



BlueCare Plus Select (HMO D-SNP)SM

2026 Formulary

(List of Covered Drugs)

We have made no changes to this formulary since 01/01/2026. For more recent information or other questions, please contact BlueCare Plus Tennessee at **1-800-332-5762** (TTY users should call TTY **711**).

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

Or visit **bluecareplus.bcbst.com**.

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

2026 Formulary

Note to existing members:

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means BlueCare Plus Tennessee. When it refers to “plan” or “our plan,” it means BlueCare Plus Select.

This document includes a Drug List (formulary) for our plan which is current as of 01/01/2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the BlueCare Plus Tennessee formulary?

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

Can the formulary (drug list) change?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.**

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the BlueCare Plus Tennessee formulary?”

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

- **Drugs removed from the market.**

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand-name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both.

- We may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
 - If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the BlueCare Plus Tennessee formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

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

How do I use the formulary?

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

▪ Medical Condition

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

▪ Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 79. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the BlueCare Plus Tennessee formulary?" on page v for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

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

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

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

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

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited

(fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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

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

supply of that drug while you pursue a formulary exception.

If you have a level of care change (e.g., you're discharged from a long-term care facility to a home setting) outside of the transition window, you can obtain a one-time supply of a transition-eligible drug by contacting Member Service.

For more information

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

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

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

BlueCare Plus Tennessee formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 79.

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

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

What you pay for a 30-day or long-term (up to a 90- or 100-day) supply of Standard Retail & Mail Order Drugs

For BlueCare Plus Select members:

BlueCare Plus Select	Standard Retail and Mail Order Drugs Available in a 30-day supply or up to 100-day supply for Tiers 1 & 2; up to a 90-day supply for Tier 3; or a 30-day only supply for Tier 4.
Tier 1 Preferred Generic	\$0 copay
Tier 2 Preferred Brand	25% coinsurance
Tier 3 Non-Preferred	25% coinsurance
Tier 4 Specialty	25% coinsurance

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

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

Abbreviations: Requirements & Limits

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

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

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 <i>mg/5ml</i>	3	QL (4500 mL / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-15 <i>mg</i>	3	QL (180 tabs / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-30 <i>mg</i>	3	QL (180 tabs / 30 days); MME
<i>acetaminophen w/ codeine tab</i> 300-60 <i>mg</i>	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 <i>mg/15ml</i>	3	QL (5550 mL / 30 days); MME
<i>hydrocodone-acetaminophen tab</i> 5-325 <i>mg</i>	3	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab</i> 7.5-325 <i>mg</i>	3	QL (120 tabs / 30 days); MME
<i>hydrocodone-acetaminophen tab</i> 10-325 <i>mg</i>	3	QL (120 tabs / 30 days); MME
<i>hydrocodone-ibuprofen tab</i> 7.5-200 <i>mg</i>	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)

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>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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate 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

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
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

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
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	

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 ASIMTUFI 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	

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>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

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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)

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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

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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	

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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

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
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

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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	

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>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

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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 10000UNIT	2	
ZENPEP CAP 15000UNIT	2	
ZENPEP CAP 20000UNIT	2	
ZENPEP CAP 25000UNIT	2	
ZENPEP CAP 40000UNIT	4	NDS
ZENPEP CAP 60000UNIT	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)

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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	
DENGVAIXIA 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	
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<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	

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)

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
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	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

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2-0.5 mg (base equiv)	45
<i>buprenorphine hcl-naloxone hcl sl film</i>	
4-1 mg (base equiv)	45
<i>buprenorphine hcl-naloxone hcl sl film</i>	
8-2 mg (base equiv)	45
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
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<i>buprenorphine hcl-naloxone hcl sl tab</i>	
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<i>captopril & hydrochlorothiazide tab 25-</i>	
25 mg	24

<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	24	<i>cefpodoxime proxetil</i>	10
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	24	<i>cefprozil</i>	10
<i>carbamazepine</i>	38	<i>ceftazidime</i>	10
<i>carbidopa</i>	35	<i>ceftriaxone sodium</i>	10
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	35	<i>cefuroxime axetil</i>	10
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	35	<i>cefuroxime sodium</i>	10
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	35	<i>celecoxib</i>	1
<i>carbidopa & levodopa tab 10-100 mg</i>	35	<i>cephalexin</i>	11
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<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	35	<i>chloroquine phosphate</i>	6
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	35	<i>chlorothiazide sodium</i>	30
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	35	<i>chlorpromazine hcl</i>	36
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<i>carglumic acid</i>	54	<i>cholestyramine</i>	28
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<i>cartia xt</i>	29	<i>ciclopirox olamine</i>	74
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<i>cefaclor</i>	10	<i>cinacalcet hcl</i>	54
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<i>cefazolin sodium</i>	10	<i>ciprofloxacin hcl</i>	11
<i>cefdinir</i>	10	<i>ciprofloxacin hcl (ophth)</i>	69
<i>cefepime hcl</i>	10	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	70
<i>cefixime</i>	10	<i>citalopram hydrobromide</i>	33
<i>cefotetan disodium</i>	10	<i>claravis</i>	73
<i>cefoxitin sodium</i>	10	<i>clarithromycin</i>	11
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		<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

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<i>clomipramine hcl</i>	33	<i>cromolyn sodium (ophth)</i>	69
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<i>clonidine</i>	31	<i>cyclobenzaprine hcl</i>	44
<i>clonidine hcl</i>	31	<i>cyclophosphamide</i>	13
<i>clonidine hcl (adhd)</i>	42	CYCLOPHOSPHAMIDE	13
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<i>clorazepate dipotassium</i>	38	<i>cyclosporine</i>	64
<i>clotrimazole</i>	77	<i>cyclosporine modified (for microemulsion)</i>	64
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COBENFY CAP 125-30MG	36	<i>dabigatran etexilate mesylate</i>	60
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<i>colchicine</i>	1	<i>dantrolene sodium</i>	44
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	DANZITEN	16
<i>colestipol hcl</i>	28	<i>dapagliflozin propanediol</i>	46
<i>colistimethate sodium</i>	3	<i>dapsone</i>	3
COMBIGAN SOL 0.2/0.5%	69	DAPTACEL INJ	65
COMBIVENT AER 20-100	70	<i>daptomycin</i>	3
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		<i>deblitane</i>	50

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<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i>	66	<i>dolishale</i>	50
<i>dextrose 5% in lactated ringers</i>	66	<i>donepezil hydrochloride</i>	32
<i>dextrose 5% w/ sodium chloride 0.2%</i>	66	DOPTLET	61
<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
<i>dextrose 5% w/ sodium chloride 0.9%</i>	66	<i>doxazosin mesylate</i>	25
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<i>diazepam (anticonvulsant)</i>	38	<i>doxorubicin hcl liposomal</i>	15
<i>diazepam intensol</i>	38	<i>doxy 100</i>	12
<i>diazoxide</i>	54	<i>doxycycline (monohydrate)</i>	12
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<i>diclofenac sodium (topical)</i>	76	<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	50
		<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	50
		DROXIA	61
		<i>droxidopa</i>	31
		<i>duloxetine hcl</i>	33
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<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	8
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	8
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	8
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<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	8
<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>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	24
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<i>enskyce</i>	50

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<i>errin</i>	50
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<i>erythrocin lactobionate</i>	11
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<i>erythromycin (acne aid)</i>	74
<i>erythromycin (ophth)</i>	69
<i>erythromycin base</i>	11
<i>erythromycin ethylsuccinate</i>	11
<i>escitalopram oxalate</i>	33
<i>eslicarbazepine acetate</i>	39
<i>esomeprazole magnesium</i>	59
<i>estarylla</i>	50
<i>estradiol</i>	53
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	53
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	53
<i>estradiol vaginal</i>	53
<i>estradiol valerate</i>	53
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<i>ethacrynate sodium</i>	30
<i>ethambutol hcl</i>	9
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<i>etodolac</i>	1
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i>	50
<i>etravirine</i>	6
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<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	57
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<i>FLEBOGAMMA DIF</i>	64
<i>flecainide acetate</i>	27
<i>fluconazole</i>	5

<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	5
<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	5
<i>flucytosine</i>	5
<i>fludrocortisone acetate</i>	53
<i>flunisolide (nasal)</i>	72
<i>fluocinolone acetonide</i>	75
<i>fluocinolone acetonide (otic)</i>	70
<i>fluocinonide</i>	75
<i>fluocinonide emulsified base</i>	75
<i>fluorometholone (ophth)</i>	69
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<i>fluphenazine hcl</i>	36
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<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	73
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<i>fluvoxamine maleate</i>	32
<i>fondaparinux sodium</i>	60
<i>fosamprenavir calcium</i>	6
<i>fosfomycin tromethamine</i>	3
<i>fosinopril sodium</i>	25
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	24
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	24
<i>FOTIVDA</i>	17
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<i>gentamicin in saline inj 1 mg/ml</i>	4
<i>gentamicin in saline inj 1.2 mg/ml</i>	4
<i>gentamicin in saline inj 1.6 mg/ml</i>	4
<i>gentamicin in saline inj 2 mg/ml</i>	4
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<i>gentamicin sulfate (topical)</i>	74
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<i>glipizide</i>	46
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<i>glipizide-metformin hcl tab 2.5-500 mg</i>	46
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<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2
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<i>hydrocortisone (rectal)</i>	76
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<i>hydrocortisone valerate</i>	75
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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").

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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)

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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。

ध्यान आपो: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસરી 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 this formulary since 01/01/2026.
For more recent information or other questions, please contact us at
1-800-332-5762, TTY 711.

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