges / 30 days)
OMNIPOD 5 G6 KIT INTRO	1	
OMNIPOD 5 G6 MIS PODS	1	
OMNIPOD 5 G7 KIT INTRO	1	
OMNIPOD 5 G7 MIS PODS	1	
OMNIPOD DASH KIT INTRO	1	
OMNIPOD DASH MIS PODS	1	
OMNIPOD GO KIT 10UNT/DY	1	
OMNIPOD GO KIT 15UNT/DY	1	
OMNIPOD GO KIT 20UNT/DY	1	
OMNIPOD GO KIT 25UNT/DY	1	
OMNIPOD GO KIT 30UNT/DY	1	
OMNIPOD GO KIT 35UNT/DY	1	
OMNIPOD GO KIT 40UNT/DY	1	

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD MIS CLASSIC	1	
OMNIPOD PDM KIT CLASSIC	1	
SOLIQUA INJ 100/33	1	QL (10 pens / 30 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	QL (6 pens / 30 days)
TOUJEO SOLOSTAR SOPN 300unit/ml	1	QL (9 pens / 30 days)
TRESIBA SOLN 100unit/ml	1	QL (3 vials / 30 days)
TRESIBA FLEXTOUCH SOPN 100unit/ml	1	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH SOPN 200unit/ml	1	QL (6 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	QL (1286 mL / 30 days)
<i>alendronate sodium</i> TABS 10mg	1	QL (30 tabs / 30 days)
<i>alendronate sodium</i> TABS 35mg, 70mg	1	QL (4 tabs / 28 days)
<i>calcitonin (salmon)</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D, QL (1 tab / 30 days)
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), PA
<i>risedronate sodium</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>risedronate sodium</i> TABS 35mg; TBEC 35mg	1	QL (4 tabs / 28 days)
<i>risedronate sodium</i> TABS 150mg	1	QL (1 tab / 30 days)
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, QL (1 pen / 28 days), PA
XGEVA SOLN 120mg/1.7ml	1	NDS, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	1	
<i>deferasirox</i> TABS 90mg; TBSO 125mg	1	
<i>deferasirox</i> TABS 180mg, 360mg; TBSO 250mg, 500mg	1	NDS
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg, 500mg	1	NDS, PA
CONTRACEPTIVES		
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila TABS .35mg</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>deblitane TABS .35mg</i>	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>eluryng</i>	1	
<i>emzahh TABS .35mg</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>jasmiel</i>	1	
<i>jencycla</i> TABS .35mg	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA</i> IUD 20.1mcg/day	1	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>lyleq</i> TABS .35mg	1	
<i>lyza</i> TABS .35mg	1	
<i>marlissa</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	
<i>nikki</i>	1	
<i>nora-be</i> TABS .35mg	1	
<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	1	
<i>norethindrone & ethinyl estradiol-fe chew</i> tab 0.8 mg-25 mcg	1	
<i>norethindrone (contraceptive)</i> TABS .35mg	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> 20/1-30/1-35 mg-mcg	1	
<i>norethindrone ace & ethinyl estradiol tab 1</i> mg-20 mcg	1	
<i>norethindrone ace & ethinyl estradiol-fe</i> tab 1 mg-20 mcg	1	
<i>norgestimate & ethinyl estradiol tab 0.25</i> mg-35 mcg	1	
<i>norgestimate-eth estrad tab 0.18-</i> 25/0.215-25/0.25-25 mg-mcg	1	
<i>norgestimate-eth estrad tab 0.18-</i> 35/0.215-35/0.25-35 mg-mcg	1	
<i>norlyda</i> TABS .35mg	1	
<i>norlyroc</i> TABS .35mg	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>setlakin</i>	1	
<i>sharobel</i> TABS .35mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	

ESTROGENS

<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	QL (8 patches / 28 days)
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	QL (8 patches / 28 days)
<i>estradiol</i> PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	1	QL (4 patches / 28 days)
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
ESTRING RING 7.5mcg/24hr	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	QL (8 patches / 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>mimvey</i>	1	
PREMARIN CREA .625mg/gm	1	
<i>yuvafem</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS
<i>betaine anhy pow</i>	1	NDS
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS
<i>cinacalcet hcl</i> TABS 30mg	1	B/D, QL (120 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 60mg	1	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days)
CYSTAGON CAPS 50mg, 150mg	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS
HUMATROPE CART 6mg, 12mg, 24mg	1	NDS, PA
INCRELEX SOLN 40mg/4ml	1	NDS
<i>javygtor</i> PACK 500mg; TABS 100mg	1	NDS, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS
LUPRON DEPOT-PED (1-MONTH) KIT 7.5mg, 11.25mg, 15mg	1	NDS, PA
LUPRON DEPOT-PED (3-MONTH) KIT 11.25mg, 30mg	1	NDS, PA
LUPRON DEPOT-PED (6-MONTH) KIT 45mg	1	NDS, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, PA
NAGLAZYME SOLN 1mg/ml	1	NDS
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS
NORDITROPIN FLEXPLO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	1	NDS, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	1	
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	1	NDS
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 500mg; TABS 100mg	1	NDS, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS
SYNAREL SOLN 2mg/ml	1	NDS
VEOZAH TABS 45mg	1	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg; TABS 667mg	1	B/D
<i>sevelamer carbonate</i> PACK .8gm, 2.4gm; TABS 800mg	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	PA
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	
<i>scopolamine</i> PT72 1mg/3days	1	PA
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	PA
<i>glycopyrrolate</i> TABS 1mg, 2mg	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	
<i>budesonide</i> TB24 9mg	1	NDS
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm; CPCR 500mg; ENEM 4gm; TBEC 1.2gm	1	
<i>mesalamine w/ cleanser</i> KIT 4gm	1	
PENTASA CPCR 250mg	1	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	

MISCELLANEOUS

<i>alose tron hcl</i> TABS 1mg	1	NDS
<i>alose tron hcl</i> TABS .5mg	1	
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	NDS
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>lubiprostone</i> CAPS 8mcg	1	QL (180 caps / 30 days)
<i>lubiprostone</i> CAPS 24mcg	1	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days)
RELISTOR SOLN 12mg/0.6ml	1	NDS, QL (28 injections / 28 days)
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOWST CAP	1	NDS, QL (12 caps / 30 days), PA
XERMELO TABS 250mg	1	NDS, QL (90 tabs / 30 days), PA
XIFAXAN TABS 550mg	1	NDS, QL (90 tabs / 30 days), PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	NDS
ZENPEP CAP 60000UNT	1	NDS

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days)
<i>lansoprazole</i> CPDR 15mg	1	QL (30 caps / 30 days)
<i>lansoprazole</i> CPDR 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	QL (30 caps / 30 days)
<i>pantoprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
<i>pantoprazole sodium</i> TBEC 40mg	1	QL (60 tabs / 30 days)
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (90 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	
<i>dutasteride</i> CAPS .5mg	1	
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	1	
<i>finasteride</i> TABS 5mg	1	
<i>tadalafil</i> TABS 2.5mg, 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	

MISCELLANEOUS

<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	

URINARY ANTISPASMODICS

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	1	
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg	1	
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	
<i>tolterodine tartrate</i> CP24 2mg, 4mg; TABS 1mg, 2mg	1	
<i>trospium chloride</i> TABS 20mg	1	

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole</i> 3 SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 110mg, 150mg	1	
ELIQUIS TABS 2.5mg, 5mg	1	
ELIQUIS STARTER PACK TBPk 5mg	1	
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg	1	
XARELTO STAR TAB 15/20MG	1	
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	1	NDS, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 18mg, 36mg, 54mg	1	NDS, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	NDS, QL (180 packets / 30 days), PA
<i>glutamine (sickle cell)</i> PACK 5gm	1	NDS, QL (180 packets / 30 days), PA
HAEGARDA SOLR 2000unit, 3000unit	1	NDS, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, PA

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

Drug Name	Drug Tier	Requirements/Limits
TAVNEOS CAPS 10mg	1	NDS, QL (180 caps / 30 days), PA

<i>tranexamic acid</i> TABS 650mg	1	
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PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
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BRILINTA TABS 60mg, 90mg	1	
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<i>clopidogrel bisulfate</i> TABS 75mg	1	
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<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	
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<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
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IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (6 injections / 28 days), PA
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COSENTYX SOLN 125mg/5ml	1	NDS, PA
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COSENTYX SOSY 75mg/0.5ml	1	NDS, QL (16 syringes / year), PA
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COSENTYX SOSY 150mg/ml	1	NDS, QL (32 syringes / year), PA
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COSENTYX SENSOREADY PEN SOAJ 150mg/ml	1	NDS, QL (32 pens / year), PA
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COSENTYX UNOREADY SOAJ 300mg/2ml	1	NDS, QL (16 pens / year), PA
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DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), PA
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DUPIXENT SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), PA
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ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), PA
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ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), PA
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ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), PA
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ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 injections / 28 days), PA
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ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), PA
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HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 injections / 28 days), PA
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HUMIRA PSKT 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (4 injections / 28 days), PA
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HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (4 pens / 28 days), PA
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HUMIRA PEN PNKT 80mg/0.8ml	1	NDS, QL (2 pens / 28 days), PA
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HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 180 days), PA
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You can find information on what the symbols and abbreviations on the table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	1	NDS, QL (3 pens / 180 days), PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 180 days), PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (6 injections / 28 days), PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (6 injections / 28 days), PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (6 injections / 28 days), PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (4 injections / 28 days), PA
OTEZLA TABS 20mg, 30mg	1	NDS, QL (60 tabs / 30 days), PA
OTEZLA TAB 10/20	1	NDS, QL (55 tabs / 180 days), PA
OTEZLA TAB 10/20/30	1	NDS, QL (55 tabs / 180 days), PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), PA
RINVOQ TB24 45mg	1	NDS, QL (84 tabs / 180 days), PA
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), PA
SIMLANDI 1-PEN KIT AJKT 40mg/0.4ml	1	NDS, QL (6 injections / 28 days), PA
SIMLANDI 2-PEN KIT AJKT 40mg/0.4ml	1	NDS, QL (6 injections / 28 days), PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (7 injections / year), PA
SKYRIZI SOLN 600mg/10ml	1	NDS, QL (12 vials / year), PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (7 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (7 pens / year), PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), PA
STELARA SOLN 130mg/26ml	1	NDS, QL (104 mL / 28 days), PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (300 mL / 30 days), PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, PA
GAMASTAN INJ	1	B/D
GAMMAGARD LIQUID SOLN 2.5gm/25ml, 30gm/300ml	1	NDS, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, PA
GAMMAKED SOLN 1gm/10ml	1	NDS, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, PA
GAMUNEX-C SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	1	NDS, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, PA
ARCALYST SOLR 220mg	1	NDS, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	1	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	1	NDS, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D
NULOJIX SOLR 250mg	1	NDS, B/D
PROGRAF PACK .2mg, 1mg	1	B/D
REZUROCK TABS 200mg	1	NDS, QL (30 tabs / 30 days), PA
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	

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

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D10W/NACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
KCL/D5W/LACT INJ 20MEQ/L	1	
<i>lactated ringer's solution</i>	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
MAGNESIUM SULFATE SOLN 40gm/1000ml	1	
<i>multiple electrolytes inj</i>	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/50ml, 20meq/50ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>ringer's solution</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>elite-ob</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
PNV TABS TAB 29-1MG	1	
<i>pnv-select</i>	1	
<i>potassium chloride CPCR 8meq, 10meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TABS	1	
PRETAB TAB 29-1MG	1	
SE-NATAL 19 CHW	1	
SE-NATAL 19 TAB	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride</i> CHEW 1mg; SOLN .5mg/ml	1	
<i>sodium fluoride tab;1.1(0.5 f)mg/ml soln</i>	1	
TRINATAL RX TAB 1	1	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%, 50%, 70%	1	
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	QL (30 mL / 30 days)
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentak OINT .3%</i>	1	QL (17.5 gm / 30 days)
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	QL (30 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	QL (30 mL / 30 days)
<i>trifluridine SOLN 1%</i>	1	
XDEMYVY SOLN .25%	1	NDS, PA
ZIRGAN GEL .15%	1	

ANTI-INFLAMMATORIES

<i>bromfenac sodium (ophth) SOLN .07%</i>	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	QL (30 mL / 30 days)
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	QL (30 mL / 30 days)
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX SM GEL .38%	1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	

ANTIALLERGICS

<i>azelastine hcl (ophth) SOLN .05%</i>	1	
<i>cromolyn sodium (ophth) SOLN 4%</i>	1	
<i>olopatadine hcl SOLN .2%</i>	1	

ANTI GLAUCOMA

<i>apraclonidine hcl SOLN .5%</i>	1	
<i>betaxolol hcl (ophth) SOLN .5%</i>	1	
<i>brimonidine tartrate SOLN .1%, .15%, .2%</i>	1	
<i>carteolol hcl (ophth) SOLN 1%</i>	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl SOLN 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>latanoprost SOLN .005%</i>	1	
<i>levobunolol hcl SOLN .5%</i>	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	

MISCELLANEOUS

<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTARAN SOLN .44%	1	NDS
MIEBO SOLN 1.338gm/ml	1	QL (3 mL / 30 days)
RESTASIS EMUL .05%	1	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE EMUL .05%	1	QL (5.5 mL / 30 days)
XIIDRA SOLN 5%	1	QL (60 single use vials / 30 days)

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
STIOLTO AER 2.5-2.5	1	QL (1 inhaler / 30 days)
TRELEGY AER 100MCG	1	QL (1 inhaler / 30 days)
TRELEGY AER 200MCG	1	QL (1 inhaler / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	QL (30 mL / 30 days)
SPIRIVA HANDIHALER CAPS 18mcg	1	QL (30 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	1	QL (1 inhaler / 30 days)
<i>tiotropium bromide monohydrate</i> CAPS 18mcg	1	QL (30 caps / 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	1	QL (2 bottles / 30 days)
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	1	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
PROAIR RESPICLICK AEPB 108mcg/act	1	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	1	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NDS, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days)
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	QL (4 pens / 30 days)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml	1	QL (2 pens / 30 days)
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), PA

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, B/D
<i>roflumilast</i> TABS 250mcg	1	QL (28 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
<i>theophylline</i> SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
XOLAIR SOAJ 75mg/0.5ml	1	NDS, QL (16 pens / 28 days), PA
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), PA
XOLAIR SOAJ 300mg/2ml	1	NDS, QL (4 pens / 28 days), PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), PA
XOLAIR SOSY 75mg/0.5ml	1	NDS, QL (20 syringes / 28 days), PA
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), PA
XOLAIR SOSY 300mg/2ml	1	NDS, QL (4 syringes / 28 days), PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (inhalation)</i> AEPB 50mcg/act	1	QL (180 inhalations / 30 days)
<i>fluticasone propionate (inhalation)</i> AEPB 100mcg/act, 250mcg/act	1	QL (240 inhalations / 30 days)
QVAR REDIHALER AERB 40mcg/act	1	QL (10.6 gm / 30 days)
QVAR REDIHALER AERB 80mcg/act	1	QL (21.2 gm / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breyna</i>	1	QL (1 inhaler / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (1 inhaler / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (90 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	
<i>calcipotriene</i> OINT .005%	1	QL (120 gm / 30 days)
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days)
<i>tazarotene</i> CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone butyrate hydrophilic lipo base</i> CREA .1%	1	QL (45 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; OINT .025%, .1%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	1	QL (120 mL / 30 days)
<i>triamcinolone acetonide (topical)</i> OINT .5%	1	QL (45 gm / 30 days)
<i>triderm</i> CREA .1%, .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days)
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days)
<i>lidocaine</i> PTCH 5%	1	QL (90 patches / 30 days), PA
<i>lidocaine hcl</i> GEL 2%	1	QL (30 mL / 30 days)
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (90 patches / 30 days), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (90 patches / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> OINT 5%	1	QL (30 gm / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (1000 gm / 30 days)
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days)
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
<i>lactated ringer's for irrigation</i>	1	
<i>ringer's solution for irrigation</i>	1	
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	
<i>denta 5000 plus</i> CREA 1.1%	1	
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%, 4%	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (mouth-throat) SUSP</i> 100000unit/ml	1	
<i>periogard SOLN .12%</i>	1	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	1	
<i>triamcinolone acetonide (mouth) PSTE</i> .1%	1	

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

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<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	23	<i>cefpodoxime proxetil</i>	10
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<i>dihydroergotamine mesylate</i>	40	<i>e.e.s. 400</i>	11
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<i>sumatriptan</i>	40	<i>telmisartan-amlodipine tab 80-5 mg</i>	26
<i>sumatriptan succinate</i>	40	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>sunitinib malate</i>	20	12.5 mg	26
SUNLENCA (4 X 300MG)	7	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SUNLENCA (5 X 300MG)	7	12.5 mg	26
<i>syeda</i>	50	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SYMPAZAN	38	25 mg	26
SYMTUZA TAB.....	9	<i>temazepam</i>	40
SYNAREL.....	52	TENIVAC INJ 5-2LF.....	62
SYNJARDY TAB 12.5-1000MG	44	<i>tenofovir disoproxil fumarate</i>	7
SYNJARDY TAB 12.5-500.....	44	TEPMETKO	21
SYNJARDY TAB 5-1000MG	44	<i>terazosin hcl</i>	24
SYNJARDY TAB 5-500MG.....	44	<i>terbinafine hcl</i>	5
SYNJARDY XR TAB 10-1000.....	44	<i>terbutaline sulfate</i>	67
SYNJARDY XR TAB 12.5-1000MG.....	44	<i>terconazole vaginal</i>	56
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<i>tacrolimus</i>	61	<i>tetracycline hcl</i>	13
<i>tacrolimus (topical)</i>	72	THALOMID	15
<i>tadalafil</i>	56	<i>theophylline</i>	68
<i>tadalafil (pulmonary hypertension)</i> ...	31	<i>thioridazine hcl</i>	36
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<i>tamsulosin hcl</i>	56	TICOVAC.....	62
<i>tarina 24 fe</i>	50	<i>tigecycline</i>	13
<i>tarina fe 1/20 eq</i>	50	<i>tilia fe</i>	50
TASIGNA.....	21	<i>timolol maleate</i>	28

<i>timolol maleate (ophth)</i>	66	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	29
<i>tinidazole</i>	5	<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	29
<i>tiotropium bromide monohydrate</i>	67	<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	29
TIVICAY	7	<i>tridacaine ii</i>	71
TIVICAY PD	7	<i>triderm</i>	71
<i>tizanidine hcl</i>	42	<i>trientine hcl</i>	46
TOBI PODHALER	5	<i>tri-estarylla</i>	50
<i>tobramycin</i>	5	<i>trifluoperazine hcl</i>	36
<i>tobramycin (ophth)</i>	65	<i>trifluridine</i>	65
<i>tobramycin sulfate</i>	5	TRIJARDY XR TAB 10-5-1000MG	44
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<i>toremifene citrate</i>	14	<i>tri-legest fe</i>	50
<i>torpenz</i>	21	<i>tri-lo-estarylla</i>	50
<i>torse mide</i>	29	<i>tri-lo-sprintec</i>	50
TOUJEO MAX SOLOSTAR	46	<i>trimethoprim</i>	5
TOUJEO SOLOSTAR	46	<i>tri-mili</i>	50
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<i>trandolapril-verapamil hcl tab er 1-240</i> <i>mg</i>	23	<i>tri-sprintec</i>	50
<i>trandolapril-verapamil hcl tab er 2-180</i> <i>mg</i>	23	TRIUMEQ PD TAB	9
<i>trandolapril-verapamil hcl tab er 2-240</i> <i>mg</i>	23	TRIUMEQ TAB	9
<i>trandolapril-verapamil hcl tab er 4-240</i> <i>mg</i>	24	<i>trivora-28</i>	50
<i>tranexamic acid</i>	58	<i>tri-vylibra</i>	50
<i>tranylcypromine sulfate</i>	33	<i>tri-vylibra lo</i>	50
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<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	26	VORICONAZOLE	6
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	26	VOSEVI TAB	10
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<i>vancomycin hcl</i>	5	<i>vylibra</i>	50
VANCOMYCIN HYDROCHLORIDE.....	5	VYZULTA.....	66
VANCOMYCIN INJ 1 GM.....	5	W	
VANCOMYCIN INJ 500MG	5	<i>warfarin sodium</i>	57
VANCOMYCIN INJ 750MG	5	<i>water for irrigation, sterile irrigation soln</i>	72
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.....	22	ZENPEP CAP 25000UNT.....	56
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Nondiscrimination Notice

BlueCross BlueShield of Tennessee (BlueCross), including its subsidiaries SecurityCare of Tennessee, Inc. and Volunteer State Health Plan, Inc. also doing business as BlueCare Tennessee, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.

Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Member Service at the number on the back of your Member ID card or call **1-800-332-5762**, TTY **711**. From **Oct. 1 to March 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. Our automated phone system may answer your call outside of these hours and during holidays.

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact Member Service at the number on the back of your Member ID card or call **1-800-332-5762**, TTY **711**. They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD), 8:30 a.m. to 8 p.m. ET. Complaint forms are available at hhs.gov/ocr/office/file/index.html.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (phone) Nondiscrimination_CoordinatorGM@bcbst.com (email), or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bluecareplus.bcbst.com

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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-332-5762, TTY 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-332-5762, TTY 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-332-5762, TTY 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-332-5762, TTY 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-332-5762, TTY 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-332-5762, TTY 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-332-5762, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-332-5762, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-332-5762, TTY 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-332-5762, TTY 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-332-5762, TTY 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-332-5762, TTY 711 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-332-5762, TTY 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-332-5762, TTY 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-332-5762, TTY 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-332-5762, TTY 711. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-332-5762, TTY 711 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

We have made no changes to this formulary since 11/01/2024.
For more recent information or other questions, please contact us at
1-800-332-5762, TTY 711.

From **Oct. 1 to March 31**, you can call us seven days a week from 8 a.m. to 9 p.m. ET.
From **April 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET.
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