# Wellpoint Medicare Advantage (HMO)

*2026 Formulary*

# List of covered drugs or "Drug List"

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.** This formulary was updated on 1/1/2026. For more recent information or other questions, please contact Wellpoint Medicare Advantage (HMO) Pharmacy Customer Service, at **1-833-485-9364** or, for TTY users, **711, 24 hours a day, 7 days a week**, or visit **www.wellpoint.com**.

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## 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 Wellpoint. When it refers to "plan" or "our plan," it means Wellpoint Medicare Advantage (HMO).

This document includes an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

## What is the Wellpoint Medicare Advantage (HMO) 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 change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.wellpoint.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 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 the brand-name drug for you. 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 Wellpoint Medicare Advantage (HMO)'s Formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may 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, 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 titled "How do I request an exception to the Wellpoint Medicare Advantage (HMO)'s Formulary?"

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

The enclosed formulary is current as of 1/1/2026. 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. If any other type of approved formulary change (non-maintenance change) is made during the year, we will notify you by sending you a list of these changes, or by sending you an updated formulary.

## How do I use the formulary?

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

**Medical Condition**

The formulary begins on page 9. 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 Agents." If you know what your drug is used for, look for the category name in the list that begins on page 9. 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 64. 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 5.1, "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, our plan 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 30 tablets per prescription for *donepezil*. 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 7. 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 Wellpoint Medicare Advantage (HMO)'s formulary?" on page 6 for information about how to request an exception.

## What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Pharmacy Member Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

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

**You can ask our plan to make an exception** and cover your drug. See below for information about how to request an exception.

## How do I request an exception to the Wellpoint Medicare Advantage (HMO)'s 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 predetermined 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 unless the drug is on the specialty tier.** 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, the lower cost-sharing drug or applying the restrictions would not be as effective in treating your condition 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-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term-care facility and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

During the time when you are getting a temporary supply of a drug, you should talk to your prescriber or prescribing physician to decide what to do when your supply runs out. You can call Pharmacy Member Services to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor find a covered drug that might work for you while you pursue a formulary exception. Please

refer to the Evidence of Coverage for more information about exceptions.

## For more information

For more detailed information about our plan 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.

## Our plan's formulary

The formulary that begins on page 9 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 64.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SPIRIVA HANDIHALER) and generic drugs are listed in lowercase italics (e.g., *atenolol*).

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

**QL – Quantity Limits:** Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

**PA – Prior Authorization:** The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

**ST – Step Therapy:** The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

**B/D PA – Part B vs. Part D:** This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.

**NEDS – Non-Extended Day Supply:** This prescription cannot be filled for more than a 30-day supply.

**MO – Mail Order:** Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy, have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

# Cost-sharing for a one-month supply of a covered Part D prescription drug during the Initial Coverage Stage:

| | |
|---|---|
| Cost-Sharing Tier 1: Preferred Generic | |
| Network Pharmacy with preferred cost-sharing (30-day supply) | $0.00 |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | $5.00 |
| Cost-Sharing Tier 2: Generic | |
| Network Pharmacy with preferred cost-sharing (30-day supply) | $0.00 |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | $10.00 |
| Cost-Sharing Tier 3: Preferred Brand | |
| Network Pharmacy with preferred cost-sharing (30-day supply)<br>You pay no more than $35.00 per month for each covered insulin product on this tier. | 25% |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply)<br>You pay no more than $35.00 per month for each covered insulin product on this tier. | 25% |
| Cost-Sharing Tier 4: Non-Preferred Drug | |
| Network Pharmacy with preferred cost-sharing (30-day supply) | 30% |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | 30% |
| Cost-Sharing Tier 5: Specialty Tier | |
| Network Pharmacy with preferred cost-sharing (30-day supply) | 29% |
| Network Pharmacy with standard cost-sharing (30-day supply) or Long-Term-Care Pharmacy (34-day supply) | 29% |

Please refer to our Evidence of Coverage for more information on cost-sharing.

The amount you pay will depend if you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program.

Network Pharmacy with preferred cost-sharing – A network pharmacy that offers covered drugs to members of our plan that may have lower cost-sharing levels than other network pharmacies with standard cost-sharing.

# Covered Medications by Therapeutic Category

## Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA RESPIMAT).

**QL – Quantity Limits:** Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).
**PA – Prior Authorization:** The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.
**ST – Step Therapy**: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.
**B/D PA – Part B vs. Part D:** This drug may be covered under either your Part D prescription drug benefits or as a Part B drug under your medical benefits, as determined by Medicare.
**NEDS – Non-Extended Day Supply (NEDS):** This prescription cannot be filled for more than a 30-day supply.
**MO – Mail Order:** Prescription drugs available through mail order. Allow up to 14 days from the date the prescription is ordered to process and mail. For first time users of the home delivery pharmacy, have at least a 30-day supply of medication on hand when a request is placed with home delivery pharmacy.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| **Analgesics And Anti-Inflammatory Agents** | | |
| *acetaminophen-codeine oral solution* | 2 | QL (900 per 30 days); NEDS |
| *acetaminophen-codeine oral tablet* | 2 | QL (180 per 30 days); NEDS |
| *allopurinol oral tablet 100 mg, 300 mg* | 1 | MO |
| *buprenorphine transdermal* | 4 | PA; QL (4 per 28 days); NEDS |
| *butorphanol tartrate nasal* | 4 | QL (5 per 30 days); NEDS |
| *celecoxib oral capsule 100 mg, 200 mg, 50 mg* | 2 | QL (60 per 30 days); MO |
| *celecoxib oral capsule 400 mg* | 2 | QL (30 per 30 days); MO |
| *colchicine oral capsule* | 2 | |
| *colchicine oral tablet* | 4 | QL (120 per 30 days) |
| *colchicine-probenecid* | 2 | MO |
| *diclofenac potassium oral tablet 50 mg* | 2 | MO |
| *diclofenac sodium er* | 2 | MO |
| *diclofenac sodium external solution 1.5 %* | 2 | QL (300 per 30 days) |
| *diclofenac sodium oral tablet delayed release 25 mg* | 2 | MO |
| *diclofenac sodium oral tablet delayed release 50 mg, 75 mg* | 1 | MO |
| *diflunisal oral* | 4 | MO |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | 4 | QL (180 per 30 days); NEDS |
| *etodolac er oral tablet extended release 24 hour 400 mg, 500 mg* | 4 | MO |
| *etodolac er oral tablet extended release 24 hour 600 mg* | 2 | MO |
| *etodolac oral* | 2 | MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *febuxostat oral tablet 40 mg* | 2 | ST; MO |
| *febuxostat oral tablet 80 mg* | 4 | ST; MO |
| *fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 800 mcg* | 5 | PA; QL (120 per 30 days); NEDS |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | 4 | PA; QL (15 per 30 days); NEDS |
| *flurbiprofen oral tablet 100 mg* | 2 | MO |
| *hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml* | 4 | QL (2700 per 30 days); NEDS |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 4 | QL (180 per 30 days); NEDS |
| *hydrocodone-ibuprofen oral tablet 7.5-200 mg* | 4 | QL (50 per 10 days); NEDS |
| *hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml* | 4 | |
| *hydromorphone hcl oral tablet* | 4 | QL (180 per 30 days); NEDS |
| *hydromorphone hcl pf injection solution 10 mg/ml, 500 mg/50ml* | 4 | |
| *ibu oral tablet 400 mg, 600 mg* | 1 | MO |
| *ibu oral tablet 800 mg* | 3 | MO |
| *ibuprofen oral suspension* | 2 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 1 | MO |
| *indomethacin oral capsule 25 mg, 50 mg* | 1 | PA; MO |
| *ketorolac tromethamine oral* | 4 | PA |
| *lidocaine external ointment 5 %* | 4 | PA; QL (150 per 30 days) |
| *lidocaine external patch 5 %* | 4 | PA; QL (90 per 30 days) |
| *lidocaine hcl external solution* | 4 | PA; QL (300 per 30 days) |
| *lidocaine hcl mouth/throat* | 4 | PA; QL (300 per 30 days) |
| *lidocaine hcl urethral/mucosal external gel* | 4 | |
| *lidocaine viscous hcl* | 2 | |
| *lidocaine-prilocaine external cream* | 4 | QL (30 per 30 days) |
| *meloxicam oral tablet* | 1 | MO |
| METHADONE HCL INTENSOL | 4 | QL (180 per 30 days); NEDS |
| *methadone hcl oral concentrate* | 4 | QL (180 per 30 days); NEDS |
| *methadone hcl oral solution* | 4 | QL (900 per 30 days); NEDS |
| *methadone hcl oral tablet* | 3 | PA; QL (180 per 30 days); NEDS |
| *morphine sulfate (concentrate) oral solution 100 mg/5ml* | 4 | QL (180 per 30 days); NEDS |
| *morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 8 mg/ml* | 4 | |
| *morphine sulfate er oral tablet extended release 100 mg, 200 mg* | 4 | PA; QL (60 per 30 days); NEDS |
| *morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg* | 4 | PA; QL (90 per 30 days); NEDS |
| *morphine sulfate injection solution 2 mg/ml, 4 mg/ml* | 4 | |
| *morphine sulfate intravenous solution 2 mg/ml* | 4 | |
| *morphine sulfate oral solution* | 4 | QL (900 per 30 days); NEDS |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *morphine sulfate oral tablet* | 4 | QL (180 per 30 days); NEDS |
| *nabumetone oral* | 1 | MO |
| *naproxen dr oral tablet delayed release 500 mg* | 4 | MO |
| *naproxen oral suspension* | 2 | MO |
| *naproxen oral tablet* | 1 | MO |
| *naproxen oral tablet delayed release 375 mg* | 1 | MO |
| *naproxen oral tablet delayed release 500 mg* | 4 | MO |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 2 | MO |
| *oxaprozin oral tablet* | 2 | MO |
| *oxycodone hcl oral solution* | 4 | QL (900 per 30 days); NEDS |
| *oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg* | 4 | QL (180 per 30 days); NEDS |
| *oxycodone hcl oral tablet 5 mg* | 3 | QL (180 per 30 days); NEDS |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg* | 4 | QL (180 per 30 days); NEDS |
| *oxycodone-acetaminophen oral tablet 5-325 mg* | 3 | QL (180 per 30 days); NEDS |
| *piroxicam oral* | 2 | MO |
| *probenecid oral* | 2 | MO |
| *sulindac oral* | 2 | MO |
| *tramadol hcl oral tablet 50 mg* | 4 | QL (240 per 30 days); NEDS |
| *tramadol-acetaminophen* | 2 | QL (40 per 5 days); NEDS |
| **Antineoplastics** | | |
| *abiraterone acetate oral tablet 500 mg* | 5 | PA; QL (60 per 30 days) |
| ABIRTEGA | 4 | PA; QL (120 per 30 days) |
| AKEEGA | 5 | PA; QL (60 per 30 days) |
| ALECENSA | 5 | PA; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG | 5 | PA; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA; QL (180 per 30 days) |
| ALUNBRIG ORAL TABLET 90 MG | 5 | PA; QL (60 per 30 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK | 5 | PA; QL (30 per 180 days) |
| *anastrozole oral* | 2 | MO |
| AUGTYRO ORAL CAPSULE 160 MG | 5 | PA; QL (60 per 30 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA; QL (240 per 30 days) |
| AVMAPKI FAKZYNJA CO-PACK | 5 | PA; QL (66 per 28 days) |
| AYVAKIT | 5 | PA; QL (30 per 30 days) |
| *azacitidine* | 5 | |
| BALVERSA ORAL TABLET 3 MG | 5 | PA; QL (90 per 30 days) |
| BALVERSA ORAL TABLET 4 MG | 5 | PA; QL (60 per 30 days) |
| BALVERSA ORAL TABLET 5 MG | 5 | PA; QL (30 per 30 days) |
| BESREMI | 5 | PA |
| *bexarotene oral* | 5 | PA; QL (300 per 30 days) |
| *bicalutamide* | 3 | QL (30 per 30 days) |
| *bortezomib injection solution reconstituted 3.5 mg* | 5 | |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 5 | PA; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE | 5 | PA; QL (120 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| BRUKINSA ORAL TABLET | 5 | PA; QL (60 per 30 days) |
| CABOMETYX | 5 | PA; QL (30 per 30 days) |
| CALQUENCE | 5 | PA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 5 | PA; QL (90 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 5 | PA; QL (30 per 30 days) |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 5 | PA; QL (56 per 28 days) |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 5 | PA; QL (112 per 28 days) |
| COMETRIQ (60 MG DAILY DOSE) | 5 | PA; QL (84 per 28 days) |
| COPIKTRA | 5 | PA; QL (60 per 30 days) |
| COTELLIC | 5 | PA; QL (90 per 30 days) |
| *cyclophosphamide oral capsule* | 3 | B/D PA |
| DANZITEN | 5 | PA; QL (112 per 28 days) |
| *dasatinib* | 5 | PA; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 100 MG | 5 | PA; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 5 | PA; QL (60 per 30 days) |
| ERIVEDGE | 5 | PA; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 240 MG | 5 | PA; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 5 | PA; QL (120 per 30 days) |
| *erlotinib hcl oral tablet 100 mg, 150 mg* | 5 | PA; QL (30 per 30 days) |
| *erlotinib hcl oral tablet 25 mg* | 5 | PA; QL (90 per 30 days) |
| EULEXIN | 5 | |
| *everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 5 | PA |
| *everolimus oral tablet soluble* | 5 | PA |
| *exemestane* | 4 | MO |
| FIRMAGON (240 MG DOSE) | 5 | PA |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 4 | PA |
| FOTIVDA | 5 | PA; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA; QL (21 per 28 days) |
| GAVRETO | 5 | PA; QL (120 per 30 days) |
| *gefitinib* | 5 | PA; QL (60 per 30 days) |
| GILOTRIF | 5 | PA; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE 10 MG, 40 MG | 4 | PA |
| GLEOSTINE ORAL CAPSULE 100 MG | 5 | PA |
| GOMEKLI ORAL CAPSULE 1 MG | 5 | PA; QL (240 per 30 days) |
| GOMEKLI ORAL CAPSULE 2 MG | 5 | PA; QL (120 per 30 days) |
| GOMEKLI ORAL TABLET SOLUBLE | 5 | PA; QL (240 per 30 days) |
| HERNEXEOS | 5 | PA; QL (90 per 30 days) |
| *hydroxyurea oral* | 3 | |
| IBRANCE | 5 | PA; QL (21 per 28 days) |
| IBTROZI | 5 | PA; QL (90 per 30 days) |
| ICLUSIG | 5 | PA; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG | 5 | PA; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 50 MG | 5 | PA; QL (60 per 30 days) |
| *imatinib mesylate oral tablet 100 mg* | 4 | PA; QL (90 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *imatinib mesylate oral tablet 400 mg* | 5 | PA; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA; QL (90 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA; QL (30 per 30 days) |
| IMBRUVICA ORAL SUSPENSION | 5 | PA; QL (216 per 27 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 5 | PA; QL (30 per 30 days) |
| *imkeldi* | 5 | PA; QL (280 per 28 days) |
| INLYTA ORAL TABLET 1 MG | 5 | PA; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 5 | PA; QL (120 per 30 days) |
| INQOVI | 5 | PA; QL (5 per 28 days) |
| INREBIC | 5 | PA; QL (120 per 30 days) |
| ITOVEBI ORAL TABLET 3 MG | 5 | PA; QL (56 per 28 days) |
| ITOVEBI ORAL TABLET 9 MG | 5 | PA; QL (28 per 28 days) |
| IWILFIN | 5 | PA; QL (240 per 30 days) |
| JAKAFI | 5 | PA; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 5 | PA; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 5 | PA; QL (30 per 30 days) |
| KISQALI (200 MG DOSE) | 5 | PA; QL (21 per 28 days) |
| KISQALI (400 MG DOSE) | 5 | PA; QL (42 per 28 days) |
| KISQALI (600 MG DOSE) | 5 | PA; QL (63 per 28 days) |
| KISQALI FEMARA (200 MG DOSE) | 5 | PA; QL (49 per 28 days) |
| KISQALI FEMARA (400 MG DOSE) | 5 | PA; QL (70 per 28 days) |
| KISQALI FEMARA (600 MG DOSE) | 5 | PA; QL (91 per 28 days) |
| KRAZATI | 5 | PA; QL (180 per 30 days) |
| *lapatinib ditosylate* | 5 | PA; QL (180 per 30 days) |
| LAZCLUZE ORAL TABLET 240 MG | 5 | PA; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 5 | PA; QL (60 per 30 days) |
| *lenalidomide oral capsule 10 mg* | 5 | PA; QL (60 per 30 days) |
| *lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg* | 5 | PA; QL (30 per 30 days) |
| *lenalidomide oral capsule 5 mg* | 5 | PA; QL (150 per 30 days) |
| LENVIMA (10 MG DAILY DOSE) | 5 | PA; QL (30 per 30 days) |
| LENVIMA (12 MG DAILY DOSE) | 5 | PA; QL (90 per 30 days) |
| LENVIMA (14 MG DAILY DOSE) | 5 | PA; QL (60 per 30 days) |
| LENVIMA (18 MG DAILY DOSE) | 5 | PA; QL (90 per 30 days) |
| LENVIMA (20 MG DAILY DOSE) | 5 | PA; QL (60 per 30 days) |
| LENVIMA (24 MG DAILY DOSE) | 5 | PA; QL (90 per 30 days) |
| LENVIMA (4 MG DAILY DOSE) | 5 | PA; QL (30 per 30 days) |
| LENVIMA (8 MG DAILY DOSE) | 5 | PA; QL (60 per 30 days) |
| *letrozole oral* | 4 | MO |
| *leucovorin calcium injection solution 100 mg/10ml* | 4 | |
| *leucovorin calcium injection solution reconstituted* | 4 | B/D PA |
| *leucovorin calcium oral* | 4 | |
| LEUKERAN | 5 | |
| *leuprolide acetate (3 month)* | 4 | PA |
| *leuprolide acetate injection* | 4 | PA |
| LONSURF | 5 | PA |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LORBRENA ORAL TABLET 100 MG | 5 | PA; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 5 | PA; QL (240 per 30 days) |
| LUMAKRAS ORAL TABLET 240 MG | 5 | PA; QL (120 per 30 days) |
| LUMAKRAS ORAL TABLET 320 MG | 5 | PA; QL (90 per 30 days) |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 5 | PA; QL (1 per 28 days) |
| LYNPARZA ORAL TABLET | 5 | PA; QL (120 per 30 days) |
| LYSODREN | 5 | |
| LYTGOBI (12 MG DAILY DOSE) | 5 | PA; QL (84 per 28 days) |
| LYTGOBI (16 MG DAILY DOSE) | 5 | PA; QL (112 per 28 days) |
| LYTGOBI (20 MG DAILY DOSE) | 5 | PA; QL (140 per 28 days) |
| MATULANE | 5 | |
| *megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/ 20ml* | 4 | PA |
| *megestrol acetate oral tablet* | 4 | PA |
| MEKINIST ORAL SOLUTION RECONSTITUTED | 5 | PA; QL (1200 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA; QL (30 per 30 days) |
| MEKTOVI | 5 | PA; QL (180 per 30 days) |
| *mercaptopurine oral suspension* | 5 | PA |
| *mercaptopurine oral tablet* | 4 | |
| *mesna oral* | 5 | |
| MODEYSO | 5 | PA; QL (20 per 28 days) |
| NERLYNX | 5 | PA; QL (180 per 30 days) |
| *nilotinib hcl* | 5 | PA; QL (112 per 28 days) |
| *nilutamide* | 5 | QL (30 per 30 days) |
| NINLARO | 5 | PA; QL (3 per 28 days) |
| NUBEQA | 5 | PA; QL (120 per 30 days) |
| ODOMZO | 5 | PA; QL (30 per 30 days) |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA; QL (60 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | 5 | PA; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION RECONSTITUTED | 5 | PA; QL (96 per 28 days) |
| OJEMDA ORAL TABLET | 5 | PA; QL (24 per 28 days) |
| OJJAARA | 5 | PA; QL (30 per 30 days) |
| ONUREG | 5 | PA; QL (14 per 28 days) |
| ORGOVYX | 5 | PA; QL (30 per 28 days) |
| ORSERDU ORAL TABLET 345 MG | 5 | PA; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 5 | PA; QL (90 per 30 days) |
| *pazopanib hcl* | 5 | PA; QL (120 per 30 days) |
| PEMAZYRE | 5 | PA; QL (30 per 30 days) |
| PIQRAY (200 MG DAILY DOSE) | 5 | PA; QL (28 per 28 days) |
| PIQRAY (250 MG DAILY DOSE) | 5 | PA; QL (56 per 28 days) |
| PIQRAY (300 MG DAILY DOSE) | 5 | PA; QL (56 per 28 days) |
| POMALYST | 5 | PA; QL (21 per 28 days) |
| PURIXAN | 5 | PA |
| QINLOCK | 5 | PA; QL (90 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RETEVMO ORAL CAPSULE 40 MG | 5 | PA; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 5 | PA; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG | 5 | PA; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 5 | PA; QL (90 per 30 days) |
| RETEVMO ORAL TABLET 80 MG | 5 | PA; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 110 MG | 5 | PA; QL (120 per 30 days) |
| REVUFORJ ORAL TABLET 160 MG | 5 | PA; QL (60 per 30 days) |
| REVUFORJ ORAL TABLET 25 MG | 5 | PA; QL (240 per 30 days) |
| REZLIDHIA | 5 | PA; QL (60 per 30 days) |
| ROMVIMZA | 5 | PA; QL (8 per 28 days) |
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA; QL (150 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA; QL (90 per 30 days) |
| ROZLYTREK ORAL PACKET | 5 | PA; QL (360 per 30 days) |
| RUBRACA | 5 | PA; QL (120 per 30 days) |
| RYDAPT | 5 | PA; QL (240 per 30 days) |
| RYLAZE | 5 | PA |
| SCEMBLIX ORAL TABLET 100 MG | 5 | PA; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG, 40 MG | 5 | PA; QL (60 per 30 days) |
| SOLTAMOX | 5 | MO |
| *sorafenib tosylate* | 5 | PA; QL (120 per 30 days) |
| STIVARGA | 5 | PA; QL (84 per 28 days) |
| *sunitinib malate* | 5 | PA; QL (30 per 30 days) |
| TABLOID | 5 | |
| TABRECTA | 5 | PA; QL (120 per 30 days) |
| TAFINLAR ORAL CAPSULE | 5 | PA; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET SOLUBLE | 5 | PA; QL (900 per 30 days) |
| TAGRISSO | 5 | PA; QL (30 per 30 days) |
| TALZENNA | 5 | PA; QL (30 per 30 days) |
| *tamoxifen citrate oral* | 2 | MO |
| TAZVERIK | 5 | PA; QL (240 per 30 days) |
| TECVAYLI | 5 | PA |
| TEPMETKO | 5 | PA; QL (60 per 30 days) |
| THALOMID ORAL CAPSULE 100 MG | 5 | PA; QL (112 per 28 days) |
| THALOMID ORAL CAPSULE 150 MG, 200 MG | 5 | PA; QL (60 per 30 days) |
| THALOMID ORAL CAPSULE 50 MG | 5 | PA; QL (224 per 28 days) |
| TIBSOVO | 5 | PA; QL (60 per 30 days) |
| *toremifene citrate* | 4 | |
| *tretinoin oral* | 5 | |
| TRUQAP | 5 | PA; QL (64 per 28 days) |
| TUKYSA | 5 | PA; QL (120 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG | 5 | PA; QL (120 per 30 days) |
| VANFLYTA | 5 | PA; QL (56 per 28 days) |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 5 | PA; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK | 5 | PA |
| VERZENIO | 5 | PA; QL (56 per 28 days) |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA; QL (60 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION | 5 | PA; QL (300 per 30 days) |
| VIZIMPRO | 5 | PA; QL (30 per 30 days) |
| VONJO | 5 | PA; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG | 5 | PA; QL (60 per 30 days) |
| VORANIGO ORAL TABLET 40 MG | 5 | PA; QL (30 per 30 days) |
| WELIREG | 5 | PA; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE | 5 | PA; QL (120 per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG | 5 | PA; QL (180 per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 20 MG | 5 | PA; QL (240 per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 50 MG | 5 | PA; QL (120 per 30 days) |
| XOSPATA | 5 | PA; QL (90 per 30 days) |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 5 | PA; QL (8 per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; QL (16 per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA; QL (4 per 28 days) |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA; QL (8 per 28 days) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 5 | PA; QL (4 per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) | 5 | PA; QL (24 per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA; QL (8 per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) | 5 | PA; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE | 5 | PA; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 5 | PA; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 5 | PA; QL (60 per 30 days) |
| ZEJULA ORAL TABLET 100 MG | 5 | PA; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 200 MG, 300 MG | 5 | PA; QL (30 per 30 days) |
| ZELBORAF | 5 | PA; QL (240 per 30 days) |
| ZOLINZA | 5 | PA; QL (120 per 30 days) |
| ZYDELIG | 5 | PA; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET | 5 | PA; QL (90 per 30 days) |
| **Blood Products And Modifiers** | | |
| *anagrelide hcl oral capsule 0.5 mg* | 3 | MO |
| *anagrelide hcl oral capsule 1 mg* | 4 | MO |
| *aspirin-dipyridamole er* | 4 | QL (60 per 30 days); MO |
| *cilostazol* | 2 | MO |
| *clopidogrel bisulfate oral tablet 300 mg* | 4 | QL (1 per 30 days) |
| *clopidogrel bisulfate oral tablet 75 mg* | 1 | QL (30 per 30 days); MO |
| *dabigatran etexilate mesylate* | 2 | QL (60 per 30 days); MO |
| *dipyridamole oral* | 4 | PA; MO |
| DROXIA | 3 | MO |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 3 | QL (74 per 180 days) |
| ELIQUIS ORAL TABLET | 3 | QL (60 per 30 days); MO |
| *eltrombopag olamine oral packet 12.5 mg* | 5 | PA; QL (360 per 30 days) |
| *eltrombopag olamine oral packet 25 mg* | 5 | PA; QL (180 per 30 days) |
| *eltrombopag olamine oral tablet 12.5 mg, 25 mg* | 5 | PA; QL (30 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *eltrombopag olamine oral tablet 50 mg* | 5 | PA; QL (90 per 30 days) |
| *eltrombopag olamine oral tablet 75 mg* | 5 | PA; QL (60 per 30 days) |
| *enoxaparin sodium injection solution 300 mg/3ml* | 4 | QL (168 per 28 days) |
| *enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml* | 4 | QL (56 per 28 days) |
| *enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml* | 4 | QL (44.8 per 28 days) |
| *enoxaparin sodium injection solution prefilled syringe 30 mg/ 0.3ml* | 4 | QL (16.8 per 28 days) |
| *enoxaparin sodium injection solution prefilled syringe 40 mg/ 0.4ml* | 4 | QL (22.4 per 28 days) |
| *enoxaparin sodium injection solution prefilled syringe 60 mg/ 0.6ml* | 4 | QL (33.6 per 28 days) |
| *fondaparinux sodium subcutaneous solution 10 mg/0.8ml* | 5 | QL (24 per 30 days) |
| *fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml* | 4 | QL (15 per 30 days) |
| *fondaparinux sodium subcutaneous solution 5 mg/0.4ml* | 5 | QL (12 per 30 days) |
| *fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml* | 5 | QL (18 per 30 days) |
| HAEGARDA | 5 | PA |
| *heparin (porcine) in nacl intravenous solution 25000-0.45 ut/ 250ml-%, 25000-0.45 ut/ 500ml-%* | 4 | B/D PA |
| *heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%* | 4 | |
| *heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml* | 3 | B/D PA |
| *heparin sodium (porcine) pf injection solution 1000 unit/ml* | 4 | B/D PA |
| *icatibant acetate subcutaneous solution prefilled syringe* | 5 | PA; QL (18 per 30 days) |
| *jantoven* | 1 | MO |
| *l-glutamine oral packet* | 5 | PA |
| *pentoxifylline er* | 2 | MO |
| *prasugrel hcl* | 4 | QL (30 per 30 days); MO |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 4 | PA |
| PROCRIT INJECTION SOLUTION 20000 UNIT/ ML, 40000 UNIT/ML | 5 | PA |
| SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; QL (18 per 30 days) |
| *ticagrelor* | 4 | QL (60 per 30 days); MO |
| *tranexamic acid oral* | 3 | |
| *warfarin sodium oral* | 1 | MO |
| XARELTO ORAL SUSPENSION RECONSTITUTED | 3 | QL (600 per 30 days); MO |
| XARELTO ORAL TABLET 10 MG, 20 MG | 3 | QL (30 per 30 days); MO |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 3 | QL (60 per 30 days); MO |
| XARELTO STARTER PACK | 3 | |
| ZARXIO | 5 | PA |
| **Cardiovascular Agents** | | |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *acebutolol hcl oral capsule 200 mg* | 1 | MO |
| *acebutolol hcl oral capsule 400 mg* | 2 | MO |
| *acetazolamide oral* | 4 | MO |
| *aliskiren fumarate* | 1 | MO |
| *amiloride hcl oral* | 2 | MO |
| *amiloride-hydrochlorothiazide* | 1 | MO |
| *amiodarone hcl oral* | 4 | MO |
| *amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg* | 1 | QL (30 per 30 days); MO |
| *amlodipine besy-benazepril hcl oral capsule 2.5-10 mg* | 1 | QL (120 per 30 days); MO |
| *amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg* | 1 | QL (60 per 30 days); MO |
| *amlodipine besylate oral* | 1 | MO |
| *amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg* | 1 | QL (30 per 30 days); MO |
| *amlodipine besylate-valsartan oral tablet 5-160 mg* | 1 | QL (60 per 30 days); MO |
| *amlodipine-atorvastatin* | 1 | QL (30 per 30 days); MO |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg* | 1 | QL (30 per 30 days); MO |
| *amlodipine-olmesartan oral tablet 5-20 mg* | 1 | QL (60 per 30 days); MO |
| *amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg* | 1 | QL (30 per 30 days); MO |
| *amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg* | 1 | QL (60 per 30 days); MO |
| *atenolol oral* | 1 | MO |
| *atenolol-chlorthalidone* | 2 | MO |
| *atorvastatin calcium oral* | 1 | QL (30 per 30 days); MO |
| *benazepril hcl oral* | 1 | MO |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg* | 1 | QL (60 per 30 days); MO |
| *benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg* | 1 | QL (30 per 30 days); MO |
| *benazepril-hydrochlorothiazide oral tablet 5-6.25 mg* | 1 | QL (120 per 30 days); MO |
| *betaxolol hcl oral* | 4 | MO |
| *bisoprolol fumarate oral* | 2 | MO |
| *bisoprolol-hydrochlorothiazide* | 1 | MO |
| *bumetanide injection* | 4 | |
| *bumetanide oral* | 4 | MO |
| *candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg* | 1 | QL (60 per 30 days); MO |
| *candesartan cilexetil oral tablet 32 mg* | 1 | QL (30 per 30 days); MO |
| *candesartan cilexetil-hctz oral tablet 16-12.5 mg* | 1 | QL (60 per 30 days); MO |
| *candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg* | 1 | QL (30 per 30 days); MO |
| *captopril oral tablet 100 mg* | 1 | QL (120 per 30 days); MO |
| *captopril oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | QL (180 per 30 days); MO |
| CARTIA XT | 2 | MO |
| *carvedilol* | 1 | MO |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 1 | MO |
| *cholestyramine light* | 4 | MO |
| *cholestyramine oral* | 4 | MO |
| *clonidine hcl oral* | 1 | MO |
| *clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr* | 4 | QL (12 per 28 days); MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *clonidine transdermal patch weekly 0.3 mg/ 24hr* | 4 | QL (4 per 28 days); MO |
| *colesevelam hcl* | 4 | MO |
| *colestipol hcl* | 2 | MO |
| CORLANOR ORAL SOLUTION | 4 | PA; QL (560 per 28 days); MO |
| *digox oral tablet 125 mcg* | 4 | QL (30 per 30 days); MO |
| *digox oral tablet 250 mcg* | 4 | QL (60 per 30 days); MO |
| *digoxin injection* | 4 | |
| *digoxin oral solution* | 4 | MO |
| *digoxin oral tablet 125 mcg, 62.5 mcg* | 4 | QL (30 per 30 days); MO |
| *digoxin oral tablet 250 mcg* | 4 | QL (60 per 30 days); MO |
| *dilt-xr* | 2 | MO |
| *diltiazem hcl er beads* | 2 | MO |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour* | 1 | MO |
| *diltiazem hcl er oral capsule extended release 12 hour* | 4 | MO |
| *diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg* | 4 | MO |
| *diltiazem hcl er oral tablet extended release 24 hour* | 4 | MO |
| *diltiazem hcl oral tablet* | 1 | MO |
| *disopyramide phosphate oral* | 4 | PA; MO |
| *dofetilide* | 4 | |
| *doxazosin mesylate oral* | 1 | MO |
| *droxidopa oral capsule 100 mg* | 4 | PA; QL (90 per 30 days) |
| *droxidopa oral capsule 200 mg, 300 mg* | 4 | PA; QL (180 per 30 days) |
| *enalapril maleate oral tablet* | 1 | MO |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg* | 1 | QL (60 per 30 days); MO |
| *enalapril-hydrochlorothiazide oral tablet 5-12.5 mg* | 1 | QL (120 per 30 days); MO |
| ENTRESTO ORAL CAPSULE SPRINKLE | 3 | QL (240 per 30 days); MO |
| *eplerenone* | 4 | MO |
| *ezetimibe* | 1 | QL (30 per 30 days); MO |
| *ezetimibe-simvastatin* | 1 | QL (30 per 30 days); MO |
| *felodipine er* | 2 | MO |
| *fenofibrate micronized oral capsule 130 mg* | 4 | MO |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg* | 2 | MO |
| *fenofibrate oral capsule* | 2 | MO |
| *fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg* | 1 | MO |
| *fenofibric acid oral capsule delayed release* | 2 | MO |
| *flecainide acetate* | 2 | MO |
| *fluvastatin sodium* | 1 | QL (60 per 30 days); MO |
| *fluvastatin sodium er* | 1 | QL (30 per 30 days); MO |
| *fosinopril sodium* | 1 | MO |
| *fosinopril sodium-hctz* | 1 | MO |
| *furosemide injection* | 4 | |
| *furosemide oral solution 10 mg/ml, 8 mg/ml* | 4 | MO |
| *furosemide oral tablet* | 1 | MO |
| *gemfibrozil oral* | 1 | MO |
| *guanfacine hcl oral* | 4 | PA; MO |
| *hydralazine hcl oral* | 2 | MO |
| *hydrochlorothiazide oral* | 1 | MO |
| *indapamide oral* | 1 | MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *irbesartan* | 1 | QL (30 per 30 days); MO |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg* | 1 | QL (60 per 30 days); MO |
| *irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg* | 1 | QL (30 per 30 days); MO |
| *isosorb dinitrate-hydralazine oral tablet 20-37.5 mg* | 4 | QL (180 per 30 days); MO |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | 2 | MO |
| *isosorbide mononitrate* | 3 | MO |
| *isosorbide mononitrate er* | 1 | MO |
| *isradipine* | 4 | MO |
| *ivabradine hcl* | 4 | PA; QL (60 per 30 days); MO |
| *labetalol hcl oral* | 2 | MO |
| *lisinopril oral* | 1 | MO |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | 1 | QL (120 per 30 days); MO |
| *lisinopril-hydrochlorothiazide oral tablet 20-25 mg* | 1 | QL (60 per 30 days); MO |
| *losartan potassium oral tablet 100 mg* | 1 | QL (30 per 30 days); MO |
| *losartan potassium oral tablet 25 mg, 50 mg* | 1 | QL (60 per 30 days); MO |
| *losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg* | 1 | QL (30 per 30 days); MO |
| *losartan potassium-hctz oral tablet 50-12.5 mg* | 1 | QL (60 per 30 days); MO |
| *lovastatin oral* | 1 | QL (60 per 30 days); MO |
| MATZIM LA | 4 | MO |
| *metolazone oral tablet 10 mg, 2.5 mg* | 4 | MO |
| *metolazone oral tablet 5 mg* | 2 | MO |
| *metoprolol succinate er* | 1 | MO |
| *metoprolol tartrate oral* | 1 | MO |
| *metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg* | 2 | MO |
| *metoprolol-hydrochlorothiazide oral tablet 50-25 mg* | 1 | MO |
| *metyrosine* | 5 | |
| *mexiletine hcl oral capsule 150 mg, 250 mg* | 4 | MO |
| *midodrine hcl* | 4 | |
| *minoxidil oral tablet 10 mg* | 2 | MO |
| *minoxidil oral tablet 2.5 mg* | 1 | MO |
| *moexipril hcl* | 1 | MO |
| MULTAQ | 4 | QL (60 per 30 days); MO |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | 4 | MO |
| *nebivolol hcl oral tablet 10 mg, 2.5 mg* | 1 | MO |
| *nebivolol hcl oral tablet 20 mg, 5 mg* | 2 | MO |
| NEXLETOL | 3 | PA; QL (30 per 30 days); MO |
| NEXLIZET | 3 | PA; QL (30 per 30 days); MO |
| *niacin (antihyperlipidemic)* | 4 | |
| *niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg* | 4 | MO |
| *niacin er (antihyperlipidemic) oral tablet extended release 500 mg* | 2 | MO |
| *niacor* | 4 | |
| *nicardipine hcl oral* | 4 | MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *nifedipine er* | 2 | MO |
| *nifedipine er osmotic release* | 2 | MO |
| *nifedipine oral* | 2 | PA; MO |
| *nimodipine oral capsule* | 4 | |
| *nisoldipine er oral tablet extended release 24 hour 17 mg, 25.5 mg, 34 mg, 8.5 mg* | 2 | MO |
| NITRO-BID | 4 | MO |
| *nitroglycerin sublingual* | 2 | MO |
| *nitroglycerin transdermal patch 24 hour* | 2 | MO |
| *nitroglycerin translingual solution* | 4 | MO |
| *olmesartan medoxomil oral tablet 20 mg, 40 mg* | 1 | QL (30 per 30 days); MO |
| *olmesartan medoxomil oral tablet 5 mg* | 1 | QL (60 per 30 days); MO |
| *olmesartan medoxomil-hctz oral tablet 20-12.5 mg* | 1 | QL (60 per 30 days); MO |
| *olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg* | 1 | QL (30 per 30 days); MO |
| *olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg* | 1 | QL (60 per 30 days); MO |
| *olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg* | 1 | QL (30 per 30 days); MO |
| *omega-3-acid ethyl esters* | 4 | MO |
| *pacerone oral tablet 100 mg, 200 mg, 400 mg* | 4 | MO |
| *perindopril erbumine* | 1 | MO |
| *pindolol* | 2 | MO |
| *pravastatin sodium* | 1 | QL (30 per 30 days); MO |
| *prazosin hcl oral* | 4 | MO |
| *prevalite* | 4 | MO |
| *propafenone hcl* | 2 | MO |
| *propafenone hcl er* | 4 | MO |
| *propranolol hcl er* | 2 | MO |
| *propranolol hcl oral* | 2 | MO |
| *quinapril hcl* | 1 | MO |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg* | 1 | QL (120 per 30 days); MO |
| *quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg* | 1 | QL (60 per 30 days); MO |
| *quinidine sulfate oral* | 4 | MO |
| *ramipril* | 1 | MO |
| *ranolazine er* | 4 | QL (60 per 30 days); MO |
| REPATHA | 3 | PA; QL (3 per 28 days) |
| REPATHA PUSHTRONEX SYSTEM | 3 | PA; QL (3.5 per 28 days) |
| REPATHA SURECLICK | 3 | PA; QL (3 per 28 days) |
| *rosuvastatin calcium oral* | 1 | QL (30 per 30 days); MO |
| *sacubitril-valsartan oral tablet 24-26 mg* | 3 | QL (180 per 30 days); MO |
| *sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg* | 3 | QL (60 per 30 days); MO |
| *simvastatin oral tablet* | 1 | QL (30 per 30 days); MO |
| *sotalol hcl (af)* | 2 | MO |
| *sotalol hcl oral tablet 120 mg* | 1 | MO |
| *sotalol hcl oral tablet 160 mg, 240 mg, 80 mg* | 2 | MO |
| *spironolactone oral tablet* | 1 | MO |
| *spironolactone-hctz* | 1 | MO |
| *telmisartan oral tablet 20 mg, 40 mg* | 1 | QL (30 per 30 days); MO |
| *telmisartan oral tablet 80 mg* | 1 | QL (60 per 30 days); MO |
| *telmisartan-amlodipine* | 1 | QL (30 per 30 days); MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg* | 1 | QL (60 per 30 days); MO |
| *telmisartan-hctz oral tablet 80-25 mg* | 1 | QL (30 per 30 days); MO |
| *terazosin hcl oral* | 1 | MO |
| TIADYLT ER | 2 | MO |
| *timolol maleate oral* | 2 | MO |
| *torsemide oral* | 4 | MO |
| *trandolapril* | 1 | MO |
| *trandolapril-verapamil hcl er* | 1 | MO |
| *triamterene-hctz oral capsule 37.5-25 mg* | 1 | MO |
| *triamterene-hctz oral tablet* | 1 | MO |
| *valsartan oral tablet 160 mg* | 1 | QL (60 per 30 days); MO |
| *valsartan oral tablet 320 mg* | 1 | QL (30 per 30 days); MO |
| *valsartan oral tablet 40 mg, 80 mg* | 1 | QL (90 per 30 days); MO |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg* | 1 | QL (60 per 30 days); MO |
| *valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg* | 1 | QL (30 per 30 days); MO |
| VASCEPA | 4 | MO |
| *verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg* | 2 | MO |
| *verapamil hcl er oral capsule extended release 24 hour 360 mg* | 4 | MO |
| *verapamil hcl er oral tablet extended release* | 1 | MO |
| *verapamil hcl oral* | 1 | MO |
| VERQUVO | 3 | PA; MO |
| **Central Nervous System Agents** | | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE | 5 | QL (1 per 28 days); MO |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | 5 | QL (1 per 28 days); MO |
| *acamprosate calcium* | 4 | MO |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 3 | PA; QL (1 per 28 days); MO |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML | 3 | PA; QL (2 per 28 days); MO |
| *alprazolam oral tablet* | 1 | QL (120 per 30 days) |
| *amantadine hcl oral capsule* | 3 | MO |
| *amantadine hcl oral solution* | 2 | MO |
| *amantadine hcl oral tablet* | 4 | MO |
| *amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg* | 2 | PA; MO |
| *amitriptyline hcl oral tablet 100 mg, 150 mg* | 4 | PA; MO |
| *amoxapine* | 2 | PA; MO |
| *amphetamine-dextroamphet er* | 4 | PA; QL (30 per 30 days); MO |
| *amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg* | 3 | PA; QL (90 per 30 days); MO |
| *amphetamine-dextroamphetamine oral tablet 30 mg* | 3 | PA; QL (60 per 30 days); MO |
| *aripiprazole oral solution* | 4 | QL (900 per 30 days); MO |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg* | 4 | MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *aripiprazole oral tablet 20 mg, 30 mg* | 4 | QL (30 per 30 days); MO |
| *aripiprazole oral tablet dispersible 10 mg* | 4 | QL (90 per 30 days); MO |
| *aripiprazole oral tablet dispersible 15 mg* | 4 | QL (60 per 30 days); MO |
| *armodafinil oral tablet 150 mg, 200 mg* | 4 | PA; QL (30 per 30 days); MO |
| *armodafinil oral tablet 250 mg* | 3 | PA; QL (30 per 30 days); MO |
| *armodafinil oral tablet 50 mg* | 4 | PA; QL (60 per 30 days); MO |
| *asenapine maleate sublingual tablet sublingual 10 mg* | 4 | QL (60 per 30 days); MO |
| *asenapine maleate sublingual tablet sublingual 2.5 mg* | 4 | QL (240 per 30 days); MO |
| *asenapine maleate sublingual tablet sublingual 5 mg* | 4 | QL (120 per 30 days); MO |
| *atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg* | 4 | QL (60 per 30 days); MO |
| *atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg* | 4 | QL (30 per 30 days); MO |
| AUVELITY | 5 | PA; QL (60 per 30 days); MO |
| *baclofen oral tablet* | 2 | |
| *benztropine mesylate oral* | 4 | PA; MO |
| BETASERON SUBCUTANEOUS KIT | 5 | PA; QL (15 per 30 days) |
| BRIVIACT ORAL SOLUTION | 5 | PA; QL (600 per 30 days); MO |
| BRIVIACT ORAL TABLET | 5 | PA; QL (60 per 30 days); MO |
| *bromocriptine mesylate oral capsule* | 4 | MO |
| *bromocriptine mesylate oral tablet* | 2 | MO |
| *buprenorphine hcl sublingual* | 4 | NEDS |
| *buprenorphine hcl-naloxone hcl sublingual film 12-3 mg* | 3 | NEDS |
| *buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg* | 3 | QL (480 per 30 days); NEDS |
| *buprenorphine hcl-naloxone hcl sublingual film 4-1 mg* | 3 | QL (240 per 30 days); NEDS |
| *buprenorphine hcl-naloxone hcl sublingual film 8-2 mg* | 3 | QL (120 per 30 days); NEDS |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg* | 2 | QL (480 per 30 days); NEDS |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg* | 2 | QL (120 per 30 days); NEDS |
| *bupropion hcl er (smoking det)* | 2 | QL (60 per 30 days) |
| *bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg* | 2 | QL (120 per 30 days); MO |
| *bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg* | 2 | QL (60 per 30 days); MO |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg* | 2 | QL (90 per 30 days); MO |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg* | 2 | QL (30 per 30 days); MO |
| *bupropion hcl oral tablet 100 mg* | 2 | QL (135 per 30 days); MO |
| *bupropion hcl oral tablet 75 mg* | 2 | QL (180 per 30 days); MO |
| *buspirone hcl oral tablet 10 mg, 15 mg, 5 mg* | 2 | |
| *buspirone hcl oral tablet 30 mg, 7.5 mg* | 4 | |
| CAPLYTA | 5 | QL (30 per 30 days); MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| carbamazepine er oral capsule extended release 12 hour | 2 | MO |
| carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg | 2 | MO |
| carbamazepine er oral tablet extended release 12 hour 400 mg | 4 | MO |
| carbamazepine oral suspension | 4 | MO |
| carbamazepine oral tablet | 2 | MO |
| carbamazepine oral tablet chewable | 2 | MO |
| carbidopa oral | 4 | MO |
| carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg | 2 | MO |
| carbidopa-levodopa oral tablet | 1 | MO |
| carbidopa-levodopa oral tablet dispersible | 2 | MO |
| carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg | 4 | MO |
| chlordiazepoxide hcl | 4 | QL (120 per 30 days) |
| chlorpromazine hcl injection | 4 | |
| chlorpromazine hcl oral | 4 | MO |
| citalopram hydrobromide oral solution | 1 | QL (600 per 30 days); MO |
| citalopram hydrobromide oral tablet 10 mg | 1 | QL (120 per 30 days); MO |
| citalopram hydrobromide oral tablet 20 mg | 1 | QL (60 per 30 days); MO |
| citalopram hydrobromide oral tablet 40 mg | 1 | QL (30 per 30 days); MO |
| clobazam oral suspension 2.5 mg/ml | 4 | PA; QL (480 per 30 days); MO |
| clobazam oral tablet 10 mg | 4 | PA; QL (120 per 30 days); MO |
| clobazam oral tablet 20 mg | 4 | PA; QL (60 per 30 days); MO |
| clomipramine hcl oral | 4 | PA; MO |
| clonazepam oral tablet | 2 | QL (90 per 30 days) |
| clonazepam oral tablet dispersible | 4 | QL (90 per 30 days) |
| clorazepate dipotassium | 4 | |
| clozapine oral tablet 100 mg | 4 | QL (270 per 30 days) |
| clozapine oral tablet 200 mg | 4 | QL (120 per 30 days) |
| clozapine oral tablet 25 mg | 3 | QL (1080 per 30 days) |
| clozapine oral tablet 50 mg | 4 | QL (540 per 30 days) |
| clozapine oral tablet dispersible 100 mg | 4 | QL (270 per 30 days) |
| clozapine oral tablet dispersible 12.5 mg | 4 | QL (2160 per 30 days) |
| clozapine oral tablet dispersible 150 mg | 4 | QL (180 per 30 days) |
| clozapine oral tablet dispersible 200 mg | 4 | QL (120 per 30 days) |
| clozapine oral tablet dispersible 25 mg | 4 | QL (1080 per 30 days) |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG | 5 | PA; QL (60 per 30 days); MO |
| COBENFY ORAL CAPSULE 50-20 MG | 4 | PA; QL (60 per 30 days) |
| COBENFY STARTER PACK | 5 | PA |
| cyclobenzaprine hcl oral tablet 10 mg | 2 | PA; QL (90 per 30 days) |
| cyclobenzaprine hcl oral tablet 5 mg | 2 | PA; QL (180 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dalfampridine er* | 3 | PA; QL (60 per 30 days) |
| *dantrolene sodium oral* | 4 | |
| *desipramine hcl oral* | 4 | PA; MO |
| *desvenlafaxine er* | 4 | QL (30 per 30 days); MO |
| *desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg* | 4 | MO |
| *dexmethylphenidate hcl* | 2 | QL (60 per 30 days); MO |
| *dextroamphetamine sulfate oral tablet 10 mg* | 4 | QL (180 per 30 days); MO |
| *dextroamphetamine sulfate oral tablet 5 mg* | 4 | QL (90 per 30 days); MO |
| DIACOMIT ORAL CAPSULE 250 MG | 5 | PA; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | 5 | PA; QL (180 per 30 days) |
| DIACOMIT ORAL PACKET 250 MG | 5 | PA; QL (360 per 30 days) |
| DIACOMIT ORAL PACKET 500 MG | 5 | PA; QL (180 per 30 days) |
| DIAZEPAM INTENSOL | 4 | PA; QL (240 per 30 days) |
| *diazepam oral concentrate* | 4 | PA; QL (240 per 30 days) |
| *diazepam oral solution 5 mg/5ml* | 4 | PA; QL (1200 per 30 days) |
| *diazepam oral tablet 10 mg* | 4 | PA; QL (120 per 30 days) |
| *diazepam oral tablet 2 mg* | 4 | PA; QL (600 per 30 days) |
| *diazepam oral tablet 5 mg* | 4 | PA; QL (240 per 30 days) |
| *diazepam rectal* | 4 | |
| *dihydroergotamine mesylate injection* | 4 | PA |
| *dihydroergotamine mesylate nasal* | 5 | PA; QL (8 per 28 days) |
| DILANTIN | 4 | PA; MO |
| DILANTIN INFATABS | 4 | PA; MO |
| DILANTIN-125 | 4 | PA; MO |
| *dimethyl fumarate oral capsule delayed release 120 mg* | 4 | PA; QL (14 per 7 days) |
| *dimethyl fumarate oral capsule delayed release 240 mg* | 4 | PA; QL (60 per 30 days) |
| *dimethyl fumarate starter pack oral capsule delayed release therapy pack* | 4 | PA |
| *disulfiram oral tablet 250 mg* | 3 | MO |
| *disulfiram oral tablet 500 mg* | 4 | MO |
| *divalproex sodium er oral tablet extended release 24 hour* | 4 | MO |
| *divalproex sodium oral capsule delayed release sprinkle* | 4 | MO |
| *divalproex sodium oral tablet delayed release* | 2 | MO |
| *donepezil hcl oral tablet 10 mg, 5 mg* | 1 | QL (30 per 30 days); MO |
| *donepezil hcl oral tablet 23 mg* | 2 | QL (30 per 30 days); MO |
| *donepezil hcl oral tablet dispersible* | 2 | QL (30 per 30 days); MO |
| *doxepin hcl oral capsule* | 2 | PA; MO |
| *doxepin hcl oral concentrate* | 2 | PA; MO |
| *doxepin hcl oral tablet* | 4 | QL (30 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG | 4 | QL (60 per 30 days); MO |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG | 4 | QL (30 per 30 days); MO |
| *duloxetine hcl oral capsule delayed release particles 20 mg* | 2 | QL (180 per 30 days); MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *duloxetine hcl oral capsule delayed release particles 30 mg* | 2 | QL (120 per 30 days); MO |
| *duloxetine hcl oral capsule delayed release particles 40 mg* | 4 | QL (90 per 30 days); MO |
| *duloxetine hcl oral capsule delayed release particles 60 mg* | 2 | QL (60 per 30 days); MO |
| EMSAM | 5 | PA; QL (30 per 30 days); MO |
| *entacapone* | 4 | MO |
| EPIDIOLEX | 5 | PA |
| EPITOL | 2 | MO |
| EPRONTIA | 4 | PA; MO |
| *ergotamine-caffeine* | 3 | |
| *escitalopram oxalate oral solution 5 mg/5ml* | 4 | QL (600 per 30 days); MO |
| *escitalopram oxalate oral tablet 10 mg* | 1 | QL (60 per 30 days); MO |
| *escitalopram oxalate oral tablet 20 mg* | 1 | QL (30 per 30 days); MO |
| *escitalopram oxalate oral tablet 5 mg* | 1 | QL (120 per 30 days); MO |
| *eslicarbazepine acetate oral tablet 200 mg, 400 mg* | 4 | QL (30 per 30 days); MO |
| *eslicarbazepine acetate oral tablet 600 mg, 800 mg* | 4 | QL (60 per 30 days); MO |
| *eszopiclone* | 4 | QL (30 per 30 days) |
| *ethosuximide oral capsule* | 3 | MO |
| *ethosuximide oral solution* | 2 | MO |
| FANAPT ORAL TABLET 1 MG | 5 | PA; QL (720 per 30 days); MO |
| FANAPT ORAL TABLET 10 MG, 12 MG | 5 | PA; QL (60 per 30 days); MO |
| FANAPT ORAL TABLET 2 MG | 5 | PA; QL (360 per 30 days); MO |
| FANAPT ORAL TABLET 4 MG | 5 | PA; QL (180 per 30 days); MO |
| FANAPT ORAL TABLET 6 MG | 5 | PA; QL (120 per 30 days); MO |
| FANAPT ORAL TABLET 8 MG | 5 | PA; QL (90 per 30 days); MO |
| FANAPT TITRATION PACK | 4 | PA |
| FANAPT TITRATION PACK A | 4 | PA |
| FANAPT TITRATION PACK B ORAL TABLET | 4 | PA |
| FANAPT TITRATION PACK C ORAL TABLET | 4 | PA |
| *felbamate* | 4 | MO |
| FETZIMA | 4 | PA; QL (30 per 30 days); MO |
| FETZIMA TITRATION | 4 | PA |
| *fingolimod hcl* | 4 | PA; QL (30 per 30 days) |
| FINTEPLA | 5 | PA |
| *fluoxetine hcl oral capsule 10 mg* | 1 | MO |
| *fluoxetine hcl oral capsule 20 mg* | 1 | QL (120 per 30 days); MO |
| *fluoxetine hcl oral capsule 40 mg* | 1 | QL (60 per 30 days); MO |
| *fluoxetine hcl oral capsule delayed release* | 2 | QL (4 per 28 days); MO |
| *fluoxetine hcl oral solution* | 4 | QL (600 per 30 days); MO |
| *fluoxetine hcl oral tablet 10 mg* | 2 | MO |
| *fluoxetine hcl oral tablet 20 mg* | 2 | QL (120 per 30 days); MO |
| *fluphenazine decanoate injection* | 4 | |
| *fluphenazine hcl injection* | 4 | |
| *fluphenazine hcl oral* | 4 | MO |
| *fluvoxamine maleate oral tablet 100 mg* | 2 | QL (90 per 30 days); MO |
| *fluvoxamine maleate oral tablet 25 mg, 50 mg* | 2 | MO |
| FYCOMPA ORAL SUSPENSION | 5 | PA; QL (720 per 30 days); MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *gabapentin oral capsule 100 mg, 400 mg* | 2 | QL (180 per 30 days); MO |
| *gabapentin oral capsule 300 mg* | 2 | QL (270 per 30 days); MO |
| *gabapentin oral solution* | 4 | QL (2160 per 30 days); MO |
| *gabapentin oral tablet 600 mg* | 3 | QL (180 per 30 days); MO |
| *gabapentin oral tablet 800 mg* | 3 | QL (120 per 30 days); MO |
| *galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 8 mg* | 4 | QL (30 per 30 days); MO |
| *galantamine hydrobromide er oral capsule extended release 24 hour 24 mg* | 2 | QL (30 per 30 days); MO |
| *galantamine hydrobromide oral solution* | 4 | QL (200 per 30 days); MO |
| *galantamine hydrobromide oral tablet* | 4 | QL (60 per 30 days); MO |
| *glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml* | 5 | PA; QL (30 per 30 days) |
| *glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml* | 5 | PA; QL (12 per 28 days) |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | 5 | PA; QL (30 per 30 days) |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 5 | PA; QL (12 per 28 days) |
| *guanfacine hcl er* | 4 | QL (30 per 30 days); MO |
| *haloperidol decanoate intramuscular* | 4 | |
| *haloperidol lactate injection* | 4 | |
| *haloperidol lactate oral* | 4 | MO |
| *haloperidol oral* | 4 | MO |
| *imipramine hcl oral* | 2 | PA; MO |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML | 5 | QL (3.5 per 180 days) |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML | 5 | QL (5 per 180 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | 5 | QL (0.75 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | 5 | QL (1 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | 5 | QL (1.5 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 4 | QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | 5 | QL (0.5 per 28 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML | 5 | QL (0.88 per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML | 5 | QL (1.32 per 84 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML | 5 | QL (1.75 per 84 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML | 5 | QL (2.63 per 84 days) |
| KLOXXADO | 4 | |
| *lacosamide intravenous* | 4 | |
| *lacosamide oral solution* | 4 | QL (1200 per 30 days); MO |
| *lacosamide oral tablet* | 4 | QL (60 per 30 days); MO |
| *lamotrigine oral tablet* | 1 | MO |
| *lamotrigine oral tablet chewable* | 2 | MO |
| *levetiracetam er oral tablet extended release 24 hour 500 mg* | 4 | QL (180 per 30 days); MO |
| *levetiracetam er oral tablet extended release 24 hour 750 mg* | 4 | QL (120 per 30 days); MO |
| *levetiracetam intravenous* | 4 | |
| *levetiracetam oral solution* | 4 | MO |
| *levetiracetam oral tablet* | 2 | MO |
| LIBERVANT | 4 | QL (10 per 30 days) |
| *lithium* | 4 | MO |
| *lithium carbonate er* | 4 | MO |
| *lithium carbonate oral* | 4 | MO |
| LORAZEPAM INTENSOL | 3 | QL (150 per 30 days) |
| *lorazepam oral concentrate 1 mg/0.5ml* | 4 | QL (150 per 30 days) |
| *lorazepam oral concentrate 2 mg/ml* | 3 | QL (150 per 30 days) |
| *lorazepam oral tablet 0.5 mg* | 2 | QL (120 per 30 days) |
| *lorazepam oral tablet 1 mg* | 2 | QL (90 per 30 days) |
| *lorazepam oral tablet 2 mg* | 2 | QL (150 per 30 days) |
| *loxapine succinate oral* | 4 | MO |
| *lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg* | 4 | QL (30 per 30 days); MO |
| *lurasidone hcl oral tablet 80 mg* | 4 | QL (60 per 30 days); MO |
| MARPLAN | 4 | MO |
| *memantine hcl er* | 4 | PA; QL (30 per 30 days); MO |
| *memantine hcl oral solution 2 mg/ml* | 4 | PA; QL (300 per 30 days); MO |
| *memantine hcl oral tablet 10 mg* | 1 | PA; QL (60 per 30 days); MO |
| *memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg* | 2 | PA; QL (60 per 30 days) |
| *memantine hcl oral tablet 5 mg* | 1 | PA; QL (90 per 30 days); MO |
| *methocarbamol oral tablet 500 mg, 750 mg* | 4 | |
| *methsuximide* | 4 | MO |
| *methylphenidate hcl er oral tablet extended release* | 4 | PA; QL (90 per 30 days); MO |
| *methylphenidate hcl oral solution 10 mg/5ml* | 4 | PA; QL (900 per 30 days); MO |
| *methylphenidate hcl oral solution 5 mg/5ml* | 4 | PA; QL (1800 per 30 days); MO |
| *methylphenidate hcl oral tablet* | 3 | PA; QL (90 per 30 days); MO |
| *mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg* | 1 | MO |
| *mirtazapine oral tablet 45 mg* | 1 | QL (30 per 30 days); MO |
| *mirtazapine oral tablet dispersible* | 2 | QL (30 per 30 days); MO |
| *modafinil oral tablet 100 mg* | 4 | PA; QL (30 per 30 days); MO |
| *modafinil oral tablet 200 mg* | 4 | PA; QL (60 per 30 days); MO |
| *molindone hcl* | 4 | MO |
| *naloxone hcl injection solution 0.4 mg/ml* | 2 | |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *naloxone hcl injection solution 4 mg/10ml* | 4 | |
| *naloxone hcl injection solution cartridge* | 4 | |
| *naloxone hcl injection solution prefilled syringe 0.4 mg/ml* | 4 | |
| *naloxone hcl injection solution prefilled syringe 2 mg/2ml* | 2 | |
| *naloxone hcl nasal* | 4 | |
| *naltrexone hcl oral* | 4 | |
| NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK | 3 | |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | MO |
| *naratriptan hcl* | 4 | QL (9 per 30 days) |
| NAYZILAM | 4 | PA |
| *nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg* | 4 | MO |
| *nefazodone hcl oral tablet 50 mg* | 2 | MO |
| NICOTROL NS | 4 | QL (120 per 30 days) |
| *nortriptyline hcl oral* | 2 | MO |
| NUEDEXTA | 5 | PA; QL (60 per 30 days); MO |
| NUPLAZID ORAL CAPSULE | 5 | PA; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA; QL (30 per 30 days) |
| NURTEC | 5 | PA; QL (16 per 30 days) |
| *olanzapine intramuscular* | 4 | QL (90 per 30 days) |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg* | 3 | MO |
| *olanzapine oral tablet 20 mg* | 3 | QL (30 per 30 days); MO |
| *olanzapine oral tablet dispersible* | 4 | QL (30 per 30 days); MO |
| OPIPZA ORAL FILM 10 MG, 5 MG | 5 | PA; QL (90 per 30 days); MO |
| OPIPZA ORAL FILM 2 MG | 5 | PA; QL (30 per 30 days); MO |
| *oxazepam* | 4 | QL (120 per 30 days) |
| *oxcarbazepine* | 4 | MO |
| *paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg* | 4 | QL (30 per 30 days); MO |
| *paliperidone er oral tablet extended release 24 hour 6 mg* | 4 | QL (60 per 30 days); MO |
| *paroxetine hcl er oral tablet extended release 24 hour 12.5 mg* | 2 | QL (30 per 30 days); MO |
| *paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg* | 2 | QL (60 per 30 days); MO |
| *paroxetine hcl oral suspension* | 2 | QL (900 per 30 days); MO |
| *paroxetine hcl oral tablet 10 mg, 40 mg* | 1 | QL (45 per 30 days); MO |
| *paroxetine hcl oral tablet 20 mg* | 1 | QL (30 per 30 days); MO |
| *paroxetine hcl oral tablet 30 mg* | 1 | QL (60 per 30 days); MO |
| *perampanel* | 4 | PA; QL (30 per 30 days); MO |
| *perphenazine oral* | 4 | MO |
| *perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg* | 4 | PA; MO |
| *perphenazine-amitriptyline oral tablet 2-25 mg, 4-50 mg* | 2 | PA; MO |
| PERSERIS | 5 | QL (1 per 28 days); MO |
| *phenelzine sulfate oral* | 2 | MO |
| *phenobarbital oral elixir 20 mg/5ml* | 4 | PA; QL (3000 per 30 days); MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml* | 4 | PA; MO |
| *phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg* | 2 | PA; QL (120 per 30 days); MO |
| *phenobarbital oral tablet 16.2 mg, 32.4 mg* | 2 | PA; QL (210 per 30 days); MO |
| PHENYTEK | 4 | MO |
| PHENYTOIN INFATABS | 2 | MO |
| *phenytoin oral* | 2 | MO |
| *phenytoin sodium extended oral capsule 100 mg* | 1 | MO |
| *phenytoin sodium extended oral capsule 200 mg, 300 mg* | 2 | MO |
| *pimozide oral tablet 1 mg* | 2 | MO |
| *pimozide oral tablet 2 mg* | 4 | MO |
| *pramipexole dihydrochloride* | 2 | MO |
| *pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 3 | MO |
| *pregabalin oral capsule 200 mg* | 3 | QL (90 per 30 days); MO |
| *pregabalin oral capsule 225 mg, 300 mg* | 3 | QL (60 per 30 days); MO |
| *pregabalin oral solution* | 3 | QL (900 per 30 days); MO |
| *primidone oral* | 1 | MO |
| *protriptyline hcl* | 4 | PA; MO |
| *pyridostigmine bromide oral tablet 60 mg* | 3 | |
| *quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg* | 4 | QL (30 per 30 days); MO |
| *quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg* | 4 | QL (60 per 30 days); MO |
| *quetiapine fumarate oral tablet 100 mg* | 2 | QL (240 per 30 days); MO |
| *quetiapine fumarate oral tablet 150 mg* | 2 | QL (150 per 30 days); MO |
| *quetiapine fumarate oral tablet 200 mg* | 2 | QL (120 per 30 days); MO |
| *quetiapine fumarate oral tablet 25 mg* | 2 | QL (960 per 30 days); MO |
| *quetiapine fumarate oral tablet 300 mg* | 2 | QL (80 per 30 days); MO |
| *quetiapine fumarate oral tablet 400 mg* | 2 | QL (60 per 30 days); MO |
| *quetiapine fumarate oral tablet 50 mg* | 2 | QL (480 per 30 days); MO |
| RALDESY | 5 | QL (1800 per 30 days); MO |
| *ramelteon* | 4 | QL (30 per 30 days) |
| *rasagiline mesylate oral* | 4 | MO |
| REXULTI | 5 | QL (30 per 30 days); MO |
| *riluzole* | 4 | |
| *risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg* | 4 | QL (2 per 28 days) |
| *risperidone microspheres er intramuscular suspension reconstituted er 50 mg* | 5 | QL (2 per 28 days) |
| *risperidone oral solution* | 4 | QL (480 per 30 days); MO |
| *risperidone oral tablet 0.25 mg* | 2 | QL (1920 per 30 days); MO |
| *risperidone oral tablet 0.5 mg* | 2 | QL (960 per 30 days); MO |
| *risperidone oral tablet 1 mg* | 2 | QL (480 per 30 days); MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *risperidone oral tablet 2 mg* | 2 | QL (240 per 30 days); MO |
| *risperidone oral tablet 3 mg, 4 mg* | 2 | QL (120 per 30 days); MO |
| *risperidone oral tablet dispersible 0.25 mg* | 4 | QL (1920 per 30 days); MO |
| *risperidone oral tablet dispersible 0.5 mg* | 4 | QL (960 per 30 days); MO |
| *risperidone oral tablet dispersible 1 mg* | 4 | QL (480 per 30 days); MO |
| *risperidone oral tablet dispersible 2 mg* | 4 | QL (240 per 30 days); MO |
| *risperidone oral tablet dispersible 3 mg* | 4 | QL (150 per 30 days); MO |
| *risperidone oral tablet dispersible 4 mg* | 4 | QL (120 per 30 days); MO |
| *rivastigmine* | 4 | QL (30 per 30 days); MO |
| *rivastigmine tartrate oral capsule 1.5 mg* | 2 | QL (60 per 30 days); MO |
| *rivastigmine tartrate oral capsule 3 mg, 4.5 mg, 6 mg* | 4 | QL (60 per 30 days); MO |
| *rizatriptan benzoate* | 4 | QL (12 per 30 days) |
| *ropinirole hcl* | 2 | MO |
| *ropinirole hcl er* | 4 | MO |
| *rufinamide oral suspension* | 5 | PA; QL (2400 per 30 days); MO |
| *rufinamide oral tablet 200 mg* | 4 | PA; QL (480 per 30 days); MO |
| *rufinamide oral tablet 400 mg* | 5 | PA; QL (240 per 30 days); MO |
| RYKINDO | 5 | QL (2 per 28 days) |
| SECUADO | 5 | QL (30 per 30 days); MO |
| *selegiline hcl oral* | 2 | MO |
| *sertraline hcl oral concentrate* | 2 | QL (300 per 30 days); MO |
| *sertraline hcl oral tablet 100 mg* | 1 | QL (60 per 30 days); MO |
| *sertraline hcl oral tablet 25 mg* | 1 | QL (240 per 30 days); MO |
| *sertraline hcl oral tablet 50 mg* | 1 | QL (120 per 30 days); MO |
| *sodium oxybate* | 5 | PA; QL (540 per 30 days) |
| SPRAVATO (56 MG DOSE) | 4 | PA; QL (16 per 28 days) |
| SPRAVATO (84 MG DOSE) | 5 | PA; QL (24 per 28 days) |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG | 4 | PA; QL (60 per 30 days); MO |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG | 4 | PA; QL (120 per 30 days); MO |
| SUBVENITE | 3 | MO |
| *sumatriptan succinate oral* | 2 | QL (9 per 30 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5ml* | 4 | QL (6 per 30 days) |
| SYMPAZAN ORAL FILM 10 MG, 20 MG | 5 | PA; QL (60 per 30 days); MO |
| SYMPAZAN ORAL FILM 5 MG | 5 | PA; QL (30 per 30 days); MO |
| *temazepam oral capsule 15 mg, 30 mg* | 2 | QL (30 per 30 days) |
| *teriflunomide* | 4 | PA; QL (30 per 30 days) |
| *tetrabenazine oral tablet 12.5 mg* | 4 | PA; QL (240 per 30 days) |
| *tetrabenazine oral tablet 25 mg* | 5 | PA; QL (120 per 30 days) |
| *thioridazine hcl oral* | 2 | MO |
| *thiothixene oral* | 4 | MO |
| *tiagabine hcl* | 4 | MO |
| *tizanidine hcl oral tablet* | 2 | |
| *topiramate oral capsule sprinkle* | 2 | MO |
| *topiramate oral solution* | 4 | MO |
| *topiramate oral tablet* | 2 | MO |
| *tranylcypromine sulfate* | 4 | MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *trazodone hcl oral tablet 100 mg, 150 mg, 50 mg* | 1 | MO |
| *trazodone hcl oral tablet 300 mg* | 4 | MO |
| *trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg* | 2 | MO |
| *trifluoperazine hcl oral tablet 10 mg* | 4 | MO |
| *trihexyphenidyl hcl oral solution* | 3 | PA; MO |
| *trihexyphenidyl hcl oral tablet* | 2 | MO |
| *trimipramine maleate oral* | 4 | MO |
| TRINTELLIX | 4 | QL (30 per 30 days); MO |
| *valproic acid oral capsule* | 4 | MO |
| *valproic acid oral solution* | 4 | MO |
| VALTOCO 10 MG DOSE | 4 | QL (10 per 30 days) |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML | 4 | QL (10 per 30 days) |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML | 4 | QL (10 per 30 days) |
| VALTOCO 5 MG DOSE | 4 | QL (10 per 30 days) |
| *varenicline tartrate (starter)* | 2 | |
| *varenicline tartrate oral tablet 0.5 mg* | 2 | QL (60 per 30 days) |
| *varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)* | 2 | QL (56 per 28 days) |
| *varenicline tartrate(continue)* | 2 | QL (56 per 28 days) |
| *venlafaxine besylate er* | 4 | QL (60 per 30 days); MO |
| *venlafaxine hcl* | 2 | QL (90 per 30 days); MO |
| *venlafaxine hcl er oral capsule extended release 24 hour 150 mg* | 2 | QL (30 per 30 days); MO |
| *venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg* | 2 | QL (180 per 30 days); MO |
| *venlafaxine hcl er oral capsule extended release 24 hour 75 mg* | 2 | QL (90 per 30 days); MO |
| VERSACLOZ | 4 | QL (600 per 30 days) |
| *vigabatrin oral packet* | 5 | PA; QL (150 per 25 days) |
| *vigabatrin oral tablet* | 5 | PA; QL (180 per 30 days) |
| VIGADRONE ORAL PACKET | 5 | PA; QL (150 per 25 days) |
| VIGADRONE ORAL TABLET | 5 | PA; QL (180 per 30 days) |
| VIGPODER | 5 | PA; QL (150 per 25 days) |
| *vilazodone hcl* | 4 | QL (30 per 30 days); MO |
| VRAYLAR ORAL CAPSULE | 5 | QL (30 per 30 days); MO |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 5 | PA; QL (56 per 28 days); MO |
| XCOPRI (350 MG DAILY DOSE) | 5 | PA; QL (56 per 28 days); MO |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 5 | PA; QL (30 per 30 days); MO |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 5 | PA; QL (60 per 30 days); MO |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG | 4 | PA; QL (56 per 365 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | 5 | PA; QL (56 per 365 days) |
| *zaleplon oral capsule 10 mg* | 4 | QL (60 per 30 days) |
| *zaleplon oral capsule 5 mg* | 4 | QL (30 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ziprasidone hcl oral capsule 20 mg* | 2 | QL (240 per 30 days); MO |
| *ziprasidone hcl oral capsule 40 mg* | 2 | QL (120 per 30 days); MO |
| *ziprasidone hcl oral capsule 60 mg, 80 mg* | 2 | QL (60 per 30 days); MO |
| *ziprasidone mesylate* | 2 | QL (6 per 3 days) |
| *zolpidem tartrate oral tablet* | 2 | QL (30 per 30 days) |
| ZONISADE | 4 | PA; MO |
| *zonisamide oral* | 4 | MO |
| ZTALMY | 5 | PA; QL (1100 per 30 days) |
| ZURZUVAE | 5 | PA |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG | 4 | QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG | 5 | QL (2 per 28 days) |
| **Dermatological Agents** | | |
| ACCUTANE | 4 | |
| *acitretin* | 4 | PA |
| *acyclovir external ointment* | 4 | PA; QL (30 per 30 days) |
| *ala-cort external cream 1 %* | 2 | |
| *alclometasone dipropionate* | 2 | |
| *ammonium lactate external* | 1 | |
| AMNESTEEM | 4 | |
| *benzoyl peroxide-erythromycin* | 4 | |
| *betamethasone dipropionate aug external cream* | 1 | |
| *betamethasone dipropionate aug external gel* | 2 | |
| *betamethasone dipropionate aug external lotion* | 2 | |
| *betamethasone dipropionate aug external ointment* | 2 | |
| *betamethasone dipropionate external cream* | 1 | |
| *betamethasone dipropionate external lotion* | 2 | |
| *betamethasone dipropionate external ointment* | 2 | QL (45 per 30 days) |
| *betamethasone valerate external cream* | 1 | |
| *betamethasone valerate external lotion* | 2 | |
| *betamethasone valerate external ointment* | 2 | |
| *bexarotene external* | 5 | PA; QL (60 per 30 days) |
| *calcipotriene external cream* | 3 | QL (120 per 30 days) |
| *calcipotriene external ointment* | 4 | QL (120 per 30 days) |
| *calcipotriene external solution* | 4 | QL (60 per 30 days) |
| CALCITRENE | 4 | QL (120 per 30 days) |
| *cevimeline hcl* | 4 | MO |
| *chlorhexidine gluconate mouth/ throat* | 2 | |
| CICLODAN EXTERNAL SOLUTION | 1 | |
| *ciclopirox external gel* | 1 | |
| *ciclopirox external shampoo* | 2 | |
| *ciclopirox external solution* | 1 | |
| *ciclopirox olamine external cream* | 2 | QL (90 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ciclopirox olamine external suspension* | 1 | |
| CLARAVIS | 4 | |
| CLINDACIN ETZ EXTERNAL SWAB | 4 | |
| CLINDACIN-P | 4 | |
| *clindamycin phos (once-daily)* | 4 | |
| *clindamycin phos (twice-daily)* | 4 | |
| *clindamycin phosphate external gel* | 4 | |
| *clindamycin phosphate external lotion* | 4 | QL (120 per 30 days) |
| *clindamycin phosphate external solution* | 4 | QL (120 per 30 days) |
| *clindamycin phosphate external swab* | 4 | |
| CLINPRO 5000 | 2 | MO |
| *clobetasol propionate e* | 4 | QL (120 per 30 days) |
| *clobetasol propionate external cream 0.05 %* | 2 | QL (120 per 30 days) |
| *clobetasol propionate external gel* | 2 | QL (60 per 30 days) |
| *clobetasol propionate external ointment* | 4 | QL (120 per 30 days) |
| *clobetasol propionate external shampoo* | 4 | |
| *clobetasol propionate external solution* | 1 | QL (50 per 30 days) |
| CLODAN EXTERNAL SHAMPOO | 4 | |
| *clotrimazole external cream* | 2 | |
| *clotrimazole external solution* | 2 | QL (60 per 30 days) |
| *clotrimazole mouth/ throat troche* | 4 | QL (150 per 30 days) |
| *clotrimazole-betamethasone external cream* | 1 | QL (120 per 30 days) |
| *clotrimazole-betamethasone external lotion* | 2 | QL (120 per 30 days) |
| DENTA 5000 PLUS | 2 | MO |
| DENTAGEL | 2 | MO |
| *desonide external cream* | 2 | |
| *desonide external lotion* | 4 | |
| *desonide external ointment* | 1 | |
| *desoximetasone external cream 0.05 %* | 4 | QL (100 per 30 days) |
| *desoximetasone external cream 0.25 %* | 2 | QL (100 per 30 days) |
| *desoximetasone external ointment 0.25 %* | 2 | |
| *diclofenac sodium external gel 3 %* | 2 | PA; QL (100 per 30 days) |
| *diflorasone diacetate external ointment* | 4 | QL (60 per 30 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ 1.14ML | 5 | PA; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 5 | PA; QL (8 per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | 5 | PA; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 5 | PA; QL (8 per 28 days) |
| *econazole nitrate external cream* | 1 | QL (90 per 30 days) |
| *ery* | 2 | |
| *erythromycin external gel* | 2 | |
| *erythromycin external solution* | 2 | |
| EUCRISA | 4 | |
| *fluocinolone acetonide body* | 4 | QL (120 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *fluocinolone acetonide external cream 0.01 %* | 1 | QL (120 per 30 days) |
| *fluocinolone acetonide external cream 0.025 %* | 2 | QL (120 per 30 days) |
| *fluocinolone acetonide external ointment* | 2 | QL (120 per 30 days) |
| *fluocinolone acetonide external solution* | 2 | QL (120 per 30 days) |
| *fluocinolone acetonide scalp* | 2 | QL (120 per 30 days) |
| *fluocinonide emulsified base* | 2 | QL (240 per 30 days) |
| *fluocinonide external cream 0.05 %* | 1 | QL (240 per 30 days) |
| *fluocinonide external gel* | 4 | QL (240 per 30 days) |
| *fluocinonide external ointment* | 2 | QL (240 per 30 days) |
| *fluocinonide external solution* | 2 | QL (240 per 30 days) |
| FLUORIDEX | 2 | MO |
| FLUORIDEX ENHANCED WHITENING DENTAL PASTE | 2 | MO |
| FLUORIMAX 5000 | 2 | MO |
| *fluorouracil external cream 5 %* | 4 | QL (40 per 28 days) |
| *fluorouracil external solution 2 %* | 3 | QL (10 per 28 days) |
| *fluorouracil external solution 5 %* | 2 | QL (10 per 28 days) |
| *fluticasone propionate external cream* | 2 | |
| *fluticasone propionate external ointment* | 2 | |
| *gentamicin sulfate external* | 4 | QL (30 per 30 days) |
| *halobetasol propionate external cream* | 2 | |
| *halobetasol propionate external ointment* | 2 | |
| *hydrocortisone (perianal)* | 2 | |
| *hydrocortisone external cream 1 %, 2.5 %* | 2 | |
| *hydrocortisone external lotion 2.5 %* | 2 | |
| *hydrocortisone external ointment 1 %, 2.5 %* | 2 | |
| *hydrocortisone external solution 2.5 %* | 4 | |
| *hydrocortisone valerate* | 2 | |
| *imiquimod external cream 5 %* | 4 | QL (24 per 28 days) |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 4 | |
| JUST RIGHT 5000 DENTAL PASTE | 2 | MO |
| *ketoconazole external cream* | 2 | QL (120 per 30 days) |
| *ketoconazole external shampoo 2 %* | 1 | QL (120 per 30 days) |
| KLAYESTA | 2 | |
| *malathion external* | 2 | |
| *metronidazole external cream* | 2 | |
| *metronidazole external gel 0.75 %* | 2 | |
| *metronidazole external gel 1 %* | 4 | |
| *metronidazole external lotion* | 4 | |
| *mometasone furoate external cream* | 1 | |
| *mometasone furoate external ointment* | 1 | |
| *mometasone furoate external solution* | 2 | |
| *mupirocin calcium* | 4 | QL (30 per 30 days) |
| *mupirocin external* | 3 | QL (120 per 30 days) |
| *nitroglycerin rectal* | 4 | QL (30 per 30 days) |
| NYAMYC | 2 | |
| *nystatin external* | 2 | |
| *nystatin mouth/throat* | 4 | |
| *nystatin-triamcinolone external cream* | 1 | QL (120 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *nystatin-triamcinolone external ointment* | 2 | QL (120 per 30 days) |
| NYSTOP | 2 | |
| ORALONE | 2 | |
| PANRETIN | 5 | |
| PERIOGARD | 2 | |
| *permethrin external cream* | 2 | |
| *pilocarpine hcl oral* | 4 | MO |
| *pimecrolimus* | 2 | PA; QL (100 per 30 days) |
| *podofilox external solution* | 2 | |
| PROCTO-MED HC EXTERNAL | 2 | |
| PROCTOSOL HC EXTERNAL | 2 | |
| PROCTOZONE-HC EXTERNAL | 2 | |
| SANTYL | 4 | QL (30 per 30 days) |
| *selenium sulfide external lotion* | 1 | |
| *sf* | 2 | MO |
| *sf 5000 plus* | 2 | MO |
| *silver sulfadiazine external* | 4 | |
| *sod fluoride-potassium nitrate* | 2 | |
| *sodium fluoride 5000 enamel dental gel* | 2 | |
| *sodium fluoride 5000 plus* | 2 | MO |
| *sodium fluoride 5000 ppm* | 2 | MO |
| *sodium fluoride 5000 sensitive dental gel* | 2 | |
| *sodium fluoride dental cream* | 2 | MO |
| *sodium fluoride dental gel 1.1 %* | 2 | MO |
| *sodium fluoride mouth/ throat* | 2 | MO |
| SSD (SILVER SULFADIAZINE) | 4 | |
| *sulfacetamide sodium (acne)* | 4 | |
| SULFAMYLON EXTERNAL CREAM | 4 | |
| *tacrolimus external ointment* | 4 | PA; QL (100 per 30 days) |
| *tazarotene external cream* | 4 | PA |
| *tazarotene external gel* | 4 | PA |
| TEXACORT | 4 | |
| *tretinoin external cream 0.025 %* | 2 | PA; QL (45 per 30 days) |
| *tretinoin external cream 0.05 %, 0.1 %* | 4 | PA; QL (45 per 30 days) |
| *tretinoin external gel 0.01 %, 0.05 %* | 4 | PA; QL (45 per 30 days) |
| *tretinoin external gel 0.025 %* | 2 | PA; QL (45 per 30 days) |
| *triamcinolone acetonide external cream* | 1 | QL (454 per 30 days) |
| *triamcinolone acetonide external lotion* | 2 | |
| *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %* | 1 | |
| *triamcinolone acetonide mouth/ throat* | 2 | |
| TRIDERM EXTERNAL CREAM 0.5 % | 1 | QL (454 per 30 days) |
| VALCHLOR | 5 | PA |
| ZENATANE | 4 | |
| **Electrolytes / Minerals / Metals / Vitamins** | | |
| *carglumic acid oral tablet soluble* | 5 | PA |
| CLINIMIX/DEXTROSE (4.25/10) | 4 | B/D PA |
| CLINIMIX/DEXTROSE (4.25/5) | 4 | B/D PA |
| CLINIMIX/DEXTROSE (5/15) | 4 | B/D PA |
| CLINIMIX/DEXTROSE (5/20) | 4 | B/D PA |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| CLINISOL SF | 2 | B/D PA |
| *dextrose in lactated ringers* | 4 | |
| *dextrose intravenous solution 10 %, 250 mg/ml, 5 %, 50 %, 70 %* | 4 | |
| *dextrose-nacl intravenous solution 5-0.9 %* | 4 | |
| *dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.3 %, 5-0.45 %, 5-0.9 %* | 4 | |
| EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ | 4 | MO |
| *glucose (dextrose) intravenous solution 50 %* | 4 | |
| INTRALIPID | 4 | B/D PA |
| ISOLYTE-P IN D5W | 4 | |
| ISOLYTE-S PH 7.4 | 4 | |
| *kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%* | 4 | |
| *kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%* | 4 | |
| KLOR-CON 10 | 2 | MO |
| KLOR-CON M10 | 2 | MO |
| KLOR-CON M15 | 2 | MO |
| KLOR-CON M20 | 2 | MO |
| KLOR-CON ORAL PACKET 20 MEQ | 4 | MO |
| KLOR-CON ORAL TABLET EXTENDED RELEASE | 2 | MO |
| KLOR-CON/EF | 2 | MO |
| *lactated ringers intravenous* | 4 | |
| *levocarnitine oral solution* | 4 | B/D PA; MO |
| *levocarnitine oral tablet* | 4 | B/D PA; MO |
| *levocarnitine sf* | 4 | B/D PA; MO |
| *magnesium sulfate injection solution 50 %, 50 % (10ml syringe)* | 4 | |
| *multiple electro type 1 ph 5.5* | 4 | |
| *multiple electro type 1 ph 7.4* | 4 | |
| NUTRILIPID | 3 | B/D PA |
| PLASMA-LYTE A | 4 | |
| PLENAMINE | 4 | B/D PA |
| *pnv-dha* | 3 | |
| *potassium chloride crys er* | 4 | MO |
| *potassium chloride er* | 2 | MO |
| *potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%* | 4 | |
| *potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 20 meq/50ml, 40 meq/100ml* | 4 | |
| *potassium chloride oral packet* | 4 | MO |
| *potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)* | 4 | MO |
| *potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l* | 4 | |
| PREMASOL INTRAVENOUS SOLUTION 10 % | 4 | B/D PA |
| *prenatal oral tablet 27-1 mg* | 4 | |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *prenatal vit w/ ferrous fumarate-l methylfolate-folic acid* | 3 | |
| PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID | 3 | |
| PROSOL | 4 | B/D PA |
| *ringers* | 4 | |
| *sodium chloride injection solution 2.5 meq/ml* | 4 | |
| *sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %* | 4 | |
| *sodium fluoride oral tablet 2.2 (1 f) mg* | 2 | MO |
| *sodium fluoride oral tablet chewable* | 2 | MO |
| TPN ELECTROLYTES INTRAVENOUS CONCENTRATE | 4 | |
| TRAVASOL | 4 | B/D PA |
| TROPHAMINE INTRAVENOUS SOLUTION 10 % | 4 | B/D PA |
| **Endocrine And Metabolic Disorder Agents** | | |
| *acarbose oral* | 2 | QL (90 per 30 days); MO |
| *alendronate sodium oral solution* | 1 | QL (300 per 28 days); MO |
| *alendronate sodium oral tablet 10 mg* | 1 | QL (30 per 30 days); MO |
| *alendronate sodium oral tablet 35 mg, 70 mg* | 1 | QL (4 per 28 days); MO |
| *calcitonin (salmon) nasal* | 3 | QL (4 per 30 days); MO |
| *calcitriol oral capsule* | 1 | MO |
| *calcitriol oral solution* | 4 | MO |
| *cinacalcet hcl oral tablet 30 mg, 60 mg* | 4 | B/D PA; QL (60 per 30 days) |
| *cinacalcet hcl oral tablet 90 mg* | 4 | B/D PA; QL (120 per 30 days) |
| *dapagliflozin propanediol* | 3 | QL (30 per 30 days) |
| *deferasirox oral tablet 90 mg* | 3 | PA |
| *deferasirox oral tablet soluble* | 4 | PA |
| *diazoxide oral* | 4 | MO |
| *doxercalciferol oral* | 4 | B/D PA; MO |
| FARXIGA | 3 | QL (30 per 30 days); MO |
| FIASP FLEXTOUCH | 3 | MO |
| FIASP INJECTION | 3 | MO |
| FIASP PENFILL | 3 | MO |
| FIASP PUMPCART | 3 | MO |
| *glimepiride oral tablet 1 mg* | 1 | QL (240 per 30 days); MO |
| *glimepiride oral tablet 2 mg* | 1 | QL (120 per 30 days); MO |
| *glimepiride oral tablet 4 mg* | 1 | QL (60 per 30 days); MO |
| *glipizide er oral tablet extended release 24 hour 10 mg* | 1 | QL (60 per 30 days); MO |
| *glipizide er oral tablet extended release 24 hour 2.5 mg* | 1 | QL (240 per 30 days); MO |
| *glipizide er oral tablet extended release 24 hour 5 mg* | 1 | QL (120 per 30 days); MO |
| *glipizide oral tablet 10 mg* | 1 | QL (120 per 30 days); MO |
| *glipizide oral tablet 2.5 mg* | 1 | MO |
| *glipizide oral tablet 5 mg* | 1 | QL (240 per 30 days); MO |
| *glipizide-metformin hcl oral tablet 2.5-250 mg* | 1 | QL (240 per 30 days); MO |
| *glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg* | 1 | QL (120 per 30 days); MO |
| *glucagon emergency injection kit* | 3 | |
| *glyburide micronized oral tablet 1.5 mg* | 1 | QL (240 per 30 days); MO |
| *glyburide micronized oral tablet 3 mg* | 1 | QL (120 per 30 days); MO |
| *glyburide micronized oral tablet 6 mg* | 1 | QL (60 per 30 days); MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *glyburide oral tablet 1.25 mg* | 1 | QL (480 per 30 days); MO |
| *glyburide oral tablet 2.5 mg* | 1 | QL (240 per 30 days); MO |
| *glyburide oral tablet 5 mg* | 1 | QL (120 per 30 days); MO |
| *glyburide-metformin oral tablet 1.25-250 mg* | 1 | QL (240 per 30 days); MO |
| *glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg* | 1 | QL (120 per 30 days); MO |
| GVOKE HYPOPEN 1-PACK | 3 | |
| GVOKE HYPOPEN 2-PACK | 3 | |
| GVOKE KIT | 3 | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML | 3 | |
| *ibandronate sodium oral* | 1 | QL (1 per 28 days); MO |
| *insulin asp prot & asp flexpen* | 3 | MO |
| *insulin aspart flexpen* | 3 | MO |
| *insulin aspart injection* | 3 | MO |
| *insulin aspart penfill* | 3 | MO |
| *insulin aspart prot & aspart* | 3 | MO |
| INVOKAMET | 4 | QL (60 per 30 days); MO |
| INVOKAMET XR | 4 | QL (60 per 30 days); MO |
| INVOKANA | 4 | QL (30 per 30 days); MO |
| JANUMET | 3 | QL (60 per 30 days); MO |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | 3 | QL (30 per 30 days); MO |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | 3 | QL (60 per 30 days); MO |
| JANUVIA | 3 | QL (30 per 30 days); MO |
| JARDIANCE | 3 | QL (30 per 30 days); MO |
| JENTADUETO | 3 | QL (60 per 30 days); MO |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | 3 | QL (60 per 30 days); MO |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG | 3 | QL (30 per 30 days); MO |
| KERENDIA | 4 | QL (30 per 30 days); MO |
| KIONEX COMBINATION | 4 | |
| LANTUS | 3 | QL (30 per 30 days); MO |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | QL (30 per 30 days); MO |
| LOKELMA ORAL PACKET 10 GM | 3 | QL (34 per 30 days); MO |
| LOKELMA ORAL PACKET 5 GM | 3 | QL (90 per 30 days); MO |
| *metformin hcl er oral tablet extended release 24 hour 500 mg* | 1 | QL (120 per 30 days); MO |
| *metformin hcl er oral tablet extended release 24 hour 750 mg* | 1 | QL (60 per 30 days); MO |
| *metformin hcl oral tablet 1000 mg* | 1 | QL (60 per 30 days); MO |
| *metformin hcl oral tablet 500 mg* | 1 | QL (150 per 30 days); MO |
| *metformin hcl oral tablet 850 mg* | 1 | QL (90 per 30 days); MO |
| *miglitol* | 4 | QL (90 per 30 days); MO |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL (2 per 28 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *nateglinide oral tablet 120 mg* | 1 | QL (90 per 30 days); MO |
| *nateglinide oral tablet 60 mg* | 1 | QL (180 per 30 days); MO |
| NOVOLIN 70/30 | 3 | MO |
| NOVOLIN 70/30 FLEXPEN | 3 | MO |
| NOVOLIN 70/30 FLEXPEN RELION | 3 | MO |
| NOVOLIN 70/30 RELION | 3 | MO |
| NOVOLIN N | 3 | MO |
| NOVOLIN N FLEXPEN | 3 | MO |
| NOVOLIN N FLEXPEN RELION | 3 | MO |
| NOVOLIN N RELION | 3 | MO |
| NOVOLIN R | 3 | MO |
| NOVOLIN R FLEXPEN | 3 | MO |
| NOVOLIN R FLEXPEN RELION | 3 | MO |
| NOVOLIN R RELION | 3 | MO |
| NOVOLOG 70/30 FLEXPEN RELION | 3 | MO |
| NOVOLOG FLEXPEN RELION | 3 | MO |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 3 | MO |
| NOVOLOG INJECTION | 3 | MO |
| NOVOLOG MIX 70/30 | 3 | MO |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 3 | MO |
| NOVOLOG MIX 70/30 RELION | 3 | MO |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE | 3 | MO |
| NOVOLOG RELION INJECTION | 3 | MO |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 3 | PA; QL (3 per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 3 | PA; QL (3 per 28 days) |
| OZEMPIC (2 MG/DOSE) | 3 | PA; QL (3 per 28 days) |
| *paricalcitol oral* | 4 | B/D PA; MO |
| *pioglitazone hcl oral tablet 15 mg* | 1 | QL (90 per 30 days); MO |
| *pioglitazone hcl oral tablet 30 mg* | 1 | QL (45 per 30 days); MO |
| *pioglitazone hcl oral tablet 45 mg* | 1 | QL (30 per 30 days); MO |
| *pioglitazone hcl-glimepiride* | 1 | QL (30 per 30 days); MO |
| *pioglitazone hcl-metformin hcl* | 1 | QL (90 per 30 days); MO |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 4 | PA; QL (1 per 180 days) |
| *repaglinide oral tablet 0.5 mg* | 1 | QL (960 per 30 days); MO |
| *repaglinide oral tablet 1 mg* | 1 | QL (480 per 30 days); MO |
| *repaglinide oral tablet 2 mg* | 1 | QL (240 per 30 days); MO |
| *risedronate sodium oral tablet 150 mg* | 4 | QL (1 per 28 days); MO |
| *risedronate sodium oral tablet 30 mg* | 2 | QL (30 per 30 days) |
| *risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)* | 2 | QL (4 per 28 days); MO |
| *risedronate sodium oral tablet 5 mg* | 2 | QL (30 per 30 days); MO |
| *risedronate sodium oral tablet delayed release* | 4 | QL (4 per 28 days); MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG | 3 | PA; QL (60 per 365 days) |
| RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9 MG | 3 | PA; QL (30 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 7 MG | 3 | PA; QL (30 per 30 days) |
| RYBELSUS ORAL TABLET 3 MG | 3 | PA; QL (60 per 365 days) |
| *sodium polystyrene sulfonate oral powder* | 4 | |
| SOLIQUA | 3 | QL (15 per 25 days); MO |
| SPS (SODIUM POLYSTYRENE SULF) | 3 | |
| SYNJARDY | 3 | QL (60 per 30 days); MO |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG | 3 | QL (60 per 30 days); MO |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG | 3 | QL (30 per 30 days); MO |
| *teriparatide subcutaneous solution pen-injector 560 mcg/ 2.24ml* | 5 | PA; QL (3 per 28 days) |
| *tolvaptan oral tablet 15 mg (hyponatremia)* | 5 | PA; QL (30 per 30 days) |
| *tolvaptan oral tablet 15 mg, 30 mg* | 5 | PA; QL (120 per 30 days) |
| *tolvaptan oral tablet 30 mg (hyponatremia)* | 5 | PA; QL (60 per 30 days) |
| TOUJEO MAX SOLOSTAR | 3 | QL (12 per 30 days); MO |
| TOUJEO SOLOSTAR | 3 | QL (13.5 per 30 days); MO |
| TRADJENTA | 3 | QL (30 per 30 days); MO |
| *trientine hcl oral capsule 250 mg* | 5 | PA |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; QL (2 per 28 days) |
| XGEVA | 5 | PA; QL (5.1 per 28 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG | 3 | QL (30 per 30 days); MO |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG | 3 | QL (60 per 30 days); MO |
| **Gastrointestinal Agents** | | |
| *alosetron hcl oral tablet 0.5 mg* | 4 | PA; QL (60 per 30 days); MO |
| *alosetron hcl oral tablet 1 mg* | 5 | PA; QL (60 per 30 days); MO |
| *aprepitant oral capsule 125 mg* | 5 | B/D PA; QL (5 per 30 days) |
| *aprepitant oral capsule 40 mg* | 4 | B/D PA; QL (1 per 28 days) |
| *aprepitant oral capsule 80 & 125 mg* | 4 | B/D PA; QL (15 per 30 days) |
| *aprepitant oral capsule 80 mg* | 4 | B/D PA; QL (10 per 30 days) |
| *balsalazide disodium* | 4 | |
| *budesonide er oral tablet extended release 24 hour* | 4 | PA |
| *budesonide oral* | 4 | |
| *cimetidine oral tablet 200 mg* | 2 | |
| *cimetidine oral tablet 300 mg, 400 mg, 800 mg* | 2 | MO |
| COMPRO | 4 | |
| *constulose* | 4 | MO |
| *dexlansoprazole* | 2 | QL (30 per 30 days); MO |
| *dicyclomine hcl oral capsule* | 4 | PA |
| *dicyclomine hcl oral solution 10 mg/5ml* | 4 | PA |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dicyclomine hcl oral tablet 20 mg* | 4 | PA |
| *diphenoxylate-atropine oral liquid* | 4 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 4 | |
| *dronabinol* | 4 | B/D PA; QL (120 per 30 days) |
| *enulose* | 4 | MO |
| *esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg* | 3 | QL (30 per 30 days); MO |
| *famotidine oral suspension reconstituted* | 4 | MO |
| *famotidine oral tablet 20 mg, 40 mg* | 1 | MO |
| GATTEX | 5 | PA |
| GAVILYTE-C | 2 | |
| GAVILYTE-G | 2 | |
| GAVILYTE-N WITH FLAVOR PACK | 2 | |
| *generlac* | 4 | MO |
| *glycopyrrolate oral tablet 1 mg* | 2 | |
| *glycopyrrolate oral tablet 2 mg* | 4 | |
| *granisetron hcl oral* | 4 | B/D PA; QL (30 per 30 days) |
| *hydrocortisone oral tablet 10 mg, 5 mg* | 2 | |
| *hydrocortisone oral tablet 20 mg* | 4 | |
| *hydrocortisone rectal enema* | 4 | |
| *lactulose encephalopathy oral solution 10 gm/15ml* | 4 | MO |
| *lactulose oral solution* | 4 | MO |
| *lansoprazole oral capsule delayed release 15 mg* | 4 | MO |
| *lansoprazole oral capsule delayed release 30 mg* | 4 | QL (30 per 30 days); MO |
| LINZESS | 3 | QL (30 per 30 days); MO |
| *loperamide hcl oral capsule* | 2 | |
| *lubiprostone* | 4 | QL (60 per 30 days); MO |
| *meclizine hcl oral tablet 12.5 mg, 25 mg* | 1 | PA |
| *mesalamine er oral capsule extended release 24 hour* | 4 | MO |
| *mesalamine oral capsule delayed release* | 4 | MO |
| *mesalamine oral tablet delayed release 1.2 gm* | 4 | MO |
| *mesalamine oral tablet delayed release 800 mg* | 4 | |
| *mesalamine rectal* | 4 | |
| *methscopolamine bromide oral* | 4 | |
| *metoclopramide hcl injection* | 4 | |
| *metoclopramide hcl oral solution 10 mg/ 10ml, 5 mg/5ml* | 4 | |
| *metoclopramide hcl oral tablet* | 2 | |
| *misoprostol oral* | 3 | MO |
| MOVANTIK | 3 | QL (30 per 30 days) |
| *na sulfate-k sulfate-mg sulf* | 3 | |
| *nizatidine oral capsule* | 2 | MO |
| *omeprazole oral capsule delayed release* | 1 | MO |
| *ondansetron hcl +rfid* | 4 | |
| *ondansetron hcl injection solution* | 4 | |
| *ondansetron hcl oral solution* | 4 | B/D PA; QL (450 per 30 days) |
| *ondansetron hcl oral tablet 24 mg* | 4 | B/D PA; QL (30 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ondansetron hcl oral tablet 4 mg* | 2 | B/D PA; QL (90 per 30 days) |
| *ondansetron hcl oral tablet 8 mg* | 3 | B/D PA; QL (90 per 30 days) |
| *ondansetron oral tablet dispersible 16 mg* | 4 | B/D PA; QL (30 per 30 days) |
| *ondansetron oral tablet dispersible 4 mg, 8 mg* | 4 | B/D PA; QL (90 per 30 days) |
| *pantoprazole sodium oral tablet delayed release* | 1 | MO |
| *peg 3350-kcl-na bicarb-nacl* | 2 | |
| *peg-3350/electrolytes* | 2 | |
| *peg-3350/electrolytes/ ascorbat* | 4 | |
| *peg-kcl-nacl-nasulf-na asc-c* | 4 | |
| *prochlorperazine* | 4 | |
| *prochlorperazine edisylate injection solution 10 mg/2ml* | 4 | |
| *prochlorperazine maleate oral* | 4 | MO |
| *promethazine hcl injection* | 4 | PA |
| *promethazine hcl oral solution* | 4 | PA |
| *promethazine hcl oral tablet* | 4 | PA |
| *rabeprazole sodium oral tablet delayed release* | 4 | QL (30 per 30 days); MO |
| *scopolamine* | 4 | QL (10 per 28 days) |
| *sucralfate oral tablet* | 3 | MO |
| *sulfasalazine oral* | 2 | MO |
| *ursodiol oral capsule 300 mg* | 4 | MO |
| *ursodiol oral tablet 250 mg* | 3 | MO |
| *ursodiol oral tablet 500 mg* | 4 | MO |
| VOWST | 5 | PA; QL (12 per 30 days) |
| XERMELO | 5 | PA; QL (90 per 30 days) |
| **Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment** | | |
| *betaine* | 5 | |
| CREON | 3 | MO |
| *cromolyn sodium oral* | 4 | MO |
| CYSTAGON | 4 | PA |
| *nitisinone* | 5 | PA |
| PROLASTIN-C INTRAVENOUS SOLUTION | 5 | PA |
| REVCOVI | 5 | PA |
| *sapropterin dihydrochloride oral tablet* | 5 | PA |
| *sodium phenylbutyrate oral powder 3 gm/tsp* | 5 | PA |
| *sodium phenylbutyrate oral tablet* | 5 | PA |
| **Genitourinary Agents** | | |
| *alfuzosin hcl er* | 2 | MO |
| *bethanechol chloride oral tablet 10 mg, 25 mg* | 3 | |
| *bethanechol chloride oral tablet 5 mg* | 2 | |
| *bethanechol chloride oral tablet 50 mg* | 4 | |
| *clindamycin phosphate vaginal* | 4 | |
| *dutasteride oral* | 2 | QL (30 per 30 days); MO |
| *dutasteride-tamsulosin hcl* | 4 | QL (30 per 30 days); MO |
| ELMIRON | 5 | |
| *fesoterodine fumarate er* | 2 | QL (30 per 30 days); MO |
| *finasteride oral tablet 5 mg* | 1 | MO |
| *metronidazole vaginal* | 2 | |
| *miconazole 3 vaginal suppository* | 4 | |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *mirabegron er* | 3 | QL (30 per 30 days); MO |
| *oxybutynin chloride er oral tablet extended release 24 hour 10 mg* | 3 | QL (60 per 30 days); MO |
| *oxybutynin chloride er oral tablet extended release 24 hour 15 mg* | 2 | QL (60 per 30 days); MO |
| *oxybutynin chloride er oral tablet extended release 24 hour 5 mg* | 2 | QL (30 per 30 days); MO |
| *oxybutynin chloride oral tablet 2.5 mg* | 2 | QL (90 per 30 days); MO |
| *oxybutynin chloride oral tablet 5 mg* | 2 | QL (120 per 30 days); MO |
| *penicillamine oral tablet* | 5 | |
| *potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)* | 2 | |
| *potassium citrate er oral tablet extended release 5 meq (540 mg)* | 4 | |
| *silodosin* | 4 | MO |
| *solifenacin succinate* | 2 | QL (30 per 30 days); MO |
| *tadalafil oral tablet 5 mg* | 4 | PA; QL (30 per 30 days); MO |
| *tamsulosin hcl* | 1 | MO |
| *terconazole* | 2 | |
| *tolterodine tartrate er* | 4 | QL (30 per 30 days); MO |
| *tolterodine tartrate oral tablet 1 mg* | 2 | QL (60 per 30 days); MO |
| *tolterodine tartrate oral tablet 2 mg* | 4 | QL (60 per 30 days); MO |
| *trospium chloride* | 4 | QL (60 per 30 days); MO |
| *trospium chloride er* | 4 | QL (30 per 30 days); MO |
| **Hormonal Agents** | | |
| ABIGALE | 4 | PA; MO |
| ABIGALE LO | 4 | PA; MO |
| AFIRMELLE | 2 | MO |
| ALTAVERA | 2 | MO |
| *alyacen 1/35* | 2 | MO |
| *alyacen 7/7/7* | 2 | MO |
| AMETHIA | 4 | MO |
| AMETHYST | 2 | MO |
| APRI | 2 | MO |
| ARANELLE | 2 | MO |
| ASHLYNA | 4 | MO |
| AUBRA EQ | 2 | MO |
| AUROVELA 1.5/30 | 2 | MO |
| AUROVELA 1/20 | 2 | MO |
| AUROVELA 24 FE | 2 | MO |
| AUROVELA FE 1.5/30 | 2 | MO |
| AUROVELA FE 1/20 | 2 | MO |
| AVIANE | 2 | MO |
| AYUNA | 2 | MO |
| AZURETTE | 3 | MO |
| BALZIVA | 2 | MO |
| BIJUVA | 4 | PA; MO |
| BLISOVI 24 FE | 2 | MO |
| BLISOVI FE 1.5/30 | 2 | MO |
| BLISOVI FE 1/20 | 2 | MO |
| *briellyn* | 2 | MO |
| *cabergoline* | 4 | |
| CAMILA | 2 | MO |
| CAMRESE | 4 | MO |
| CHARLOTTE 24 FE | 2 | MO |
| CHATEAL EQ | 2 | MO |
| CRYSELLE-28 | 2 | MO |
| CYRED EQ | 2 | MO |
| *danazol oral* | 4 | |
| DASETTA 1/35 (28) | 2 | MO |
| DASETTA 7/7/7 | 2 | MO |
| DAYSEE | 4 | MO |
| DEBLITANE | 2 | MO |
| DELYLA | 2 | MO |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | 3 | |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML | 4 | PA; MO |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML | 4 | MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *desmopressin ace spray refrig* | 4 | MO |
| *desmopressin acetate injection* | 4 | |
| *desmopressin acetate oral tablet 0.1 mg* | 3 | MO |
| *desmopressin acetate oral tablet 0.2 mg* | 4 | MO |
| *desmopressin acetate pf* | 4 | |
| *desmopressin acetate spray* | 4 | MO |
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)* | 3 | MO |
| *dexamethasone oral elixir* | 4 | |
| *dexamethasone oral solution* | 4 | |
| *dexamethasone oral tablet* | 4 | |
| *dexamethasone sod phosphate pf injection solution* | 4 | |
| *dexamethasone sodium phosphate injection solution* | 4 | |
| DOLISHALE | 2 | MO |
| DOTTI | 4 | PA; QL (8 per 28 days); MO |
| *drospirenone-ethinyl estradiol* | 2 | MO |
| ELINEST | 2 | MO |
| ELURYNG | 3 | MO |
| EMZAHH | 2 | MO |
| ENPRESSE-28 | 2 | MO |
| ENSKYCE ORAL TABLET 0.15-30 MG-MCG | 2 | MO |
| ERRIN | 2 | MO |
| ESTARYLLA | 2 | MO |
| *estradiol oral* | 2 | MO |
| *estradiol transdermal patch twice weekly* | 2 | PA; QL (8 per 28 days); MO |
| *estradiol transdermal patch weekly* | 2 | PA; QL (4 per 28 days); MO |
| *estradiol vaginal* | 2 | MO |
| *estradiol valerate intramuscular* | 2 | |
| *estradiol-norethindrone acet* | 4 | PA; MO |
| *ethynodiol diac-eth estradiol* | 2 | MO |
| FALMINA | 2 | MO |
| FEIRZA 1.5/30 | 2 | MO |
| FEIRZA 1/20 | 2 | MO |
| FINZALA | 2 | MO |
| *fludrocortisone acetate oral* | 2 | MO |
| FYAVOLV | 4 | PA; MO |
| GALLIFREY | 4 | MO |
| HAILEY 1.5/30 | 2 | MO |
| HAILEY 24 FE | 2 | MO |
| HAILEY FE 1.5/30 | 2 | MO |
| HAILEY FE 1/20 | 2 | MO |
| HALOETTE | 4 | MO |
| HEATHER | 2 | MO |
| ICLEVIA | 2 | MO |
| INCASSIA | 2 | MO |
| INCRELEX | 5 | PA |
| INTROVALE | 2 | MO |
| ISIBLOOM | 2 | MO |
| JAIMIESS | 4 | MO |
| JASMIEL | 2 | MO |
| JENCYCLA | 2 | MO |
| JINTELI | 4 | PA; MO |
| JOLESSA | 2 | MO |
| JULEBER | 2 | MO |
| JUNEL 1.5/30 | 2 | MO |
| JUNEL 1/20 | 2 | MO |
| JUNEL FE 1.5/30 | 2 | MO |
| JUNEL FE 1/20 | 2 | MO |
| JUNEL FE 24 | 2 | MO |
| KALLIGA | 2 | MO |
| KARIVA | 3 | MO |
| KELNOR 1/35 | 2 | MO |
| KELNOR 1/50 | 2 | MO |
| KURVELO | 2 | MO |
| LARIN 1.5/30 | 2 | MO |
| LARIN 1/20 | 2 | MO |
| LARIN 24 FE | 2 | MO |
| LARIN FE 1.5/30 | 2 | MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| LARIN FE 1/20 | 2 | MO |
| LEENA | 2 | MO |
| LESSINA | 2 | MO |
| *levo-t* | 1 | MO |
| LEVONEST | 2 | MO |
| *levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg* | 2 | MO |
| *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg* | 4 | MO |
| *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg* | 2 | MO |
| *levonorgestrel-ethinyl estrad* | 2 | MO |
| LEVORA 0.15/30 (28) | 2 | MO |
| *levothyroxine sodium oral tablet* | 1 | MO |
| LEVOXYL | 1 | MO |
| LIOMNY | 2 | MO |
| *liothyronine sodium oral* | 2 | MO |
| LO-ZUMANDIMINE | 2 | MO |
| LOESTRIN 1.5/30 (21) | 2 | MO |
| LOESTRIN 1/20 (21) | 2 | MO |
| LOESTRIN FE 1.5/30 | 2 | MO |
| LOESTRIN FE 1/20 | 2 | MO |
| LORYNA | 2 | MO |
| LOW-OGESTREL | 2 | MO |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 5 | PA; QL (1 per 28 days) |
| LUTERA | 2 | MO |
| LYLEQ | 2 | MO |
| LYLLANA | 2 | PA; QL (8 per 28 days); MO |
| LYZA | 2 | MO |
| *marlissa* | 2 | MO |
| *medroxyprogesterone acetate intramuscular* | 3 | |
| *medroxyprogesterone acetate oral* | 2 | MO |
| MELEYA | 2 | MO |
| *methimazole oral* | 1 | MO |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg* | 2 | |
| *methylprednisolone oral tablet 8 mg* | 4 | |
| *methylprednisolone oral tablet therapy pack* | 2 | |
| MICROGESTIN 1.5/30 | 2 | MO |
| MICROGESTIN 1/20 | 2 | MO |
| MICROGESTIN FE 1.5/30 | 2 | MO |
| MICROGESTIN FE 1/20 | 2 | MO |
| *mifepristone oral tablet 300 mg* | 5 | PA |
| MILI | 2 | MO |
| MIMVEY | 4 | PA; MO |
| MONO-LINYAH | 2 | MO |
| NECON 0.5/35 (28) | 2 | MO |
| NEXPLANON | 3 | |
| NIKKI | 2 | MO |
| NORA-BE | 2 | MO |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR | 5 | PA |
| *norelgestromin-eth estradiol* | 3 | MO |
| *norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | 2 | MO |
| *norethin ace-eth estrad-fe oral tablet chewable* | 2 | MO |
| *norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg* | 2 | MO |
| *norethindron-ethinyl estrad-fe* | 2 | MO |
| *norethindrone acet-ethinyl est oral tablet* | 2 | MO |
| *norethindrone acetate oral* | 4 | MO |
| *norethindrone oral* | 2 | MO |
| *norethindrone-eth estradiol* | 4 | PA; MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *norgestim-eth estrad triphasic* | 2 | MO |
| *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg* | 2 | MO |
| NORLYROC | 2 | MO |
| NORTREL 0.5/35 (28) | 2 | MO |
| NORTREL 1/35 (21) | 2 | MO |
| NORTREL 1/35 (28) | 2 | MO |
| NORTREL 7/7/7 | 2 | MO |
| NYLIA 1/35 | 2 | MO |
| NYLIA 7/7/7 | 2 | MO |
| OCELLA | 2 | MO |
| *octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml* | 4 | PA |
| *octreotide acetate injection solution 1000 mcg/ml* | 5 | PA |
| *octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml* | 4 | PA |
| *octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml* | 5 | PA |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE | 5 | PA |
| ORQUIDEA | 2 | MO |
| ORSYTHIA | 2 | MO |
| PHILITH | 2 | MO |
| PIMTREA | 3 | MO |
| PORTIA-28 | 2 | MO |
| *prednisolone oral solution* | 2 | |
| *prednisolone sodium phosphate oral solution 15 mg/5ml* | 4 | |
| *prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml* | 2 | |
| *prednisolone sodium phosphate oral tablet dispersible* | 4 | |
| PREDNISONE INTENSOL | 4 | |
| *prednisone oral solution* | 4 | |
| *prednisone oral tablet* | 1 | |
| *prednisone oral tablet therapy pack* | 4 | |
| PREMARIN ORAL | 4 | PA; MO |
| PREMARIN VAGINAL | 4 | MO |
| PREMPRO | 4 | PA; MO |
| *progesterone oral* | 4 | MO |
| *propylthiouracil oral* | 2 | MO |
| *raloxifene hcl* | 1 | QL (30 per 30 days); MO |
| RECLIPSEN | 2 | MO |
| REZDIFFRA | 5 | PA; QL (30 per 30 days) |
| SETLAKIN | 2 | MO |
| SHAROBEL | 2 | MO |
| SIGNIFOR | 5 | PA |
| SIMLIYA | 3 | MO |
| SIMPESSE | 4 | MO |
| SKYLA | 3 | |
| SOMAVERT | 5 | PA |
| SPRINTEC 28 | 2 | MO |
| SRONYX | 2 | MO |
| SYEDA | 2 | MO |
| SYNAREL | 5 | PA |
| SYNTHROID | 3 | MO |
| TARINA 24 FE | 2 | MO |
| TARINA FE 1/20 EQ | 2 | MO |
| *testosterone cypionate intramuscular solution 100 mg/ml* | 3 | PA; MO |
| *testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)* | 4 | MO |
| *testosterone enanthate intramuscular solution* | 4 | PA; MO |
| *testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)* | 4 | PA; QL (150 per 30 days); MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *testosterone transdermal gel 10 mg/ act (2%)* | 4 | PA; QL (120 per 30 days); MO |
| *testosterone transdermal gel 12.5 mg/act (1%), 25 mg/ 2.5gm (1%), 50 mg/5gm (1%)* | 4 | PA; QL (300 per 30 days); MO |
| *testosterone transdermal gel 20.25 mg/1.25gm (1.62%)* | 4 | PA; QL (112.5 per 30 days); MO |
| TILIA FE | 2 | MO |
| TRI-ESTARYLLA | 2 | MO |
| TRI-LEGEST FE | 2 | MO |
| TRI-LINYAH | 2 | MO |
| TRI-LO-ESTARYLLA | 2 | MO |
| TRI-LO-MARZIA | 2 | MO |
| TRI-LO-MILI | 2 | MO |
| TRI-LO-SPRINTEC | 2 | MO |
| TRI-MILI | 2 | MO |
| TRI-NYMYO | 2 | MO |
| TRI-SPRINTEC | 2 | MO |
| TRI-VYLIBRA | 2 | MO |
| TRI-VYLIBRA LO | 2 | MO |
| TRIVORA (28) | 2 | MO |
| TURQOZ | 2 | MO |
| UNITHROID | 1 | MO |
| VALTYA 1/50 | 2 | MO |
| VELIVET | 2 | MO |
| VESTURA | 2 | MO |
| VIENVA | 2 | MO |
| *viorele* | 3 | MO |
| VOLNEA | 3 | MO |
| VYFEMLA | 2 | MO |
| VYLIBRA | 2 | MO |
| WERA | 2 | MO |
| WYMZYA FE | 2 | MO |
| XARAH FE | 2 | MO |
| XELRIA FE | 2 | MO |
| *yuvafem* | 2 | MO |
| ZOVIA 1/35 (28) | 2 | MO |
| ZUMANDIMINE | 2 | MO |
| **Immunological Agents** | | |
| ABRYSVO | 1 | QL (1 per 365 days) |
| ACTHIB | 1 | |
| ACTIMMUNE | 5 | PA |
| ADACEL | 1 | |
| ARCALYST | 5 | PA |
| AREXVY | 1 | QL (1 per 365 days) |
| *azathioprine oral tablet 50 mg* | 3 | B/D PA |
| *bcg vaccine injection solution reconstituted* | 1 | |
| BENLYSTA SUBCUTANEOUS | 5 | PA |
| BEXSERO | 1 | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | 1 | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| COSENTYX (300 MG DOSE) | 5 | PA; QL (8 per 28 days) |
| COSENTYX SENSOREADY (300 MG) | 5 | PA; QL (8 per 28 days) |
| COSENTYX SENSOREADY PEN | 5 | PA; QL (8 per 28 days) |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | PA; QL (8 per 28 days) |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 5 | PA; QL (2 per 28 days) |
| COSENTYX UNOREADY | 5 | PA; QL (8 per 28 days) |
| *cyclosporine modified* | 4 | B/D PA |
| *cyclosporine oral capsule* | 4 | B/D PA |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 1 | |
| ENBREL MINI | 5 | PA; QL (8 per 28 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 5 | PA; QL (4 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML | 5 | PA; QL (4.08 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML | 5 | PA; QL (8 per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 5 | PA; QL (8 per 28 days) |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 1 | B/D PA |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE | 1 | B/D PA |
| ENVARSUS XR | 4 | B/D PA |
| *everolimus oral tablet 0.25 mg* | 4 | B/D PA |
| *everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg* | 5 | B/D PA |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | 5 | PA |
| GARDASIL 9 | 1 | |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | 4 | B/D PA |
| GENGRAF ORAL SOLUTION | 4 | B/D PA |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML | 5 | PA; QL (2.4 per 28 days) |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML | 5 | PA; QL (4.8 per 28 days) |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 5 | PA; QL (2.4 per 28 days) |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML | 5 | PA; QL (4.8 per 28 days) |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML | 1 | |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | 1 | B/D PA |
| HIBERIX INJECTION | 1 | |
| HUMIRA (1 PEN) | 5 | PA; QL (6 per 365 days) |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; QL (4 per 28 days) |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 5 | PA; QL (2 per 28 days) |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML | 5 | PA; QL (2 per 28 days) |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; QL (4 per 28 days) |
| HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT | 5 | PA; QL (8 per 365 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/ 0.8ML | 5 | PA; QL (12 per 365 days) |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/ 0.8ML | 5 | PA; QL (6 per 365 days) |
| HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | 5 | PA; QL (8 per 365 days) |
| HUMIRA-PSORIASIS/ UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT | 5 | PA; QL (6 per 365 days) |
| HYPERRAB | 5 | |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED | 1 | |
| INFANRIX | 1 | |
| *infliximab* | 5 | PA |
| IPOL | 1 | |
| IXIARO | 1 | |
| JYLAMVO | 4 | ST |
| JYNNEOS | 1 | |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| *leflunomide oral* | 4 | QL (30 per 30 days); MO |
| M-M-R II INJECTION | 1 | |
| MENQUADFI INTRAMUSCULAR SOLUTION | 1 | |
| MENVEO | 1 | |
| *methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/ 40ml, 250 mg/10ml* | 4 | |
| *methotrexate sodium (pf) injection solution 50 mg/2ml* | 2 | |
| *methotrexate sodium injection solution 250 mg/10ml* | 4 | |
| *methotrexate sodium injection solution 50 mg/2ml* | 2 | |
| *methotrexate sodium injection solution reconstituted* | 4 | |
| *methotrexate sodium oral* | 1 | |
| MRESVIA | 1 | QL (0.5 per 365 days) |
| *mycophenolate mofetil oral* | 4 | B/D PA |
| *mycophenolate sodium* | 4 | B/D PA |
| *mycophenolic acid oral tablet delayed release 180 mg, 360 mg* | 4 | B/D PA |
| MYHIBBIN | 5 | B/D PA |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 30 GM/300ML | 5 | PA |
| OTEZLA ORAL TABLET | 5 | PA; QL (60 per 30 days) |
| OTEZLA ORAL TABLET THERAPY PACK | 5 | PA |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | 1 | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | |
| PENBRAYA | 1 | |
| *penmenvy* | 1 | |
| PENTACEL | 1 | |
| PRIORIX | 1 | |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| PROGRAF ORAL PACKET | 4 | B/D PA |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 1 | |
| QUADRACEL | 1 | |
| RABAVERT | 1 | |
| RECOMBIVAX HB | 1 | B/D PA |
| REMICADE | 5 | PA |
| REZUROCK | 5 | PA |
| RINVOQ | 5 | PA; QL (30 per 30 days) |
| RINVOQ LQ | 5 | PA; QL (360 per 30 days) |
| ROTARIX ORAL SUSPENSION | 1 | |
| ROTATEQ ORAL SOLUTION | 1 | |
| SANDIMMUNE ORAL SOLUTION | 4 | B/D PA |
| SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | 3 | PA; QL (0.5 per 28 days) |
| SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | 5 | PA; QL (1 per 28 days) |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 1 | |
| SIMLANDI (1 PEN) | 5 | PA; QL (4 per 28 days) |
| SIMLANDI (1 SYRINGE) | 5 | PA; QL (4 per 28 days) |
| SIMLANDI (2 PEN) | 5 | PA; QL (4 per 28 days) |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML | 5 | PA; QL (2 per 28 days) |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML | 5 | PA; QL (4 per 28 days) |
| *sirolimus oral* | 4 | B/D PA |
| SKYRIZI INTRAVENOUS | 5 | PA; QL (10 per 28 days) |
| SKYRIZI PEN | 5 | PA; QL (6 per 365 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML | 5 | PA; QL (1.2 per 56 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | 5 | PA; QL (2.4 per 56 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 5 | PA; QL (6 per 365 days) |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 5 | PA; QL (0.5 per 28 days) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | 5 | PA; QL (0.5 per 28 days) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | 5 | PA; QL (1 per 28 days) |
| *tacrolimus oral* | 4 | B/D PA |
| TENIVAC | 1 | |
| TICOVAC | 1 | |
| TRUMENBA | 1 | |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 1 | |
| TYENNE SUBCUTANEOUS | 5 | PA; QL (4 per 28 days) |
| TYPHIM VI | 1 | |
| *ustekinumab subcutaneous solution* | 5 | PA; QL (0.5 per 28 days) |
| *ustekinumab subcutaneous solution prefilled syringe 45 mg/ 0.5ml* | 5 | PA; QL (0.5 per 28 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *ustekinumab subcutaneous solution prefilled syringe 90 mg/ml* | 5 | PA; QL (1 per 28 days) |
| VAQTA | 1 | |
| VARIVAX INJECTION | 1 | |
| VAXCHORA | 1 | PA |
| VIMKUNYA | 1 | |
| VIVOTIF | 1 | |
| XATMEP | 4 | ST |
| YF-VAX | 1 | |
| **Infectious Disease Agents** | | |
| *abacavir sulfate oral solution* | 4 | QL (960 per 30 days) |
| *abacavir sulfate oral tablet* | 4 | QL (60 per 30 days) |
| *abacavir sulfate-lamivudine* | 4 | QL (30 per 30 days) |
| ABELCET | 4 | B/D PA |
| *acyclovir oral capsule* | 4 | MO |
| *acyclovir oral suspension 200 mg/5ml* | 4 | MO |
| *acyclovir oral suspension 800 mg/20ml* | 4 | |
| *acyclovir oral tablet* | 4 | MO |
| *acyclovir sodium intravenous solution* | 4 | B/D PA |
| *adefovir dipivoxil* | 2 | PA |
| *albendazole oral* | 4 | |
| *amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml* | 4 | |
| *amoxicillin oral capsule* | 1 | |
| *amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml* | 2 | |
| *amoxicillin oral suspension reconstituted 400 mg/5ml* | 3 | |
| *amoxicillin oral tablet* | 1 | |
| *amoxicillin oral tablet chewable 125 mg, 250 mg* | 1 | |
| *amoxicillin-pot clavulanate er* | 4 | |
| *amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 600-42.9 mg/5ml* | 2 | |
| *amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml, 400-57 mg/5ml* | 4 | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg* | 4 | |
| *amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg* | 2 | |
| *amphotericin b intravenous* | 2 | B/D PA |
| *amphotericin b liposome* | 5 | B/D PA |
| *ampicillin oral capsule 500 mg* | 2 | |
| *ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg* | 4 | |
| *ampicillin sodium intravenous* | 4 | |
| *ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm* | 4 | |
| *ampicillin-sulbactam sodium intravenous* | 4 | |
| APTIVUS ORAL CAPSULE | 5 | QL (120 per 30 days) |
| ARIKAYCE | 5 | |
| *atazanavir sulfate oral capsule 150 mg, 200 mg* | 4 | QL (60 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *atazanavir sulfate oral capsule 300 mg* | 4 | QL (30 per 30 days) |
| *atovaquone oral* | 4 | PA |
| *atovaquone-proguanil hcl* | 2 | |
| *azithromycin intravenous* | 2 | |
| *azithromycin oral packet* | 4 | |
| *azithromycin oral suspension reconstituted* | 2 | |
| *azithromycin oral tablet 250 mg, 250 mg (6 pack)* | 1 | |
| *azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg* | 2 | |
| *aztreonam* | 4 | |
| BARACLUDE ORAL SOLUTION | 5 | |
| BICILLIN C-R | 4 | |
| BICILLIN C-R 900/300 | 4 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 4 | |
| BIKTARVY ORAL TABLET 30-120-15 MG | 5 | QL (30 per 30 days); MO |
| BIKTARVY ORAL TABLET 50-200-25 MG | 5 | QL (30 per 30 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/ 2ML | 5 | QL (4 per 28 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/ 3ML | 5 | QL (6 per 28 days) |
| *caspofungin acetate intravenous solution reconstituted 70 mg* | 4 | B/D PA |
| *cefaclor er* | 4 | |
| *cefaclor oral capsule* | 2 | |
| *cefaclor oral suspension reconstituted 250 mg/ 5ml* | 2 | |
| *cefadroxil* | 4 | |
| *cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 300 gm, 500 mg* | 4 | |
| *cefazolin sodium intravenous solution reconstituted* | 4 | |
| *cefdinir* | 4 | |
| *cefepime hcl injection solution reconstituted 1 gm* | 4 | |
| *cefepime hcl intravenous solution reconstituted 2 gm* | 4 | |
| *cefixime oral capsule* | 4 | |
| *cefotetan disodium injection solution reconstituted 1 gm, 2 gm* | 4 | |
| *cefoxitin sodium intravenous* | 4 | |
| *cefpodoxime proxetil* | 4 | |
| *cefprozil* | 4 | |
| *ceftazidime injection solution reconstituted 1 gm, 6 gm* | 4 | |
| *ceftazidime intravenous* | 4 | |
| *ceftriaxone sodium in dextrose* | 4 | |
| *ceftriaxone sodium injection* | 4 | |
| *ceftriaxone sodium intravenous* | 4 | |
| *cefuroxime axetil oral tablet* | 4 | |
| *cefuroxime sodium injection solution reconstituted 750 mg* | 4 | |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *cefuroxime sodium intravenous solution reconstituted 1.5 gm* | 4 | |
| *cephalexin oral capsule 250 mg, 500 mg* | 1 | |
| *cephalexin oral suspension reconstituted 125 mg/ 5ml* | 4 | |
| *cephalexin oral suspension reconstituted 250 mg/ 5ml* | 2 | |
| *chloroquine phosphate oral* | 2 | MO |
| CIMDUO | 5 | QL (30 per 30 days) |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg* | 1 | |
| *ciprofloxacin hcl oral tablet 750 mg* | 2 | |
| *ciprofloxacin in d5w intravenous solution 200 mg/100ml* | 4 | |
| *clarithromycin er* | 2 | |
| *clarithromycin oral* | 2 | |
| *clindamycin hcl oral* | 2 | |
| *clindamycin palmitate hcl* | 2 | |
| *clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml* | 2 | |
| *clindamycin phosphate in d5w intravenous solution 900 mg/50ml* | 4 | |
| *clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml* | 2 | |
| COARTEM | 4 | |
| *colistimethate sodium (cba)* | 5 | |
| CRESEMBA ORAL | 5 | PA |
| *dapsone oral* | 3 | MO |
| *daptomycin intravenous solution reconstituted 350 mg* | 4 | |
| *daptomycin intravenous solution reconstituted 500 mg* | 5 | |
| *darunavir* | 4 | QL (60 per 30 days) |
| DELSTRIGO | 5 | QL (30 per 30 days) |
| *demeclocycline hcl oral* | 4 | |
| DESCOVY | 5 | QL (30 per 30 days) |
| *dicloxacillin sodium* | 4 | |
| DIFICID | 5 | PA |
| DOVATO | 5 | QL (30 per 30 days) |
| DOXY 100 | 4 | |
| *doxycycline hyclate oral capsule* | 4 | |
| *doxycycline hyclate oral tablet 100 mg* | 3 | |
| *doxycycline hyclate oral tablet 20 mg* | 1 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 4 | |
| *doxycycline monohydrate oral suspension reconstituted* | 4 | |
| *doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg* | 4 | |
| EDURANT | 5 | QL (30 per 30 days) |
| EDURANT PED | 5 | QL (180 per 30 days) |
| *efavirenz oral tablet* | 4 | QL (30 per 30 days) |
| *efavirenz-emtricitab-tenofo df* | 4 | QL (30 per 30 days) |
| *efavirenz-lamivudine-tenofovir* | 4 | QL (30 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *emtricitab-rilpivir-tenofov df* | 5 | QL (30 per 30 days) |
| *emtricitabine* | 4 | QL (30 per 30 days) |
| *emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg* | 4 | QL (30 per 30 days) |
| *emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg* | 5 | QL (30 per 30 days) |
| EMTRIVA ORAL SOLUTION | 4 | QL (850 per 30 days) |
| *entecavir* | 4 | |
| *ertapenem sodium* | 4 | |
| *erythromycin base oral* | 4 | |
| *erythromycin ethylsuccinate oral tablet* | 4 | |
| *erythromycin oral* | 4 | |
| *ethambutol hcl oral* | 4 | |
| *etravirine oral tablet 100 mg* | 4 | QL (120 per 30 days) |
| *etravirine oral tablet 200 mg* | 4 | QL (60 per 30 days) |
| EVOTAZ | 5 | QL (30 per 30 days) |
| *famciclovir oral tablet 125 mg, 250 mg* | 4 | QL (60 per 30 days) |
| *famciclovir oral tablet 500 mg* | 4 | QL (21 per 7 days) |
| *fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%* | 4 | |
| *fluconazole oral* | 4 | |
| *flucytosine oral* | 5 | |
| *fosamprenavir calcium* | 5 | QL (120 per 30 days) |
| *fosfomycin tromethamine* | 4 | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | QL (60 per 30 days) |
| *gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%* | 4 | |
| *gentamicin sulfate injection* | 4 | |
| GENVOYA | 5 | QL (30 per 30 days) |
| *griseofulvin microsize oral suspension* | 2 | |
| *griseofulvin microsize oral tablet* | 4 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | 2 | |
| *hydroxychloroquine sulfate oral tablet 200 mg* | 1 | MO |
| *imipenem-cilastatin* | 4 | |
| IMPAVIDO | 5 | |
| INTELENCE ORAL TABLET 25 MG | 4 | QL (480 per 30 days) |
| ISENTRESS HD | 5 | QL (60 per 30 days) |
| ISENTRESS ORAL PACKET | 5 | QL (180 per 30 days) |
| ISENTRESS ORAL TABLET | 5 | QL (120 per 30 days) |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | 4 | QL (180 per 30 days) |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | 4 | QL (720 per 30 days) |
| *isoniazid injection* | 4 | |
| *isoniazid oral syrup* | 4 | MO |
| *isoniazid oral tablet* | 2 | MO |
| *itraconazole oral capsule* | 4 | PA |
| *ivermectin oral* | 2 | |
| JULUCA | 5 | QL (30 per 30 days) |
| KALETRA ORAL SOLUTION | 4 | QL (480 per 30 days) |
| *ketoconazole oral* | 2 | |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *lamivudine oral solution* | 4 | QL (960 per 30 days) |
| *lamivudine oral tablet 100 mg* | 2 | |
| *lamivudine oral tablet 150 mg* | 3 | QL (60 per 30 days) |
| *lamivudine oral tablet 300 mg* | 4 | QL (30 per 30 days) |
| *lamivudine-zidovudine* | 4 | QL (60 per 30 days) |
| *levofloxacin in d5w* | 4 | |
| *levofloxacin intravenous* | 4 | |
| *levofloxacin oral* | 4 | |
| *linezolid intravenous solution 600 mg/300ml* | 4 | |
| *linezolid oral suspension reconstituted* | 5 | PA; QL (1800 per 30 days) |
| *linezolid oral tablet* | 4 | PA; QL (56 per 28 days) |
| LIVTENCITY | 5 | PA |
| *lopinavir-ritonavir oral solution* | 4 | QL (480 per 30 days) |
| *lopinavir-ritonavir oral tablet 100-25 mg* | 4 | QL (300 per 30 days) |
| *lopinavir-ritonavir oral tablet 200-50 mg* | 4 | QL (120 per 30 days) |
| *maraviroc* | 3 | QL (120 per 30 days) |
| MAVYRET ORAL PACKET | 5 | PA; QL (180 per 30 days) |
| MAVYRET ORAL TABLET | 5 | PA; QL (90 per 30 days) |
| *mefloquine hcl* | 1 | MO |
| *meropenem intravenous solution reconstituted 1 gm* | 4 | |
| *meropenem intravenous solution reconstituted 500 mg* | 3 | |
| *methenamine hippurate* | 4 | |
| *methenamine mandelate oral* | 4 | |
| *metronidazole intravenous solution 500 mg/100ml* | 4 | |
| *metronidazole oral tablet* | 2 | |
| *micafungin sodium* | 4 | |
| *minocycline hcl oral* | 4 | |
| MONDOXYNE NL ORAL CAPSULE 100 MG | 4 | |
| *moxifloxacin hcl in nacl* | 4 | |
| *moxifloxacin hcl oral* | 4 | |
| *nafcillin sodium injection solution reconstituted 1 gm, 2 gm* | 4 | |
| *nafcillin sodium intravenous solution reconstituted 10 gm* | 5 | |
| *neomycin sulfate oral* | 2 | |
| *nevirapine er oral tablet extended release 24 hour 400 mg* | 2 | QL (30 per 30 days) |
| *nevirapine oral suspension* | 2 | QL (1200 per 30 days) |
| *nevirapine oral tablet* | 2 | QL (60 per 30 days) |
| *nitazoxanide oral* | 5 | QL (6 per 30 days) |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | 2 | |
| *nitrofurantoin monohyd macro* | 2 | |
| NORVIR ORAL PACKET | 4 | QL (360 per 30 days) |
| *nystatin oral tablet* | 2 | |
| ODEFSEY | 5 | QL (30 per 30 days) |
| *ofloxacin oral tablet 300 mg* | 4 | |
| *oseltamivir phosphate oral capsule 30 mg* | 2 | QL (168 per 365 days) |
| *oseltamivir phosphate oral capsule 45 mg, 75 mg* | 2 | QL (84 per 365 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *oseltamivir phosphate oral suspension reconstituted* | 2 | QL (1080 per 365 days) |
| *oxacillin sodium injection solution reconstituted 1 gm, 2 gm* | 4 | |
| *oxacillin sodium intravenous* | 4 | |
| PAXLOVID (150/100) | 3 | QL (20 per 90 days) |
| PAXLOVID (300/100 & 150/100) | 3 | QL (11 per 90 days) |
| PAXLOVID (300/100) | 3 | QL (30 per 90 days) |
| *penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml* | 4 | |
| *penicillin g potassium* | 4 | |
| *penicillin g sodium* | 4 | |
| *penicillin v potassium oral solution reconstituted* | 2 | |
| *penicillin v potassium oral tablet* | 1 | |
| *pentamidine isethionate inhalation* | 4 | B/D PA |
| *pentamidine isethionate injection* | 4 | |
| PFIZERPEN | 4 | |
| PIFELTRO | 5 | QL (30 per 30 days) |
| *piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm* | 4 | |
| *posaconazole oral* | 5 | PA; MO |
| *praziquantel oral* | 2 | |
| PREVYMIS ORAL PACKET | 5 | PA; QL (120 per 30 days) |
| PREVYMIS ORAL TABLET | 5 | PA; QL (30 per 30 days) |
| PREZCOBIX | 5 | QL (30 per 30 days) |
| PREZISTA ORAL SUSPENSION | 5 | QL (400 per 30 days) |
| PREZISTA ORAL TABLET 150 MG | 4 | QL (180 per 30 days) |
| PREZISTA ORAL TABLET 75 MG | 4 | QL (300 per 30 days) |
| PRIFTIN | 4 | |
| *primaquine phosphate oral tablet 26.3 (15 base) mg* | 4 | |
| *pyrazinamide oral* | 4 | |
| *pyrimethamine oral* | 5 | PA |
| *quinine sulfate oral* | 4 | PA |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 3 | QL (60 per 180 days) |
| RETROVIR INTRAVENOUS | 4 | |
| REYATAZ ORAL PACKET | 4 | QL (240 per 30 days) |
| *ribavirin oral capsule* | 3 | |
| *ribavirin oral tablet 200 mg* | 4 | |
| *rifabutin* | 4 | |
| *rifampin intravenous* | 4 | |
| *rifampin oral* | 4 | |
| *rimantadine hcl* | 2 | |
| *ritonavir* | 3 | QL (360 per 30 days) |
| RUKOBIA | 5 | QL (60 per 30 days); MO |
| SELZENTRY ORAL SOLUTION | 4 | QL (1840 per 30 days) |
| SIRTURO | 5 | PA |
| SIVEXTRO INTRAVENOUS | 5 | PA |
| SIVEXTRO ORAL | 5 | PA; QL (6 per 28 days) |
| *streptomycin sulfate intramuscular* | 5 | |
| STRIBILD | 5 | QL (30 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *sulfadiazine oral* | 5 | |
| *sulfamethoxazole-trimethoprim oral suspension* | 4 | |
| *sulfamethoxazole-trimethoprim oral tablet* | 1 | |
| SUNLENCA ORAL TABLET | 5 | QL (10 per 365 days) |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG | 5 | QL (8 per 365 days) |
| SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG | 5 | QL (10 per 365 days) |
| SUNLENCA SUBCUTANEOUS | 5 | QL (3 per 168 days); MO |
| SYMTUZA | 5 | QL (30 per 30 days) |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM | 4 | |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM | 4 | |
| TEFLARO | 5 | |
| *tenofovir disoproxil fumarate* | 4 | QL (30 per 30 days) |
| *terbinafine hcl oral* | 1 | |
| *tetracycline hcl oral capsule* | 4 | |
| *tigecycline* | 4 | |
| *tinidazole oral* | 2 | |
| TIVICAY ORAL TABLET 50 MG | 5 | QL (60 per 30 days) |
| TIVICAY PD | 5 | QL (360 per 30 days) |
| *tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml* | 5 | |
| *tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml* | 4 | |
| *tobramycin sulfate injection solution reconstituted* | 5 | |
| TRECATOR | 4 | |
| *trifluridine ophthalmic* | 4 | |
| *trimethoprim oral* | 2 | |
| TRIUMEQ | 5 | QL (30 per 30 days) |
| TRIUMEQ PD | 4 | QL (180 per 30 days) |
| TYBOST | 3 | QL (30 per 30 days) |
| *valacyclovir hcl oral tablet 1 gm* | 3 | QL (90 per 30 days) |
| *valacyclovir hcl oral tablet 500 mg* | 3 | QL (60 per 30 days) |
| *valganciclovir hcl oral solution reconstituted* | 5 | |
| *valganciclovir hcl oral tablet* | 3 | |
| *vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 100 gm, 500 mg, 750 mg* | 4 | |
| *vancomycin hcl oral capsule* | 4 | PA; QL (240 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG | 5 | QL (300 per 30 days) |
| VIRACEPT ORAL TABLET 625 MG | 5 | QL (120 per 30 days) |
| VIREAD ORAL POWDER | 5 | QL (240 per 30 days) |
| VIREAD ORAL TABLET 150 MG, 250 MG | 5 | QL (30 per 30 days) |
| VIREAD ORAL TABLET 200 MG | 4 | QL (30 per 30 days) |
| *voriconazole intravenous* | 4 | PA |
| *voriconazole oral suspension reconstituted* | 5 | PA; QL (300 per 30 days) |
| *voriconazole oral tablet 200 mg* | 4 | PA; QL (60 per 30 days) |
| *voriconazole oral tablet 50 mg* | 4 | PA; QL (120 per 30 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| VOSEVI | 5 | PA; QL (30 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 5 | PA; QL (84 per 28 days); MO |
| *zidovudine oral capsule* | 2 | QL (180 per 30 days) |
| *zidovudine oral syrup* | 2 | QL (1920 per 30 days) |
| *zidovudine oral tablet* | 2 | QL (60 per 30 days) |
| ZIRGAN | 4 | |
| **Miscellaneous Therapeutic Agents** | | |
| *acetic acid irrigation* | 4 | |
| ALCOHOL SWABS | 1 | MO |
| GAUZE STERILE PADS 2 | 1 | MO |
| IGALMI | 4 | QL (30 per 30 days) |
| INSULIN PEN NEEDLE: BD, EMBECTA | 2 | QL (200 per 30 days); MO |
| INSULIN SYRINGE: BD, EMBECTA | 2 | QL (200 per 30 days); MO |
| KOSELUGO | 5 | PA |
| *lactated ringers irrigation* | 4 | |
| *neomycin-polymyxin b gu* | 4 | |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 | 4 | PA |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | 4 | PA |
| OMNIPOD 5 G7 INTRO (GEN 5) | 4 | PA |
| OMNIPOD 5 G7 PODS (GEN 5) | 4 | PA |
| OMNIPOD 5 LIBRE2 G6 INTRO G5 | 4 | PA |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | 4 | PA |
| OMNIPOD CLASSIC PODS (GEN 3) | 4 | PA |
| OMNIPOD DASH INTRO (GEN 4) | 4 | PA |
| OMNIPOD DASH PODS (GEN 4) | 4 | PA |
| *ringers irrigation* | 4 | |
| *sodium chloride irrigation solution 0.9 %* | 2 | |
| *sterile water for irrigation* | 4 | |
| TIS-U-SOL | 4 | |
| **Ophthalmic Agents** | | |
| *acetazolamide er* | 4 | MO |
| *apraclonidine hcl* | 2 | |
| *atropine sulfate ophthalmic ointment* | 4 | MO |
| *atropine sulfate ophthalmic solution 1 %* | 4 | MO |
| *azelastine hcl ophthalmic* | 2 | |
| *bacitra-neomycin-polymyxin-hc* | 2 | |
| *bacitracin ophthalmic* | 4 | |
| *bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm* | 2 | |
| *betaxolol hcl ophthalmic* | 2 | MO |
| BETOPTIC-S | 4 | MO |
| *bimatoprost ophthalmic* | 2 | MO |
| *brimonidine tartrate ophthalmic* | 1 | MO |
| *brimonidine tartrate-timolol* | 4 | MO |
| *brinzolamide* | 1 | MO |
| *carteolol hcl* | 2 | MO |
| *ciprofloxacin hcl ophthalmic* | 2 | |
| *cromolyn sodium ophthalmic* | 1 | |
| CYSTARAN | 5 | |
| *dexamethasone sodium phosphate ophthalmic* | 2 | |
| *diclofenac sodium ophthalmic* | 1 | |
| *difluprednate* | 4 | |
| *dorzolamide hcl ophthalmic* | 1 | MO |
| *dorzolamide hcl-timolol mal* | 1 | MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %* | 2 | MO |
| *epinastine hcl* | 2 | |
| *erythromycin ophthalmic* | 1 | QL (3.5 per 30 days) |
| *fluorometholone ophthalmic* | 1 | |
| *flurbiprofen sodium* | 2 | |
| *gatifloxacin ophthalmic* | 2 | |
| *gentamicin sulfate ophthalmic solution* | 1 | |
| *ketorolac tromethamine ophthalmic* | 2 | |
| *latanoprost ophthalmic* | 1 | MO |
| *levobunolol hcl ophthalmic solution 0.5 %* | 1 | MO |
| *levofloxacin ophthalmic* | 4 | |
| *loteprednol etabonate ophthalmic gel* | 1 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 3 | MO |
| *methazolamide oral* | 4 | MO |
| *moxifloxacin hcl ophthalmic solution* | 2 | |
| NATACYN | 4 | |
| NEO-POLYCIN | 2 | |
| NEO-POLYCIN HC | 2 | |
| *neomycin-bacitracin zn-polymyx* | 2 | |
| *neomycin-polymyxin-dexameth* | 1 | |
| *neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025* | 2 | |
| *neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1* | 4 | |
| *ofloxacin ophthalmic* | 1 | |
| *olopatadine hcl ophthalmic* | 1 | |
| *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %* | 2 | MO |
| POLYCIN | 2 | |
| *polymyxin b-trimethoprim* | 2 | |
| *prednisolone acetate ophthalmic* | 1 | |
| RESTASIS | 3 | QL (60 per 30 days); MO |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | 3 | QL (5.5 per 28 days); MO |
| RHOPRESSA | 3 | MO |
| ROCKLATAN | 3 | MO |
| SIMBRINZA | 3 | MO |
| *sulfacetamide sodium ophthalmic* | 2 | |
| *sulfacetamide-prednisolone ophthalmic solution* | 2 | |
| *timolol maleate ophthalmic gel forming solution* | 2 | MO |
| *timolol maleate ophthalmic solution* | 1 | MO |
| *tobramycin ophthalmic* | 1 | |
| *tobramycin-dexamethasone* | 1 | |
| *travoprost (bak free)* | 1 | MO |
| VYZULTA | 4 | MO |
| XDEMVY | 5 | PA |
| **Otic Agents** | | |
| *acetic acid otic* | 2 | |
| CIPRO HC | 4 | |
| *ciprofloxacin hcl otic* | 2 | |
| *ciprofloxacin-dexamethasone* | 1 | |
| FLAC | 1 | |
| *fluocinolone acetonide otic* | 1 | |
| *hydrocortisone-acetic acid* | 1 | |
| *neomycin-polymyxin-hc otic solution* | 1 | |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *neomycin-polymyxin-hc otic suspension* | 2 | |
| *ofloxacin otic* | 2 | |
| **Respiratory Tract/Pulmonary Agents** | | |
| *acetylcysteine inhalation* | 4 | B/D PA |
| ADEMPAS | 5 | PA; QL (90 per 30 days) |
| ADVAIR HFA | 3 | QL (12 per 30 days); MO |
| *albuterol sulfate hfa* | 2 | MO |
| *albuterol sulfate inhalation* | 2 | B/D PA; MO |
| *albuterol sulfate oral syrup* | 2 | MO |
| *albuterol sulfate oral tablet* | 4 | MO |
| *ambrisentan* | 4 | PA; QL (30 per 30 days) |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ ACT | 3 | QL (60 per 30 days); MO |
| ARNUITY ELLIPTA | 3 | QL (30 per 30 days); MO |
| ATROVENT HFA | 4 | QL (26 per 30 days); MO |
| *azelastine hcl nasal solution 0.1 %, 137 mcg/ spray* | 2 | QL (30 per 25 days) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ ACT, 200-25 MCG/ACT, 50-25 MCG/INH | 3 | QL (60 per 30 days); MO |
| *breyna* | 3 | QL (30.9 per 30 days); MO |
| BREZTRI AEROSPHERE | 3 | QL (10.7 per 30 days); MO |
| BRONCHITOL TOLERANCE TEST | 5 | PA |
| *budesonide inhalation suspension 0.25 mg/ 2ml, 0.5 mg/2ml* | 4 | B/D PA; QL (120 per 30 days); MO |
| *budesonide inhalation suspension 1 mg/2ml* | 4 | B/D PA; QL (60 per 30 days); MO |
| *budesonide-formoterol fumarate* | 3 | QL (30.6 per 30 days); MO |
| *carbinoxamine maleate oral solution* | 2 | PA |
| *carbinoxamine maleate oral tablet 4 mg* | 2 | PA |
| CAYSTON | 5 | PA |
| *cetirizine hcl oral solution* | 2 | |
| COMBIVENT RESPIMAT | 4 | QL (8 per 30 days); MO |
| *cromolyn sodium inhalation* | 3 | B/D PA; MO |
| *cyproheptadine hcl oral syrup* | 4 | PA |
| *cyproheptadine hcl oral tablet* | 4 | |
| *desloratadine oral tablet* | 1 | |
| ELIXOPHYLLIN | 4 | MO |
| *epinephrine injection solution 0.3 mg/0.3ml* | 3 | QL (2 per 28 days) |
| *epinephrine injection solution auto-injector 0.15 mg/0.3ml* | 4 | QL (2 per 28 days) |
| *epinephrine injection solution auto-injector 0.3 mg/0.3ml* | 3 | QL (2 per 28 days) |
| *flunisolide nasal solution 25 mcg/act (0.025%)* | 2 | QL (75 per 30 days) |
| *fluticasone propionate nasal* | 1 | QL (16 per 30 days) |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act* | 3 | QL (60 per 30 days); MO |
| *hydroxyzine hcl intramuscular* | 4 | PA |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| *hydroxyzine hcl oral syrup* | 4 | PA |
| *hydroxyzine hcl oral tablet* | 4 | PA |
| *hydroxyzine pamoate oral* | 4 | PA |
| *ipratropium bromide inhalation* | 2 | B/D PA; MO |
| *ipratropium bromide nasal* | 2 | QL (30 per 30 days); MO |
| *ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml* | 2 | B/D PA; QL (540 per 30 days); MO |
| KALYDECO ORAL TABLET | 5 | PA; QL (60 per 30 days) |
| *levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml* | 4 | B/D PA; QL (270 per 30 days); MO |
| *levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml* | 4 | B/D PA; QL (540 per 30 days); MO |
| *levalbuterol tartrate* | 4 | QL (45 per 30 days); MO |
| *levocetirizine dihydrochloride oral solution* | 2 | QL (300 per 30 days) |
| *levocetirizine dihydrochloride oral tablet* | 1 | QL (30 per 30 days) |
| *mometasone furoate nasal* | 1 | |
| *montelukast sodium oral packet* | 2 | MO |
| *montelukast sodium oral tablet* | 1 | MO |
| *montelukast sodium oral tablet chewable* | 1 | MO |
| OFEV | 5 | PA; QL (60 per 30 days) |
| *olopatadine hcl nasal* | 4 | QL (31 per 30 days) |
| OPSUMIT | 5 | PA; QL (30 per 30 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG | 4 | PA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG | 5 | PA |
| ORKAMBI ORAL TABLET | 5 | PA; QL (120 per 30 days) |
| *pirfenidone oral tablet 267 mg* | 5 | PA; QL (270 per 30 days) |
| *pirfenidone oral tablet 534 mg, 801 mg* | 5 | PA; QL (90 per 30 days) |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 5 | B/D PA |
| *roflumilast oral tablet 250 mcg* | 4 | QL (30 per 30 days); MO |
| *roflumilast oral tablet 500 mcg* | 2 | QL (30 per 30 days); MO |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 3 | QL (60 per 30 days); MO |
| *sildenafil citrate oral tablet 20 mg* | 3 | PA; QL (360 per 30 days) |
| SPIRIVA HANDIHALER | 3 | QL (30 per 30 days); MO |
| SPIRIVA RESPIMAT | 3 | QL (4 per 30 days); MO |
| STIOLTO RESPIMAT | 3 | QL (4 per 30 days); MO |
| *terbutaline sulfate oral* | 4 | MO |
| *theophylline er* | 4 | MO |
| *theophylline oral* | 4 | MO |
| *tobramycin inhalation nebulization solution 300 mg/5ml* | 5 | B/D PA; QL (280 per 28 days) |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 3 | QL (60 per 30 days); MO |
| TRIKAFTA ORAL TABLET THERAPY PACK | 5 | PA; QL (84 per 28 days) |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

| Drug Name | Drug Tier | Requirements/ Limits |
|---|---|---|
| TRIKAFTA ORAL THERAPY PACK | 5 | PA; QL (56 per 28 days) |
| *umeclidinium-vilanterol* | 3 | QL (60 per 30 days); MO |
| VENTOLIN HFA | 3 | MO |
| WINREVAIR | 5 | PA |
| *wixela inhub inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act* | 3 | QL (60 per 30 days); MO |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML | 5 | PA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML | 5 | PA; QL (4 per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML | 5 | PA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 5 | PA; QL (4 per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 5 | PA; QL (8 per 28 days) |
| *zafirlukast* | 2 | MO |

You can find information on what the symbols and abbreviations on this table mean by going to the Legend on page 9.

# Index of Drugs

## Legend

Generic drugs are shown in lowercase italic (e.g., *atenolol*).

Brand-name drugs are shown in capital letters (e.g., SPIRIVA HANDIHALER).

The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. 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.

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

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the phone number on your member ID card or speak to your provider.

**Spanish** – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono que figura en su tarjeta de identificación del miembro o hable con su proveedor.

**Arabic** - تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانا. اتصل برقم الهاتف الموجود على بطاقة ID هوية العضو الخاصة بك أو تحدث إلى مقدم الخدمة.

**Chinese Simplified** – 注意：如果您说简体中文，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助工具和服务，以可访问的格式提供信息。请拨打您的会员 ID 卡上的电话号码或与您的提供者交谈。

**Chinese Traditional** – 注意：如果您說繁體中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打您的會員 ID 卡上的電話號碼或與您的提供者交談。

**French** – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone figurant sur votre carte d'ID de membre ou appelez votre prestataire.

**German** – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Dienste zur sprachlichen Unterstützung zur Verfügung. Außerdem sind kostenlose Hilfsmittel und Dienste verfügbar, um Informationen in zugänglichen Formaten bereitzustellen. Rufen Sie die Telefonnummer auf Ihrer Mitglieds-ID-Karte an oder wenden Sie sich an Ihren Anbieter.

**Gujarati** – ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વિના

મૂલ્યે ઉપલબ્ધ છે. તમારા સભ્ય ID કાર્ડ પર આપેલા ફોન નંબર પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

**Hindi** – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निशुल्क उपलब्ध हैं। अपने सदस्य ID कार्ड पर दिए गए फ़ोन नंबर पर कॉल करें या अपने प्रदाता से बात करें।

**Italian** – ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sulla propria tessera associativa o rivolgersi al proprio fornitore.

**Japanese** – 注意：日本語を話せる方向けに、無料の言語支援サービスをご提供しています。適切な補助器具・サービスも、利用者がアクセスしやすい方法でご提供しています。こちらも無料でご利用いただけます。必要な情報取得にお役立てください。会員IDカードに記載されている電話番号にお電話いただくか 、プロバイダーにお問い合わせください。

**Khmer** – សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយ ភាសាឥតគិតថ្លៃមានផ្តល់ជូនអ្នក។ មានផ្តល់ជូនដោយឥតគិតថ្លៃនូវសេវាកម្ម និងឧបករណ៍ជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់បបែបទដែលអាចចូលប្រើបានផងដែរ។ សូមហៅទូរសព្ទទៅលេខនៅលើកាត ID សមាជិករបស់អ្នក ឬនិយាយជាមួយអ្នកផ្តល់សេវារបស់អ្នក។

**Korean** – 주의: 한국어를 구사하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 가입자 ID 카드에 기재된 전화 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오.

**Portuguese** – ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone indicado no seu cartão de identificação de membro ou fale com o seu prestador.

**Russian** – ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по номеру телефона, указанному на вашей ID-карте участника, или обсудите этот вопрос с вашим поставщиком услуг.

**Tagalog** – PAUNAWA: Kung nagsasalita ka ng Tagalog, mayroong available na mga

libreng serbisyo sa tulong sa wika para sa iyo. Ang naaangkop na mga karagdagang tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay available rin nang walang bayad. Tawagan ang numero ng telepono sa iyong ID card ng miyembro o makipag-usap sa iyong provider.

**Ukrainian** – УВАГА. Якщо ви розмовляєте українською here, вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби й послуги для надання інформації в доступних форматах також можна отримати безкоштовно. Зателефонуйте за номером, указаним на ідентифікаційній карті учасника, або зверніться до свого постачальника.

**Vietnamese** – CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại trên thẻ ID thành viên của quý vị hoặc nói chuyện với nhà cung cấp của quý vị.

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