



BlueCare Plus (HMO D-SNP)SM

BlueCare Plus Choice (HMO D-SNP)SM

2026 List of Covered Drugs

(Drug List or Formulary)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THESE PLANS

We have made no changes to the *Drug List* since 01/01/2026. For more recent information or other questions, contact us 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**.

If you have questions, please call BlueCare Plus Tennessee at 1-800-332-5762, TTY 711. From Oct. 1 to Mar. 31, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From Apr. 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. The call is free. **For more information**, visit bluecareplus.bcbst.com.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs are covered by BlueCare Plus & BlueCare Plus Choice. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by our plan. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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If you have questions, please call BlueCare Plus Tennessee at **1-800-332-5762, TTY 711**. From **Oct. 1 to Mar. 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **Apr. 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. The call is free. **For more information**, visit **bluecareplus.bcbst.com**.

Do you need help? We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 1-800-332-5762 (TRS: 711) If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you.

Spanish: Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Arabic: العربية: ملاحظة: إذا تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل برقم: 1-800-332-5762 (TRS/TTY: 711) أو 1-866-503-0264

Chinese: 繁體中文 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264)

Vietnamese: Tiếng Việt CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Korean: 한국어 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264) 번으로 전화해 주십시오.

French: Français ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-5762 (ATS: 711: 1-866-503-0264).

Amharic: አማርኛ ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Gujarati: ગુજરાતી સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Laotian: ພາສາລາວ ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

German: Deutsch ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Tagalog: Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Hindi: हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264) पर कॉल करें।

Russian: Русский ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Japanese: 日本語 「日本語を話す方は、通訳や翻訳などの言語支援サービスを無料で利用できます」 電話1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264).

Persian: فارسی توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-332-5762 (TRS/TTY: 711: 1-866-503-0264) تماس بگیرید.

The Beneficiary Support System (BSS) helps people who are enrolled in the CHOICES, Employment and Community First (ECF) CHOICES, and the Katie Beckett program. They also help people who want to enroll into these programs. For help call 1-888-723-8193.

The TennCare Program does not discriminate against people because of their race, color, national origin including limited English proficiency and primary language, age, disability, religion, or sex. If you need reasonable modifications or think you were treated differently, or discriminated against you can file a grievance (complaint) with TennCare's Office of Civil Rights Compliance at HCFA.fairtreatment@tn.gov, <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>, 310 Great Circle Road Floor 3W, Nashville, TN 37243, or calling (TRS/TTY: 711: (615) 507-6474. Need help filing a grievance? Call TennCare Connect at 1-855-259-0701.

If you have questions, please call BlueCare Plus Tennessee at **1-800-332-5762, TTY 711**. From **Oct. 1 to Mar. 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **Apr. 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. The call is free. **For more information**, visit bluecareplus.bcbst.com.

A. Disclaimers

This is a list of drugs that members can get in our plan.

- › You can always check our plan's up-to-date *List of Covered Drugs* online at **bluecareplus.bcbst.com** or by calling Member Service at **1-800-332-5762**. (TTY users should call **711**). This call is free.
- › You can get this document for free in other formats, such as large print, braille, or audio. Call Member Service at the numbers listed at the bottom of this page. This call is free.
- › Our covered drugs, pharmacy network, and/or provider network may change at any time. You'll get a notice about any changes that may affect you at least 30 days in advance.
- › This document is available for free in Spanish and Arabic.
- › Members can call Member Service at the toll-free number at the bottom of this page to request needed materials in their preferred language. If you would like to receive these materials annually, please let us know when you make your request. We will document your preferences and send you these materials annually. If you would like to stop receiving these materials annually, please call us at the toll-free number at the bottom of this page.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQs to learn more, or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "*Drug List*" for short.)

The drugs on the *Drug List* that starts in **Section D** are the drugs covered by our plan. The drugs are available at pharmacies within

our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by TennCare's pharmacy provider, Optum RX. Please click this link [OptumRx's TennCare Website](https://www.tennnecare.com/optumrx) or visit [welcome.optumrx.com/tenncare/](https://www.welcome.optumrx.com/tenncare/) for more information. You can also call the Optum Rx Customer Service Center at 1-888-816-1680. Please bring your TennCare/Optum Member ID Card when getting prescriptions.

- › Our plan will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - our plan agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a plan network pharmacy.
- › In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at **bluecareplus.bcbst.com** or call Member Service at the numbers listed at the bottom of this page.

B2. Does the *Drug List* ever change?

Yes, and our plan must follow Medicare and TennCare rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- › Decide to require or not require prior authorization for a drug. (Prior authorization is permission from our plan before you can get a drug.)

(continued on the next page)

If you have questions, please call BlueCare Plus Tennessee at **1-800-332-5762**, TTY **711**. From **Oct. 1 to Mar. 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **Apr. 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. The call is free. **For more information**, visit **bluecareplus.bcbst.com**.

- › Add or change the amount of a drug you can get (called quantity limits).
- › Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- › a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- › we learn that a drug isn't safe, **or**
- › a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- › You can always check our plan's up-to-date *Drug List* online at **bluecareplus.bcbst.com**. Updates to the *Drug List* are posted on the website monthly.
- › You can also call Member Service at the numbers listed at the bottom of this page to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- › **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.

- We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
- We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
- Some of these drug types may be new to you. For more information, refer to Section B14.
- You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- › **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. Your prescriber will also know about this change and can work with you to find another drug for your condition.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- › The FDA provides new guidance or there are new clinical guidelines about a drug.
- › we remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or

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- › we remove an original biological product when adding a biosimilar, or
- › we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- › tell you at least 30 days before we make the change to the *Drug List* **or**
- › let you know and give you a 30-day supply (or 31-day supply) of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- › if there's a similar drug on the *Drug List* you can take instead **or**
- › whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- › **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from our plan before you fill your prescription. Prior authorization is different from a referral. Our plan may not cover the drug if you don't get prior authorization.
- › **Quantity limits:** Sometimes our plan limits the amount of a drug you can get.
- › **Step therapy:** Sometimes our plan requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work

for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section D**. You can also get more information by visiting our website at **bluecareplus.bcbst.com**. We have posted online documents that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled List of Drugs by Medical Condition has a column labeled "requirements/limits on use."

B6. What happens if BlueCare Plus Tennessee changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- › you can search alphabetically, **or**
- › you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in the index in Section D. The Index of

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Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by medical condition, find Section C1 labeled “List of Drugs by Medical Condition.” The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in the Cardiovascular category. That’s where you’ll find drugs that treat heart conditions.

B8. What if the drug I want to take isn’t on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Member Service at the numbers listed at the bottom of this page and ask about it. If you learn that our plan won’t cover the drug, you can do one of these things:

- › Ask Member Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that’s like the one you want to take. **Or**
- › Ask our plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I’m a new BlueCare Plus Tennessee member and can’t find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you’re a member of our plan. This will give you time to talk to your doctor or other prescriber. They can help you decide if there’s a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we’ll allow multiple refills to provide up to a maximum of a 30-day supply of medication.

We’ll cover a 30-day supply of your drug if:

- › you’re taking a drug that isn’t on our *Drug List*, **or**
- › our plan rules don’t let you get the amount ordered by your prescriber, **or**
- › the drug requires prior authorization by our plan, **or**
- › you’re taking a drug that’s part of a step therapy restriction.

If you’re taking a drug that our plan doesn’t consider to be a Part D drug, and the drug isn’t on the *Drug List*, and you have a problem getting the drug, it may be covered through TennCare’s pharmacy provider, Optum RX. If a Part D excluded drug requires an exception, and you have an emergency, Optum will allow no less than 72-hour supply of the drug. Please click this link [OptumRx’s TennCare Website](https://www.optumrx.com/tenncare/) or visit welcome.optumrx.com/tenncare/ for more information. You can also call the Optum Rx Customer Service Center at 1-888-816-1680. Please bring your TennCare/Optum Member ID Card when getting prescriptions.

If you’re in a nursing home or other long-term care facility and need a drug that isn’t on the *Drug List* or if you can’t easily get the drug you need, we can help. If you’ve been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- › We’ll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you’re a new plan member.
- › This is in addition to the temporary supply during the first 90 days you’re a member of our plan.

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 at the numbers at the bottom of this page.

If you have questions, please call BlueCare Plus Tennessee at **1-800-332-5762, TTY 711**. From **Oct. 1 to Mar. 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **Apr. 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. The call is free. **For more information**, visit bluecareplus.bcbst.com.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask our plan to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- › For example, our plan may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- › Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Service. A Member Service representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section G2** of the *Evidence of Coverage* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. Your doctor or other prescriber can fax or mail us the supporting statement. They can also tell us by phone at **1-800-332-5762**, TTY **711** and then fax or mail the statement.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't

have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Our plan covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Evidence of Coverage*.

B15. Does BlueCare Plus Tennessee cover long-term supplies of prescriptions?

- › **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day (Tiers 1 and 2) or 90-day (Tier 3) supply of your drugs sent directly to your home. A long-term supply has the same copay as a one-month supply.
- › **90- or 100-day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day (Tiers 1 and 2) or 90-day (Tier 3) supply of covered drugs. A long-term supply has the same copay as a one-month supply.

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B16. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B17. What's my copay?

Our plan members have copays for prescriptions as long as the member follows the plan's rules.

Tiers are groups of drugs on our *Drug List*.

- › **Tier 1** - Preferred Generic drugs have \$0 copay.
- › **Tier 2** - Preferred Brand name drugs have 25% coinsurance of the total cost of the drug.
- › **Tier 3** - Non-Preferred drugs have 25% coinsurance of the total cost of the drug.
- › **Tier 4** - Specialty drugs have 25% coinsurance of the total cost of the drug.

If you have questions, call Member Service at the numbers listed at the bottom of this page.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by our plan. You can find information on what the abbreviations in this table mean on the first page of the *List of Covered Drugs*.

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by TennCare's pharmacy provider, Optum RX. Please click this link [OptumRx's TennCare Website](#) or visit [welcome.optumrx.com/tenncare/](#) for more information. You can also call the Optum Rx Customer Service Center at 1-888-816-1680. Please bring your

TennCare/Optum Member ID Card when getting prescriptions.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, "Cardiovascular." That's where you'll find drugs that treat heart conditions.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *metformin*), brand name drugs are capitalized (for example, JANUMET). The information in the "Requirements & limits on use" column tells you if our plan has any rules for covering your drug.

If you have questions, please call BlueCare Plus Tennessee at **1-800-332-5762, TTY 711**. From **Oct. 1 to Mar. 31**, you can call us 7 days a week from 8 a.m. to 9 p.m. ET. From **Apr. 1 to Sept. 30**, you can call us Monday through Friday from 8 a.m. to 9 p.m. ET. The call is free. **For more information**, visit [bluecareplus.bcbst.com](#).

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.

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

Drug Tiers

Tier 1= Preferred Generics

Tier 2= Preferred Brands

Tier 3= Non-Preferred Drugs

Tier 4= Specialty Tier: Cost over \$950 per month

Effective 01/2026

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	3	
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
MITIGARE CAPS .6mg	2	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	3	

MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	
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NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	3	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	3	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 500mg	3	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 600mg, 800mg	3	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	3	
<i>meloxicam</i> TABS 7.5mg	3	QL (30 tabs / 30 days)
<i>meloxicam</i> TABS 15mg	3	
<i>nabumetone</i> TABS 500mg, 750mg	3	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	2	
<i>naproxen</i> TBEC 375mg	3	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	3	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days), PA; MME
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	3	QL (10 patches / 30 days), PA; MME
<i>fentanyl</i> PT72 100mcg/hr	3	QL (8 patches / 30 days), PA; MME
<i>methadone hcl</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; MME
<i>methadone hcl</i> SOLN 10mg/5ml	3	QL (600 mL / 30 days), PA; MME

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg	3	QL (240 tabs / 30 days), PA; MME
<i>methadone hcl</i> TABS 10mg	3	QL (120 tabs / 30 days), PA; MME
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg	2	QL (60 tabs / 30 days), PA; MME
<i>morphine sulfate</i> TBCR 200mg	2	QL (30 tabs / 30 days), PA; MME

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	3	QL (4500 mL / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-15 mg	3	QL (180 tabs / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-30 mg	3	QL (180 tabs / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-60 mg	3	QL (180 tabs / 30 days); MME
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>endocet</i>	3	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	3	QL (5550 mL / 30 days); MME
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	3	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	3	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	3	QL (120 tabs / 30 days); MME
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	3	QL (120 tabs / 30 days); MME
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (120 tabs / 30 days); MME
<i>morphine sulfate</i> SOLN 4mg/ml	3	QL (500 vials / 30 days)
<i>morphine sulfate</i> SOLN 8mg/ml	3	QL (250 vials / 30 days)
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days); MME
<i>morphine sulfate</i> SOLN 10mg/ml	3	QL (200 vials / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	3	QL (300 mL / 30 days); MME
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (120 tabs / 30 days); MME
<i>nalbuphine hcl</i> SOLN 10mg/ml	3	QL (20 vials / 30 days)
<i>nalbuphine hcl</i> SOLN 20mg/ml	3	QL (10 vials / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	3	QL (120 mL / 30 days); MME

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl</i> SOLN 5mg/5ml	3	QL (480 mL / 30 days); MME
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (120 tabs / 30 days); MME
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (120 tabs / 30 days); MME
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days); MME
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tabs / 30 days); MME

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	3	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	3	
ARIKAYCE SUSP 590mg/8.4ml	4	NDS, PA
<i>atovaquone</i> SUSP 750mg/5ml	3	QL (300 mL / 30 days)
<i>aztreonam</i> SOLR 1gm, 2gm	3	
CAYSTON SOLR 75mg	4	NDS, QL (84 vials / 28 days)
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	3	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	3	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	3	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	3	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium</i> SOLR 150mg	3	
<i>dapsone</i> TABS 25mg, 100mg	2	
<i>daptomycin</i> SOLR 350mg, 500mg	4	NDS
<i>ertapenem sodium</i> SOLR 1gm	3	
<i>fosfomycin tromethamine</i> PACK 3gm	3	QL (3 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
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	
<i>gentamicin in saline inj 1 mg/ml</i>	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	
<i>gentamicin in saline inj 2 mg/ml</i>	3	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	3	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	3	
IMPAVIDO CAPS 50mg	4	NDS, PA
<i>ivermectin TABS 3mg</i>	3	
<i>linezolid SOLN 600mg/300ml</i>	3	
<i>linezolid SUSR 100mg/5ml</i>	3	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	2	QL (60 tabs / 30 days)
<i>meropenem SOLR 1gm, 500mg</i>	2	
<i>methenamine hippurate TABS 1gm</i>	3	
<i>metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg</i>	2	
<i>neomycin sulfate TABS 500mg</i>	3	
<i>nitazoxanide TABS 500mg</i>	4	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	2	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	2	
<i>pentamidine isethionate for inj SOLR 300mg</i>	3	
<i>pentamidine isethionate for nebulization SOLR 300mg</i>	3	B/D, QL (1 vial / 28 days)
<i>polymyxin b sulfate SOLR 500000unit</i>	3	
<i>praziquantel TABS 600mg</i>	2	
<i>pyrimethamine TABS 25mg</i>	4	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate SOLR 1gm</i>	2	
<i>sulfadiazine TABS 500mg</i>	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	2	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	
<i>tinidazole TABS 250mg, 500mg</i>	3	

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
TOBI PODHALER CAPS 28mg	4	NDS, PA
<i>tobramycin</i> NEBU 300mg/5ml	4	NDS, B/D, QL (280 mL / 28 days)
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg	3	
<i>vancomycin hcl</i> CAPS 125mg	3	QL (40 caps / 10 days)
<i>vancomycin hcl</i> CAPS 250mg	3	QL (80 caps / 10 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN HYDROCHLORIDE SOLR 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	

ANTIFUNGALS

ABELCET SUSP 5mg/ml	3	B/D
<i>amphotericin b</i> SOLR 50mg	3	B/D
<i>amphotericin b liposome</i> SUSR 50mg	4	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	3	
CRESEMBA CAPS 74.5mg, 186mg	4	NDS, PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	PA
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	PA
<i>flucytosine</i> CAPS 250mg, 500mg	4	NDS
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	3	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	3	
<i>itraconazole</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	3	
<i>miconazole sodium</i> SOLR 50mg, 100mg	3	
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> SUSP 40mg/ml	4	NDS, QL (630 mL / 30 days)
<i>posaconazole</i> TBEC 100mg	4	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl</i> TABS 250mg	3	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg	4	NDS, PA
VORICONAZOLE SOLR 200mg	4	NDS, PA
<i>voriconazole</i> SUSR 40mg/ml	4	NDS, QL (600 mL / 30 days)
<i>voriconazole</i> TABS 50mg	3	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	3	QL (120 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
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	3	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	3	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	3	
COARTEM TAB 20-120MG	2	QL (24 tabs / 30 days)
<i>mefloquine hcl TABS 250mg</i>	3	
<i>primaquine phosphate TABS 26.3mg</i>	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate CAPS 324mg</i>	3	QL (42 caps / 30 days)
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate SOLN 20mg/ml</i>	2	QL (960 mL / 30 days)
<i>abacavir sulfate TABS 300mg</i>	2	QL (60 tabs / 30 days)
APTIVUS CAPS 250mg	4	NDS, QL (120 caps / 30 days)
<i>atazanavir sulfate CAPS 150mg, 200mg</i>	3	QL (60 caps / 30 days)
<i>atazanavir sulfate CAPS 300mg</i>	3	QL (30 caps / 30 days)
<i>darunavir TABS 600mg</i>	3	QL (60 tabs / 30 days)
<i>darunavir TABS 800mg</i>	4	NDS, QL (30 tabs / 30 days)
EDURANT TABS 25mg	4	NDS, QL (30 tabs / 30 days)
<i>efavirenz TABS 600mg</i>	3	QL (30 tabs / 30 days)
<i>emtricitabine CAPS 200mg</i>	3	QL (30 caps / 30 days)
EMTRIVA SOLN 10mg/ml	2	QL (680 mL / 28 days)
<i>etravirine TABS 100mg</i>	4	NDS, QL (120 tabs / 30 days)
<i>etravirine TABS 200mg</i>	4	NDS, QL (60 tabs / 30 days)
<i>fosamprenavir calcium TABS 700mg</i>	4	NDS, QL (120 tabs / 30 days)
INTELENCE TABS 25mg	2	QL (120 tabs / 30 days)
ISENTRESS CHEW 25mg	2	QL (180 tabs / 30 days)
ISENTRESS CHEW 100mg	4	NDS, QL (180 tabs / 30 days)
ISENTRESS PACK 100mg	2	QL (300 packets / 30 days)
ISENTRESS TABS 400mg	4	NDS, QL (120 tabs / 30 days)
ISENTRESS HD TABS 600mg	4	NDS, QL (60 tabs / 30 days)
<i>lamivudine SOLN 10mg/ml</i>	3	QL (900 mL / 30 days)
<i>lamivudine TABS 150mg</i>	3	QL (60 tabs / 30 days)
<i>lamivudine TABS 300mg</i>	3	QL (30 tabs / 30 days)
<i>maraviroc TABS 150mg</i>	4	NDS, QL (240 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>maraviroc</i> TABS 300mg	4	NDS, QL (120 tabs / 30 days)
<i>nevirapine</i> SUSP 50mg/5ml	2	QL (1200 mL / 30 days)
<i>nevirapine</i> TABS 200mg	2	QL (60 tabs / 30 days)
<i>nevirapine</i> TB24 400mg	2	QL (30 tabs / 30 days)
NORVIR PACK 100mg	2	QL (360 packets / 30 days)
PIFELTRO TABS 100mg	4	NDS, QL (60 tabs / 30 days)
PREZISTA SUSP 100mg/ml	4	NDS, QL (360 mL / 30 days)
PREZISTA TABS 75mg	2	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	2	QL (240 tabs / 30 days)
REYATAZ PACK 50mg	4	NDS, QL (180 packets / 30 days)
<i>ritonavir</i> TABS 100mg	2	QL (360 tabs / 30 days)
RUKOBIA TB12 600mg	4	NDS, QL (60 tabs / 30 days)
SELZENTRY SOLN 20mg/ml	4	NDS, QL (1800 mL / 30 days)
SUNLENCA TABS 300mg	4	NDS, QL (24 tabs / year)
SUNLENCA (4 X 300MG) TBPK 300mg	4	NDS, QL (8 tabs / year)
SUNLENCA (5 X 300MG) TBPK 300mg	4	NDS, QL (10 tabs / year)
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	QL (30 tabs / 30 days)
TIVICAY TABS 50mg	4	NDS, QL (60 tabs / 30 days)
TIVICAY PD TBSO 5mg	2	QL (180 tabs / 30 days)
TYBOST TABS 150mg	2	QL (30 tabs / 30 days)
VIRACEPT TABS 250mg	4	NDS, QL (300 tabs / 30 days)
VIRACEPT TABS 625mg	4	NDS, QL (120 tabs / 30 days)
VIREAD POWD 40mg/gm	4	NDS, QL (240 gm / 30 days)
VIREAD TABS 150mg, 200mg, 250mg	4	NDS, QL (30 tabs / 30 days)
<i>zidovudine</i> CAPS 100mg	3	QL (180 caps / 30 days)
<i>zidovudine</i> SYRP 50mg/5ml	3	QL (1680 mL / 28 days)
<i>zidovudine</i> TABS 300mg	3	QL (60 tabs / 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	QL (30 tabs / 30 days)
BIKTARVY 30-120-15 MG	4	NDS, 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
BIKTARVY 50-200-25 MG	4	NDS, QL (30 tabs / 30 days)
CIMDUO TAB 300-300	4	NDS, QL (30 tabs / 30 days)
DELSTRIGO TAB	4	NDS, QL (30 tabs / 30 days)
DESCOVY TAB 120-15MG	4	NDS, QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG	4	NDS, QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	4	NDS, QL (30 tabs / 30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	3	QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	NDS, QL (30 tabs / 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	4	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	4	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	3	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	4	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	3	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	3	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	4	NDS, QL (30 tabs / 30 days)
GENVOYA TAB	4	NDS, QL (30 tabs / 30 days)
JULUCA TAB 50-25MG	4	NDS, QL (30 tabs / 30 days)
KALETRA SOL	3	QL (480 mL / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	3	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	3	QL (480 mL / 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	3	QL (300 tabs / 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	3	QL (150 tabs / 30 days)
ODEFSEY TAB	4	NDS, QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	4	NDS, QL (30 tabs / 30 days)
STRIBILD TAB	4	NDS, 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
SYMTUZA TAB	4	NDS, QL (30 tabs / 30 days)
TRIUMEQ PD TAB	3	QL (180 tabs / 30 days)
TRIUMEQ TAB	4	NDS, QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	3	
<i>rifabutin</i> CAPS 150mg	2	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	4	NDS

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	3	
<i>acyclovir sodium</i> SOLN 50mg/ml	3	B/D
<i>adefovir dipivoxil</i> TABS 10mg	3	
BARACLUDE SOLN .05mg/ml	4	NDS
<i>entecavir</i> TABS .5mg, 1mg	2	
EPCLUSA PAK 150-37.5	4	NDS, QL (30 packets / 30 days), PA
EPCLUSA PAK 200-50MG	4	NDS, QL (60 packets / 30 days), PA
EPCLUSA TAB 200-50MG	4	NDS, QL (56 tabs / 28 days), PA
EPCLUSA TAB 400-100	4	NDS, QL (28 tabs / 28 days), PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
HARVONI PAK 33.75-150MG	4	NDS, QL (28 packets / 28 days), PA
HARVONI PAK 45-200MG	4	NDS, QL (28 packets / 28 days), PA
HARVONI TAB 45-200MG	4	NDS, QL (28 tabs / 28 days), PA
<i>lamivudine (hbv)</i> TABS 100mg	3	
LIVTENCITY TABS 200mg	4	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	4	NDS, QL (180 packets / 30 days), PA
MAVYRET TAB 100-40MG	4	NDS, QL (84 tabs / 28 days), PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PAXLOVID PAK	2	QL (11 tabs / 5 days)
PAXLOVID TAB 150-100	2	QL (20 tabs / 5 days)
PAXLOVID TAB 300-100	2	QL (30 tabs / 5 days)
PEGASYS SOLN 180mcg/ml	4	NDS, QL (4 vials / 28 days)
PEGASYS SOSY 180mcg/0.5ml	4	NDS, QL (4 syringes / 28 days)
PREVYMIS PACK 20mg, 120mg	4	NDS, QL (120 packets / 30 days), PA
PREVYMIS TABS 240mg, 480mg	4	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	2	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	
<i>rimantadine hydrochloride</i> TABS 100mg	3	
<i>valacyclovir hcl</i> TABS 1gm	2	QL (120 tabs / 30 days)
<i>valacyclovir hcl</i> TABS 500mg	2	QL (60 tabs / 30 days)
<i>valganciclovir hcl</i> SOLR 50mg/ml	4	NDS
<i>valganciclovir hcl</i> TABS 450mg	2	
VOSEVI TAB	4	NDS, QL (28 tabs / 28 days), PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	3	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	3	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	3	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	

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>cephalexin</i> CAPS 250mg, 500mg	2	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	3	
TEFLARO SOLR 400mg, 600mg	4	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg	3	
<i>azithromycin</i> SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	2	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	4	NDS
<i>e.e.s. 400</i> TABS 400mg	3	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	3	
<i>erythrocin lactobionate</i> SOLR 500mg	3	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythromycin base</i> TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	3	
<i>erythromycin ethylsuccinate</i> TABS 400mg	3	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	2	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	3	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>moxifloxacin hcl</i> TABS 400mg	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	3	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	3	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	3	
<i>ampicillin CAPS 500mg</i>	3	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	3	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	3	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	3	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	3	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	3	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	3	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	2	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	3	
<i>nafcillin sodium SOLR 10gm</i>	4	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	3	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	3	
<i>penicillin g sodium SOLR 5000000unit</i>	3	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	3	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	3	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	3	
<i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 100mg</i>	3	
<i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i>	2	

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>doxycycline hyclate</i> SOLR 100mg	3	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	3	
<i>tigecycline</i> SOLR 50mg	3	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>cyclophosphamide</i> CAPS 25mg, 50mg	2	B/D
<i>cyclophosphamide</i> SOLN 1gm/5ml, 2gm/10ml, 500mg/2.5ml	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 500mg/ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	3	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	4	NDS, B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	3	B/D
FRINDOVYX SOLN 500mg/ml	3	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	3	
LEUKERAN TABS 2mg	4	NDS

ANTIMETABOLITES

<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	3	B/D
INQOVI TAB 35-100MG	4	NDS, QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	4	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	4	NDS, QL (80 tabs / 28 days), PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	4	NDS
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	4	NDS, QL (14 tabs / 28 days), PA
TABLOID TABS 40mg	4	NDS

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i> TABS 500mg	4	NDS, QL (60 tabs / 30 days), PA
<i>abirtega</i> TABS 250mg	3	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	4	NDS, QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
AKEEGA TAB 100/500	4	NDS, QL (60 tabs / 30 days), PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	3	
ERLEADA TABS 60mg	4	NDS, QL (120 tabs / 30 days), PA
ERLEADA TABS 240mg	4	NDS, QL (30 tabs / 30 days), PA
EULEXIN CAPS 125mg	4	NDS
<i>exemestane</i> TABS 25mg	3	
FIRMAGON SOLR 80mg, 120mg/vial	2	B/D
<i>letrozole</i> TABS 2.5mg	3	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	3	PA
<i>leuprolide acetate (3 month)</i> INJ 22.5mg	3	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NDS, PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NDS, PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NDS, PA
LYSODREN TABS 500mg	4	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	3	PA
<i>nilutamide</i> TABS 150mg	4	NDS
NUBEQA TABS 300mg	4	NDS, QL (120 tabs / 30 days), PA
ORGOVYX TABS 120mg	4	NDS, QL (32 tabs / 30 days), PA
ORSERDU TABS 86mg	4	NDS, QL (90 tabs / 30 days), PA
ORSERDU TABS 345mg	4	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOLN 10mg/5ml	4	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	4	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	3	PA
XTANDI CAPS 40mg	4	NDS, QL (120 caps / 30 days), PA
XTANDI TABS 40mg	4	NDS, QL (120 tabs / 30 days), PA
XTANDI TABS 80mg	4	NDS, QL (60 tabs / 30 days), PA
YONSA TABS 125mg	4	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
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	4	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide</i> CAPS 20mg, 25mg	4	NDS, QL (21 caps / 28 days), PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	4	NDS, QL (21 caps / 28 days), PA
THALOMID CAPS 50mg	4	NDS, QL (84 caps / 28 days), PA
THALOMID CAPS 100mg	4	NDS, QL (112 caps / 28 days), PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	4	NDS, QL (2 syringes / 28 days), PA
<i>bexarotene</i> CAPS 75mg	4	NDS, QL (300 caps / 30 days), PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	3	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	4	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	2	
IWILFIN TABS 192mg	4	NDS, QL (240 tabs / 30 days), PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	3	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
MATULANE CAPS 50mg	4	NDS
<i>mesna</i> TABS 400mg	4	NDS
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	NDS
WELIREG TABS 40mg	4	NDS, QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml	4	NDS, B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml	4	NDS, B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	3	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	4	NDS, QL (240 caps / 30 days), PA
ALUNBRIG TABS 30mg	4	NDS, QL (60 tabs / 30 days), PA
ALUNBRIG TABS 90mg, 180mg	4	NDS, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG PAK	4	NDS, QL (30 tabs / 180 days), PA
AUGTYRO CAPS 40mg	4	NDS, QL (240 caps / 30 days), PA
AUGTYRO CAPS 160mg	4	NDS, QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	4	NDS, QL (1 pack / 28 days), PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	4	NDS, QL (30 tabs / 30 days), PA
BALVERSA TABS 3mg	4	NDS, QL (90 tabs / 30 days), PA
BALVERSA TABS 4mg	4	NDS, QL (60 tabs / 30 days), PA
BALVERSA TABS 5mg	4	NDS, QL (30 tabs / 30 days), PA
BOSULIF CAPS 50mg	4	NDS, QL (30 caps / 30 days), PA
BOSULIF CAPS 100mg	4	NDS, QL (150 caps / 25 days), PA
BOSULIF TABS 100mg	4	NDS, QL (90 tabs / 30 days), PA
BOSULIF TABS 400mg, 500mg	4	NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAPS 75mg	4	NDS, QL (180 caps / 30 days), PA
BRUKINSA CAPS 80mg	4	NDS, QL (120 caps / 30 days), PA
CABOMETYX TABS 20mg, 40mg, 60mg	4	NDS, QL (30 tabs / 30 days), PA
CALQUENCE TABS 100mg	4	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 100mg	4	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 300mg	4	NDS, QL (30 tabs / 30 days), PA
COMETRIQ KIT 20mg	4	NDS, QL (1 kit / 28 days), PA
COMETRIQ KIT 100MG	4	NDS, QL (1 kit / 28 days), PA
COMETRIQ KIT 140MG	4	NDS, QL (1 kit / 28 days), PA
COPIKTRA CAPS 15mg, 25mg	4	NDS, QL (60 caps / 30 days), PA
COTELLIC TABS 20mg	4	NDS, QL (63 tabs / 28 days), PA
DANZITEN TABS 71mg, 95mg	4	NDS, QL (112 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>dasatinib</i> TABS 20mg	4	NDS, QL (90 tabs / 30 days), PA
<i>dasatinib</i> TABS 50mg, 80mg, 100mg, 140mg	4	NDS, QL (30 tabs / 30 days), PA
<i>dasatinib</i> TABS 70mg	4	NDS, QL (60 tabs / 30 days), PA
DAURISMO TABS 25mg	4	NDS, QL (60 tabs / 30 days), PA
DAURISMO TABS 100mg	4	NDS, QL (30 tabs / 30 days), PA
ERIVEDGE CAPS 150mg	4	NDS, QL (30 caps / 30 days), PA
<i>erlotinib hcl</i> TABS 25mg	4	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	4	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	4	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TBSO 2mg	4	NDS, QL (150 tabs / 30 days), PA
<i>everolimus</i> TBSO 3mg	4	NDS, QL (90 tabs / 30 days), PA
<i>everolimus</i> TBSO 5mg	4	NDS, QL (60 tabs / 30 days), PA
FOTIVDA CAPS .89mg, 1.34mg	4	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAPS 1mg	4	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAPS 5mg	4	NDS, QL (21 caps / 28 days), PA
GAVRETO CAPS 100mg	4	NDS, QL (120 caps / 30 days), PA
<i>gefitinib</i> TABS 250mg	4	NDS, QL (60 tabs / 30 days), PA
GILOTRIF TABS 20mg, 30mg, 40mg	4	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAPS 1mg	4	NDS, QL (126 caps / 28 days), PA
GOMEKLI CAPS 2mg	4	NDS, QL (84 caps / 28 days), PA
GOMEKLI TBSO 1mg	4	NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	4	NDS, PA
HERCEPTIN SOLR 150mg	4	NDS, PA
HERZUMA SOLR 150mg, 420mg	4	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	4	NDS, QL (21 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
IBRANCE TABS 75mg, 100mg, 125mg	4	NDS, QL (21 tabs / 28 days), PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	4	NDS, QL (30 tabs / 30 days), PA
IDHIFA TABS 50mg, 100mg	4	NDS, QL (30 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 100mg	3	QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 400mg	4	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	4	NDS, QL (28 caps / 28 days), PA
IMBRUVICA CAPS 140mg	4	NDS, QL (112 caps / 28 days), PA
IMBRUVICA SUSP 70mg/ml	4	NDS, QL (216 mL / 27 days), PA
IMBRUVICA TABS 140mg, 280mg, 420mg	4	NDS, QL (28 tabs / 28 days), PA
IMKELDI SOLN 80mg/ml	4	NDS, QL (280 mL / 28 days), PA
INLYTA TABS 1mg	4	NDS, QL (180 tabs / 30 days), PA
INLYTA TABS 5mg	4	NDS, QL (120 tabs / 30 days), PA
INREBIC CAPS 100mg	4	NDS, QL (120 caps / 30 days), PA
ITOVEBI TABS 3mg	4	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TABS 9mg	4	NDS, QL (28 tabs / 28 days), PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	NDS, QL (60 tabs / 30 days), PA
JAYPIRCA TABS 50mg	4	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TABS 100mg	4	NDS, QL (60 tabs / 30 days), PA
KADCYLA SOLR 100mg, 160mg	4	NDS, B/D
KANJINTI SOLR 150mg, 420mg	4	NDS, PA
KEYTRUDA SOLN 100mg/4ml	4	NDS, PA
KISQALI 200 PAK FEMARA	4	NDS, QL (49 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	4	NDS, QL (70 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	4	NDS, QL (91 tabs / 28 days), PA
KISQALI (200MG DAILY DOSE) TBPk 200mg	4	NDS, QL (21 tabs / 28 days), PA

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Drug Name	Drug Tier	Requirements/Limits
KISQALI (400MG DAILY DOSE) TBPk 200mg	4	NDS, QL (42 tabs / 28 days), PA
KISQALI (600MG DAILY DOSE) TBPk 200mg	4	NDS, QL (63 tabs / 28 days), PA
KOSELUGO CAPS 10mg	4	NDS, QL (240 caps / 30 days), PA
KOSELUGO CAPS 25mg	4	NDS, QL (120 caps / 30 days), PA
KRAZATI TABS 200mg	4	NDS, QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate</i> TABS 250mg	4	NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TABS 80mg	4	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TABS 240mg	4	NDS, QL (30 tabs / 30 days), PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	NDS, QL (30 caps / 30 days), PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	NDS, QL (60 caps / 30 days), PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	NDS, QL (30 caps / 30 days), PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	NDS, QL (90 caps / 30 days), PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 14 MG	4	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	4	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 24 MG	4	NDS, QL (90 caps / 30 days), PA
LORBRENA TABS 25mg	4	NDS, QL (90 tabs / 30 days), PA
LORBRENA TABS 100mg	4	NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TABS 120mg	4	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TABS 240mg	4	NDS, QL (120 tabs / 30 days), PA
LUMAKRAS TABS 320mg	4	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TABS 100mg, 150mg	4	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12MG DAILY DOSE) TBPk 4mg	4	NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16MG DAILY DOSE) TBPk 4mg	4	NDS, QL (112 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
LYTGOBI (20MG DAILY DOSE) TBPK 4mg	4	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOLR .05mg/ml	4	NDS, QL (1260 mL / 30 days), PA
MEKINIST TABS 2mg	4	NDS, QL (30 tabs / 30 days), PA
MEKINIST TABS .5mg	4	NDS, QL (90 tabs / 30 days), PA
MEKTOVI TABS 15mg	4	NDS, QL (180 tabs / 30 days), PA
MONJUVI SOLR 200mg	4	NDS, PA
NERLYNX TABS 40mg	4	NDS, QL (180 tabs / 30 days), PA
<i>nilotinib hcl</i> CAPS 50mg	4	NDS, QL (120 caps / 30 days), PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	4	NDS, QL (112 caps / 28 days), PA
NINLARO CAPS 2.3mg, 3mg, 4mg	4	NDS, QL (3 caps / 28 days), PA
ODOMZO CAPS 200mg	4	NDS, QL (30 caps / 30 days), PA
OGIVRI SOLR 150mg, 420mg	4	NDS, PA
OGSIVEO TABS 50mg	4	NDS, QL (180 tabs / 30 days), PA
OGSIVEO TABS 100mg, 150mg	4	NDS, QL (60 tabs / 30 days), PA
OJEMDA SUSR 25mg/ml	4	NDS, QL (96 mL / 28 days), PA
OJEMDA TABS 100mg	4	NDS, QL (24 tabs / 28 days), PA
OJJAARA TABS 100mg, 150mg, 200mg	4	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT SOLR 150mg, 420mg	4	NDS, PA
<i>pazopanib hcl</i> TABS 200mg	4	NDS, QL (120 tabs / 30 days), PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	4	NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	4	NDS, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	4	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	4	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	4	NDS, QL (56 tabs / 28 days), PA
QINLOCK TABS 50mg	4	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
RETEVMO CAPS 40mg	4	NDS, QL (180 caps / 30 days), PA
RETEVMO CAPS 80mg	4	NDS, QL (120 caps / 30 days), PA
RETEVMO TABS 40mg	4	NDS, QL (90 tabs / 30 days), PA
RETEVMO TABS 80mg, 120mg, 160mg	4	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TABS 25mg	4	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TABS 110mg	4	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TABS 160mg	4	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAPS 150mg	4	NDS, QL (60 caps / 30 days), PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	4	NDS, QL (8 caps / 28 days), PA
ROZLYTREK CAPS 100mg	4	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAPS 200mg	4	NDS, QL (90 caps / 30 days), PA
ROZLYTREK PACK 50mg	4	NDS, QL (336 packets / 28 days), PA
RUBRACA TABS 200mg, 250mg, 300mg	4	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAPS 25mg	4	NDS, QL (224 caps / 28 days), PA
SCSEMBLIX TABS 20mg	4	NDS, QL (60 tabs / 30 days), PA
SCSEMBLIX TABS 40mg	4	NDS, QL (300 tabs / 30 days), PA
SCSEMBLIX TABS 100mg	4	NDS, QL (120 tabs / 30 days), PA
<i>sorafenib tosylate</i> TABS 200mg	4	NDS, QL (120 tabs / 30 days), PA
STIVARGA TABS 40mg	4	NDS, QL (84 tabs / 28 days), PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	4	NDS, QL (30 caps / 30 days), PA
TABRECTA TABS 150mg, 200mg	4	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAPS 50mg, 75mg	4	NDS, QL (120 caps / 30 days), PA
TAFINLAR TBSO 10mg	4	NDS, QL (840 tabs / 28 days), PA
TAGRISSO TABS 40mg, 80mg	4	NDS, QL (30 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg	4	NDS, QL (30 caps / 30 days), PA
TAZVERIK TABS 200mg	4	NDS, QL (240 tabs / 30 days), PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NDS, PA
TEPMETKO TABS 225mg	4	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TABS 250mg	4	NDS, QL (60 tabs / 30 days), PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	4	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA SOLR 150mg, 420mg	4	NDS, PA
TRUQAP TABS 160mg, 200mg; TBPk 160mg, 200mg	4	NDS, QL (64 tabs / 28 days), PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NDS, PA
TUKYSA TABS 50mg, 150mg	4	NDS, QL (120 tabs / 30 days), PA
TURALIO CAPS 125mg	4	NDS, QL (120 caps / 30 days), PA
VANFLYTA TABS 17.7mg, 26.5mg	4	NDS, QL (56 tabs / 28 days), PA
VENCLEXTA TABS 10mg	2	QL (112 tabs / 28 days), PA
VENCLEXTA TABS 50mg	4	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TABS 100mg	4	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	4	NDS, QL (42 tabs / 28 days), PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	4	NDS, QL (60 tabs / 30 days), PA
VITRAKVI CAPS 25mg	4	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAPS 100mg	4	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOLN 20mg/ml	4	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TABS 15mg, 30mg, 45mg	4	NDS, QL (30 tabs / 30 days), PA
VONJO CAPS 100mg	4	NDS, QL (120 caps / 30 days), PA
VORANIGO TABS 10mg	4	NDS, QL (60 tabs / 30 days), PA
VORANIGO TABS 40mg	4	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
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	4	NDS, QL (120 caps / 30 days), PA
XALKORI CPSP 150mg	4	NDS, QL (180 caps / 30 days), PA
XOSPATA TABS 40mg	4	NDS, QL (90 tabs / 30 days), PA
XPOVIO TBPK 10mg	4	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	4	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	4	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	4	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	4	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	4	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	4	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	4	NDS, QL (8 tabs / 28 days), PA
ZEJULA TABS 100mg, 200mg, 300mg	4	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TABS 240mg	4	NDS, QL (240 tabs / 30 days), PA
ZOLINZA CAPS 100mg	4	NDS, QL (120 caps / 30 days), PA
ZYDELIG TABS 100mg, 150mg	4	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TABS 150mg	4	NDS, QL (84 tabs / 28 days), PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	3
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	3
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	3
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	3
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	3
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	3

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>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	3	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	3	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	3	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	3	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	3	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	3	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	3	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	3	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	3	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	3	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	3	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	3	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	3	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	3	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	3	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	3	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	3	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	3	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	3	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	3	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	3	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	3	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	3	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	3	

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>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	3	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	3	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	3	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	3	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	3	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>epplerenone</i> TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	3	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days)
<i>doxazosin mesylate</i> TABS 8mg	3	QL (60 tabs / 30 days)
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg	3	QL (30 caps / 30 days)
<i>terazosin hcl</i> CAPS 10mg	3	QL (60 caps / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	3	
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	3	
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	3	
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	3	
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	3	
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	3	
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	3	
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	3	
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-12.5 mg	3	
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 5-160-25 mg	3	
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-12.5 mg	3	
<i>amlodipine-valsartan-hydrochlorothiazide</i> tab 10-160-25 mg	3	

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 10-320-25 mg</i>	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	3	
ENTRESTO CAP 6-6MG	2	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	2	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	2	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	2	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	2	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	3	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	3	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	3	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	3	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	3	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	3	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	3	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	3	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	3	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	3	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	3	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	3	
<i>telmisartan-amlodipine tab 40-5 mg</i>	3	
<i>telmisartan-amlodipine tab 40-10 mg</i>	3	
<i>telmisartan-amlodipine tab 80-5 mg</i>	3	
<i>telmisartan-amlodipine tab 80-10 mg</i>	3	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	3	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	3	

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-hydrochlorothiazide tab 80-25 mg</i>	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	3	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	3	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	3	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	3	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	3	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg</i>	3	
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	3	
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg, 20mg, 40mg</i>	3	
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	3	
<i>valsartan TABS 40mg, 80mg, 160mg, 320mg</i>	3	
ANTIARRHYTHMICS		
<i>amiodarone hcl TABS 100mg, 200mg, 400mg</i>	3	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	3	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	3	
<i>MULTAQ TABS 400mg</i>	2	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 200mg, 400mg</i>	3	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	3	
<i>quinidine sulfate TABS 200mg, 300mg</i>	3	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	3	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	3	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	3	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	3	
<i>gemfibrozil TABS 600mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
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	3	QL (60 caps / 30 days)
<i>fluvastatin sodium</i> TB24 80mg	3	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg	3	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 20mg, 40mg	3	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	3	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	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	3	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	3	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	3	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	2	QL (3 syringes / 28 days), PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	QL (1 cartridge / 28 days), PA
REPATHA SURECLICK SOAJ 140mg/ml	2	QL (3 pens / 28 days), PA
VASCEPA CAPS .5gm, 1gm	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	3	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	3	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	3	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	3	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	3	

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>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	3	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	2	
<i>betaxolol hcl TABS 10mg, 20mg</i>	3	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	3	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	3	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	3	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	3	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	3	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg, 20mg</i>	3	
<i>pindolol TABS 5mg, 10mg</i>	3	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	3	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	2	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	3	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	3	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	3	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	3	
<i>diltiazem hcl extended release beads CP24 360mg, 420mg</i>	3	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	3	
<i>isradipine CAPS 2.5mg, 5mg</i>	3	
<i>nicardipine hcl CAPS 20mg, 30mg</i>	3	
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	3	
<i>nimodipine CAPS 30mg</i>	3	

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>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	3	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorothiazide sodium</i> SOLR 500mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	3	
<i>ethacrynate sodium</i> SOLR 50mg	4	NDS
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	2	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	2	
<i>indapamide</i> TABS 1.25mg, 2.5mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	3	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	3	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	3	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	3	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	3	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	3	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	2	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg	3	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg	3	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg	3	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg	3	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
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	3	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	3	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	3	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	3	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	3	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	3	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	3	QL (30 tabs / 30 days)
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	3	QL (4 patches / 28 days)
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	2	
<i>digoxin SOLN .05mg/ml</i>	3	
<i>digoxin TABS 125mcg, 250mcg</i>	3	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	3	QL (90 caps / 30 days), PA
<i>droxidopa CAPS 200mg, 300mg</i>	4	NDS, QL (180 caps / 30 days), PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	3	
<i>hydralazine hcl SOLN 20mg/ml</i>	3	
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i>	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	3	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	3	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	4	NDS, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	3	
<i>minoxidil TABS 2.5mg, 10mg</i>	3	
<i>ranolazine TB12 500mg, 1000mg</i>	3	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	2	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	3	
<i>isosorbide mononitrate TB24 30mg, 60mg, 120mg</i>	3	
<i>NITRO-BID OINT 2%</i>	2	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>	3	
PULMONARY ARTERIAL HYPERTENSION		
<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg</i>	4	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
<i>alyq</i> TABS 20mg	4	NDS, QL (60 tabs / 30 days), PA
<i>ambrisentan</i> TABS 5mg, 10mg	4	NDS, QL (30 tabs / 30 days), PA
<i>bosentan</i> TABS 62.5mg, 125mg	4	NDS, QL (60 tabs / 30 days), PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	3	QL (60 tabs / 30 days), PA
UPTRAVI TABS 200mcg	4	NDS, QL (140 tabs / 28 days), PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	NDS, QL (60 tabs / 30 days), PA
UPTRAVI PACK TAB 200/800	4	NDS, QL (200 tabs / 28 days), PA
WINREVAIR KIT 45mg, 60mg	4	NDS, QL (2 kits / 21 days), PA
WINREVAIR INJ 45MG	4	NDS, QL (1 kit / 21 days), PA
WINREVAIR INJ 60MG	4	NDS, QL (1 kit / 21 days), PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS 2mg	3	QL (150 tabs / 30 days), PA
<i>alprazolam</i> TABS .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days), PA
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	2	
<i>fluvoxamine maleate</i> TABS 25mg	3	QL (30 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 50mg	3	QL (60 tabs / 30 days)
<i>fluvoxamine maleate</i> TABS 100mg	3	QL (90 tabs / 30 days)
<i>lorazepam</i> TABS 2mg	2	QL (150 tabs / 30 days), PA
<i>lorazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days), PA
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days), PA

ANTI-DEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	3	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	3	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 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>galantamine hydrobromide</i> SOLN 4mg/ml	3	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	3	PA
<i>memantine hcl</i> TABS 5mg, 10mg	2	PA
NAMZARIC CAP	3	PA
NAMZARIC CAP 7-10MG	3	PA
NAMZARIC CAP 14-10MG	3	PA
NAMZARIC CAP 21-10MG	3	PA
NAMZARIC CAP 28-10MG	3	PA
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG	3	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TABS 75mg, 100mg	3	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg	3	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 150mg	3	QL (90 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	3	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	2	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3	QL (60 caps / 30 days)
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	4	NDS, QL (30 patches / 30 days)
<i>escitalopram oxalate</i> SOLN 5mg/5ml	3	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	2	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	2	QL (28 caps / 28 days)
<i>fluoxetine hcl</i> CAPS 10mg	3	QL (30 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 20mg	3	QL (90 caps / 30 days)
<i>fluoxetine hcl</i> CAPS 40mg	3	QL (60 caps / 30 days)
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	QL (600 mL / 30 days)
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	3	PA
MARPLAN TABS 10mg	3	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	3	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	3	PA
<i>paroxetine hcl</i> SUSP 10mg/5ml	3	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days), PA
<i>paroxetine hcl</i> TABS 30mg	3	QL (60 tabs / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	2	
RALDESY SOLN 10mg/ml	4	NDS
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg	3	QL (30 tabs / 30 days)
<i>sertraline hcl</i> TABS 50mg, 100mg	3	QL (60 tabs / 30 days)
<i>tranylcypromine sulfate</i> TABS 10mg	3	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	3	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	3	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	3	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 150mg	3	QL (30 caps / 30 days)
<i>venlafaxine hcl</i> CP24 75mg	3	QL (90 caps / 30 days)
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	QL (90 tabs / 30 days)
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	4	NDS, QL (28 caps / year), PA
ZURZUVAE CAPS 30mg	4	NDS, QL (14 caps / year), PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	3	

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>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	3	
<i>carbidopa</i> TABS 25mg	3	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	3	
<i>entacapone</i> TABS 200mg	2	
INBRIJA CAPS 42mg	4	NDS, QL (300 caps / 30 days), PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	3	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	3	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	4	NDS, QL (1 injection / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	4	NDS, QL (1 injection / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	4	NDS, QL (1 vial / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	3	QL (900 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>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	3	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	4	NDS, QL (1 injection / 28 days)
ARISTADA PRSY 1064mg/3.9ml	4	NDS, QL (1 injection / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	4	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	3	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	3	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	3	
<i>clozapine</i> TBDP 100mg	3	QL (270 tabs / 30 days)
<i>clozapine</i> TBDP 150mg	3	QL (180 tabs / 30 days)
<i>clozapine</i> TBDP 200mg	3	QL (120 tabs / 30 days)
COBENFY CAP 50-20MG	4	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	4	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	4	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	4	NDS, QL (56 caps / 180 days)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	NDS, QL (60 tabs / 30 days)
FANAPT PAK PACK A	3	QL (8 tabs / 180 days)
<i>fluphenazine decanoate</i> SOLN 25mg/ml	3	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	4	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	QL (1 injection / 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
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	NDS, QL (1 injection / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	4	NDS, QL (1 injection / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	3	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	3	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	3	
NUPLAZID CAPS 34mg	4	NDS, QL (30 caps / 30 days), PA
NUPLAZID TABS 10mg	4	NDS, QL (30 tabs / 30 days), PA
<i>olanzapine</i> SOLR 10mg	3	QL (3 injections / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; TBDP 5mg, 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
OPIPZA FILM 2mg	4	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 5mg, 10mg	4	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	3	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	3	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
<i>pimozide</i> TABS 1mg, 2mg	3	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg	3	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg; TB24 50mg, 300mg, 400mg	3	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 150mg, 200mg	3	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	4	NDS, QL (30 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	QL (60 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	3	QL (2 vials / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	4	NDS, QL (2 vials / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	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>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	3	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	4	NDS, QL (600 mL / 30 days)
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	4	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	QL (6 injections / 3 days)

ANTISEIZURE AGENTS

BRIVIACT SOLN 10mg/ml	4	NDS, QL (600 mL / 30 days)
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	NDS, QL (60 tabs / 30 days)
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg	3	
<i>carbamazepine</i> TB12 200mg, 400mg	2	
<i>clobazam</i> SUSP 2.5mg/ml	3	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	3	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS .5mg, 1mg, 2mg; TBDP .125mg, .25mg, .5mg, 1mg, 2mg	3	
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg	3	QL (90 tabs / 30 days), PA
<i>clorazepate dipotassium</i> TABS 15mg	3	QL (180 tabs / 30 days), PA
DIACOMIT CAPS 250mg	4	NDS, QL (360 caps / 30 days)
DIACOMIT CAPS 500mg	4	NDS, QL (180 caps / 30 days)
DIACOMIT PACK 250mg	4	NDS, QL (360 packets / 30 days)
DIACOMIT PACK 500mg	4	NDS, QL (180 packets / 30 days)
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA
<i>diazepam</i> TABS 2mg, 5mg, 10mg	3	QL (120 tabs / 30 days), PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	3	
<i>diazepam intensol</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA
DILANTIN CAPS 30mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	4	NDS, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	3	QL (480 mL / 30 days)
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	4	NDS, QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	4	NDS, QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	3	
FINTEPLA SOLN 2.2mg/ml	4	NDS, QL (360 mL / 30 days), PA
FYCOMPA SUSP .5mg/ml	4	NDS, QL (680 mL / 28 days)
FYCOMPA TABS 2mg	3	QL (60 tabs / 30 days)
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	NDS, QL (30 tabs / 30 days)
<i>gabapentin</i> CAPS 100mg, 400mg	3	QL (270 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	3	QL (360 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 10mg/ml	3	QL (1200 mL / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	3	
<i>lacosamide</i> TABS 50mg	3	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	3	QL (60 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	3	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam</i> SOLN 500mg/5ml	3	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	3	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	3	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	3	
<i>methsuximide</i> CAPS 300mg	3	
NAYZILAM SOLN 5mg/0.1ml	3	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	3	

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	3	QL (1500 mL / 30 days), PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA
<i>phenytek</i> CAPS 200mg, 300mg	3	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	3	QL (90 caps / 30 days)
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
<i>pregabalin</i> SOLN 20mg/ml	3	QL (900 mL / 30 days)
<i>primidone</i> TABS 50mg, 250mg	2	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	4	NDS, QL (2400 mL / 30 days)
<i>rufinamide</i> TABS 200mg	3	QL (480 tabs / 30 days)
<i>rufinamide</i> TABS 400mg	4	NDS, QL (240 tabs / 30 days)
SPRITAM TB3D 250mg	3	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	3	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	3	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	3	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	3	
SYMPAZAN FILM 5mg	3	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	4	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	3	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	NDS, QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	NDS, QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	NDS, QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	NDS, QL (10 blister packs / 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>vigabatrin</i> PACK 500mg	4	NDS, QL (180 packets / 30 days)
<i>vigabatrin</i> TABS 500mg	4	NDS, QL (180 tabs / 30 days)
<i>vigadrone</i> PACK 500mg	4	NDS, QL (180 packets / 30 days)
<i>vigadrone</i> TABS 500mg	4	NDS, QL (180 tabs / 30 days)
VIGAFYDE SOLN 100mg/ml	4	NDS, QL (900 mL / 30 days)
<i>vigpoder</i> PACK 500mg	4	NDS, QL (180 packets / 30 days)
XCOPRI TABS 25mg, 50mg, 100mg	4	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	4	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	3	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	4	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	4	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200	4	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	4	NDS, QL (56 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	3	QL (900 mL / 30 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	3	
ZTALMY SUSP 50mg/ml	4	NDS, QL (1100 mL / 30 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	3	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	3	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	3	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	3	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	3	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	3	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg, 40mg</i>	3	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	3	QL (30 caps / 30 days)
<i>clonidine hcl (adhd) TB12 .1mg</i>	2	
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	3	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	3	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	3	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>ramelteon TABS 8mg</i>	2	QL (30 tabs / 30 days)
<i>tasimelteon CAPS 20mg</i>	4	NDS, QL (30 caps / 30 days), PA
<i>temazepam CAPS 15mg, 30mg</i>	3	QL (30 caps / 30 days), PA
<i>zaleplon CAPS 5mg</i>	3	QL (30 caps / 30 days), PA
<i>zaleplon CAPS 10mg</i>	3	QL (60 caps / 30 days), PA
<i>zolpidem tartrate TABS 5mg, 10mg</i>	3	QL (30 tabs / 30 days), PA
MIGRAINE		
<i>AIMOVIG SOAJ 70mg/ml, 140mg/ml</i>	2	QL (1 pen / 28 days), PA
<i>dihydroergotamine mesylate SOLN 1mg/ml</i>	4	NDS
<i>dihydroergotamine mesylate SOLN 4mg/ml</i>	4	NDS, QL (8 mL / 28 days)
<i>EMGALITY SOAJ 120mg/ml</i>	2	QL (2 pens / 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
EMGALITY SOSY 100mg/ml	2	QL (3 syringes / 30 days), PA
EMGALITY SOSY 120mg/ml	2	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (18 tabs / 30 days)
NURTEC TBDP 75mg	2	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	2	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	3	QL (36 inhalers / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	3	QL (18 inhalers / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml, 6mg/0.5ml; SOCT 4mg/0.5ml, 6mg/0.5ml; SOLN 6mg/0.5ml	3	QL (16 injections / 28 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (18 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	2	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	4	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TABS 9mg, 12mg	4	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TB24 6mg, 12mg, 18mg, 24mg, 30mg, 36mg, 42mg, 48mg	4	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR PATIENT TITRAT (12-18-24-30MG)	4	NDS, QL (28 tabs / 180 days), PA
<i>lithium</i> SOLN 8meq/5ml	2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
<i>tetrabenazine</i> TABS 12.5mg	3	QL (90 tabs / 30 days), PA
<i>tetrabenazine</i> TABS 25mg	4	NDS, QL (120 tabs / 30 days), PA
MULTIPLE SCLEROSIS AGENTS		
AVONEX PSKT 30mcg/0.5ml	4	NDS, QL (1 injection / 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
AVONEX PEN AJKT 30mcg/0.5ml	4	NDS, QL (1 injection / 28 days), PA
BETASERON KIT .3mg	4	NDS, QL (14 injections / 28 days), PA
COPAXONE SOSY 20mg/ml	4	NDS, QL (30 injections / 30 days), PA
COPAXONE SOSY 40mg/ml	4	NDS, QL (12 injections / 28 days), PA
<i>dalfampridine</i> TB12 10mg	2	QL (60 tabs / 30 days), PA
<i>fingolimod hcl</i> CAPS .5mg	4	NDS, QL (30 caps / 30 days), PA
<i>glatiramer acetate</i> SOSY 20mg/ml	4	NDS, QL (30 injections / 30 days), PA
<i>glatiramer acetate</i> SOSY 40mg/ml	4	NDS, QL (12 injections / 28 days), PA
<i>glatopa</i> SOSY 20mg/ml	4	NDS, QL (30 injections / 30 days), PA
<i>glatopa</i> SOSY 40mg/ml	4	NDS, QL (12 injections / 28 days), PA
KESIMPTA SOAJ 20mg/0.4ml	4	NDS, QL (16 pens / year), PA
MAYZENT TABS 1mg, 2mg	4	NDS, QL (30 tabs / 30 days), PA
MAYZENT TABS .25mg	4	NDS, QL (112 tabs / 28 days), PA
MAYZENT STARTER PACK (7) TBPK .25mg	2	QL (7 tabs / 180 days), PA
MAYZENT STARTER PACK (12) TBPK .25mg	4	NDS, QL (12 tabs / 180 days), PA
VUMERITY CPDR 231mg	4	NDS, QL (120 caps / 30 days), PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 10mg, 20mg	3	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	3	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	3	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	4	NDS, QL (540 mL / 30 days), PA
XYWAV SOL 0.5GM/ML	4	NDS, QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	3	
<i>buprenorphine hcl</i> SUBL 2mg	3	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	3	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	3	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	3	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	3	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	3	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	3	
KLOXXADO LIQD 8mg/0.1ml	3	QL (2 sprays / 30 days)
<i>lofexidine hcl</i> TABS .18mg	4	NDS
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	QL (2 sprays / 30 days)
<i>naloxone hcl</i> SOCT .4mg/ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
<i>varenicline tartrate</i> TABS .5mg, 1mg	3	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	3	QL (53 tabs / 180 days)

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	3	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	3	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	3	QL (150 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg	2	QL (360 tabs / 30 days)
<i>acarbose</i> TABS 50mg	2	QL (180 tabs / 30 days)
<i>acarbose</i> TABS 100mg	2	QL (90 tabs / 30 days)
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>FARXIGA</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 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)
<i>GLYXAMBI</i> TAB 10-5 MG	2	QL (30 tabs / 30 days)
<i>GLYXAMBI</i> TAB 25-5 MG	2	QL (30 tabs / 30 days)
<i>JANUMET</i> TAB 50-500MG	2	QL (60 tabs / 30 days)
<i>JANUMET</i> TAB 50-1000	2	QL (60 tabs / 30 days)
<i>JANUMET XR</i> TAB 50-500MG	2	QL (30 tabs / 30 days)
<i>JANUMET XR</i> TAB 50-1000	2	QL (60 tabs / 30 days)
<i>JANUMET XR</i> TAB 100-1000	2	QL (30 tabs / 30 days)
<i>JANUVIA</i> TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
<i>JARDIANCE</i> TABS 10mg, 25mg	2	QL (30 tabs / 30 days)
<i>JENTADUETO</i> TAB 2.5-500	2	QL (60 tabs / 30 days)
<i>JENTADUETO</i> TAB 2.5-850	2	QL (60 tabs / 30 days)
<i>JENTADUETO</i> TAB 2.5-1000	2	QL (60 tabs / 30 days)
<i>JENTADUETO XR</i> TAB 2.5-1000	2	QL (60 tabs / 30 days)
<i>JENTADUETO XR</i> TAB 5-1000	2	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	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days)
<i>metformin hcl</i> TB24 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>MOUNJARO</i> SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	2	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
<i>OZEMPIC</i> SOPN 2mg/3ml, 4mg/3ml, 8mg/3ml	2	QL (1 pen / 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>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	3	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	3	QL (120 tabs / 30 days)
RYBELSUS TABS 1.5mg, 3mg, 4mg, 7mg, 9mg, 14mg	2	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	2	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB 5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB 10-5-1000MG	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB 12.5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB 25-5-1000MG	2	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	2	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ALCOHOL SWABS	3	PA
CEQUR SIMPL KIT PATCH 2U	2	
CEQUR SIMPL MIS INSERTER	2	
FIASP SOLN 100unit/ml	2	QL (9 vials / 30 days)
FIASP FLEXTOUCH SOPN 100unit/ml	2	QL (20 pens / 30 days)
FIASP PENFILL SOCT 100unit/ml	2	QL (20 injections / 30 days)
GAUZE PADS 2X2	2	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	QL (2 vials / 30 days)
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	QL (6 pens / 30 days)
INSULIN GLARGINE-YFGN SOLN 100unit/ml	2	QL (6 vials / 30 days)
INSULIN GLARGINE-YFGN SOPN 100unit/ml	2	QL (10 pens / 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
INSULIN PEN NEEDLES	2	PA
INSULIN SAFETY NEEDLES	2	PA
INSULIN SYRINGE (DISP) U-100 0.3ML	2	PA
INSULIN SYRINGE (DISP) U-100 1/2ML	2	PA
INSULIN SYRINGE (DISP) U-100 1ML	2	PA
NOVOLIN INJ 70/30	2	QL (90 mL / 30 days)
NOVOLIN INJ 70/30 FP	2	QL (20 pens / 30 days)
NOVOLIN N SUSP 100unit/ml	2	QL (90 mL / 30 days)
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	QL (20 pens / 30 days)
NOVOLIN R SOLN 100unit/ml	2	QL (6 vials / 30 days)
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	QL (20 pens / 30 days)
NOVOLOG SOLN 100unit/ml	2	QL (9 vials / 30 days)
NOVOLOG FLEXPEN SOPN 100unit/ml	2	QL (20 pens / 30 days)
NOVOLOG MIX INJ 70/30	2	QL (90 mL / 30 days)
NOVOLOG MIX INJ FLEXPEN	2	QL (30 pens / 30 days)
NOVOLOG PENFILL SOCT 100unit/ml	2	QL (20 cartridges / 30 days)
OMNIPOD 5 DX KIT INT G7G6	2	
OMNIPOD 5 DX MIS POD G7G6	2	
OMNIPOD 5 G7 KIT INTRO	2	
OMNIPOD 5 G7 MIS PODS	2	
OMNIPOD 5 L2 KIT INTRO G6	2	
OMNIPOD 5 L2 MIS PODS G6	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH MIS PODS	2	
OMNIPOD GO KIT 10UNT/DY	2	
OMNIPOD GO KIT 15UNT/DY	2	
OMNIPOD GO KIT 20UNT/DY	2	
OMNIPOD GO KIT 25UNT/DY	2	
OMNIPOD GO KIT 30UNT/DY	2	
OMNIPOD GO KIT 35UNT/DY	2	
OMNIPOD GO KIT 40UNT/DY	2	
OMNIPOD MIS CLASSIC	2	
SOLIQUA INJ 100/33	2	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	QL (6 pens / 30 days)
TOUJEO SOLOSTAR SOPN 300unit/ml	2	QL (9 pens / 30 days)
TRESIBA SOLN 100unit/ml	2	QL (3 vials / 30 days)
TRESIBA FLEXTOUCH SOPN 100unit/ml	2	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH SOPN 200unit/ml	2	QL (6 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	3	QL (1286 mL / 30 days)
<i>alendronate sodium</i> TABS 10mg	3	QL (30 tabs / 30 days)
<i>alendronate sodium</i> TABS 35mg, 70mg	3	QL (4 tabs / 28 days)
BONSITY SOPN 560mcg/2.24ml	4	NDS, QL (1 pen / 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>calcitonin (salmon)</i> SOLN 200unit/act	2	B/D
<i>ibandronate sodium</i> TABS 150mg	2	B/D, QL (1 tab / 30 days)
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
<i>risedronate sodium</i> TABS 5mg	3	QL (30 tabs / 30 days)
<i>risedronate sodium</i> TABS 35mg; TBEC 35mg	3	QL (4 tabs / 28 days)
<i>risedronate sodium</i> TABS 150mg	3	QL (1 tab / 30 days)
TERIPARATIDE SOPN 560mcg/2.24ml	4	NDS, QL (1 pen / 28 days), PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	3	B/D

CHELATING AGENTS

CHEMET CAPS 100mg	2	
<i>deferasirox</i> TABS 90mg	2	
<i>deferasirox</i> TABS 180mg, 360mg; TBSO 250mg, 500mg	4	NDS
<i>deferasirox</i> TBSO 125mg	3	
<i>kionex</i> SUSP 15gm/60ml	3	
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> TABS 250mg	4	NDS
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg, 500mg	4	NDS, PA

CONTRACEPTIVES

<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>amethia</i>	3	
<i>apri</i>	3	
<i>aranelle</i>	3	
<i>ashlyna</i>	3	
<i>aubra eq</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aviane</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>briellyn</i>	3	
<i>camila</i> TABS .35mg	2	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	3	
<i>dasetta 7/7/7</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>deblitane</i> TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
<i>dolishale</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>eluryng</i>	2	
<i>emzahh</i> TABS .35mg	2	
<i>enilloring</i>	2	
<i>enskyce</i>	3	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	2	
<i>falmina</i>	3	
<i>feirza 1.5/30</i>	3	
<i>feirza 1/20</i>	3	
<i>galbriela</i>	3	
<i>hailey 24 fe</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>haloette</i>	2	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	3	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jaimiess</i>	3	
<i>jasmiel</i>	3	
<i>jencycla</i> TABS .35mg	2	
<i>juleber</i>	3	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	

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>larin fe 1/20</i>	3	
<i>layolis fe</i>	3	
<i>leena</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	3	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	3	
<i>levora 0.15/30-28</i>	3	
<i>LILETTA IUD 20.1mcg/day</i>	2	
<i>loestrin 1.5/30-21</i>	3	
<i>loestrin 1/20-21</i>	3	
<i>loestrin fe 1.5/30</i>	3	
<i>loestrin fe 1/20</i>	3	
<i>loryna</i>	3	
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	3	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>meleya TABS .35mg</i>	2	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>necon 0.5/35-28</i>	2	
<i>NEXPLANON IMPL 68mg</i>	2	
<i>nikki</i>	3	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	

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>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>norlyda TABS .35mg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>ocella</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>portia-28</i>	3	
<i>reclipsen</i>	3	
<i>setlakin</i>	3	
<i>sharobel TABS .35mg</i>	2	
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tilia fe</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>turqoz</i>	3	
<i>valtya 1/50</i>	3	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>xarah fe</i>	3	

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>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	3	
ESTROGENS		
<i>abigale lo</i>	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	QL (8 patches / 28 days)
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	QL (8 patches / 28 days)
<i>estradiol</i> PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	QL (4 patches / 28 days)
<i>estradiol</i> TABS .5mg, 1mg, 2mg	3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	3	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	3	
ESTRING RING 7.5mcg/24hr	2	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	QL (8 patches / 28 days)
<i>mimvey</i>	3	
PREMARIN CREA .625mg/gm	2	
<i>yuvaferm</i> TABS 10mcg	3	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	3	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
<i>hydrocortisone sod succinate</i> SOLR 100mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	3	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	
<i>prednisolone</i> SOLN 15mg/5ml	3	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	3	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	3	B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	2	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	4	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	2	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	4	NDS
<i>betaine anhy pow</i>	4	NDS
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	4	NDS
<i>cinacalcet hcl</i> TABS 30mg, 90mg	3	B/D, QL (120 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 60mg	3	B/D, QL (60 tabs / 30 days)
CYSTAGON CAPS 50mg, 150mg	2	PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	4	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	3	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	3	
FABRAZYME SOLR 5mg, 35mg	4	NDS
HUMATROPE CART 6mg, 12mg, 24mg	4	NDS, PA
INCRELEX SOLN 40mg/4ml	4	NDS
<i>javygtor</i> PACK 500mg; TABS 100mg	4	NDS, PA
JYNARQUE TABS 15mg	4	NDS, QL (30 tabs / 30 days), PA
JYNARQUE TABS 30mg	4	NDS, QL (60 tabs / 30 days), PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	3	B/D
LUMIZYME SOLR 50mg	4	NDS
LUPRON DEPOT-PED (1-MONTH) KIT 7.5mg, 11.25mg, 15mg	4	NDS, PA
LUPRON DEPOT-PED (3-MONTH) KIT 11.25mg, 30mg	4	NDS, PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (6-MONTH) KIT 45mg	4	NDS, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	4	NDS, PA
NAGLAZYME SOLN 1mg/ml	4	NDS
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	4	NDS
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NDS, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	3	
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	4	NDS
<i>raloxifene hcl</i> TABS 60mg	2	
REVCIVI SOLN 2.4mg/1.5ml	4	NDS, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	4	NDS, QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride</i> PACK 500mg; TABS 100mg	4	NDS, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NDS
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	4	NDS
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NDS, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NDS
SYNAREL SOLN 2mg/ml	4	NDS
<i>tolvaptan</i> TBPK 15mg	4	NDS, QL (56 tabs / 28 days), PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	4	NDS, QL (56 tabs / 28 days), PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	4	NDS, QL (56 tabs / 28 days), PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	4	NDS, QL (56 tabs / 28 days), PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	4	NDS, QL (56 tabs / 28 days), PA
VEOZAH TABS 45mg	3	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg; TABS 667mg	3	B/D
<i>sevelamer carbonate</i> PACK .8gm, 2.4gm; TABS 800mg	3	B/D
PROGESTINS		
<i>gallifrey</i> TABS 5mg	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	2	
<i>megestrol acetate</i> SUSP 40mg/ml	3	PA
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	3	
<i>progesterone</i> CAPS 100mg, 200mg	3	

THYROID AGENTS

<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	3	
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	3	B/D

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	3	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	3	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	3	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	3	
<i>granisetron hcl</i> TABS 1mg	3	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	3	PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	2	
<i>ondansetron</i> TBDP 4mg, 8mg	2	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>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	3	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	3	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	3	
<i>scopolamine</i> PT72 1mg/3days	3	QL (10 patches / 30 days)

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	3	PA
<i>glycopyrrolate</i> TABS 1mg	2	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	2	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS

<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	3	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	3	
<i>famotidine</i> TABS 20mg, 40mg	2	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	3	
<i>nizatidine</i> CAPS 150mg, 300mg	3	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	3	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	4	NDS, QL (30 tabs / 30 days)
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm	3	QL (120 caps / 30 days)
<i>mesalamine</i> CPCR 500mg	3	
<i>mesalamine</i> ENEM 4gm	3	QL (1680 mL / 28 days)
<i>mesalamine</i> TBEC 1.2gm	3	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	3	QL (28 kits / 28 days)
PENTASA CPCR 250mg	2	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	3	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	4	NDS, QL (60 tabs / 30 days)
<i>alosetron hcl</i> TABS .5mg	3	QL (60 tabs / 30 days)
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	4	NDS
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	4	NDS, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>lubiprostone</i> CAPS 8mcg	3	QL (180 caps / 30 days)
<i>lubiprostone</i> CAPS 24mcg	3	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg	3	
<i>misoprostol</i> TABS 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	2	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	4	NDS, QL (28 syringes / 28 days)
RELISTOR SOLN 12mg/0.6ml	4	NDS, QL (28 injections / 28 days)
<i>sucralfate</i> TABS 1gm	2	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	
VOQUEZNA PAK DUAL PAK	3	QL (1 kit / 180 days), PA
VOQUEZNA PAK TRIP PK	3	QL (1 kit / 180 days), PA
VOWST CAP	4	NDS, QL (12 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
XERMELO TABS 250mg	4	NDS, QL (90 tabs / 30 days), PA
XIFAXAN TABS 550mg	4	NDS, QL (90 tabs / 30 days), PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	4	NDS
ZENPEP CAP 60000UNT	4	NDS

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	3	QL (30 caps / 30 days)
<i>lansoprazole</i> CPDR 15mg	3	QL (30 caps / 30 days)
<i>lansoprazole</i> CPDR 30mg	3	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	2	QL (30 caps / 30 days)
<i>pantoprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)
<i>pantoprazole sodium</i> TBEC 40mg	3	QL (60 tabs / 30 days)
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (90 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	3	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	3	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	3	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 2.5mg, 5mg	3	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	2	QL (60 caps / 30 days)

MISCELLANEOUS

<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	3	

URINARY ANTISPASMODICS

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
<i>mirabegron</i> TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	3	QL (30 caps / 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>tolterodine tartrate</i> TABS 1mg, 2mg	3	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>miconazole</i> 3 SUPP 200mg	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	3	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	2	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	2	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	2	QL (74 tabs / 30 days)
<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	3	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	3	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	NDS
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	2	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	2	
XARELTO SUSR 1mg/ml	2	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	2	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	4	NDS, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NDS, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	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
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	4	NDS, QL (60 tabs / 30 days), PA
ALVAIZ TABS 18mg, 36mg	4	NDS, QL (90 tabs / 30 days), PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	3	
<i>cilostazol</i> TABS 50mg, 100mg	3	
DOPTelet TABS 20mg	4	NDS, PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
<i>eltrombopag olamine</i> PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	4	NDS, PA
<i>glutamine (sickle cell)</i> PACK 5gm	4	NDS, QL (180 packets / 30 days), PA
HAEGARDA SOLR 2000unit	4	NDS, QL (30 vials / 30 days), PA
HAEGARDA SOLR 3000unit	4	NDS, QL (20 vials / 30 days), PA
<i>icatibant acetate</i> SOSY 30mg/3ml	4	NDS, QL (9 syringes / 30 days), PA
<i>pentoxifylline</i> TBCR 400mg	3	
<i>sajazir</i> SOSY 30mg/3ml	4	NDS, QL (9 syringes / 30 days), PA
TAVNEOS CAPS 10mg	4	NDS, QL (180 caps / 30 days), PA
<i>tranexamic acid</i> TABS 650mg	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	3	
BRILINTA TABS 90mg	2	
<i>clopidogrel bisulfate</i> TABS 75mg	3	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
<i>ticagrelor</i> TABS 60mg	2	
<i>ticagrelor</i> TABS 90mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
COSENTYX SOLN 125mg/5ml	4	NDS, PA
COSENTYX SOSY 75mg/0.5ml	4	NDS, QL (17 syringes / year), PA
COSENTYX SOSY 150mg/ml	4	NDS, QL (32 syringes / year), PA
COSENTYX (300MG DOSE) SOSY 150mg/ml	4	NDS, QL (34 syringes / year), PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	NDS, QL (32 pens / year), 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
COSENTYX SENSOREADY PEN (300MG DOSE) SOAJ 150mg/ml	4	NDS, QL (34 pens / year), PA
COSENTYX UNOREADY SOAJ 300mg/2ml	4	NDS, QL (17 pens / year), PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	4	NDS, QL (4 pens / 28 days), PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	4	NDS, QL (4 syringes / 28 days), PA
ENBREL SOLN 25mg/0.5ml	4	NDS, QL (8 bottles / 28 days), PA
ENBREL SOSY 25mg/0.5ml	4	NDS, QL (16 syringes / 28 days), PA
ENBREL SOSY 50mg/ml	4	NDS, QL (8 syringes / 28 days), PA
ENBREL MINI SOCT 50mg/ml	4	NDS, QL (8 injections / 28 days), PA
ENBREL SURECLICK SOAJ 50mg/ml	4	NDS, QL (8 pens / 28 days), PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	4	NDS, QL (6 syringes / 28 days), PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	4	NDS, QL (6 pens / 28 days), PA
HUMIRA PSKT 10mg/0.1ml	4	NDS, QL (2 injections / 28 days), PA
HUMIRA PSKT 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	4	NDS, QL (4 injections / 28 days), PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	4	NDS, QL (4 injections / 28 days), PA
HUMIRA PEN AJKT 80mg/0.8ml	4	NDS, QL (2 injections / 28 days), PA
HUMIRA PEN KIT PS/UV	4	NDS, QL (3 injections / 180 days), PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	4	NDS, QL (3 injections / 180 days), PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	4	NDS, QL (4 injections / 180 days), PA
KINERET SOSY 100mg/0.67ml	4	NDS, QL (28 syringes / 28 days), PA
OTEZLA TABS 20mg, 30mg	4	NDS, QL (60 tabs / 30 days), PA
OTEZLA TAB 10/20	4	NDS, QL (55 tabs / 180 days), PA
OTEZLA TAB 10/20/30	4	NDS, QL (55 tabs / 180 days), PA
RINVOQ TB24 15mg, 30mg	4	NDS, QL (30 tabs / 30 days), PA
RINVOQ TB24 45mg	4	NDS, QL (84 tabs / 180 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
RINVOQ LQ SOLN 1mg/ml	4	NDS, QL (360 mL / 30 days), PA
SIMLANDI PSKT 20mg/0.2ml	4	NDS, QL (4 injections / 28 days), PA
SIMLANDI PSKT 40mg/0.4ml	4	NDS, QL (6 injections / 28 days), PA
SIMLANDI PSKT 80mg/0.8ml	4	NDS, QL (3 injections / 28 days), PA
SIMLANDI 1-PEN KIT AJKT 40mg/0.4ml	4	NDS, QL (6 injections / 28 days), PA
SIMLANDI 1-PEN KIT AJKT 80mg/0.8ml	4	NDS, QL (3 injections / 28 days), PA
SIMLANDI 2-PEN KIT AJKT 40mg/0.4ml	4	NDS, QL (6 injections / 28 days), PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	4	NDS, QL (1 cartridge / 56 days), PA
SKYRIZI SOLN 600mg/10ml	4	NDS, QL (12 vials / year), PA
SKYRIZI SOSY 150mg/ml	4	NDS, QL (6 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	4	NDS, QL (6 pens / year), PA
STELARA SOLN 45mg/0.5ml	4	NDS, QL (1 vial / 28 days), PA
STELARA SOLN 130mg/26ml	4	NDS, QL (4 injections / 28 days), PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	4	NDS, QL (1 syringe / 28 days), PA
TREMFYA SOAJ 100mg/ml	4	NDS, QL (1 pen / 28 days), PA
TREMFYA SOAJ 200mg/2ml; SOSY 200mg/2ml	4	NDS, QL (2 mL / 28 days), PA
TREMFYA SOSY 100mg/ml	4	NDS, QL (1 syringe / 28 days), PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	4	NDS, QL (6 pens / 180 days), PA
TYENNE SOAJ 162mg/0.9ml	4	NDS, QL (4 pens / 28 days), PA
TYENNE SOSY 162mg/0.9ml	4	NDS, QL (4 syringes / 28 days), PA
USTEKINUMAB SOLN 45mg/0.5ml	4	NDS, QL (1 vial / 28 days), PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	4	NDS, QL (1 syringe / 28 days), PA
XELJANZ SOLN 1mg/ml	4	NDS, QL (300 mL / 30 days), PA
XELJANZ TABS 5mg, 10mg	4	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
XELJANZ XR TB24 11mg, 22mg	4	NDS, QL (30 tabs / 30 days), PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	4	NDS, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 10gm/200ml, 20gm/400ml	4	NDS, PA
GAMASTAN INJ	2	B/D
GAMMAGARD LIQUID SOLN 2.5gm/25ml, 30gm/300ml	4	NDS, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NDS, PA
GAMMAKED SOLN 1gm/10ml	4	NDS, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NDS, PA
GAMUNEX-C SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NDS, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NDS, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NDS, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	4	NDS, PA
ARCALYST SOLR 220mg	4	NDS, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	4	NDS, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	3	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	3	B/D
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	4	NDS, 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>everolimus (immunosuppressant)</i> TABS .25mg	3	B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	4	NDS, B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	3	B/D
NULOJIX SOLR 250mg	4	NDS, B/D
PROGRAF PACK .2mg, 1mg	3	B/D
REZUROCK TABS 200mg	4	NDS, QL (30 tabs / 30 days), PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	3	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	3	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	2	
ACTHIB INJ	2	
ADACEL INJ	2	
AREXVY SUSR 120mcg/0.5ml	2	
BCG VACCINE SOLR 50mg	2	
BEXSERO SUSY .5ml	2	
BOOSTRIX INJ	2	
DAPTACEL INJ	2	
DENGVAIXA SUS	2	
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	2	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	2	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	2	
HEPLISAV-B SOSY 20mcg/0.5ml	2	B/D
HIBERIX SOLR 10mcg	2	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	2	B/D
INFANRIX INJ	2	
IPOL INJ INACTIVE	2	
IXCHIQ INJ	2	
IXIARO INJ	2	
JYNNEOS SUSP .5ml	2	
KINRIX INJ	2	
M-M-R II INJ	2	
MENACTRA INJ	2	
MENQUADFI SOLN .5ml	2	
MENVEO INJ	2	
MENVEO SOL	2	

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
MRESVIA SUSY 50mcg/0.5ml	2	
PEDIARIX INJ 0.5ML	2	
PEDVAX HIB SUSP 7.5mcg/0.5ml	2	
PENBRAYA INJ	2	
PENTACEL INJ	2	
PRIORIX INJ	2	
PROQUAD INJ	2	
QUADRACEL INJ 0.5ML	2	
RABAVERT INJ	2	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	2	B/D
ROTARIX SUS	2	
ROTATEQ SOL	2	
SHINGRIX SUSR 50mcg/0.5ml	2	QL (2 injections in lifetime)
TENIVAC INJ 5-2LF	2	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	2	
TRUMENBA SUSY .5ml	2	
TWINRIX INJ	2	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	2	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	2	
VARIVAX SUSR 1350pfu/0.5ml	2	
VAXCHORA SUS	2	
VIMKUNYA SUSY 40mcg/0.8ml	2	
VIVOTIF CAP EC	2	
YF-VAX INJ	2	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D10W/NACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3
<i>dextrose 5% in lactated ringers</i>	3
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2
<i>dextrose 5% w/ sodium chloride 0.33%</i>	3
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3
<i>dextrose 10% w/ sodium chloride 0.45%</i>	3
ISOLYTE-P INJ /D5W	2
ISOLYTE-S INJ PH 7.4	2
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3

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 0.2% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
<i>lactated ringer's solution</i>	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE SOLN 40gm/1000ml	3	
<i>multiple electrolytes inj</i>	3	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	3	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>ringer's solution</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>elite-ob</i>	3	
<i>klor-con 8 TBCR 8meq</i>	3	
<i>klor-con 10 TBCR 10meq</i>	3	
<i>klor-con m10 TBCR 10meq</i>	3	
<i>klor-con m15 TBCR 15meq</i>	3	
<i>klor-con m20 TBCR 20meq</i>	3	
PNV TABS TAB 29-1MG	3	
<i>pnv-select</i>	3	
<i>potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 15meq, 20meq</i>	3	
<i>potassium chloride SOLN 10%, 20%</i>	2	

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>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TABS	3	
SE-NATAL 19 CHW	3	
SE-NATAL 19 TAB	3	
<i>sodium fluoride</i> CHEW 1mg; SOLN .5mg/ml	3	
<i>sodium fluoride tab;1.1(0.5 f)mg/ml soln</i>	3	
THRIVITE RX TAB 29-1MG	3	
TRINATAL RX TAB 1	3	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	2	B/D
CLINIMIX INJ 4.25/D10	2	B/D
CLINIMIX INJ 5%/D15W	2	B/D
CLINIMIX INJ 5%/D20W	2	B/D
CLINIMIX INJ 6/5	2	B/D
CLINIMIX INJ 8/10	2	B/D
CLINIMIX INJ 8/14	2	B/D
<i>clinisol sf</i> 15%	3	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%, 10%, 50%, 70%	3	
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	3	B/D
PREMASOL SOL 10%	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint</i> 1%	3	
<i>neo-polycin hc</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1%	3	
<i>neomycin-polymyxin-dexamethasone ophth susp</i> 0.1%	3	
<i>neomycin-polymyxin-hc ophth susp</i>	3	
<i>sulfacetamide sodium-prednisolone ophth soln</i> 10-0.23(0.25)%	3	
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	3	
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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
<i>bacitracin-polymyxin b ophth oint</i>	3	
BESIVANCE SUSP .6%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	3	QL (30 mL / 30 days)
<i>erythromycin (ophth) OINT 5mg/gm</i>	3	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	3	QL (30 mL / 30 days)
<i>neo-polycin</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	3	
<i>polycin</i>	3	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	3	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	3	QL (30 mL / 30 days)
<i>trifluridine SOLN 1%</i>	3	
XDEMVI SOLN .25%	4	NDS, PA
ZIRGAN GEL .15%	3	

ANTI-INFLAMMATORIES

<i>bromfenac sodium (ophth) SOLN .07%</i>	3	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	QL (30 mL / 30 days)
<i>diclofenac sodium (ophth) SOLN .1%</i>	3	QL (30 mL / 30 days)
<i>fluorometholone (ophth) SUSP .1%</i>	3	
<i>flurbiprofen sodium SOLN .03%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	3	
LOTEMAX SM GEL .38%	2	
<i>prednisolone acetate (ophth) SUSP 1%</i>	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	

ANTIALLERGICS

<i>azelastine hcl (ophth) SOLN .05%</i>	3	
<i>cromolyn sodium (ophth) SOLN 4%</i>	2	
<i>olopatadine hcl SOLN .2%</i>	3	

ANTIGLAUCOMA

<i>apraclonidine hcl SOLN .5%</i>	3	
<i>betaxolol hcl (ophth) SOLN .5%</i>	3	
<i>brimonidine tartrate SOLN .1%, .15%, .2%</i>	3	
<i>carteolol hcl (ophth) SOLN 1%</i>	3	
COMBIGAN SOL 0.2/0.5%	2	
<i>dorzolamide hcl SOLN 2%</i>	3	

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>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	3	
<i>latanoprost SOLN .005%</i>	3	
<i>levobunolol hcl SOLN .5%</i>	3	
LUMIGAN SOLN .01%	2	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	3	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth) SOLG .25%, .5%</i>	3	
<i>timolol maleate (ophth) SOLN .25%, .5%</i>	2	
VYZULTA SOLN .024%	3	

MISCELLANEOUS

<i>atropine sulfate (ophthalmic) SOLN 1%</i>	3	
CYSTARAN SOLN .44%	4	NDS
MIEBO SOLN 1.338gm/ml	2	QL (3 mL / 30 days)
RESTASIS EMUL .05%	2	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE EMUL .05%	2	QL (5.5 mL / 30 days)
XIIDRA SOLN 5%	2	QL (60 single use vials / 30 days)

OTIC

OTIC AGENTS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	3	QL (2 inhalers / 30 days)
<i>ipratropium bromide</i> SOLN .02%	3	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	QL (30 mL / 30 days)
SPIRIVA HANDIHALER CAPS 18mcg	2	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	2	QL (1 inhaler / 30 days)
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%	3	QL (2 bottles / 30 days)
<i>cetirizine hcl</i> SOLN 5mg/5ml	2	QL (300 mL / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> TABS 10mg, 25mg, 50mg	3	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	3	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	3	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	3	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	3	B/D
PROAIR RESPICLICK AEPB 108mcg/act	2	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	2	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	3	
VENTOLIN HFA AERS 108mcg/act	2	QL (2 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	2	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	3	B/D
ARALAST NP SOLR 500mg, 1000mg	4	NDS, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	QL (4 pens / 30 days)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml	2	QL (2 pens / 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
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	4	NDS, QL (56 packets / 28 days), PA
KALYDECO TABS 150mg	4	NDS, QL (60 tabs / 30 days), PA
NEFFY SOLN 1mg/0.1ml, 2mg/0.1ml	3	QL (4 bottles / 30 days)
OFEV CAPS 100mg, 150mg	4	NDS, QL (60 caps / 30 days), PA
ORKAMBI TAB 100-125	4	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	4	NDS, QL (112 tabs / 28 days), PA
<i>pirfenidone</i> CAPS 267mg	4	NDS, QL (270 caps / 30 days), PA
<i>pirfenidone</i> TABS 267mg	4	NDS, QL (270 tabs / 30 days), PA
<i>pirfenidone</i> TABS 534mg, 801mg	4	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C SOLN 1000mg/20ml	4	NDS, PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NDS, B/D
<i>roflumilast</i> TABS 250mcg	3	QL (28 tabs / year)
<i>roflumilast</i> TABS 500mcg	3	QL (30 tabs / 30 days)
<i>theophylline</i> SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	4	NDS, QL (56 packets / 28 days), PA
TRIKAFTA PAK 75MG	4	NDS, QL (56 packets / 28 days), PA
TRIKAFTA TAB	4	NDS, QL (84 tabs / 28 days), PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	4	NDS, QL (4 pens / 28 days), PA
XOLAIR SOAJ 150mg/ml	4	NDS, QL (8 pens / 28 days), PA
XOLAIR SOLR 150mg	4	NDS, QL (8 vials / 28 days), PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	4	NDS, QL (4 syringes / 28 days), PA
XOLAIR SOSY 150mg/ml	4	NDS, QL (8 syringes / 28 days), PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	NDS, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	QL (2 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	3	QL (1 bottle / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XHANCE EXHU 93mcg/act	3	QL (32 mL / 30 days), PA

STERIOD INHALANTS

<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	3	B/D
<i>fluticasone propionate (inhalation) AEPB 50mcg/act</i>	3	QL (180 inhalations / 30 days)
<i>fluticasone propionate (inhalation) AEPB 100mcg/act, 250mcg/act</i>	3	QL (240 inhalations / 30 days)
QVAR REDIHALER AERB 40mcg/act	2	QL (1 inhaler / 30 days)
QVAR REDIHALER AERB 80mcg/act	2	QL (21.2 gm / 30 days)

STERIOD/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	2	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters / 30 days)
<i>breyna</i>	3	QL (1 inhaler / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (1 inhaler / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane CAPS 10mg, 20mg, 30mg, 40mg</i>	3	
<i>amnestem CAPS 10mg, 20mg, 30mg, 40mg</i>	3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	3	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	3	
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>clindamycin phosphate topical (once daily) GEL 1%</i>	3	QL (75 mL / 30 days)
<i>clindamycin phosphate topical (twice daily) GEL 1%</i>	3	QL (60 gm / 30 days)
<i>ery PADS 2%</i>	3	QL (60 pledgets / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin (acne aid) SOLN 2%</i>	3	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	3	
<i>sulfacetamide sodium (acne) LOTN 10%</i>	3	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	3	QL (45 gm / 30 days), PA
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	3	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	3	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	2	QL (90 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	2	
<i>ssd CREA 1%</i>	2	
<i>SULFAMYLON CREA 85mg/gm</i>	3	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine CREA .77%</i>	3	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	3	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	2	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	2	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	3	QL (60 gm / 30 days)
<i>ketoconazole (topical) SHAM 2%</i>	3	QL (120 mL / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	3	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>selenium sulfide LOTN 2.5%</i>	3	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	3	
<i>calcipotriene OINT .005%</i>	3	QL (120 gm / 30 days)
<i>calcipotriene SOLN .005%</i>	3	QL (120 mL / 30 days)
<i>tazarotene CREA .05%, .1%</i>	2	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%</i>	2	
<i>alclometasone dipropionate CREA .05%; OINT .05%</i>	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical) CREA .05%; OINT .05%</i>	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical) LOTN .05%</i>	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%</i>	3	QL (120 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
<i>betamethasone dipropionate augmented LOTN .05%</i>	3	QL (120 mL / 30 days)
<i>betamethasone valerate CREA .1%; OINT .1%</i>	3	QL (120 gm / 30 days)
<i>betamethasone valerate LOTN .1%</i>	3	QL (120 mL / 30 days)
<i>clobetasol propionate CREA .05%; GEL .05%; OINT .05%</i>	3	QL (60 gm / 30 days)
<i>clobetasol propionate SOLN .05%</i>	3	QL (50 mL / 30 days)
<i>clobetasol propionate e CREA .05%</i>	3	QL (60 gm / 30 days)
<i>fluocinolone acetonide CREA .01%</i>	3	QL (60 gm / 30 days)
<i>fluocinolone acetonide CREA .025%; OINT .025%</i>	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide OIL .01%</i>	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide SOLN .01%</i>	3	QL (60 mL / 30 days)
<i>fluocinonide CREA .05%</i>	3	QL (120 gm / 30 days)
<i>fluocinonide GEL .05%; OINT .05%</i>	3	QL (60 gm / 30 days)
<i>fluocinonide SOLN .05%</i>	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base CREA .05%</i>	3	QL (120 gm / 30 days)
<i>fluticasone propionate CREA .05%; OINT .005%</i>	3	
<i>halobetasol propionate CREA .05%; OINT .05%</i>	3	QL (50 gm / 30 days)
<i>hydrocortisone (topical) CREA 1%</i>	2	
<i>hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%</i>	3	
<i>hydrocortisone valerate CREA .2%</i>	3	QL (60 gm / 30 days)
<i>mometasone furoate CREA .1%; OINT .1%; SOLN .1%</i>	3	
<i>triamcinolone acetonide (topical) CREA .025%, .1%, .5%; OINT .025%, .1%</i>	3	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical) LOTN .025%, .1%</i>	3	QL (120 mL / 30 days)
<i>triamcinolone acetonide (topical) OINT .5%</i>	3	QL (45 gm / 30 days)
<i>triderm CREA .5%</i>	3	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo PRSY 2%</i>	3	QL (10 injections / 30 days)
<i>lidocaine OINT 5%</i>	3	QL (50 gm / 30 days)
<i>lidocaine PTCH 5%</i>	3	QL (90 patches / 30 days), PA
<i>lidocaine hcl GEL 2%</i>	3	QL (30 mL / 30 days)
<i>lidocaine hcl SOLN 4%</i>	2	QL (50 mL / 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	3	QL (30 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
<i>lidocan</i> PTCH 5%	3	QL (90 patches / 30 days), PA
<i>tridacaine ii</i> PTCH 5%	3	QL (90 patches / 30 days), PA
<i>tridacaine iii</i> PTCH 5%	3	QL (90 patches / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> OINT 5%	3	QL (30 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	4	NDS, QL (60 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	3	QL (300 mL / 28 days)
EUCRISA OINT 2%	3	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	3	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	3	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	3	QL (30 gm / 30 days)
PANRETIN GEL .1%	4	NDS, QL (60 gm / 30 days)
<i>pimecrolimus</i> CREA 1%	3	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	3	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	4	NDS, QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	3	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
<i>lactated ringer's for irrigation</i>	3	
SANTYL OINT 250unit/gm	3	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	3	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	3	

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>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	2	
<i>clotrimazole</i> TROC 10mg	3	QL (150 lozenges / 30 days)
<i>denta 5000 plus</i> CREA 1.1%	3	
<i>kourzeq</i> PSTE .1%	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%, 4%	3	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	3	
<i>periogard</i> SOLN .12%	2	
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<i>dextrose 5% in lactated ringers</i>	66	<i>donepezil hydrochloride</i>	32
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<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i>	66	<i>dorzolamide hcl</i>	69
<i>dextrose 5% w/ sodium chloride 0.3%</i>	66	<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 2-0.5%</i>	70
<i>dextrose 5% w/ sodium chloride 0.33%</i>	66	<i>dotti</i>	53
<i>dextrose 5% w/ sodium chloride 0.45%</i>	66	DOVATO TAB 50-300MG	8
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<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	8
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<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	5
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<i>flucytosine</i>	5
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<i>fluocinolone acetonide (otic)</i>	70
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<i>gentamicin in saline inj 1.2 mg/ml</i>	4
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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 sex¹. BlueCross does not exclude people or treat them less favorably 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 <https://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), Monday through Friday, 8:00am to 6:00 pm, ET. Complaint forms are available at <http://www.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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¹ Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2)

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-332-5762 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-332-5762 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-332-5762 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-332-5762 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-800-332-5762 (文本电话: 711) 或咨询您的服务提供商。

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓકિઝવરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-332-5762 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-332-5762 (TTY : 711) ou parlez à votre fournisseur.

ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጽ ለማቅረብ ተገቢ የሆኑ ተጨማሪ አገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-800-332-5762 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-332-5762 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-332-5762 (TTY: 711) или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فستوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-332-5762 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمة.

توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-800-332-5762 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-332-5762 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-332-5762 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ, ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-800-332-5762 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-332-5762 (TTY: 711) o makipag-usap sa iyong provider.

We have made no changes to the *Drug List* since 01/01/2026.
For more recent information or other questions, contact us 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**.