ULTIMATE HEALTH PLANS
Good health is where you live.

2022 Formulary List of Covered Drugs

Citrus
013 - 4 Premier by Ultimate (HMO)
014 - 2 Premier Plus by Ultimate (HMO)

Hernando
001 Premier by Ultimate (HMO)
014 - 1 Premier Plus by Ultimate (HMO)

Hillsborough
045 Premier by Ultimate (HMO)

Indian River
031 Premier by Ultimate (HMO)
032 Premier Plus by Ultimate (HMO)

Lake
028 Premier by Ultimate (HMO)
016 Premier Plus by Ultimate (HMO)

Marion
028 Premier by Ultimate (HMO)
016 Premier Plus by Ultimate (HMO)

Pasco
013 - 3 Premier by Ultimate (HMO)
014 - 1 Premier Plus by Ultimate (HMO)

Pinellas
045 Premier by Ultimate (HMO)

St. Lucie
031 Premier by Ultimate (HMO)
032 Premier Plus by Ultimate (HMO)

Sumter
028 Premier by Ultimate (HMO)
016 Premier Plus by Ultimate (HMO)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.
This formulary was updated on 12/01/2022. For more recent information or other questions, please contact us at 1-888-657-4170 (TTY users should call 711), Monday through Sunday from 8 am to 8 pm EST (during certain times of the year we may use alternative technologies to answer your call on weekends and Federal holidays), or visit www.ChooseUltimate.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 Ultimate Health Plans. When it refers to "plan" or "our plan," it means Premier by Ultimate (HMO) and Premier Plus by Ultimate (HMO).
This document includes list of the drugs (formulary) for our plan which is current as of 12/01/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.
You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the Premier by Ultimate (HMO) and Premier Plus by Ultimate (HMO) Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 titled "How do I request an exception to the Premier by Ultimate (HMO) and Premier Plus by Ultimate (HMO) Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or

both. Or 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, 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 Premier by Ultimate (HMO) and Premier Plus by Ultimate (HMO) Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2022. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear non-maintenance formulary changes, we update our printed formularies at the next printing and we also publish a monthly summary of all drug list changes, which is available for download from our website or in printed format upon request.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins below. 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 95. 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 cost less than brand name drugs.

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 physician 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 per prescription for alprazolam ER 1 mg tablets. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. 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 us 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 Premier by Ultimate (HMO) and Premier Plus by Ultimate (HMO) formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask 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 him or her to prescribe a similar drug that is covered by our plan.

- You can ask us 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 Premier by Ultimate (HMO) and Premier Plus by Ultimate (HMO) Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to 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 if your ability to get your drugs is limited, 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. 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 98 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

We will cover a Transition Supply for enrollees who have a level of care change, which is defined as when enrollees:

- Enter a Long-Term-Care (LTC) facility from a hospital or other setting
- Leave a Long-Term-Care (LTC) facility and return to the community
- Are discharged from a hospital to a home
- End a skilled nursing facility (SNF) stay covered under Medicare Part A (where all pharmacy charges are covered), and must revert to coverage under their Part D plan Formulary
- Revert from hospice status to standard Medicare Part A and Part B benefits; or
- Are discharged from a psychiatric hospital with a medication regimen that is highly individualized

For more information

For more detailed information about your 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 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

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

B/D: This prescription drug may be covered under our medical benefit. For more information, call Member Services at 1-888-657-4170, Monday through Sunday from 8 a.m. to 8 p.m. TTY users should call 711.

E: Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

GC: Coverage in the Gap. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

MO: Mail Order Drug. This prescription is available through our mail order service, as well as through our retail network pharmacies. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Our plan's mail-order service requires you to order a 90-day supply. Usually, a mail-order pharmacy order will get to you in no more than 14 days. However, if your order is delayed, immediately contact us so we can make arrangements for you to pick up your prescription at your local pharmacy. You may contact us 24 hours a day, 7 days a week at 1-800-311-7517 (TTY users dial 711).

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

QL: Quantity Limit. For certain drugs we limit the amount of the drug that we will cover.

SI: Select Insulin. Our plan provides additional coverage of select insulins. During the Initial Coverage stage your out-of-pocket costs for select insulins will be between $25 to $35 copayment for a 30-day prescription supply.

ST: Step Therapy. In some cases, we require 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

The Formulary is Divided into 4 Tiers

Every drug on the plan's Drug List is in one of 4 cost-sharing tiers with a corresponding cost sharing amount depending on the plan as shown below. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- **Cost-Sharing Tier 1 (Generic)** includes generic drugs. This tier also offers drugs at the lowest cost.
- **Cost-Sharing Tier 2 (Preferred Brand)** includes preferred brand drugs and some generic drugs.
- **Cost-Sharing Tier 3 (Non-preferred Drug)** includes non-preferred brand drugs and some generic drugs.
- **Cost-Sharing Tier 4 (Specialty Tier)** includes high-cost drugs brand and generic drugs, which may require special handling and/or close monitoring. This is the highest-cost tier.

Plans	**Premier by Ultimate (HMO) 001, 013-3, 013-4, 028, 045**			
Cost Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy	Copay or coinsurance for a 31-day long-term care supply
Tier 1	$0	$0	$0	$0
Tier 2	$35	$105	$70	$35
Tier 3	$60	$180	$120	$60
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Plans	**Premier by Ultimate (HMO) 031**			
Cost Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy	Copay or coinsurance for a 31-day long-term care supply
Tier 1	$0	$0	$0	$0
Tier 2	$35	$105	$70	$35
Tier 3	$70	$210	$140	$70
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Plans	**Premier Plus by Ultimate (HMO) 014-1, 014-2**			
Cost Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy	Copay or coinsurance for a 31-day long-term care supply
Tier 1	$0	$0	$0	$0
Tier 2	$25	$75	$50	$25
Tier 3	$50	$150	$100	$50
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Plan	**Premier Plus by Ultimate (HMO) 016**			
Cost Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy	Copay or coinsurance for a 31-day long-term care supply
Tier 1	$0	$0	$0	$0
Tier 2	$30	$90	$60	$30
Tier 3	$70	$210	$140	$70
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Plans	**Premier Plus by Ultimate (HMO) 032**			
Cost Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy	Copay or coinsurance for a 31-day long-term care supply
Tier 1	$0	$0	$0	$0
Tier 2	$25	$75	$50	$25
Tier 3	$60	$180	$120	$60
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Please refer to your Evidence of Coverage for additional information on the applicable co-pays or co-insurance amounts in each formulary tier.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib oral capsule	1	MO; GC; QL (60 EA per 30 days)
diclofenac potassium oral capsule	3	MO
diclofenac potassium oral tablet 50 mg	1	MO; GC
diclofenac sodium er oral tablet extended release 24 hour	1	MO; GC
diclofenac sodium external gel 1 %	1	MO; GC; QL (1000 GM per 30 days)
diclofenac sodium external solution 1.5 %	3	PA; MO
diclofenac sodium oral tablet delayed release	1	MO; GC
diclofenac-misoprostol oral tablet delayed release	3	MO
diflunisal oral tablet	1	MO; GC
etodolac er oral tablet extended release 24 hour	1	MO; GC
etodolac oral capsule	1	MO; GC
etodolac oral tablet	1	MO; GC
fenoprofen calcium oral capsule 400 mg	3	MO
fenoprofen calcium oral tablet	3	MO
flurbiprofen oral tablet	1	MO; GC
ibuprofen oral suspension 100 mg/5ml	1	MO; GC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO; GC
indomethacin er oral capsule extended release	1	MO; GC
indomethacin oral capsule 25 mg, 50 mg	1	MO; GC
ketoprofen er oral capsule extended release 24 hour	3	MO
ketorolac tromethamine injection solution 30 mg/ml	3	MO
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION	3	MO
ketorolac tromethamine oral tablet	1	MO; GC; QL (20 EA per 30 days)
meclofenamate sodium oral capsule	3	MO
mefenamic acid oral capsule	3	MO
meloxicam oral tablet	1	MO; GC
nabumetone oral tablet	1	MO; GC
naproxen oral suspension	1	MO; GC
naproxen oral tablet	1	MO; GC
naproxen oral tablet delayed release	1	MO; GC
naproxen sodium oral tablet 275 mg, 550 mg	1	MO; GC
oxaprozin oral tablet	1	MO; GC
piroxicam oral capsule	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
sulindac oral tablet	1	MO; GC
tolmetin sodium oral capsule 400 mg	1	MO; GC
tolmetin sodium oral tablet 600 mg	1	MO; GC
ZIPSOR ORAL CAPSULE	4	
Opioid Analgesics, Long-acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr	3	
fentanyl transdermal patch 72 hour 87.5 mcg/hr	4	
hydromorphone hcl er oral tablet extended release 24 hour	3	
levorphanol tartrate oral tablet 2 mg	4	
methadone hcl intensol oral concentrate	1	GC
methadone hcl oral concentrate	1	GC
methadone hcl oral solution	1	GC
methadone hcl oral tablet	1	GC
methadose oral concentrate 10 mg/ml	1	GC
methadose sugar-free oral concentrate	1	GC
mitigo injection solution	1	GC
morphine sulfate er beads oral capsule extended release 24 hour	3	
morphine sulfate er oral capsule extended release 24 hour	3	
morphine sulfate er oral tablet extended release	1	GC
oxymorphone hcl er oral tablet extended release 12 hour	3	
tramadol hcl er oral tablet extended release 24 hour	1	GC
Opioid Analgesics, Short-acting		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 400 MCG, 600 MCG, 800 MCG	4	PA
acetaminophen-codeine #3 oral tablet	1	GC
acetaminophen-codeine oral solution	1	GC
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	GC
ascomp-codeine oral capsule	1	GC
butalbital-apap-caff-cod oral capsule	1	GC
butalbital-asa-caff-codeine oral capsule	1	GC
butorphanol tartrate nasal solution	1	GC

Drug Name	Drug Tier	Requirements/Limits
codeine sulfate oral tablet 30 mg	1	GC
CODEINE SULFATE ORAL TABLET 60 MG	2	
duramorph injection solution	1	GC
endocet oral tablet	1	GC
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	4	PA
fentanyl citrate buccal lozenge on a handle 200 mcg	3	PA
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	GC
hydrocodone-acetaminophen oral tablet	1	GC
hydrocodone-ibuprofen oral tablet	1	GC
HYDROMORPHONE HCL INJECTION SOLUTION 2 MG/ML	1	GC
hydromorphone hcl oral liquid	1	GC
hydromorphone hcl oral tablet	1	GC
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	1	GC
lorcet hd oral tablet 10-325 mg	1	GC
lorcet oral tablet 5-325 mg	1	GC
lorcet plus oral tablet 7.5-325 mg	1	GC
morphine sulfate (concentrate) oral solution 20 mg/ml	1	GC
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	GC
morphine sulfate (pf) intravenous solution 8 mg/ml	1	GC
morphine sulfate intravenous solution 8 mg/ml	1	GC
morphine sulfate oral solution	1	GC
morphine sulfate oral tablet	1	GC
oxycodone hcl oral capsule	1	GC
oxycodone hcl oral concentrate 100 mg/5ml	3	
oxycodone hcl oral solution	1	GC
oxycodone hcl oral tablet	1	GC
oxycodone-acetaminophen oral tablet 10-300 mg	4	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	GC
oxycodone-acetaminophen oral tablet 5-300 mg	3	
oxycodone-aspirin oral tablet 4.8355-325 mg	1	GC
OXYCODONE-IBUPROFEN ORAL TABLET 5-400 MG	1	GC

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

Drug Name	Drug Tier	Requirements/Limits
oxymorphone hcl oral tablet	1	GC
pentazocine-naloxone hcl oral tablet	3	
PRIMLEV ORAL TABLET 10-300 MG	4	
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	3	
prolate oral tablet 10-300 mg	4	
prolate oral tablet 5-300 mg, 7.5-300 mg	3	
tramadol hcl oral tablet	1	GC
tramadol-acetaminophen oral tablet	1	GC
Anesthetics		
Local Anesthetics		
glydo external prefilled syringe	1	PA; MO; GC; QL (30 ML per 30 days)
lidocaine external ointment 5 %	2	PA; MO; QL (120 GM per 30 days)
lidocaine external patch 5 %	2	PA; MO
lidocaine hcl external solution	1	PA; MO; GC; QL (250 ML per 30 days)
lidocaine hcl urethral/mucosal external gel	1	PA; MO; GC; QL (30 ML per 30 days)
lidocaine hcl urethral/mucosal external prefilled syringe	1	PA; MO; GC; QL (30 ML per 30 days)
lidocaine-prilocaine external cream	1	PA; MO; GC; QL (30 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium oral tablet delayed release	1	MO; GC
disulfiram oral tablet	1	MO; GC
naltrexone hcl oral tablet	1	MO; GC
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	
Opioid Dependence		
buprenorphine hcl sublingual tablet sublingual	1	GC
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg	1	GC; QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg	1	GC; QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	GC; QL (360 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	GC; QL (90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LUCEMYRA ORAL TABLET	4	QL (480 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 5.7-1.4 MG	3	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG	3	QL (360 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 2.9-0.71 MG	3	QL (180 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl injection solution	1	MO; GC
naloxone hcl injection solution cartridge	1	MO; GC
naloxone hcl injection solution prefilled syringe	1	MO; GC
naloxone hcl nasal liquid	2	MO
NARCAN NASAL LIQUID	2	MO
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1	MO; GC; QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	3	MO; QL (504 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	3	MO; QL (504 EA per 365 days)
NICOTROL INHALATION INHALER	3	MO; QL (2688 EA per 365 days)
NICOTROL NS NASAL SOLUTION	2	MO; QL (360 ML per 365 days)
varenicline tartrate oral tablet	1	MO; GC; QL (504 EA per 365 days)
varenicline tartrate oral tablet therapy pack	1	MO; GC; QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution	1	MO; GC
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-%	1	MO; GC
gentamicin sulfate external cream	1	MO; GC
gentamicin sulfate external ointment	1	MO; GC
gentamicin sulfate injection solution 40 mg/ml	1	MO; GC
neomycin sulfate oral tablet	1	MO; GC
paromomycin sulfate oral capsule	1	MO; GC
streptomycin sulfate intramuscular solution reconstituted	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	1	MO; GC
tobramycin sulfate injection solution reconstituted	1	MO; GC
Antibacterials, Other		
aztreonam injection solution reconstituted	3	MO
CLEOCIN VAGINAL SUPPOSITORY	3	MO
clindacin-p external swab	1	MO; GC
clindamycin hcl oral capsule	1	MO; GC
clindamycin palmitate hcl oral solution reconstituted	1	MO; GC
clindamycin phosphate external swab	1	MO; GC
clindamycin phosphate in d5w intravenous solution	1	MO; GC
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	1	MO; GC
clindamycin phosphate vaginal cream	1	MO; GC
colistimethate sodium (cba) injection solution reconstituted	3	MO
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	4	
daptomycin intravenous solution reconstituted 500 mg	4	
fosfomycin tromethamine oral packet	2	MO
IMPAVIDO ORAL CAPSULE	4	
linezolid intravenous solution	3	MO
linezolid oral suspension reconstituted	4	QL (1800 ML per 28 days)
linezolid oral tablet	1	MO; GC; QL (56 EA per 28 days)
methenamine hippurate oral tablet	1	MO; GC
metronidazole intravenous solution	1	MO; GC
metronidazole oral capsule	1	MO; GC
metronidazole oral tablet	1	MO; GC
metronidazole vaginal gel	1	MO; GC
nitrofurantoin macrocrystal oral capsule 100 mg	1	MO; GC; QL (360 EA per 365 days)
nitrofurantoin macrocrystal oral capsule 25 mg	1	MO; GC; QL (1440 EA per 365 days)
nitrofurantoin macrocrystal oral capsule 50 mg	1	MO; GC; QL (720 EA per 365 days)
nitrofurantoin monohydrate macrocrystals oral capsule	1	MO; GC; QL (180 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
polymyxin b sulfate injection solution reconstituted	1	MO; GC
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	4	QL (6 EA per 30 days)
SIVEXTRO ORAL TABLET	4	QL (6 EA per 30 days)
tigecycline intravenous solution reconstituted	3	MO
tinidazole oral tablet	1	MO; GC
trimethoprim oral tablet	1	MO; GC
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg	1	MO; GC
vancomycin hcl oral capsule 125 mg	3	MO; QL (120 EA per 30 days)
vancomycin hcl oral capsule 250 mg	3	MO; QL (240 EA per 30 days)
VANDAZOLE VAGINAL GEL	1	MO; GC
Beta-lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	4	
cefaclor er oral tablet extended release 12 hour	1	MO; GC
cefaclor oral capsule	1	MO; GC
cefaclor oral suspension reconstituted	2	MO
cefadroxil oral capsule	1	MO; GC
cefadroxil oral suspension reconstituted	1	MO; GC
cefadroxil oral tablet	1	MO; GC
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	1	MO; GC
cefdinir oral capsule	1	MO; GC
cefdinir oral suspension reconstituted	1	MO; GC
cefepime hcl injection solution reconstituted	1	MO; GC
cefixime oral capsule	2	MO
cefixime oral suspension reconstituted	3	MO
cefotetan disodium injection solution reconstituted	1	MO; GC
cefoxitin sodium intravenous solution reconstituted	1	MO; GC
cefpodoxime proxetil oral suspension reconstituted	1	MO; GC
cefpodoxime proxetil oral tablet	1	MO; GC
cefprozil oral suspension reconstituted	1	MO; GC
cefprozil oral tablet	1	MO; GC
ceftazidime injection solution reconstituted	1	MO; GC
ceftazidime intravenous solution reconstituted	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	MO; GC
ceftriaxone sodium intravenous solution reconstituted 10 gm	1	MO; GC
cefuroxime axetil oral tablet	1	MO; GC
cefuroxime sodium injection solution reconstituted	1	MO; GC
cefuroxime sodium intravenous solution reconstituted	1	MO; GC
cephalexin oral capsule	1	MO; GC
cephalexin oral suspension reconstituted	1	MO; GC
cephalexin oral tablet	1	MO; GC
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	MO
suprax oral tablet chewable	2	MO
tazicef injection solution reconstituted	1	MO; GC
tazicef intravenous solution reconstituted 2 gm, 6 gm	1	MO; GC
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	4	
Beta-lactam, Penicillins		
amoxicillin oral capsule	1	MO; GC
amoxicillin oral suspension reconstituted	1	MO; GC
amoxicillin oral tablet	1	MO; GC
amoxicillin oral tablet chewable	1	MO; GC
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour	2	MO
amoxicillin-potassium clavulanate oral suspension reconstituted	1	MO; GC
amoxicillin-potassium clavulanate oral tablet	1	MO; GC
amoxicillin-potassium clavulanate oral tablet chewable	1	MO; GC
ampicillin oral capsule	1	MO; GC
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	1	MO; GC
ampicillin sodium intravenous solution reconstituted 10 gm	1	MO; GC
ampicillin-sulbactam sodium injection solution reconstituted	1	MO; GC
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	MO
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	MO
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	MO
BICILLIN L-A INTRAMUSCULAR SUSPENSION	3	MO
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO
dicloxacillin sodium oral capsule	1	MO; GC
nafcillin sodium injection solution reconstituted 1 gm	3	MO
nafcillin sodium injection solution reconstituted 2 gm	1	MO; GC
nafcillin sodium intravenous solution reconstituted 10 gm	3	MO
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	MO
oxacillin sodium injection solution reconstituted 2 gm	3	MO
oxacillin sodium intravenous solution reconstituted	3	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	2	MO
penicillin g potassium injection solution reconstituted	1	MO; GC
penicillin g sodium injection solution reconstituted	4	
penicillin v potassium oral solution reconstituted	1	MO; GC
penicillin v potassium oral tablet	1	MO; GC
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 5000000 UNIT	1	MO; GC
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1	MO; GC
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	3	MO
Carbapenems		
ertapenem sodium injection solution reconstituted	2	MO
imipenem-cilastatin intravenous solution reconstituted	3	MO
meropenem intravenous solution reconstituted 500 mg	1	MO; GC
Macrolides		

Drug Name	Drug Tier	Requirements/Limits
azithromycin intravenous solution reconstituted	1	MO; GC
AZITHROMYCIN ORAL PACKET	1	MO; GC
azithromycin oral suspension reconstituted	1	MO; GC
azithromycin oral tablet	1	MO; GC
clarithromycin er oral tablet extended release 24 hour	1	MO; GC
clarithromycin oral suspension reconstituted	1	MO; GC
clarithromycin oral tablet	1	MO; GC
DIFICID ORAL SUSPENSION RECONSTITUTED	4	
DIFICID ORAL TABLET	4	
erythrocin lactobionate intravenous solution reconstituted	3	MO
erythrocin stearate oral tablet	1	MO; GC
erythromycin base oral capsule delayed release particles	1	MO; GC
erythromycin base oral tablet	1	MO; GC
erythromycin base oral tablet delayed release 500 mg	1	MO; GC
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	MO; GC
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	2	MO
erythromycin ethylsuccinate oral tablet	1	MO; GC
erythromycin lactobionate intravenous solution reconstituted	1	MO; GC
erythromycin oral tablet delayed release 250 mg, 333 mg	1	MO; GC
Quinolones		
CIPRO ORAL SUSPENSION RECONSTITUTED	2	MO
ciprofloxacin hcl oral tablet	1	MO; GC
ciprofloxacin in d5w intravenous solution	1	MO; GC
levofloxacin in d5w intravenous solution	1	MO; GC
levofloxacin intravenous solution	3	MO
levofloxacin oral solution	3	MO
levofloxacin oral tablet	1	MO; GC
moxifloxacin hcl in nacl intravenous solution	3	MO
moxifloxacin hcl oral tablet	1	MO; GC
ofloxacin oral tablet	1	MO; GC
Sulfonamides		
sulfacetamide sodium (acne) external lotion	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
sulfadiazine oral tablet	3	MO
sulfamethoxazole-trimethoprim oral suspension	1	MO; GC
sulfamethoxazole-trimethoprim oral tablet	1	MO; GC
sulfatrim pediatric oral suspension	1	MO; GC
Tetracyclines		
avidoxy oral tablet	1	MO; GC
demeclocycline hcl oral tablet	1	MO; GC
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	3	MO
doxy 100 intravenous solution reconstituted	1	MO; GC
doxycycline hyclate intravenous solution reconstituted	1	MO; GC
doxycycline hyclate oral capsule	1	MO; GC
doxycycline hyclate oral tablet 100 mg	1	MO; GC
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg	1	MO; GC
doxycycline hyclate oral tablet delayed release 200 mg, 50 mg	3	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1	MO; GC
doxycycline monohydrate oral capsule 150 mg	3	MO
doxycycline monohydrate oral suspension reconstituted	1	MO; GC
doxycycline monohydrate oral tablet	1	MO; GC
minocycline hcl oral capsule	1	MO; GC
minocycline hcl oral tablet	1	MO; GC
mondoxyne nl oral capsule	1	MO; GC
morgidox oral capsule 100 mg	1	MO; GC
okebo oral capsule 75 mg	1	MO; GC
tetracycline hcl oral capsule	3	MO
VIBRAMYCIN ORAL SYRUP	3	MO
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	4	PA
BRIVIACT ORAL TABLET	4	PA
EPIDIOLEX ORAL SOLUTION	4	PA
EPRONTIA ORAL SOLUTION	3	MO
felbamate oral suspension	4	
felbamate oral tablet	3	MO
FINTEPLA ORAL SOLUTION	4	PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL SUSPENSION	3	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG	4	
FYCOMPA ORAL TABLET 2 MG, 8 MG	3	MO
lamotrigine er oral tablet extended release 24 hour	2	MO
lamotrigine oral kit	3	MO
lamotrigine oral tablet	1	MO; GC
lamotrigine oral tablet chewable	1	MO; GC
lamotrigine oral tablet dispersible	3	MO
lamotrigine starter kit-blue oral kit	3	MO
lamotrigine starter kit-green oral kit	3	MO
lamotrigine starter kit-orange oral kit	3	MO
levetiracetam er oral tablet extended release 24 hour	1	MO; GC
levetiracetam oral solution	1	MO; GC
levetiracetam oral tablet	1	MO; GC
NAYZILAM NASAL SOLUTION	4	QL (10 EA per 30 days)
roweepra oral tablet	1	MO; GC
roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg	1	MO; GC
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	MO
subvenite oral tablet	1	MO; GC
subvenite starter kit-blue oral kit	3	MO
subvenite starter kit-green oral kit	3	MO
subvenite starter kit-orange oral kit	3	MO
topiramate er oral capsule er 24 hour sprinkle	3	MO
topiramate oral capsule sprinkle	1	MO; GC
topiramate oral tablet	1	MO; GC
valproic acid oral capsule	1	MO; GC
valproic acid oral solution	1	MO; GC
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	3	PA; MO
XCOPRI ORAL TABLET 200 MG	4	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG	3	PA; MO
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG	4	PA
Calcium Channel Modifying Agents		

Drug Name	Drug Tier	Requirements/Limits
CELONTIN ORAL CAPSULE	3	MO
ethosuximide oral capsule	1	MO; GC
ethosuximide oral solution	1	MO; GC
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension	3	MO
clobazam oral tablet	3	MO
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; GC; QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	1	MO; GC; QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; GC; QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	1	MO; GC; QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE	4	PA
DIACOMIT ORAL PACKET	4	PA
DIASTAT ACUDIAL RECTAL GEL	3	MO
DIASTAT PEDIATRIC RECTAL GEL	3	MO
diazepam rectal gel	3	MO
divalproex sodium er oral tablet extended release 24 hour	1	MO; GC
divalproex sodium oral capsule delayed release sprinkle	1	MO; GC
divalproex sodium oral tablet delayed release	1	MO; GC
gabapentin oral capsule 100 mg, 300 mg	1	MO; GC; QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	1	MO; GC; QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5ml	1	MO; GC; QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	1	MO; GC; QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	1	MO; GC; QL (150 EA per 30 days)
phenobarbital oral elixir	1	MO; GC
phenobarbital oral tablet	1	MO; GC
primidone oral tablet	1	MO; GC
SYMPAZAN ORAL FILM 10 MG	4	QL (120 EA per 30 days)
SYMPAZAN ORAL FILM 20 MG	4	QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	QL (240 EA per 30 days)
tiagabine hcl oral tablet	3	MO
VALTOCO NASAL LIQUID	4	QL (10 EA per 30 days)
VALTOCO NASAL LIQUID THERAPY PACK	4	QL (10 EA per 30 days)
vigabatrin oral packet	4	PA; QL (180 EA per 30 days)
vigabatrin oral tablet	4	PA; QL (180 EA per 30 days)
vigadrone oral packet	4	PA; QL (180 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Sodium Channel Agents		
APTIOM ORAL TABLET	4	
carbamazepine er oral capsule extended release 12 hour	1	MO; GC
carbamazepine er oral tablet extended release 12 hour	1	MO; GC
carbamazepine oral suspension	1	MO; GC
carbamazepine oral tablet	1	MO; GC
carbamazepine oral tablet chewable	1	MO; GC
dilantin oral capsule 30 mg	3	MO
epitol oral tablet	1	MO; GC
lacosamide oral solution	2	MO
lacosamide oral tablet	3	MO
oxcarbazepine oral suspension	3	MO
oxcarbazepine oral tablet	1	MO; GC
PEGANONE ORAL TABLET 250 MG	3	MO
phenytek oral capsule	1	MO; GC
phenytoin oral suspension 125 mg/5ml	1	MO; GC
phenytoin oral tablet chewable	1	MO; GC
phenytoin sodium extended oral capsule	1	MO; GC
rufinamide oral suspension	4	
rufinamide oral tablet 200 mg	3	MO
rufinamide oral tablet 400 mg	4	
VIMPAT ORAL SOLUTION	3	MO
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	
VIMPAT ORAL TABLET 50 MG	3	MO
zonisamide oral capsule	1	MO; GC
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates oral tablet	2	MO
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; MO; QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; MO; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl oral tablet	1	MO; GC
donepezil hcl oral tablet dispersible	1	MO; GC
galantamine hydrobromide er oral capsule extended release 24 hour	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
galantamine hydrobromide oral solution	3	MO
galantamine hydrobromide oral tablet	1	MO; GC
rivastigmine tartrate oral capsule	1	MO; GC
rivastigmine transdermal patch 24 hour	2	MO
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour	2	MO; QL (30 EA per 30 days)
memantine hcl oral solution 2 mg/ml	1	MO; GC
memantine hcl oral tablet 10 mg, 5 mg	1	MO; GC
MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	1	MO; GC
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 &28 MG	2	MO; QL (56 EA per 365 days)
Antidepressants		
Antidepressants, Other		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1	MO; GC; QL (90 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1	MO; GC; QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	MO; GC; QL (90 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	MO; GC; QL (30 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	2	MO; QL (30 EA per 30 days)
bupropion hcl oral tablet	1	MO; GC
chlordiazepoxide-amitriptyline oral tablet	1	MO; GC
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	1	MO; GC
mirtazapine oral tablet	1	MO; GC
mirtazapine oral tablet dispersible	1	MO; GC
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	3	MO; QL (30 EA per 30 days)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	3	MO; QL (90 EA per 30 days)
perphenazine-amitriptyline oral tablet 2-10 mg	3	MO
perphenazine-amitriptyline oral tablet 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	MO; GC
Monoamine Oxidase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
EMSAM TRANSDERMAL PATCH 24 HOUR	4	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET	3	MO
phenelzine sulfate oral tablet	1	MO; GC
tranylcypromine sulfate oral tablet	3	MO
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide oral solution	1	MO; GC
citalopram hydrobromide oral tablet	1	MO; GC
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; MO; QL (120 EA per 30 days)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	1	ST; MO; GC; QL (30 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1	MO; GC; QL (120 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1	MO; GC; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	MO; QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	MO; QL (90 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	1	MO; GC; QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	1	MO; GC; QL (90 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	2	MO; QL (90 EA per 30 days)
escitalopram oxalate oral solution	1	MO; GC
escitalopram oxalate oral tablet	1	MO; GC
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	ST; MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	ST; MO; QL (56 EA per 365 days)
fluoxetine hcl oral capsule	1	MO; GC
fluoxetine hcl oral capsule delayed release	1	MO; GC; QL (4 EA per 28 days)
fluoxetine hcl oral solution	1	MO; GC
fluoxetine hcl oral tablet 10 mg, 20 mg	1	MO; GC
fluvoxamine maleate er oral capsule extended release 24 hour	1	MO; GC; QL (60 EA per 30 days)
fluvoxamine maleate oral tablet	1	MO; GC
nefazodone hcl oral tablet 100 mg, 200 mg, 250 mg, 50 mg	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
nefazodone hcl oral tablet 150 mg	3	MO
paroxetine hcl er oral tablet extended release 24 hour	1	MO; GC
paroxetine hcl oral suspension	1	MO; GC
paroxetine hcl oral tablet	1	MO; GC
PAXIL ORAL SUSPENSION	3	MO
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 EA per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 EA per 30 days)
SERTRALINE HCL ORAL CAPSULE	3	ST; MO
sertraline hcl oral concentrate	1	MO; GC
sertraline hcl oral tablet	1	MO; GC
trazodone hcl oral tablet	1	MO; GC
TRINTELLIX ORAL TABLET	3	MO; QL (30 EA per 30 days)
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	ST; MO
venlafaxine hcl er oral capsule extended release 24 hour	1	MO; GC
venlafaxine hcl er oral tablet extended release 24 hour	2	MO
venlafaxine hcl oral tablet	1	MO; GC
VIIBRYD ORAL TABLET	3	MO; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT	3	MO; QL (60 EA per 365 days)
vilazodone hcl oral tablet	2	MO; QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl oral tablet	1	MO; GC
amoxapine oral tablet	1	MO; GC
clomipramine hcl oral capsule	3	MO
desipramine hcl oral tablet	1	MO; GC
doxepin hcl oral capsule	1	MO; GC
doxepin hcl oral concentrate	1	MO; GC
imipramine hcl oral tablet	1	MO; GC
imipramine pamoate oral capsule	1	MO; GC
nortriptyline hcl oral capsule	1	MO; GC
nortriptyline hcl oral solution	1	MO; GC
protriptyline hcl oral tablet	1	MO; GC
trimipramine maleate oral capsule	3	MO
Antiemetics		
Antiemetics, Other		
compro rectal suppository	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
meclizine hcl oral tablet	1	MO; GC
phenadoz rectal suppository 12.5 mg, 25 mg	1	MO; GC
prochlorperazine maleate oral tablet	1	MO; GC
prochlorperazine rectal suppository	1	MO; GC
promethazine hcl oral syrup	1	MO; GC
promethazine hcl oral tablet	1	MO; GC
promethazine hcl rectal suppository	1	MO; GC
promethegan rectal suppository	1	MO; GC
scopolamine transdermal patch 72 hour	1	MO; GC; QL (10 EA per 30 days)
trimethobenzamide hcl oral capsule	1	B/D; MO; GC
Emetogenic Therapy Adjuncts		
aprepitant oral capsule 125 mg	1	B/D; MO; GC; QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	1	B/D; MO; GC; QL (1 EA per 30 days)
aprepitant oral capsule 80 & 125 mg	1	B/D; MO; GC; QL (6 EA per 30 days)
aprepitant oral capsule 80 mg	1	B/D; MO; GC; QL (8 EA per 30 days)
dronabinol oral capsule	3	PA; MO; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D; MO; QL (6 EA per 30 days)
granisetron hcl oral tablet	1	B/D; MO; GC; QL (30 EA per 30 days)
ondansetron hcl oral solution	1	B/D; MO; GC; QL (450 ML per 30 days)
ondansetron hcl oral tablet 24 mg	1	B/D; MO; GC; QL (14 EA per 28 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D; MO; GC
ondansetron odt oral tablet dispersible	1	B/D; MO; GC
SANCUSO TRANSDERMAL PATCH	4	QL (2 EA per 30 days)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	3	B/D; MO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	4	B/D
amphotericin b intravenous solution reconstituted	3	B/D; MO
amphotericin b liposome intravenous suspension reconstituted	4	B/D
caspofungin acetate intravenous solution reconstituted 50 mg	4	

Drug Name	Drug Tier	Requirements/Limits
caspofungin acetate intravenous solution reconstituted 70 mg	3	MO
clotrimazole external cream	1	MO; GC
clotrimazole external solution	1	MO; GC
clotrimazole mouth/throat troche	1	MO; GC
CRESEMBA ORAL CAPSULE	4	
econazole nitrate external cream	1	MO; GC
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	4	
EXELDERM EXTERNAL CREAM	3	MO
EXELDERM EXTERNAL SOLUTION	3	MO
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	MO; GC
fluconazole oral suspension reconstituted	1	MO; GC
fluconazole oral tablet	1	MO; GC
flucytosine oral capsule	4	
griseofulvin microsize oral suspension	1	MO; GC
griseofulvin microsize oral tablet	3	MO
griseofulvin ultramicrosize oral tablet	3	MO
itraconazole oral capsule	3	PA; MO
itraconazole oral solution	3	PA; MO
ketoconazole external cream	1	MO; GC
ketoconazole external foam	3	MO
ketoconazole external shampoo	1	MO; GC
ketoconazole oral tablet	1	MO; GC
ketodan external foam	3	MO
micafungin sodium intravenous solution reconstituted 100 mg	3	MO
micafungin sodium intravenous solution reconstituted 50 mg	4	
miconazole 3 vaginal suppository	1	MO; GC
naftifine hcl external cream	3	MO
naftifine hcl external gel 1 %	2	MO
NAFTIN EXTERNAL GEL 2 %	3	MO
NOXAFIL ORAL SUSPENSION	4	PA
nyamyc external powder	1	MO; GC
nystatin external cream	1	MO; GC
nystatin external ointment	1	MO; GC
nystatin external powder	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
nystatin mouth/throat suspension	1	MO; GC
nystatin oral tablet	1	MO; GC
nystop external powder	1	MO; GC
oxiconazole nitrate external cream	1	MO; GC
OXISTAT EXTERNAL LOTION	3	MO
posaconazole oral tablet delayed release	4	PA
SULCONAZOLE NITRATE EXTERNAL CREAM	3	MO
SULCONAZOLE NITRATE EXTERNAL SOLUTION	3	MO
terbinafine hcl oral tablet	1	MO; GC; QL (84 EA per 180 days)
terconazole vaginal cream	1	MO; GC
terconazole vaginal suppository	1	MO; GC
voriconazole intravenous solution reconstituted	4	PA
voriconazole oral suspension reconstituted	4	
voriconazole oral tablet	3	MO
Antigout Agents		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	MO; GC
colchicine oral tablet	2	MO
colchicine-probenecid oral tablet	1	MO; GC
febuxostat oral tablet	2	MO
probenecid oral tablet	1	MO; GC
Antimigraine Agents		
Ergot Alkaloids		
CAFERGOT ORAL TABLET	1	MO; GC
dihydroergotamine mesylate nasal solution	4	PA; QL (8 ML per 30 days)
ergotamine-caffeine oral tablet	1	MO; GC
migergot rectal suppository	4	
Prophylactic		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; MO; QL (4.5 ML per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; MO; QL (4.5 ML per 90 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; MO; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; MO; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; MO; QL (1 ML per 30 days)
timolol maleate oral tablet	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
UBRELVY ORAL TABLET	4	PA; QL (16 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
almotriptan malate oral tablet	3	MO; QL (12 EA per 30 days)
frovatriptan succinate oral tablet	3	MO; QL (12 EA per 30 days)
naratriptan hcl oral tablet	1	MO; GC; QL (9 EA per 30 days)
REYVOW ORAL TABLET 100 MG	3	MO; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	3	MO; QL (4 EA per 30 days)
rizatriptan benzoate oral tablet	1	MO; GC; QL (18 EA per 30 days)
rizatriptan benzoate oral tablet dispersible	1	MO; GC; QL (18 EA per 30 days)
sumatriptan nasal solution	3	MO; QL (12 EA per 30 days)
sumatriptan succinate oral tablet	1	MO; GC; QL (9 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge	3	MO; QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution	3	MO; QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector	3	MO; QL (5 ML per 30 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	3	MO; QL (5 ML per 30 days)
zolmitriptan oral tablet	1	MO; GC; QL (12 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg	1	MO; GC; QL (12 EA per 30 days)
zolmitriptan oral tablet dispersible 5 mg	1	MO; GC; QL (9 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL ORAL TABLET 125 MG	3	MO
pyridostigmine bromide er oral tablet extended release	3	MO
pyridostigmine bromide oral solution	4	
pyridostigmine bromide oral tablet 60 mg	1	MO; GC
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet	1	MO; GC
rifabutin oral capsule	1	MO; GC
Antituberculars		
ethambutol hcl oral tablet	1	MO; GC
isoniazid oral syrup	3	MO
isoniazid oral tablet	1	MO; GC
paser oral packet	3	MO
PRIFTIN ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements/Limits
pyrazinamide oral tablet	1	MO; GC
rifampin intravenous solution reconstituted	3	MO
rifampin oral capsule	1	MO; GC
RIFATER ORAL TABLET 50-120-300 MG	3	MO
SIRTURO ORAL TABLET	4	
TRECATOR ORAL TABLET	3	MO
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	2	B/D; MO
cyclophosphamide oral tablet 25 mg	2	B/D; MO
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	B/D; MO
GLEOSTINE ORAL CAPSULE	3	MO
LEUKERAN ORAL TABLET	4	
MATULANE ORAL CAPSULE	4	
VALCHLOR EXTERNAL GEL	4	PA
Antiandrogens		
abiraterone acetate oral tablet	4	PA
bicalutamide oral tablet	1	MO; GC
ERLEADA ORAL TABLET	4	PA; QL (120 EA per 30 days)
flutamide oral capsule	1	MO; GC
nilutamide oral tablet	4	
NUBEQA ORAL TABLET	4	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE	4	PA
XTANDI ORAL TABLET	4	PA
YONSA ORAL TABLET	4	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
FOTIVDA ORAL CAPSULE	4	PA
lenalidomide oral capsule	4	PA
POMALYST ORAL CAPSULE	4	PA
QINLOCK ORAL TABLET	4	PA
REVLIMID ORAL CAPSULE	4	PA
TABRECTA ORAL TABLET	4	PA; QL (120 EA per 30 days)
THALOMID ORAL CAPSULE	4	PA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	4	
SOLTAMOX ORAL SOLUTION	4	
tamoxifen citrate oral tablet	1	MO; GC
toremifene citrate oral tablet	4	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Antimetabolites		
DROXIA ORAL CAPSULE	3	MO
hydroxyurea oral capsule	1	MO; GC
mercaptopurine oral tablet	1	MO; GC
PURIXAN ORAL SUSPENSION	4	
SIKLOS ORAL TABLET 100 MG	3	PA; MO
SIKLOS ORAL TABLET 1000 MG	4	PA
TABLOID ORAL TABLET	3	MO
Antineoplastics, Other		
ASPARLAS INTRAVENOUS SOLUTION	4	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
GAVRETO ORAL CAPSULE	4	PA
IBRANCE ORAL TABLET	4	PA
IDHIFA ORAL TABLET	4	PA; QL (30 EA per 30 days)
INREBIC ORAL CAPSULE	4	PA; QL (120 EA per 30 days)
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	4	PA; QL (49 EA per 28 days)
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	4	PA; QL (70 EA per 28 days)
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	4	PA; QL (91 EA per 28 days)
leucovorin calcium oral tablet	1	MO; GC
LONSURF ORAL TABLET 15-6.14 MG	4	PA; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; QL (80 EA per 28 days)
LUMAKRAS ORAL TABLET	4	PA
NINLARO ORAL CAPSULE	4	PA
ONUREG ORAL TABLET	4	PA
PEMAZYRE ORAL TABLET	4	PA; QL (30 EA per 30 days)
RETEVMO ORAL CAPSULE	4	PA
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	4	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
TAZVERIK ORAL TABLET	4	PA; QL (240 EA per 30 days)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	3	MO
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	4	PA
TUKYSA ORAL TABLET	4	PA
VONJO ORAL CAPSULE	4	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; QL (20 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; QL (8 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	4	PA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; QL (12 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	4	PA; QL (32 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	4	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	4	PA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE	4	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole oral tablet	1	MO; GC
exemestane oral tablet	3	MO
letrozole oral tablet	1	MO; GC
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	4	PA
AFINITOR ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE	4	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	4	PA; QL (60 EA per 365 days)
AYVAKIT ORAL TABLET	4	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	4	PA; QL (84 EA per 28 days)
BALVERSA ORAL TABLET 4 MG	4	PA; QL (56 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
BALVERSA ORAL TABLET 5 MG	4	PA; QL (28 EA per 28 days)
BOSULIF ORAL TABLET	4	PA
BRAFTOVI ORAL CAPSULE	4	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE	4	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET	4	PA
CALQUENCE ORAL CAPSULE	4	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET	4	PA
CAPRELSA ORAL TABLET 100 MG	4	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA
COMETRIQ ORAL KIT	4	PA
COPIKTRA ORAL CAPSULE	4	PA; QL (56 EA per 28 days)
COTELLIC ORAL TABLET	4	PA; QL (90 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	4	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA; QL (120 EA per 30 days)
ERIVEDGE ORAL CAPSULE	4	PA
erlotinib hcl oral tablet 100 mg, 150 mg	4	PA; QL (30 EA per 30 days)
erlotinib hcl oral tablet 25 mg	4	PA; QL (90 EA per 30 days)
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; QL (30 EA per 30 days)
everolimus oral tablet soluble	4	PA
EXKIVITY ORAL CAPSULE	4	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	PA; QL (6 EA per 21 days)
GILOTRIF ORAL TABLET	4	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE	4	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	4	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG, 45 MG	4	PA
imatinib mesylate oral tablet	4	PA
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (240 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	4	PA
IMBRUVICA ORAL TABLET 140 MG	4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG	4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	4	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET	4	PA
INQOVI ORAL TABLET	4	PA
IRESSA ORAL TABLET	4	PA
JAKAFI ORAL TABLET	4	PA; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET THERAPY PACK 200 MG	4	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE	4	PA
lapatinib ditosylate oral tablet	4	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	4	PA
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (120 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG	4	PA; QL (180 EA per 30 days)
LYNPARZA ORAL TABLET 150 MG	4	PA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET	4	PA
MEKTOVI ORAL TABLET	4	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET	4	PA; QL (180 EA per 30 days)
NEXAVAR ORAL TABLET	4	PA
ODOMZO ORAL CAPSULE	4	PA
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG	4	PA; QL (56 EA per 28 days)
PIQRAY ORAL TABLET THERAPY PACK 200 MG	4	PA; QL (28 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET	4	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	4	PA; QL (224 EA per 28 days)
sorafenib tosylate oral tablet	4	PA
SPRYCEL ORAL TABLET	4	PA
STIVARGA ORAL TABLET	4	PA
sunitinib malate oral capsule	4	PA
SUTENT ORAL CAPSULE	4	PA
TAFINLAR ORAL CAPSULE	4	PA
TAGRISSO ORAL TABLET	4	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; QL (120 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	4	PA
TALZENNA ORAL CAPSULE 1 MG	4	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA
TASIGNA ORAL CAPSULE 50 MG	4	PA; QL (360 EA per 30 days)
TEPMETKO ORAL TABLET	4	PA
TIBSOVO ORAL TABLET	4	PA; QL (60 EA per 30 days)
TURALIO ORAL CAPSULE	4	PA; QL (120 EA per 30 days)
UKONIQ ORAL TABLET 200 MG	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG, 50 MG	2	PA; MO
VENCLEXTA ORAL TABLET 100 MG	4	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	4	PA
VERZENIO ORAL TABLET 100 MG	4	PA; QL (112 EA per 28 days)
VERZENIO ORAL TABLET 150 MG, 200 MG	4	PA; QL (56 EA per 28 days)
VERZENIO ORAL TABLET 50 MG	4	PA; QL (224 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; QL (240 EA per 30 days)
VITRAKVI ORAL SOLUTION	4	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET	4	PA
VOTRIENT ORAL TABLET	4	PA
WELIREG ORAL TABLET	4	PA
XALKORI ORAL CAPSULE	4	PA
XOSPATA ORAL TABLET	4	PA; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE	4	PA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET	4	PA
ZYDELIG ORAL TABLET	4	PA
ZYKADIA ORAL TABLET	4	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
AVASTIN INTRAVENOUS SOLUTION	4	PA
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	4	PA
RUXIENCE INTRAVENOUS SOLUTION	4	PA
TRUXIMA INTRAVENOUS SOLUTION	4	
Retinoids		
bexarotene external gel	4	PA
bexarotene oral capsule	4	PA
PANRETIN EXTERNAL GEL	4	
TARGRETIN EXTERNAL GEL	4	PA
tretinoin oral capsule	4	
Treatment Adjuncts		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	4	
MESNEX ORAL TABLET	4	
Antiparasitics		
Anthelmintics		
albendazole oral tablet	4	

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

Drug Name	Drug Tier	Requirements/Limits
ivermectin oral tablet	1	MO; GC
praziquantel oral tablet	2	MO
Antiprotozoals		
atovaquone oral suspension	3	MO
atovaquone-proguanil hcl oral tablet	1	MO; GC
BENZNIDAZOLE ORAL TABLET	2	MO
chloroquine phosphate oral tablet	1	MO; GC
COARTEM ORAL TABLET	3	MO
hydroxychloroquine sulfate oral tablet 200 mg	1	MO; GC
mefloquine hcl oral tablet	1	MO; GC
nitazoxanide oral tablet	4	
pentamidine isethionate inhalation solution reconstituted	1	B/D; MO; GC
pentamidine isethionate injection solution reconstituted	3	MO
primaquine phosphate oral tablet	1	MO; GC
pyrimethamine oral tablet	4	PA
quinine sulfate oral capsule	1	PA; MO; GC
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral tablet	1	MO; GC
trihexyphenidyl hcl oral solution	3	MO
trihexyphenidyl hcl oral tablet	1	MO; GC
Antiparkinson Agents, Other		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg	2	MO
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	3	MO
entacapone oral tablet	1	MO; GC
NOURIANZ ORAL TABLET 20 MG	4	PA; QL (60 EA per 30 days)
NOURIANZ ORAL TABLET 40 MG	4	PA; QL (30 EA per 30 days)
tolcapone oral tablet	4	
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL (60 ML per 30 days)
apomorphine hcl subcutaneous solution cartridge	4	PA; QL (60 ML per 30 days)
bromocriptine mesylate oral capsule	3	MO
bromocriptine mesylate oral tablet	2	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg	3	MO
pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg	1	MO; GC
pramipexole dihydrochloride oral tablet	1	MO; GC
ropinirole hcl er oral tablet extended release 24 hour	1	MO; GC
ropinirole hcl oral tablet	1	MO; GC
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet	3	MO
carbidopa-levodopa er oral tablet extended release	1	MO; GC
carbidopa-levodopa oral tablet	1	MO; GC
carbidopa-levodopa oral tablet dispersible	1	MO; GC
INBRIJA INHALATION CAPSULE	4	PA; QL (300 EA per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	ST; MO
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral tablet	1	MO; GC
selegiline hcl oral capsule	1	MO; GC
selegiline hcl oral tablet	1	MO; GC
ZELAPAR ORAL TABLET DISPERSIBLE	4	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral concentrate	3	MO
chlorpromazine hcl oral tablet	3	MO
fluphenazine decanoate injection solution	1	MO; GC
fluphenazine hcl injection solution	1	MO; GC
fluphenazine hcl oral concentrate	1	MO; GC
fluphenazine hcl oral elixir	1	MO; GC
fluphenazine hcl oral tablet	1	MO; GC
haloperidol decanoate intramuscular solution	1	MO; GC
haloperidol lactate injection solution	1	MO; GC
haloperidol lactate oral concentrate	1	MO; GC
haloperidol oral tablet	1	MO; GC
loxapine succinate oral capsule	1	MO; GC
molindone hcl oral tablet	3	MO
perphenazine oral tablet	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
pimozide oral tablet	3	MO
thioridazine hcl oral tablet	1	MO; GC
thiothixene oral capsule	1	MO; GC
trifluoperazine hcl oral tablet	1	MO; GC
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	4	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	
aripiprazole oral solution	1	MO; GC; QL (750 ML per 30 days)
aripiprazole oral tablet	1	MO; GC; QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	4	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	4	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	4	
asenapine maleate sublingual tablet sublingual	1	MO; GC; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE	4	ST; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	4	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET	3	ST; MO; QL (8 EA per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	ST
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	4	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	MO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET	4	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	4	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET	4	PA; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
olanzapine intramuscular solution reconstituted	1	MO; GC
olanzapine oral tablet	1	MO; GC; QL (30 EA per 30 days)
olanzapine oral tablet dispersible	1	MO; GC; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	3	MO; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	3	MO; QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	4	QL (1 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg	1	MO; GC; QL (60 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 200 mg	1	MO; GC; QL (90 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; GC; QL (90 EA per 30 days)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	MO; GC; QL (60 EA per 30 days)
REXULTI ORAL TABLET	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	4	
risperidone oral solution	1	MO; GC; QL (240 ML per 30 days)
risperidone oral tablet	1	MO; GC; QL (60 EA per 30 days)
risperidone oral tablet dispersible	1	MO; GC; QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	4	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE	4	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	3	MO; QL (14 EA per 365 days)
ziprasidone hcl oral capsule	1	MO; GC; QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted	2	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	MO
Treatment-Resistant		
clozapine oral tablet 100 mg, 25 mg	1	MO; GC; QL (270 EA per 30 days)
clozapine oral tablet 200 mg	1	MO; GC; QL (120 EA per 30 days)
clozapine oral tablet 50 mg	1	MO; GC; QL (180 EA per 30 days)
clozapine oral tablet dispersible 100 mg, 25 mg	3	MO; QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg	3	MO; QL (90 EA per 30 days)
clozapine oral tablet dispersible 150 mg	3	MO; QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
clozapine oral tablet dispersible 200 mg	4	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION	4	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen oral tablet	1	MO; GC
dantrolene sodium oral capsule	1	MO; GC
tizanidine hcl oral tablet	1	MO; GC
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous solution	4	
PREVYMIS ORAL TABLET	4	
valganciclovir hcl oral solution reconstituted	4	
valganciclovir hcl oral tablet	2	MO
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil oral tablet	3	MO
BARACLUDE ORAL SOLUTION	4	QL (600 ML per 30 days)
entecavir oral tablet	3	MO; QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION	3	MO
lamivudine oral tablet 100 mg	1	MO; GC
Anti-hepatitis C (HCV) Agents		
HARVONI ORAL PACKET	4	PA
HARVONI ORAL TABLET 45-200 MG	4	PA; QL (168 EA per 365 days)
ledipasvir-sofosbuvir oral tablet	4	PA; QL (168 EA per 365 days)
MAVYRET ORAL PACKET	4	PA; QL (560 EA per 365 days)
MAVYRET ORAL TABLET	4	PA; QL (336 EA per 365 days)
ribavirin oral capsule	1	MO; GC
ribavirin oral tablet	3	MO
sofosbuvir-velpatasvir oral tablet	4	PA; QL (84 EA per 365 days)
SOVALDI ORAL PACKET	4	PA
SOVALDI ORAL TABLET 400 MG	4	PA; QL (336 EA per 365 days)
Antiherpetic Agents		
acyclovir oral capsule	1	MO; GC
acyclovir oral suspension	3	MO
acyclovir oral tablet	1	MO; GC
acyclovir sodium intravenous solution	3	B/D; MO
famciclovir oral tablet	1	MO; GC
valacyclovir hcl oral tablet	1	MO; GC; QL (120 EA per 30 days)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY ORAL TABLET	4	QL (30 EA per 30 days)
DOVATO ORAL TABLET	4	QL (30 EA per 30 days)
GENVOYA ORAL TABLET	4	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET	4	
ISENTRESS ORAL PACKET	4	
ISENTRESS ORAL TABLET	4	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	2	MO
JULUCA ORAL TABLET	4	QL (30 EA per 30 days)
STRIBILD ORAL TABLET	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	4	
TIVICAY PD ORAL TABLET SOLUBLE	3	MO
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET	4	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	4	QL (30 EA per 30 days)
EDURANT ORAL TABLET	4	
efavirenz oral capsule 200 mg	3	MO
efavirenz oral capsule 50 mg	1	MO; GC; QL (360 EA per 30 days)
efavirenz oral tablet	3	MO
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	4	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir oral tablet	4	QL (30 EA per 30 days)
etravirine oral tablet 100 mg	3	MO
etravirine oral tablet 200 mg	4	
INTELENCE ORAL TABLET 100 MG, 25 MG	3	MO
INTELENCE ORAL TABLET 200 MG	4	
nevirapine er oral tablet extended release 24 hour	3	MO
nevirapine oral suspension	3	MO
nevirapine oral tablet	1	MO; GC
PIFELTRO ORAL TABLET	4	QL (30 EA per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	3	MO
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	3	MO
abacavir sulfate oral tablet	3	MO

Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate-lamivudine oral tablet	3	MO; QL (30 EA per 30 days)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	4	QL (60 EA per 30 days)
CIMDUO ORAL TABLET	4	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	4	QL (30 EA per 30 days)
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	1	MO; GC
emtricitabine oral capsule	3	MO
emtricitabine-tenofovir df oral tablet	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	3	MO
lamivudine oral solution	1	MO; GC
lamivudine oral tablet 150 mg, 300 mg	1	MO; GC
lamivudine-zidovudine oral tablet	1	MO; GC; QL (60 EA per 30 days)
ODEFSEY ORAL TABLET	4	QL (30 EA per 30 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	3	QL (20 EA per 5 days)
stavudine oral capsule	1	MO; GC
TEMIXYS ORAL TABLET 300-300 MG	4	QL (30 EA per 30 days)
tenofovir disoproxil fumarate oral tablet	3	MO; QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET	4	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE	4	QL (180 EA per 30 days)
TRIZIVIR ORAL TABLET	4	QL (60 EA per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	MO; QL (90 EA per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	3	MO
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
zidovudine oral capsule	1	MO; GC
zidovudine oral syrup	1	MO; GC
zidovudine oral tablet	1	MO; GC
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	QL (60 EA per 30 days)
maraviroc oral tablet	4	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
SELZENTRY ORAL SOLUTION	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY ORAL TABLET 25 MG	2	MO
TYBOST ORAL TABLET	2	MO
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE	4	
APTIVUS ORAL SOLUTION 100 MG/ML	4	
atazanavir sulfate oral capsule 150 mg, 200 mg	2	MO; QL (60 EA per 30 days)
atazanavir sulfate oral capsule 300 mg	2	MO; QL (30 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
EVOTAZ ORAL TABLET	4	QL (30 EA per 30 days)
fosamprenavir calcium oral tablet	4	
INVIRASE ORAL TABLET 500 MG	4	
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	4	
LEXIVA ORAL SUSPENSION	3	MO
lopinavir-ritonavir oral solution	3	MO
lopinavir-ritonavir oral tablet	3	MO
NORVIR ORAL PACKET	3	MO
NORVIR ORAL SOLUTION	3	MO
PREZCOBIX ORAL TABLET	4	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	
REYATAZ ORAL PACKET	4	
ritonavir oral tablet	3	MO; QL (360 EA per 30 days)
SYMTUZA ORAL TABLET	4	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET	4	
Anti-influenza Agents		
amantadine hcl oral capsule	1	MO; GC
amantadine hcl oral solution	1	MO; GC
amantadine hcl oral tablet	1	MO; GC
oseltamivir phosphate oral capsule 30 mg	1	MO; GC; QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg	1	MO; GC; QL (84 EA per 365 days)
oseltamivir phosphate oral capsule 75 mg	1	MO; GC; QL (110 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	1	MO; GC; QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	MO; QL (240 EA per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
rimantadine hcl oral tablet	1	MO; GC
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	MO; QL (2 EA per 365 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet	1	MO; GC
hydroxyzine pamoate oral capsule	1	MO; GC
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1	MO; GC; QL (30 EA per 30 days)
alprazolam er oral tablet extended release 24 hour 2 mg	1	MO; GC; QL (150 EA per 30 days)
alprazolam er oral tablet extended release 24 hour 3 mg	1	MO; GC; QL (90 EA per 30 days)
alprazolam intensol oral concentrate	1	MO; GC
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	MO; GC; QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	1	MO; GC; QL (150 EA per 30 days)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	1	MO; GC; QL (120 EA per 30 days)
alprazolam oral tablet dispersible 2 mg	1	MO; GC; QL (150 EA per 30 days)
chlordiazepoxide hcl oral capsule 10 mg	1	MO; GC; QL (900 EA per 30 days)
chlordiazepoxide hcl oral capsule 25 mg	1	MO; GC; QL (360 EA per 30 days)
chlordiazepoxide hcl oral capsule 5 mg	1	MO; GC; QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	1	MO; GC; QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	MO; GC; QL (720 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	MO; GC; QL (360 EA per 30 days)
diazepam intensol oral concentrate	1	MO; GC
diazepam oral concentrate	1	MO; GC
diazepam oral solution	1	MO; GC
diazepam oral tablet 10 mg	1	MO; GC; QL (120 EA per 30 days)
diazepam oral tablet 2 mg	1	MO; GC; QL (300 EA per 30 days)
diazepam oral tablet 5 mg	1	MO; GC; QL (240 EA per 30 days)
lorazepam intensol oral concentrate	1	MO; GC
lorazepam oral tablet 0.5 mg, 1 mg	1	MO; GC; QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	1	MO; GC; QL (150 EA per 30 days)
oxazepam oral capsule	1	MO; GC; QL (120 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	MO

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate er oral tablet extended release	1	MO; GC
lithium carbonate oral capsule	1	MO; GC
lithium carbonate oral tablet	1	MO; GC
LITHIUM ORAL SOLUTION 8 MEQ/5ML	2	MO
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral tablet	1	MO; GC
CYCLOSET ORAL TABLET	3	MO
FARXIGA ORAL TABLET	2	MO; QL (30 EA per 30 days)
glimepiride oral tablet 1 mg	1	MO; GC; QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	1	MO; GC; QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	1	MO; GC; QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	1	MO; GC; QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg	1	MO; GC; QL (240 EA per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	1	MO; GC; QL (120 EA per 30 days)
glipizide oral tablet 10 mg	1	MO; GC; QL (120 EA per 30 days)
glipizide oral tablet 5 mg	1	MO; GC; QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	1	MO; GC; QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	MO; GC; QL (120 EA per 30 days)
glyburide micronized oral tablet 1.5 mg	1	MO; GC; QL (240 EA per 30 days)
glyburide micronized oral tablet 3 mg	1	MO; GC; QL (120 EA per 30 days)
glyburide micronized oral tablet 6 mg	1	MO; GC; QL (60 EA per 30 days)
glyburide oral tablet 1.25 mg	1	MO; GC; QL (480 EA per 30 days)
glyburide oral tablet 2.5 mg	1	MO; GC; QL (240 EA per 30 days)
glyburide oral tablet 5 mg	1	MO; GC; QL (120 EA per 30 days)
glyburide-metformin oral tablet 1.25-250 mg	1	MO; GC; QL (240 EA per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; GC; QL (120 EA per 30 days)
JANUMET ORAL TABLET	2	MO; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	2	MO; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	2	MO; QL (60 EA per 30 days)
JANUVIA ORAL TABLET	2	MO
JARDIANCE ORAL TABLET 10 MG	2	MO; QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	2	MO; QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO ORAL TABLET	3	MO; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	MO; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	MO; QL (30 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	1	MO; GC; QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	1	MO; GC; QL (60 EA per 30 days)
metformin hcl oral solution	3	MO; QL (765 ML per 30 days)
metformin hcl oral tablet 1000 mg	1	MO; GC; QL (60 EA per 30 days)
metformin hcl oral tablet 500 mg	1	MO; GC; QL (150 EA per 30 days)
metformin hcl oral tablet 850 mg	1	MO; GC; QL (90 EA per 30 days)
miglitol oral tablet	3	MO
nateglinide oral tablet	1	MO; GC
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	2	MO; QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	2	MO; QL (3 ML per 28 days)
pioglitazone hcl oral tablet 15 mg	1	MO; GC; QL (60 EA per 30 days)
pioglitazone hcl oral tablet 30 mg	1	MO; GC; QL (45 EA per 30 days)
pioglitazone hcl oral tablet 45 mg	1	MO; GC; QL (30 EA per 30 days)
pioglitazone hcl-glimepiride oral tablet	1	MO; GC; QL (45 EA per 30 days)
pioglitazone hcl-metformin hcl oral tablet	1	MO; GC; QL (90 EA per 30 days)
repaglinide oral tablet	1	MO; GC
SYMLINPEN 120	4	PA
SYMLINPEN 60	4	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 5-1000 MG	2	MO; QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-500 MG, 5-500 MG	2	MO; QL (120 EA per 30 days)
tolbutamide oral tablet 500 mg	1	MO; GC; QL (180 EA per 30 days)
TRADJENTA ORAL TABLET	2	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	MO; QL (2 ML per 28 days)
VICTOZA	2	MO; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	2	MO; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	2	MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER	3	MO
BAQSIMI TWO PACK NASAL POWDER	3	MO
diazoxide oral suspension	3	MO
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	MO
glucagon emergency kit injection kit	2	MO
Insulins		
HUMALOG INJECTION SOLUTION	2	SI; MO
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	SI; MO
HUMALOG MIX 50/50 KWIKPEN	2	SI; MO
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	2	SI; MO
HUMALOG MIX 75/25 KWIKPEN	2	SI; MO
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	2	SI; MO
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	SI; MO
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	SI; MO
HUMULIN 70/30 KWIKPEN	2	SI; MO
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	SI; MO
HUMULIN N KWIKPEN	2	SI; MO
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	2	SI; MO
HUMULIN R U-500 KWIKPEN	2	SI; MO
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	2	SI; MO
HUMULIN R VIAL INJECTION SOLUTION	2	SI; MO
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	SI; MO
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	SI; MO
INSULIN ASPART INJECTION SOLUTION	2	SI; MO
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	SI; MO
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	2	SI; MO

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	SI; MO
INSULIN LISPRO INJECTION SOLUTION	2	SI; MO
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	SI; MO
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	SI; MO
LANTUS U-100 SOLOSTAR	2	SI; MO
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	2	SI; MO
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	SI; MO
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	2	SI; MO
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	MO; GC
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	SI; MO
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	1	MO; GC
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	SI; MO
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1	MO; GC
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	SI; MO
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	1	MO; GC
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION	2	SI; MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	2	SI; MO
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	1	MO; GC
NOVOLIN R RELION INJECTION SOLUTION	1	MO; GC
NOVOLIN R VIAL INJECTION SOLUTION	2	SI; MO
NOVOLOG U-100 FLEXPEN	2	SI; MO
NOVOLOG MIX 70/30 FLEXPEN	2	SI; MO
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION	2	SI; MO
NOVOLOG U-100 PENFILL	2	SI; MO

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG U-100 VIAL INJECTION SOLUTION	2	SI; MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	SI; MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	SI; MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	SI; MO
TRESIBA SUBCUTANEOUS SOLUTION	2	SI; MO
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate mesylate oral capsule	2	MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	MO; QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	2	MO; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	MO; QL (90 EA per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	2	MO; QL (35 ML per 90 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	2	MO; QL (28 ML per 90 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	2	MO; QL (10.5 ML per 90 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	2	MO; QL (14 ML per 90 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	2	MO; QL (21 ML per 90 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	4	QL (28 ML per 90 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	3	MO; QL (17.5 ML per 90 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	4	QL (14 ML per 90 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	4	QL (21 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION	4	QL (22.8 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	4	QL (35 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	4	QL (17.5 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	4	QL (21 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	4	QL (25.3 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	3	MO; QL (7 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	4	QL (10.5 ML per 90 days)
heparin sodium (porcine) injection solution	1	MO; GC
jantoven oral tablet	1	MO; GC
warfarin sodium oral tablet	1	MO; GC
XARELTO ORAL TABLET 10 MG, 20 MG	2	MO; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	MO; QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	MO; QL (102 EA per 365 days)
Blood Products and Modifiers, Other		
ADAKVEO INTRAVENOUS SOLUTION	4	PA
anagrelide hcl oral capsule	1	MO; GC
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA; MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	3	PA; MO
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	4	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1.2 ML per 30 days)
GRANIX SUBCUTANEOUS SOLUTION	4	ST
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	ST
LEUKINE INJECTION SOLUTION RECONSTITUTED	4	PA
MULPLETA ORAL TABLET	4	PA; QL (7 EA per 7 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
NEUPOGEN INJECTION SOLUTION	4	ST
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	4	ST
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	4	ST

Drug Name	Drug Tier	Requirements/Limits
OXBRYTA ORAL TABLET	4	PA; QL (150 EA per 30 days)
OXBRYTA ORAL TABLET SOLUBLE	4	PA; QL (240 EA per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	4	PA
PROMACTA ORAL PACKET 12.5 MG	4	PA; QL (180 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	4	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET	4	PA
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	4	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1.2 ML per 30 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	4	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
Hemostasis Agents		
tranexamic acid oral tablet	1	MO; GC
Platelet Modifying Agents		
aspirin-dipyridamole er oral capsule extended release 12 hour	2	MO
BRILINTA ORAL TABLET	2	MO
CABLIVI INJECTION KIT	4	PA; QL (30 EA per 30 days)
cilostazol oral tablet	1	MO; GC
clopidogrel bisulfate oral tablet 75 mg	1	MO; GC
dipyridamole oral tablet	1	MO; GC
prasugrel hcl oral tablet	2	MO
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl oral tablet	1	MO; GC
clonidine transdermal patch weekly	1	MO; GC
droxidopa oral capsule	4	PA
guanfacine hcl oral tablet	3	MO
methyldopa oral tablet 250 mg, 500 mg	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
midodrine hcl oral tablet	1	MO; GC
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hcl oral capsule	4	
prazosin hcl oral capsule	1	MO; GC
Angiotensin II Receptor Antagonists		
candesartan cilexetil oral tablet	1	MO; GC
EPROSARTAN MESYLATE ORAL TABLET 600 MG	1	MO; GC
irbesartan oral tablet	1	MO; GC
losartan potassium oral tablet	1	MO; GC
olmesartan medoxomil oral tablet	1	MO; GC
telmisartan oral tablet	1	MO; GC
valsartan oral tablet	1	MO; GC
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral tablet	1	MO; GC
captopril oral tablet	1	MO; GC
enalapril maleate oral tablet	1	MO; GC
fosinopril sodium oral tablet	1	MO; GC
lisinopril oral tablet	1	MO; GC
moexipril hcl oral tablet	1	MO; GC
perindopril erbumine oral tablet	1	MO; GC
quinapril hcl oral tablet	1	MO; GC
ramipril oral capsule	1	MO; GC
trandolapril oral tablet	1	MO; GC
Antiarrhythmics		
amiodarone hcl oral tablet	1	MO; GC
digitek oral tablet 125 mcg	1	MO; GC; QL (30 EA per 30 days)
digitek oral tablet 250 mcg	1	MO; GC
digox oral tablet 125 mcg	1	MO; GC; QL (30 EA per 30 days)
digox oral tablet 250 mcg	1	MO; GC
digoxin oral solution	2	MO
digoxin oral tablet 125 mcg	1	MO; GC; QL (30 EA per 30 days)
digoxin oral tablet 250 mcg	1	MO; GC
digoxin oral tablet 62.5 mcg	2	MO
disopyramide phosphate oral capsule	1	MO; GC
dofetilide oral capsule	2	MO
flecainide acetate oral tablet	1	MO; GC
LANOXIN ORAL TABLET 62.5 MCG	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
mexiletine hcl oral capsule	2	MO
MULTAQ ORAL TABLET	2	MO
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	MO
pacerone oral tablet	1	MO; GC
propafenone hcl er oral capsule extended release 12 hour	3	MO
propafenone hcl oral tablet	1	MO; GC
quinidine gluconate er oral tablet extended release	3	MO
quinidine sulfate oral tablet	1	MO; GC
sorine oral tablet	1	MO; GC
sotalol hcl (af) oral tablet	1	MO; GC
sotalol hcl oral tablet	1	MO; GC
Beta-adrenergic Blocking Agents		
acebutolol hcl oral capsule	1	MO; GC
atenolol oral tablet	1	MO; GC
betaxolol hcl oral tablet	1	MO; GC
bisoprolol fumarate oral tablet	1	MO; GC
BYSTOLIC ORAL TABLET	2	MO
carvedilol oral tablet	1	MO; GC
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
labetalol hcl oral tablet	1	MO; GC
metoprolol succinate er oral tablet extended release 24 hour	1	MO; GC
metoprolol tartrate intravenous solution	1	MO; GC
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO; GC
nadolol oral tablet	1	MO; GC
nebivolol hcl oral tablet	1	MO; GC
pindolol oral tablet	1	MO; GC
propranolol hcl er oral capsule extended release 24 hour	1	MO; GC
propranolol hcl oral solution	1	MO; GC
propranolol hcl oral tablet	1	MO; GC
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate oral tablet	1	MO; GC
felodipine er oral tablet extended release 24 hour	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
isradipine oral capsule	3	MO
nicardipine hcl oral capsule	3	MO
nifedipine er oral tablet extended release 24 hour	1	MO; GC
nifedipine er osmotic release oral tablet extended release 24 hour	1	MO; GC
nifedipine oral capsule	2	MO
nimodipine oral capsule	3	MO
nisoldipine er oral tablet extended release 24 hour	3	MO
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	MO
cartia xt oral capsule extended release 24 hour	1	MO; GC
DILTIAZEM HCL ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG	1	MO; GC
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 240 mg, 360 mg, 420 mg	1	MO; GC
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	MO; GC
diltiazem hcl er coated beads oral tablet extended release 24 hour	1	MO; GC
diltiazem hcl er oral capsule extended release 12 hour	1	MO; GC
diltiazem hcl er oral capsule extended release 24 hour	1	MO; GC
diltiazem hcl oral tablet	1	MO; GC
dilt-xr oral capsule extended release 24 hour	1	MO; GC
matzim la oral tablet extended release 24 hour	1	MO; GC
taztia xt oral capsule extended release 24 hour	1	MO; GC
tiadylt er oral capsule extended release 24 hour	1	MO; GC
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 360 MG	1	MO; GC
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	MO; GC
verapamil hcl er oral tablet extended release	1	MO; GC
verapamil hcl oral tablet	1	MO; GC
Cardiovascular Agents, Other		
acetazolamide oral tablet 250 mg	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MO
aliskiren fumarate oral tablet	3	MO; QL (30 EA per 30 days)
amiloride-hydrochlorothiazide oral tablet	1	MO; GC
amlodipine besylate-benazepril hcl oral capsule	1	MO; GC
amlodipine besylate-valsartan oral tablet	1	MO; GC
amlodipine-atorvastatin oral tablet	1	MO; GC
amlodipine-olmesartan oral tablet	1	MO; GC
amlodipine-valsartan-hctz oral tablet	1	MO; GC
atenolol-chlorthalidone oral tablet	1	MO; GC
benazepril-hydrochlorothiazide oral tablet	1	MO; GC
BIDIL ORAL TABLET	2	MO
bisoprolol-hydrochlorothiazide oral tablet	1	MO; GC
candesartan cilexetil-hctz oral tablet	1	MO; GC
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	MO; GC
CORLANOR ORAL SOLUTION	3	PA; MO; QL (450 ML per 30 days)
CORLANOR ORAL TABLET	3	PA; MO; QL (60 EA per 30 days)
enalapril-hydrochlorothiazide oral tablet	1	MO; GC
ENTRESTO ORAL TABLET	3	MO; QL (60 EA per 30 days)
fosinopril sodium-hctz oral tablet	1	MO; GC
irbesartan-hydrochlorothiazide oral tablet	1	MO; GC
isosorb dinitrate-hydralazine oral tablet	2	MO
lisinopril-hydrochlorothiazide oral tablet	1	MO; GC
losartan potassium-hctz oral tablet	1	MO; GC
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	MO; GC
metoprolol-hydrochlorothiazide oral tablet	1	MO; GC
metyrosine oral capsule	4	
olmesartan medoxomil-hctz oral tablet	1	MO; GC
olmesartan-amlodipine-hctz oral tablet	1	MO; GC
pentoxifylline er oral tablet extended release	1	MO; GC
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	MO; GC
quinapril-hydrochlorothiazide oral tablet	1	MO; GC
ranolazine er oral tablet extended release 12 hour	2	MO
spironolactone-hctz oral tablet	1	MO; GC
telmisartan-amlodipine oral tablet	1	MO; GC
telmisartan-hctz oral tablet	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
trandolapril-verapamil hcl er oral tablet extended release	1	MO; GC
triamterene-hctz oral capsule	1	MO; GC
triamterene-hctz oral tablet	1	MO; GC
valsartan-hydrochlorothiazide oral tablet	1	MO; GC
VYNDAMAX ORAL CAPSULE	4	PA; QL (30 EA per 30 days)
Diuretics, Loop		
bumetanide injection solution	1	MO; GC
bumetanide oral tablet	1	MO; GC
ethacrynic acid oral tablet	3	MO
furosemide injection solution	1	MO; GC
furosemide oral solution	1	MO; GC
furosemide oral tablet	1	MO; GC
torsemide oral tablet	1	MO; GC
Diuretics, Potassium-sparing		
amiloride hcl oral tablet	1	MO; GC
eplerenone oral tablet	1	MO; GC
spironolactone oral tablet	1	MO; GC
triamterene oral capsule	1	MO; GC
Diuretics, Thiazide		
CHLOROTHIAZIDE ORAL TABLET 250 MG, 500 MG	1	MO; GC
chlorthalidone oral tablet	1	MO; GC
DIURIL ORAL SUSPENSION	3	MO
hydrochlorothiazide oral capsule	1	MO; GC
hydrochlorothiazide oral tablet	1	MO; GC
indapamide oral tablet	1	MO; GC
metolazone oral tablet	1	MO; GC
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	MO; GC
fenofibrate oral capsule 150 mg	2	MO
fenofibrate oral capsule 50 mg	1	MO; GC
fenofibrate oral tablet	1	MO; GC
fenofibric acid oral capsule delayed release	1	MO; GC
fenofibric acid oral tablet 105 mg	1	MO; GC
gemfibrozil oral tablet	1	MO; GC
Dyslipidemics, HMG CoA Reductase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
atorvastatin calcium oral tablet	1	MO; GC
fluvastatin sodium er oral tablet extended release 24 hour	1	MO; GC
fluvastatin sodium oral capsule	1	MO; GC
LIVALO ORAL TABLET	3	ST; MO
lovastatin oral tablet	1	MO; GC
pravastatin sodium oral tablet	1	MO; GC
rosuvastatin calcium oral tablet	1	MO; GC
simvastatin oral tablet	1	MO; GC
Dyslipidemics, Other		
cholestyramine light oral packet	1	MO; GC
cholestyramine light oral powder	1	MO; GC
cholestyramine oral packet	1	MO; GC
cholestyramine oral powder	1	MO; GC
colesevelam hcl oral packet	2	MO
colesevelam hcl oral tablet	2	MO
colestipol hcl oral packet	1	MO; GC
colestipol hcl oral tablet	1	MO; GC
ezetimibe oral tablet	1	MO; GC
ezetimibe-simvastatin oral tablet	1	MO; GC
icosapent ethyl oral capsule 0.5 gm	3	MO
icosapent ethyl oral capsule 1 gm	2	MO
JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG	4	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)
niacin (antihyperlipidemic) oral tablet	1	MO; GC
niacin er (antihyperlipidemic) oral tablet extended release	1	MO; GC
niacor oral tablet	1	MO; GC
omega-3-acid ethyl esters oral capsule	2	MO
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; MO; QL (2 ML per 28 days)
prevalite oral packet	1	MO; GC
prevalite oral powder	1	MO; GC
questran oral powder	1	MO; GC
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; MO; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; MO; QL (3 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; MO; QL (3 ML per 28 days)
VASCEPA ORAL CAPSULE 0.5 GM	3	MO
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral tablet	1	MO; GC
minoxidil oral tablet	3	MO
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO; GC
isosorbide dinitrate oral tablet 40 mg	4	
isosorbide mononitrate er oral tablet extended release 24 hour	1	MO; GC
isosorbide mononitrate oral tablet	1	MO; GC
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	MO; GC
nitro-bid transdermal ointment	1	MO; GC
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	MO
nitroglycerin sublingual tablet sublingual	1	MO; GC
nitroglycerin transdermal patch 24 hour	1	MO; GC
nitroglycerin translingual solution	3	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphetamine er oral capsule extended release 24 hour	1	MO; GC; QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet	1	MO; GC; QL (90 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	1	MO; GC; QL (180 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	MO; GC; QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	MO; GC; QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	1	MO; GC; QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg, 20 mg	3	MO; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	3	MO; QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	1	MO; GC; QL (90 EA per 30 days)
zenzedi oral tablet 10 mg	1	MO; GC; QL (180 EA per 30 days)
zenzedi oral tablet 15 mg, 2.5 mg, 20 mg, 7.5 mg	3	MO; QL (90 EA per 30 days)
zenzedi oral tablet 30 mg	3	MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
zenzedi oral tablet 5 mg	1	MO; GC; QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl oral capsule 10 mg	2	MO; QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	2	MO; QL (30 EA per 30 days)
clonidine hcl er oral tablet extended release 12 hour	3	MO
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg	3	MO; QL (30 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 35 mg	1	MO; GC; QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet	1	MO; GC; QL (60 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour	3	MO
methylphenidate hcl er (cd) oral capsule extended release	3	MO; QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 60 mg	3	MO; QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	3	MO; QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	3	MO; QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg	3	MO; QL (180 EA per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	3	MO; QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	3	MO; QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	3	MO; QL (60 EA per 30 days)
methylphenidate hcl oral solution	3	MO
methylphenidate hcl oral tablet	1	MO; GC; QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg	1	MO; GC; QL (180 EA per 30 days)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	1	MO; GC; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; QL (60 EA per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	1	MO; GC
butalbital-apap-caffeine oral capsule	1	MO; GC
butalbital-apap-caffeine oral tablet	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
butalbital-aspirin-caffeine oral capsule	1	MO; GC
ESGIC ORAL CAPSULE	1	MO; GC
esgic oral tablet	1	MO; GC
FIRDAPSE ORAL TABLET	4	PA; QL (240 EA per 30 days)
NUEDEXTA ORAL CAPSULE	4	PA
riluzole oral tablet	1	PA; MO; GC
RUZURGI ORAL TABLET 10 MG	4	PA; QL (300 EA per 30 days)
tencon oral tablet	1	MO; GC
tetrabenazine oral tablet	4	PA
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15ML	4	
vtol lq oral solution 50-325-40 mg/15ml	4	
zebutal oral capsule	1	MO; GC
Fibromyalgia Agents		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	MO; GC; QL (90 EA per 30 days)
pregabalin oral capsule 300 mg	1	MO; GC; QL (60 EA per 30 days)
pregabalin oral solution	1	MO; GC; QL (900 ML per 30 days)
SAVELLA ORAL TABLET	2	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL	2	MO; QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET	4	PA; QL (30 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	4	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	4	PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT	4	PA; QL (15 EA per 30 days)
dalfampridine er oral tablet extended release 12 hour	4	PA; QL (60 EA per 30 days)
dimethyl fumarate oral capsule delayed release	4	PA; QL (60 EA per 30 days)
dimethyl fumarate starter pack oral	4	PA; QL (120 EA per 365 days)
EXTAVIA SUBCUTANEOUS KIT	4	PA; QL (15 EA per 30 days)
fingolimod hcl oral capsule	4	PA; QL (30 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL (30 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	PA; QL (12 ML per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	PA; QL (30 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	PA; QL (12 ML per 28 days)
MAVENCLAD ORAL TABLET THERAPY PACK	4	PA
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	3	PA; MO; QL (14 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (2 ML per 365 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (8.4 ML per 365 days)
TYSABRI INTRAVENOUS CONCENTRATE	4	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE	4	PA; QL (120 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	4	PA; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE	4	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	4	PA; QL (74 EA per 365 days)
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hcl oral capsule	3	MO
chlorhexidine gluconate mouth/throat solution	1	MO; GC
doxycycline hyclate oral tablet 20 mg	1	MO; GC
lidocaine viscous hcl mouth/throat solution	1	MO; GC
oralone mouth/throat paste	1	MO; GC
paroex mouth/throat solution 0.12 %	1	MO; GC
periogard mouth/throat solution	1	MO; GC
pilocarpine hcl oral tablet	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide mouth/throat paste	1	MO; GC
Dermatological Agents		
Acne and Rosacea Agents		
accutane oral capsule	3	PA; MO
acitretin oral capsule	3	MO
adapalene external cream	1	MO; GC
adapalene external gel	1	MO; GC
ADAPALENE EXTERNAL SOLUTION	4	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	2	MO
amnesteem oral capsule	3	PA; MO
AVITA EXTERNAL CREAM	1	PA; MO; GC
AVITA EXTERNAL GEL	1	PA; MO; GC
azelaic acid external gel	2	MO
benzoyl peroxide-erythromycin external gel	1	MO; GC
claravis oral capsule	3	PA; MO
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	3	MO
clindamycin-tretinoin external gel	3	MO
EPIDUO FORTE EXTERNAL GEL	3	MO
FINACEA EXTERNAL FOAM	2	MO
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	PA; MO
metronidazole external cream	1	MO; GC
metronidazole external gel	1	MO; GC
metronidazole external lotion	1	MO; GC
MIRVASO EXTERNAL GEL	3	PA; MO
myorisan oral capsule	3	PA; MO
neuac external gel	3	MO
NORITATE EXTERNAL CREAM	4	
rosadan external cream	1	MO; GC
rosadan external gel	1	MO; GC
tazarotene external cream	2	MO; QL (100 GM per 30 days)
tazarotene external gel	3	MO; QL (100 GM per 30 days)
TAZORAC EXTERNAL GEL	3	MO; QL (100 GM per 30 days)
tretinoin external cream	1	PA; MO; GC
tretinoin external gel	1	PA; MO; GC
tretinoin microsphere external gel	1	PA; MO; GC
zenatane oral capsule	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
Dermatitis and Pruitus Agents		
ala-cort external cream 2.5 %	1	MO; GC
alclometasone dipropionate external cream	1	MO; GC
alclometasone dipropionate external ointment	1	MO; GC
amcinonide external cream 0.1 %	3	MO
amcinonide external lotion	3	MO
amcinonide external ointment	3	MO
ammonium lactate external cream	1	MO; GC
ammonium lactate external lotion	1	MO; GC
apexicon e external cream	4	
beser external lotion 0.05 %	1	MO; GC
betamethasone dipropionate aug external cream	1	MO; GC
betamethasone dipropionate aug external gel	1	MO; GC
betamethasone dipropionate aug external lotion	1	MO; GC
betamethasone dipropionate aug external ointment	1	MO; GC
betamethasone dipropionate external cream	1	MO; GC
betamethasone dipropionate external lotion	1	MO; GC
betamethasone dipropionate external ointment	1	MO; GC
betamethasone valerate external cream	1	MO; GC
betamethasone valerate external foam	3	MO; QL (100 GM per 30 days)
betamethasone valerate external lotion	1	MO; GC
betamethasone valerate external ointment	1	MO; GC
CAPEX EXTERNAL SHAMPOO	3	MO
clobetasol propionate e external cream	1	MO; GC
clobetasol propionate external cream	1	MO; GC
clobetasol propionate external gel	1	MO; GC
clobetasol propionate external ointment	1	MO; GC
clobetasol propionate external shampoo	3	MO
clobetasol propionate external solution	1	MO; GC
clodan external shampoo	3	MO
desonide external cream	1	MO; GC
desonide external gel	1	MO; GC
desonide external lotion	1	MO; GC
desonide external ointment	1	MO; GC
desoximetasone external cream	3	MO
desoximetasone external gel	3	MO
desoximetasone external ointment	3	MO
desrx external gel	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
diflorasone diacetate external cream	3	MO
diflorasone diacetate external ointment	3	MO; QL (60 GM per 30 days)
doxepin hcl external cream	3	MO; QL (45 GM per 30 days)
fluocinolone acetonide external cream	1	MO; GC
fluocinolone acetonide external ointment	1	MO; GC
fluocinolone acetonide external solution	1	MO; GC
fluocinolone acetonide scalp external oil	1	MO; GC
fluocinonide emulsified base external cream	1	MO; GC
fluocinonide external cream 0.1 %	3	MO; QL (120 GM per 30 days)
fluocinonide external gel	1	MO; GC
fluocinonide external ointment	1	MO; GC
fluocinonide external solution	1	MO; GC
flurandrenolide external cream	3	MO
fluticasone propionate external cream	1	MO; GC
fluticasone propionate external lotion	1	MO; GC
fluticasone propionate external ointment	1	MO; GC
halobetasol propionate external cream	1	MO; GC
halobetasol propionate external ointment	1	MO; GC
hydrocortisone butyrate external cream	1	MO; GC
hydrocortisone butyrate external ointment	1	MO; GC
hydrocortisone butyrate external solution	1	MO; GC
hydrocortisone external cream 2.5 %	1	MO; GC
hydrocortisone external lotion 2.5 %	1	MO; GC
hydrocortisone external ointment 2.5 %	1	MO; GC
hydrocortisone valerate external cream	1	MO; GC; QL (60 GM per 30 days)
hydrocortisone valerate external ointment	1	MO; GC
mometasone furoate external cream	1	MO; GC
mometasone furoate external ointment	1	MO; GC
mometasone furoate external solution	1	MO; GC
nolix external cream 0.05 %	1	MO; GC
PANDEL EXTERNAL CREAM	4	
pimecrolimus external cream	3	MO
prednicarbate external cream 0.1 %	2	MO
prednicarbate external ointment	1	MO; GC
psorcon external cream 0.05 %	3	MO
selenium sulfide external lotion	1	MO; GC
tacrolimus external ointment	3	MO
triamcinolone acetonide external aerosol solution	3	MO

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide external cream	1	MO; GC
triamcinolone acetonide external lotion	1	MO; GC
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	MO; GC
triderm external cream	1	MO; GC
Dermatological Agents, Other		
calcipotriene external cream	3	MO; QL (120 GM per 30 days)
calcipotriene external ointment	3	MO; QL (120 GM per 30 days)
calcipotriene external solution	1	MO; GC; QL (60 ML per 30 days)
calcipotriene-betameth diprop external ointment	3	MO; QL (400 GM per 30 days)
calcipotriene-betameth diprop external suspension	4	QL (400 GM per 30 days)
CALCITRIOL EXTERNAL OINTMENT	3	MO
clotrimazole-betamethasone external cream	1	MO; GC
clotrimazole-betamethasone external lotion	1	MO; GC
CONDYLOX EXTERNAL GEL	3	MO
CORTISPORIN EXTERNAL OINTMENT 1 %	3	MO
diclofenac sodium external gel 3 %	3	MO; QL (300 GM per 30 days)
ENSTILAR EXTERNAL FOAM	4	QL (120 GM per 30 days)
FLUOROPLEX EXTERNAL CREAM 1 %	4	
fluorouracil external cream 0.5 %	4	
fluorouracil external cream 5 %	1	MO; GC
fluorouracil external solution	1	MO; GC
imiquimod external cream 3.75 %	4	
imiquimod external cream 5 %	1	MO; GC
imiquimod pump external cream	4	
methoxsalen rapid oral capsule	4	
nystatin-triamcinolone external cream	1	MO; GC
nystatin-triamcinolone external ointment	1	MO; GC
OTEZLA ORAL TABLET	4	PA
PICATO EXTERNAL GEL 0.015 %, 0.05 %	4	ST
podofilox external solution	1	MO; GC
REGRANEX EXTERNAL GEL	4	PA
SANTYL EXTERNAL OINTMENT	2	MO
silver sulfadiazine external cream	1	MO; GC
SSD EXTERNAL CREAM	1	MO; GC
VEREGEN EXTERNAL OINTMENT	4	
Pediculicides/Scabicides		

Drug Name	Drug Tier	Requirements/Limits
ivermectin external cream	3	MO
ivermectin external lotion	3	MO
lindane external shampoo	3	MO
malathion external lotion	3	MO
permethrin external cream	1	MO; GC
SKLICE EXTERNAL LOTION 0.5 %	3	MO
Topical Anti-infectives		
acyclovir external cream	3	MO
acyclovir external ointment	3	MO
ciclodan external solution	1	PA; MO; GC
ciclopirox external gel	1	MO; GC
ciclopirox external shampoo	1	MO; GC
ciclopirox external solution	1	PA; MO; GC
ciclopirox olamine external cream	1	MO; GC
ciclopirox olamine external suspension	1	MO; GC
clindamycin phosphate external foam	3	MO
clindamycin phosphate external gel	3	MO
clindamycin phosphate external lotion	1	MO; GC
clindamycin phosphate external solution	1	MO; GC
CLINDESSE VAGINAL CREAM	3	MO
DENAVIR EXTERNAL CREAM	4	
ery external pad	1	MO; GC
erythromycin external gel	1	MO; GC
erythromycin external pad 2 %	1	MO; GC
erythromycin external solution	1	MO; GC
MENTAX EXTERNAL CREAM	3	MO
mupirocin calcium external cream	2	MO
mupirocin external ointment	1	MO; GC
SULFAMYLON EXTERNAL CREAM	3	MO
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INTRAVENOUS SOLUTION	3	B/D; MO
AMINOSYN INTRAVENOUS SOLUTION 10 %	3	B/D; MO
AMINOSYN-PF INTRAVENOUS SOLUTION	3	B/D; MO
CARBAGLU ORAL TABLET SOLUBLE	4	
carglumic acid oral tablet soluble	4	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	B/D; MO

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D; MO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D; MO
dextrose intravenous solution 10 %, 5 %	1	MO; GC
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %, 5-0.225 %	2	MO
dextrose-nacl intravenous solution 2.5-0.45 %	2	MO
DEXTROSE-NACL INTRAVENOUS SOLUTION 5-0.2 %	1	MO; GC
dextrose-nacl intravenous solution 5-0.45 %, 5-0.9 %	1	MO; GC
dextrose-sodium chloride intravenous solution 5-0.225 %	2	MO
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML	1	MO; GC
fluoritab oral solution	1	MO; GC
fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	MO; GC
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP	1	MO; GC
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	3	B/D; MO
FREAMINE III INTRAVENOUS SOLUTION 10 %	3	B/D; MO
HEPATAMINE INTRAVENOUS SOLUTION 8 %	3	B/D; MO
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	MO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	MO
ISOLYTE-S INTRAVENOUS SOLUTION	3	MO
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	MO

Drug Name	Drug Tier	Requirements/Limits
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-%-%	1	MO; GC
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	1	MO; GC
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1	MO; GC
klor-con m10 oral tablet extended release	1	MO; GC
klor-con m15 oral tablet extended release	1	MO; GC
klor-con m20 oral tablet extended release	1	MO; GC
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO; GC
klor-con sprinkle oral capsule extended release 10 meq, 8 meq	1	MO; GC
MAGNESIUM SULFATE INJECTION SOLUTION 50 %	1	MO; GC
magnesium sulfate injection solution 50 % (10ml syringe)	1	MO; GC
nafrinse drops oral solution	1	MO; GC
nafrinse oral tablet chewable	1	MO; GC
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	3	B/D; MO
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	3	MO
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	2	MO
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	MO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	MO
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	MO
plenamine intravenous solution	3	B/D; MO
potassium chloride crys er oral tablet extended release	1	MO; GC
potassium chloride er oral capsule extended release	1	MO; GC
potassium chloride er oral tablet extended release	1	MO; GC
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION 20-5 MEQ/L-%	1	MO; GC
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION 40-5 MEQ/L-%	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%	1	MO; GC
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%	1	MO; GC
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 20 MEQ/100ML, 40 MEQ/100ML	1	MO; GC
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	1	MO; GC
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	MO; GC
potassium citrate er oral tablet extended release	1	MO; GC
premasol intravenous solution	3	B/D; MO
PROCALAMINE INTRAVENOUS SOLUTION 3 %	3	B/D; MO
PROSOL INTRAVENOUS SOLUTION	3	B/D; MO
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %	1	MO; GC
SODIUM CHLORIDE INTRAVENOUS SOLUTION 5 %	1	MO; GC
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	MO; GC
sodium fluoride oral tablet 2.2 (1 f) mg	1	MO; GC
sodium fluoride oral tablet chewable	1	MO; GC
SYNTHAMIN 17 INTRAVENOUS SOLUTION 10 %	3	B/D; MO
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	MO
TRAVASOL INTRAVENOUS SOLUTION	3	B/D; MO
TROPHAMINE INTRAVENOUS SOLUTION	3	B/D; MO
Electrolyte/Mineral/Metal Modifiers		
clovique oral capsule 250 mg	4	PA
deferasirox granules oral packet	4	PA
deferasirox oral tablet	4	PA
deferasirox oral tablet soluble	4	PA
deferiprone oral tablet	4	PA
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET 1000 MG	4	PA
penicillamine oral capsule	4	
sodium polystyrene sulfonate oral powder	1	MO; GC
TOLVAPTAN ORAL TABLET 15 MG	4	QL (120 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
tolvaptan oral tablet 30 mg	4	QL (60 EA per 30 days)
trientine hcl oral capsule	4	PA
Phosphate Binders		
calcium acetate (phos binder) oral capsule	1	MO; GC
calcium acetate oral tablet 667 mg	1	MO; GC
FOSRENOL ORAL PACKET	4	
lanthanum carbonate oral tablet chewable	4	
sevelamer carbonate oral packet 0.8 gm	4	QL (180 EA per 30 days)
sevelamer carbonate oral packet 2.4 gm	4	QL (90 EA per 30 days)
sevelamer carbonate oral tablet	2	MO
sevelamer hcl oral tablet 800 mg	3	MO
VELPHORO ORAL TABLET CHEWABLE	4	
Potassium Binders		
kionex oral suspension 15 gm/60ml	1	MO; GC
LOKELMA ORAL PACKET 10 GM	3	MO; QL (34 EA per 30 days)
LOKELMA ORAL PACKET 5 GM	3	MO; QL (30 EA per 30 days)
sodium polystyrene sulfonate oral suspension 15 gm/60ml	1	MO; GC
sps oral suspension	1	MO; GC
VELTASSA ORAL PACKET	4	QL (30 EA per 30 days)
Vitamins		
PRENATAL + DHA ORAL THERAPY PACK 27-1 & 250 MG	1	MO; GC
prenatal oral tablet 27-1 mg	1	MO; GC
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose oral solution	1	MO; GC
enulose oral solution	1	MO; GC
generlac oral solution	1	MO; GC
kristalose oral packet	3	MO
lactulose encephalopathy oral solution	1	MO; GC
lactulose oral packet	3	MO
lactulose oral solution 10 gm/15ml	1	MO; GC
LINZESS ORAL CAPSULE	2	MO; QL (30 EA per 30 days)
lubiprostone oral capsule	1	MO; GC; QL (60 EA per 30 days)
RELISTOR ORAL TABLET	4	ST; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	4	ST; QL (18 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	4	ST; QL (12 ML per 30 days)
Anti-Diarrheal Agents		
alosetron hcl oral tablet	4	PA
diphenoxylate-atropine oral liquid	1	MO; GC
diphenoxylate-atropine oral tablet	1	MO; GC
loperamide hcl oral capsule	1	MO; GC
XERMELO ORAL TABLET	4	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
CUVPOSA ORAL SOLUTION	3	MO
dicyclomine hcl oral capsule	1	MO; GC
dicyclomine hcl oral solution	1	MO; GC
dicyclomine hcl oral tablet	1	MO; GC
glycopyrrolate oral solution	3	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO; GC
methscopolamine bromide oral tablet	3	MO
propantheline bromide oral tablet 15 mg	3	MO
Gastrointestinal Agents, Other		
amoxicill-clarithro-lansopraz oral	1	MO; GC
chenodal oral tablet	4	PA
GATTEX SUBCUTANEOUS KIT	4	PA
gavilyte-c oral solution reconstituted	1	MO; GC
gavilyte-g oral solution reconstituted	1	MO; GC
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	MO; GC
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	MO
metoclopramide hcl oral solution 5 mg/5ml	1	MO; GC
metoclopramide hcl oral tablet	1	MO; GC
metoclopramide hcl oral tablet dispersible	3	MO
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
NA SULFATE-K SULFATE-MG SULF ORAL SOLUTION	2	MO
OCALIVA ORAL TABLET	4	PA; QL (30 EA per 30 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1	MO; GC
peg-3350/electrolytes oral solution reconstituted	1	MO; GC
peg-3350/electrolytes/ascorbat oral solution reconstituted	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	2	MO
PYLERA ORAL CAPSULE	4	
RECTIV RECTAL OINTMENT	3	MO
SUPREP BOWEL PREP KIT ORAL SOLUTION	2	MO
trilyte oral solution reconstituted 420 gm	1	MO; GC
ursodiol oral tablet	2	MO
XIFAXAN ORAL TABLET	4	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral solution	1	MO; GC
cimetidine oral tablet	1	MO; GC
famotidine oral suspension reconstituted	1	MO; GC
famotidine oral tablet 20 mg, 40 mg	1	MO; GC
nizatidine oral capsule	1	MO; GC
nizatidine oral solution 15 mg/ml	3	MO
ranitidine hcl oral capsule 150 mg, 300 mg	1	MO; GC
ranitidine hcl oral syrup 75 mg/5ml	1	MO; GC
ranitidine hcl oral tablet 150 mg, 300 mg	1	MO; GC
Protectants		
misoprostol oral tablet	1	MO; GC
sucralfate oral suspension	1	MO; GC
sucralfate oral tablet	1	MO; GC
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE	3	MO; QL (30 EA per 30 days)
dexlansoprazole oral capsule delayed release	2	MO; QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release	1	MO; GC; QL (30 EA per 30 days)
esomeprazole magnesium oral packet	2	MO; QL (30 EA per 30 days)
lansoprazole oral capsule delayed release	1	MO; GC; QL (30 EA per 30 days)
NEXIUM ORAL PACKET 2.5 MG, 5 MG	2	MO; QL (30 EA per 30 days)
omeprazole oral capsule delayed release	1	MO; GC; QL (60 EA per 30 days)
pantoprazole sodium oral tablet delayed release	1	MO; GC; QL (60 EA per 30 days)
PRILOSEC ORAL PACKET	3	MO
rabeprazole sodium oral tablet delayed release	1	MO; GC; QL (30 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		

Drug Name	Drug Tier	Requirements/Limits
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA; MO
betaine oral powder	4	
CERDELGA ORAL CAPSULE	4	PA
CHOLBAM ORAL CAPSULE	4	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	MO
cromolyn sodium oral concentrate	3	MO
CYSTADANE ORAL POWDER	4	
CYSTAGON ORAL CAPSULE	3	MO
GALAFOLD ORAL CAPSULE	4	PA; QL (14 EA per 28 days)
GLASSIA INTRAVENOUS SOLUTION	4	PA
KEVEYIS ORAL TABLET	4	PA; QL (120 EA per 30 days)
miglustat oral capsule	4	PA
nitisinone oral capsule	4	
ORFADIN ORAL SUSPENSION	4	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	4	PA; QL (14 ML per 28 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML	4	PA; QL (4 ML per 28 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (56 ML per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; MO
RAVICTI ORAL LIQUID	4	PA
REVCOVI INTRAMUSCULAR SOLUTION	4	PA
sapropterin dihydrochloride oral packet	4	PA
sapropterin dihydrochloride oral tablet	4	PA
sodium phenylbutyrate oral powder	4	
sodium phenylbutyrate oral tablet	4	
SUCRAID ORAL SOLUTION	4	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
VYNDAQEL ORAL CAPSULE	4	PA; QL (120 EA per 30 days)
VYONDYS 53 INTRAVENOUS SOLUTION	4	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT	2	MO

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er oral tablet extended release 24 hour	3	MO
fesoterodine fumarate er oral tablet extended release 24 hour	2	MO
flavoxate hcl oral tablet	1	MO; GC
GELNIQUE TRANSDERMAL GEL	3	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	MO
oxybutynin chloride er oral tablet extended release 24 hour	1	MO; GC
oxybutynin chloride oral syrup	1	MO; GC
oxybutynin chloride oral tablet	1	MO; GC
solifenacin succinate oral tablet	2	MO
tolterodine tartrate er oral capsule extended release 24 hour	1	MO; GC
tolterodine tartrate oral tablet	1	MO; GC
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	ST; MO
trospium chloride er oral capsule extended release 24 hour	1	MO; GC
trospium chloride oral tablet	1	MO; GC
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour	1	MO; GC
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	MO
doxazosin mesylate oral tablet	1	MO; GC
dutasteride oral capsule	1	MO; GC
dutasteride-tamsulosin hcl oral capsule	3	MO
finasteride oral tablet 5 mg	1	MO; GC
silodosin oral capsule	2	MO
tadalafil oral tablet 2.5 mg, 5 mg	3	PA; MO; QL (30 EA per 30 days)
tamsulosin hcl oral capsule	1	MO; GC
terazosin hcl oral capsule	1	MO; GC
Genitourinary Agents, Other		
bethanechol chloride oral tablet	1	MO; GC
ELMIRON ORAL CAPSULE	3	MO
penicillamine oral tablet	4	

Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	E; MO; GC; QL (12 EA per 30 days)
tadalafil oral tablet 10 mg, 20 mg	1	E; MO; GC; QL (10 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR INJECTION GEL	4	PA
CORTISONE ACETATE ORAL TABLET 25 MG	1	MO; GC
CORTROPHIN INJECTION GEL	4	PA
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	1	MO; GC
dexamethasone intensol oral concentrate	1	MO; GC
dexamethasone oral elixir	1	MO; GC
dexamethasone oral tablet	1	MO; GC
fludrocortisone acetate oral tablet	1	MO; GC
hydrocortisone oral tablet	1	MO; GC
MEDROL ORAL TABLET 2 MG	3	MO
methylprednisolone oral tablet	1	MO; GC
methylprednisolone oral tablet therapy pack	1	MO; GC
millipred oral tablet	3	MO
prednisolone oral solution	1	MO; GC
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	3	MO
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	MO; GC
prednisone intensol oral concentrate	1	MO; GC
prednisone oral solution	1	MO; GC
prednisone oral tablet	1	MO; GC
prednisone oral tablet therapy pack	1	MO; GC
RAYOS ORAL TABLET DELAYED RELEASE	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
DESMOPRESSIN ACETATE NASAL SOLUTION	4	
desmopressin acetate oral tablet	1	MO; GC
desmopressin acetate spray nasal solution	1	MO; GC
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	4	PA; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	3	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG	4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG	3	PA; MO
HUMATROPE INJECTION CARTRIDGE	4	PA
HUMATROPE INJECTION SOLUTION RECONSTITUTED 5 MG	4	PA
INCRELEX SUBCUTANEOUS SOLUTION	4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	4	PA
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	4	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
STIMATE NASAL SOLUTION 1.5 MG/ML	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM ORAL TABLET	4	PA; QL (120 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET 50 MG	4	PA
oxandrolone oral tablet 10 mg	3	PA; MO; QL (60 EA per 30 days)
oxandrolone oral tablet 2.5 mg	2	PA; MO; QL (240 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; MO
danazol oral capsule	1	MO; GC
depo-testosterone intramuscular solution	1	MO; GC
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA; MO
JATENZO ORAL CAPSULE 237 MG	4	PA
methitest oral tablet	3	PA; MO
methyltestosterone oral capsule	4	PA
STRIANT BUCCAL 30 MG	3	PA; MO
testosterone cypionate intramuscular solution	1	MO; GC
testosterone enanthate intramuscular solution	1	MO; GC
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	2	PA; MO
Estrogens		
afirmelle oral tablet	1	MO; GC
altavera oral tablet	1	MO; GC
alyacen 1/35 oral tablet	1	MO; GC
alyacen 7/7/7 oral tablet	1	MO; GC
amabelz oral tablet	1	MO; GC
amethia lo oral tablet 0.1-0.02 & 0.01 mg	1	MO; GC; QL (91 EA per 91 days)
amethia oral tablet	1	MO; GC; QL (91 EA per 91 days)
amethyst oral tablet	1	MO; GC
apri oral tablet	1	MO; GC
aranelle oral tablet	1	MO; GC
ashlyna oral tablet	1	MO; GC; QL (91 EA per 91 days)
aubra eq oral tablet	1	MO; GC
aurovela 1.5/30 oral tablet	1	MO; GC
aurovela 1/20 oral tablet	1	MO; GC
aurovela 24 fe oral tablet	1	MO; GC
aurovela fe 1.5/30 oral tablet	1	MO; GC
aurovela fe 1/20 oral tablet	1	MO; GC
aviane oral tablet	1	MO; GC
ayuna oral tablet	1	MO; GC
azurette oral tablet	1	MO; GC
balziva oral tablet	1	MO; GC
bekyree oral tablet 0.15-0.02/0.01 mg (21/5)	1	MO; GC
blisovi 24 fe oral tablet	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
blisovi fe 1.5/30 oral tablet	1	MO; GC
blisovi fe 1/20 oral tablet	1	MO; GC
briellyn oral tablet	1	MO; GC
camrese lo oral tablet	1	MO; GC; QL (91 EA per 91 days)
camrese oral tablet	1	MO; GC; QL (91 EA per 91 days)
caziant oral tablet 0.1/0.125/0.15 -0.025 mg	1	MO; GC
chateal eq oral tablet	1	MO; GC
chateal oral tablet	1	MO; GC
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	MO
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	MO
cryselle-28 oral tablet	1	MO; GC
cyclafem 1/35 oral tablet 1-35 mg-mcg	1	MO; GC
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	MO; GC
cyred eq oral tablet	1	MO; GC
dasetta 1/35 oral tablet	1	MO; GC
dasetta 7/7/7 oral tablet	1	MO; GC
daysee oral tablet	1	MO; GC; QL (91 EA per 91 days)
depo-estradiol intramuscular oil	3	MO
desogestrel-ethinyl estradiol oral tablet	1	MO; GC
dolishale oral tablet	3	MO
dotti transdermal patch twice weekly	1	MO; GC
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	MO; GC
drospirenone-ethinyl estradiol oral tablet	1	MO; GC
ELESTRIN TRANSDERMAL GEL	3	MO
elinest oral tablet	1	MO; GC
eluryng vaginal ring	1	MO; GC
emoquette oral tablet 0.15-30 mg-mcg	1	MO; GC
enpresse-28 oral tablet	1	MO; GC
enskyce oral tablet	1	MO; GC
estarylla oral tablet	1	MO; GC
estradiol oral tablet	1	MO; GC
estradiol transdermal patch twice weekly	1	MO; GC
estradiol transdermal patch weekly	1	MO; GC
estradiol vaginal cream	2	MO
estradiol vaginal tablet	3	MO
estradiol valerate intramuscular oil	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
estradiol-norethindrone acet oral tablet	1	MO; GC
ESTRING VAGINAL RING	3	MO; QL (1 EA per 90 days)
ethynodiol diac-eth estradiol oral tablet	1	MO; GC
etonogestrel-ethinyl estradiol vaginal ring	1	MO; GC
falmina oral tablet	1	MO; GC
FEMRING VAGINAL RING	3	MO; QL (1 EA per 90 days)
femynor oral tablet	1	MO; GC
finzala oral tablet chewable	1	MO
fyavolv oral tablet 0.5-2.5 mg-mcg	3	MO
fyavolv oral tablet 1-5 mg-mcg	1	MO; GC
gemmily oral capsule	1	MO; GC
gianvi oral tablet 3-0.02 mg	1	MO; GC
hailey 1.5/30 oral tablet	1	MO; GC
hailey 24 fe oral tablet	1	MO; GC
iclevia oral tablet	1	MO; GC; QL (91 EA per 91 days)
introvale oral tablet	1	MO; GC; QL (91 EA per 91 days)
isibloom oral tablet	1	MO; GC
jaimiess oral tablet	1	MO; GC; QL (91 EA per 91 days)
jasmiel oral tablet	1	MO; GC
jinteli oral tablet	1	MO; GC
juleber oral tablet	1	MO; GC
junel 1.5/30 oral tablet	1	MO; GC
junel 1/20 oral tablet	1	MO; GC
junel fe 1.5/30 oral tablet	1	MO; GC
junel fe 1/20 oral tablet	1	MO; GC
junel fe 24 oral tablet	1	MO; GC
kaitlib fe oral tablet chewable	1	MO; GC
kalliga oral tablet	1	MO; GC
kariva oral tablet	1	MO; GC
kelnor 1/35 oral tablet	1	MO; GC
kelnor 1/50 oral tablet	1	MO; GC
kurvelo oral tablet	1	MO; GC
larin 1.5/30 oral tablet	1	MO; GC
larin 1/20 oral tablet	1	MO; GC
larin 24 fe oral tablet	1	MO; GC
larin fe 1.5/30 oral tablet	1	MO; GC
larin fe 1/20 oral tablet	1	MO; GC
larissia oral tablet 0.1-20 mg-mcg	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
LAYOLIS FE ORAL TABLET CHEWABLE	1	MO; GC
leena oral tablet	1	MO; GC
lessina oral tablet	1	MO; GC
levonest oral tablet	1	MO; GC
levonorgest-eth estrad 91-day oral tablet	1	MO; GC; QL (91 EA per 91 days)
levonorgestrel-ethinyl estrad oral tablet	1	MO; GC
levonorg-eth estrad triphasic oral tablet	1	MO; GC
levora 0.15/30 (28) oral tablet	1	MO; GC
lillow oral tablet 0.15-30 mg-mcg	1	MO; GC
LO LOESTRIN FE ORAL TABLET	3	MO
lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg	1	MO; GC
loryna oral tablet	1	MO; GC
low-ogestrel oral tablet	1	MO; GC
lo-zumandimine oral tablet	1	MO; GC
lutera oral tablet	1	MO; GC
lyllana transdermal patch twice weekly	1	MO; GC
marlissa oral tablet	1	MO; GC
melodetta 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	MO; GC
menest oral tablet	3	MO
merzee oral capsule	1	MO; GC
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	MO; GC
microgestin 1.5/30 oral tablet	1	MO; GC
microgestin 1/20 oral tablet	1	MO; GC
microgestin 24 fe oral tablet	1	MO; GC
microgestin fe 1.5/30 oral tablet	1	MO; GC
microgestin fe 1/20 oral tablet	1	MO; GC
mili oral tablet	1	MO; GC
mimvey lo oral tablet 0.5-0.1 mg	1	MO; GC
mimvey oral tablet	1	MO; GC
mono-linyah oral tablet	1	MO; GC
myzilra oral tablet 50-30/75-40/ 125-30 mcg	1	MO; GC
necon 0.5/35 (28) oral tablet	1	MO; GC
nikki oral tablet	1	MO; GC
norethin ace-eth estrad-fe oral capsule	1	MO; GC
norethin ace-eth estrad-fe oral tablet	1	MO; GC
norethin ace-eth estrad-fe oral tablet chewable	1	MO; GC
norethindrone acet-ethinyl est oral tablet	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	3	MO
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	1	MO; GC
norethindron-ethinyl estrad-fe oral tablet	1	MO
norethin-eth estradiol-fe oral tablet chewable	1	MO; GC
norgestimate-eth estradiol oral tablet	1	MO; GC
norgestimate-ethinyl estradiol triphasic oral tablet	1	MO; GC
nortrel 0.5/35 (28) oral tablet	1	MO; GC
nortrel 1/35 (21) oral tablet	1	MO; GC
nortrel 1/35 (28) oral tablet	1	MO; GC
nortrel 7/7/7 oral tablet	1	MO; GC
nylia 1/35 oral tablet	1	MO; GC
nylia 7/7/7 oral tablet	1	MO; GC
nymyo oral tablet	1	MO; GC
ocella oral tablet	1	MO; GC
OGESTREL ORAL TABLET 0.5-50 MG-MCG	1	MO; GC
orsythia oral tablet	1	MO; GC
philith oral tablet	1	MO; GC
pimtrea oral tablet	1	MO; GC
pirmella 1/35 oral tablet	1	MO; GC
pirmella 7/7/7 oral tablet	1	MO; GC
portia-28 oral tablet	1	MO; GC
PREMARIN ORAL TABLET	2	MO
PREMARIN VAGINAL CREAM	2	MO
PREMPHASE ORAL TABLET	3	MO
PREMPRO ORAL TABLET	2	MO
previfem oral tablet 0.25-35 mg-mcg	1	MO; GC
reclipsen oral tablet	1	MO; GC
setlakin oral tablet	1	MO; GC; QL (91 EA per 91 days)
simliya oral tablet	1	MO; GC
simpesse oral tablet	1	MO; GC; QL (91 EA per 91 days)
sprintec 28 oral tablet	1	MO; GC
sronyx oral tablet	1	MO; GC
syeda oral tablet	1	MO; GC
tarina 24 fe oral tablet	1	MO; GC
tarina fe 1/20 eq oral tablet	1	MO; GC
taysofy oral capsule	1	MO; GC
tilia fe oral tablet	1	MO; GC

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

Drug Name	Drug Tier	Requirements/Limits
tri-estarylla oral tablet	1	MO; GC
tri-legest fe oral tablet	1	MO; GC
tri-lo-estarylla oral tablet	1	MO; GC
tri-lo-sprintec oral tablet	1	MO; GC
tri-mili oral tablet	1	MO; GC
tri-nymyo oral tablet	1	MO; GC
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	1	MO; GC
tri-sprintec oral tablet	1	MO; GC
trivora (28) oral tablet	1	MO; GC
tri-vylibra lo oral tablet	1	MO; GC
tri-vylibra oral tablet	1	MO; GC
velivet oral tablet	1	MO; GC
vestura oral tablet	1	MO; GC
vienva oral tablet	1	MO; GC
viorele oral tablet	1	MO; GC
volnea oral tablet	1	MO; GC
vyfemla oral tablet	1	MO; GC
vylibra oral tablet	1	MO; GC
wera oral tablet	1	MO; GC
wymzya fe oral tablet chewable	1	MO; GC
xulane transdermal patch weekly	3	MO
yuvafem vaginal tablet	3	MO
zafemy transdermal patch weekly	3	MO
zarah oral tablet 3-0.03 mg	1	MO; GC
zovia 1/35 (28) oral tablet	1	MO; GC
zovia 1/35e (28) oral tablet 1-35 mg-mcg	1	MO; GC
zumandimine oral tablet	1	MO; GC
Progestins		
camila oral tablet	1	MO; GC
CRINONE VAGINAL GEL	3	PA; MO
deblitane oral tablet	1	MO; GC
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	MO; QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	MO; QL (0.65 ML per 90 days)
errin oral tablet	1	MO; GC
heather oral tablet	1	MO; GC
hydroxyprogesterone caproate intramuscular oil	4	PA

Drug Name	Drug Tier	Requirements/Limits
incassia oral tablet	1	MO; GC
jencycla oral tablet	1	MO; GC
lyleq oral tablet	1	MO; GC
lyza oral tablet	1	MO; GC
medroxyprogesterone acetate intramuscular suspension	1	MO; GC; QL (1 ML per 90 days)
medroxyprogesterone acetate oral tablet	1	MO; GC
megestrol acetate oral suspension 40 mg/ml	1	PA; MO; GC
megestrol acetate oral suspension 625 mg/5ml	3	PA; MO
megestrol acetate oral tablet	1	PA; MO; GC
norethindrone acetate oral tablet	1	MO; GC
norethindrone oral tablet	1	MO; GC
norlyda oral tablet	1	MO; GC
progesterone oral capsule	1	MO; GC
sharobel oral tablet	1	MO; GC
tulana oral tablet 0.35 mg	1	MO; GC
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET	3	MO; QL (30 EA per 30 days)
raloxifene hcl oral tablet	1	MO; GC
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
LEVO-T ORAL TABLET	1	MO; GC
levothyroxine sodium oral capsule	3	MO
levothyroxine sodium oral tablet	1	MO; GC
liothyronine sodium oral tablet	1	MO; GC
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	MO
SYNTHROID ORAL TABLET 300 MCG	3	MO
UNITHROID ORAL TABLET	1	MO; GC
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline oral tablet	2	MO
ELIGARD SUBCUTANEOUS KIT 22.5 MG	2	PA; MO; QL (1 EA per 84 days)

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

Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS KIT 30 MG	2	PA; MO; QL (1 EA per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG	2	PA; MO; QL (1 EA per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	2	PA; MO; QL (1 EA per 28 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; QL (4 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; MO; QL (1 EA per 28 days)
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	4	PA
leuprolide acetate injection kit	4	PA
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG	4	PA; QL (1 EA per 84 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG	4	PA; QL (1 EA per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	4	PA; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	4	PA; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	4	PA; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	4	PA; QL (1 EA per 168 days)
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml	3	PA; MO
octreotide acetate injection solution 500 mcg/ml	4	PA
ORGOVYX ORAL TABLET	4	PA
ORILISSA ORAL TABLET 150 MG	4	PA; QL (28 EA per 28 days)
ORILISSA ORAL TABLET 200 MG	4	PA; QL (56 EA per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; QL (60 ML per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	4	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
SYNAREL NASAL SOLUTION	4	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	3	PA; MO; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	4	PA; QL (1 EA per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	4	PA; QL (1 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	4	PA; QL (1 EA per 168 days)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet	1	MO; GC
propylthiouracil oral tablet	1	MO; GC
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	4	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
icatibant acetate subcutaneous solution	4	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
sajazir subcutaneous solution	4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA
Immunoglobulins		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 5 GM/50ML	4	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	4	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML	4	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	4	PA
HYPERHEP B INTRAMUSCULAR SOLUTION	3	B/D; MO
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D; MO
NABI-HB INTRAMUSCULAR SOLUTION	3	B/D; MO
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/200ML, 2 GM/20ML	4	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	4	PA
VARIZIG INTRAMUSCULAR SOLUTION	3	PA; MO
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (3.6 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (3.6 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (2 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
OTEZLA ORAL TABLET THERAPY PACK	4	PA
RIDAURA ORAL CAPSULE	4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; QL (30 EA per 30 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA; QL (2 EA per 28 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	QL (1 ML per 28 days)
SOLIRIS INTRAVENOUS SOLUTION	4	PA
STELARA SUBCUTANEOUS SOLUTION	4	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
XELJANZ ORAL SOLUTION	4	PA
XELJANZ ORAL TABLET	4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	4	PA
INTRON A INJECTION SOLUTION RECONSTITUTED	4	PA
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	4	PA
PEGASYS SUBCUTANEOUS SOLUTION	4	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	4	PA
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	3	B/D; MO
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	4	B/D
azasan oral tablet	3	B/D; MO
azathioprine oral tablet	1	B/D; MO; GC
CIMZIA PREFILLED KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA
CIMZIA SUBCUTANEOUS KIT	4	PA
cyclosporine modified oral capsule	1	B/D; MO; GC
cyclosporine modified oral solution	1	B/D; MO; GC
cyclosporine oral capsule	1	B/D; MO; GC
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION	4	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	3	B/D; MO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	4	B/D
everolimus oral tablet 0.25 mg	3	B/D; MO
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	4	B/D
gengraf oral capsule	1	B/D; MO; GC
gengraf oral solution	1	B/D; MO; GC
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	4	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	4	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	4	PA
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	4	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	4	PA
leflunomide oral tablet	1	MO; GC
methotrexate oral tablet	1	MO; GC
methotrexate sodium (pf) injection solution 1 gm/40ml, 50 mg/2ml	1	MO; GC
methotrexate sodium injection solution 50 mg/2ml	1	MO; GC
methotrexate sodium oral tablet	1	MO; GC
mycophenolate mofetil oral capsule	1	B/D; MO; GC
mycophenolate mofetil oral suspension reconstituted	4	B/D
mycophenolate mofetil oral tablet	1	B/D; MO; GC
mycophenolate sodium oral tablet delayed release	3	B/D; MO
PROGRAF ORAL PACKET 0.2 MG	3	B/D; MO

Drug Name	Drug Tier	Requirements/Limits
PROGRAF ORAL PACKET 1 MG	4	B/D
SANDIMMUNE ORAL SOLUTION	3	B/D; MO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
sirolimus oral solution	4	B/D
sirolimus oral tablet	3	B/D; MO
tacrolimus oral capsule	1	B/D; MO; GC
trexall oral tablet	3	MO
XATMEP ORAL SOLUTION	3	MO
ZORTRESS ORAL TABLET 1 MG	4	B/D
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	MO
ADACEL INTRAMUSCULAR SUSPENSION	2	MO
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	3	MO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION	2	MO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO
DAPTACEL INTRAMUSCULAR SUSPENSION	2	MO
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	2	MO
ENGERIX-B INJECTION SUSPENSION	2	B/D; MO
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D; MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	MO
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO
HAVRIX INTRAMUSCULAR SUSPENSION	2	MO
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	MO
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	B/D; MO
INFANRIX INTRAMUSCULAR SUSPENSION	2	MO
IPOL INJECTION INJECTABLE	2	MO
IXIARO INTRAMUSCULAR SUSPENSION	2	MO
KINRIX INTRAMUSCULAR SUSPENSION	2	MO

Drug Name	Drug Tier	Requirements/Limits
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO
MENACTRA INTRAMUSCULAR SOLUTION	2	MO
MENQUADFI INTRAMUSCULAR SOLUTION	2	MO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	MO
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	MO
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	MO
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	MO
PREHEVBRIO INTRAMUSCULAR SUSPENSION	2	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	MO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	MO
QUADRACEL INTRAMUSCULAR SUSPENSION	2	MO
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	B/D; MO
RECOMBIVAX HB INJECTION SUSPENSION	2	B/D; MO
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	2	B/D; MO
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	MO
ROTATEQ ORAL SOLUTION	2	MO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	MO
TDVAX INTRAMUSCULAR SUSPENSION	2	MO
TENIVAC INTRAMUSCULAR INJECTABLE	2	MO
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2	MO
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	MO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	MO

Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	2	MO
VAQTA INTRAMUSCULAR SUSPENSION	2	MO
VARIVAX SUBCUTANEOUS INJECTABLE	2	MO
YF-VAX SUBCUTANEOUS INJECTABLE	2	MO
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	2	MO
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium oral capsule	1	MO; GC
DIPENTUM ORAL CAPSULE	4	
mesalamine er oral capsule 500 mg	2	MO
mesalamine er oral capsule 0.375 gm	2	MO
mesalamine oral capsule delayed release 400 mg	2	MO
mesalamine oral tablet delayed release 1.2 gm	2	MO
mesalamine rectal enema	3	MO
mesalamine rectal suppository	3	MO
PENTASA ORAL CAPSULE EXTENDED RELEASE	3	MO
sulfasalazine oral tablet	1	MO; GC
sulfasalazine oral tablet delayed release	1	MO; GC
Glucocorticoids		
budesonide er oral tablet extended release 24 hour	4	
budesonide oral capsule delayed release particles	3	MO
colocort rectal enema 100 mg/60ml	1	MO; GC
hydrocortisone (perianal) external cream	1	MO; GC
hydrocortisone rectal enema	1	MO; GC
procto-med hc external cream	1	MO; GC
procto-pak external cream	1	MO; GC
proctosol hc external cream	1	MO; GC
proctozone-hc external cream	1	MO; GC
UCERIS RECTAL FOAM	3	MO
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral solution	1	MO; GC
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
ALENDRONATE SODIUM ORAL TABLET 40 MG	1	MO; GC
alendronate sodium oral tablet 70 mg	1	MO; GC; QL (4 EA per 28 days)
BINOSTO ORAL TABLET EFFERVESCENT	3	MO; QL (4 EA per 28 days)
calcitonin (salmon) nasal solution	1	MO; GC; QL (3.7 ML per 30 days)
calcitriol oral capsule	1	MO; GC
calcitriol oral solution	1	MO; GC
cinacalcet hcl oral tablet 30 mg, 60 mg	3	MO
cinacalcet hcl oral tablet 90 mg	4	
doxercalciferol oral capsule	3	MO
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (2.34 ML per 30 days)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
ibandronate sodium oral tablet	1	MO; GC; QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE	4	PA; QL (2 EA per 28 days)
paricalcitol oral capsule	1	MO; GC
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	MO; QL (2 ML per 365 days)
risedronate sodium oral tablet 150 mg	1	MO; GC; QL (1 EA per 28 days)
risedronate sodium oral tablet 30 mg, 5 mg	1	MO; GC
risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; GC; QL (4 EA per 28 days)
risedronate sodium oral tablet delayed release	1	MO; GC; QL (4 EA per 28 days)
XGEVA SUBCUTANEOUS SOLUTION	4	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
alcohol prep pads pad 70 %	1	MO; GC
CLINOLIPID INTRAVENOUS EMULSION	3	B/D; MO
cvs gauze sterile pad 2"x2"	1	MO; GC
GIVLAARI SUBCUTANEOUS SOLUTION	4	PA
insulin pen needles 29g x 12mm	1	MO; GC; QL (200 EA per 30 days)
insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml	1	MO; GC; QL (200 EA per 30 days)
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B/D; MO
LAGEVRIO ORAL CAPSULE	3	QL (40 EA per 5 days)
levocarnitine oral solution	1	MO; GC
LEVOCARNITINE ORAL TABLET	1	MO; GC
NUTRILIPID INTRAVENOUS EMULSION	3	B/D; MO

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA; MO
PALFORZIA ORAL PACKET 300 MG	4	PA
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	3	QL (30 EA per 5 days)
SODIUM CHLORIDE IRRIGATION SOLUTION	1	MO; GC
Ophthalmic Agents		
Ophthalmic Agents, Other		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	2	MO
bacitracin-polymyxin b ophthalmic ointment	1	MO; GC
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1	MO; GC
BEOVU INTRAVITREAL SOLUTION	4	PA; QL (0.5 ML per 28 days)
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	3	MO
blephamide s.o.p. ophthalmic ointment	3	MO
brimonidine tartrate-timolol ophthalmic solution	2	MO
COMBIGAN OPHTHALMIC SOLUTION	2	MO
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5	3	MO
CYSTARAN OPHTHALMIC SOLUTION	4	PA; QL (60 ML per 28 days)
dorzolamide hcl-timolol mal ophthalmic solution	1	MO; GC
ISOPTO ATROPINE OPHTHALMIC SOLUTION	2	MO
LACRISERT OPHTHALMIC INSERT	3	MO
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1	MO; GC
neomycin-polymyxin-dexameth ophthalmic ointment	1	MO; GC
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	MO; GC
neomycin-polymyxin-gramicidin ophthalmic solution	2	MO
neomycin-polymyxin-hc ophthalmic suspension	1	MO; GC
neo-polycin hc ophthalmic ointment	1	MO; GC
neo-polycin ophthalmic ointment	1	MO; GC
polycin ophthalmic ointment	1	MO; GC
polymyxin b-trimethoprim ophthalmic solution	1	MO; GC
PRED-G OPHTHALMIC SUSPENSION	3	MO

Drug Name	Drug Tier	Requirements/Limits
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	MO
proparacaine hcl ophthalmic solution	1	MO; GC
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	2	MO
RESTASIS OPHTHALMIC EMULSION	2	MO
ROCKLATAN OPHTHALMIC SOLUTION	3	MO; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION	3	MO
sulfacetamide-prednisolone ophthalmic solution	2	MO
TOBRADEX OPHTHALMIC OINTMENT	2	MO
TOBRADEX ST OPHTHALMIC SUSPENSION	3	MO
tobramycin-dexamethasone ophthalmic suspension	1	MO; GC
XIIDRA OPHTHALMIC SOLUTION	3	MO; QL (60 EA per 30 days)
ZYLET OPHTHALMIC SUSPENSION	3	MO
Ophthalmic Anti-allergy Agents		
ALOCRIL OPHTHALMIC SOLUTION	3	MO
ALOMIDE OPHTHALMIC SOLUTION	3	MO
azelastine hcl ophthalmic solution	1	MO; GC
bepotastine besilate ophthalmic solution	3	MO
cromolyn sodium ophthalmic solution	1	MO; GC
epinastine hcl ophthalmic solution	1	MO; GC
LASTACAFT OPHTHALMIC SOLUTION	3	MO
olopatadine hcl ophthalmic solution	1	MO; GC
PAZEO OPHTHALMIC SOLUTION 0.7 %	2	MO
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION	3	MO
bacitracin ophthalmic ointment	1	MO; GC
BESIVANCE OPHTHALMIC SUSPENSION	2	MO
CILOXAN OPHTHALMIC OINTMENT	3	MO
ciprofloxacin hcl ophthalmic solution	1	MO; GC
erythromycin ophthalmic ointment	1	MO; GC
gatifloxacin ophthalmic solution	1	MO; GC
gentak ophthalmic ointment	1	MO; GC
gentamicin sulfate ophthalmic solution	1	MO; GC
KLARITY-A OPHTHALMIC SOLUTION	3	MO
levofloxacin ophthalmic solution 0.5 %	1	MO; GC
moxifloxacin hcl (2x day) ophthalmic solution	2	MO
moxifloxacin hcl ophthalmic solution	1	MO; GC
NATACYN OPHTHALMIC SUSPENSION	3	MO

Drug Name	Drug Tier	Requirements/Limits
ofloxacin ophthalmic solution	1	MO; GC
sulfacetamide sodium ophthalmic ointment	1	MO; GC
sulfacetamide sodium ophthalmic solution	1	MO; GC
tobramycin ophthalmic solution	1	MO; GC
TOBREX OPHTHALMIC OINTMENT	3	MO
trifluridine ophthalmic solution	1	MO; GC
ZIRGAN OPHTHALMIC GEL	3	MO
Ophthalmic Anti-inflammatories		
ALREX OPHTHALMIC SUSPENSION	2	MO
dexamethasone sodium phosphate ophthalmic solution	1	MO; GC
diclofenac sodium ophthalmic solution	1	MO; GC
difluprednate ophthalmic emulsion	2	MO
DUREZOL OPHTHALMIC EMULSION	2	MO
FLAREX OPHTHALMIC SUSPENSION	2	MO
fluorometholone ophthalmic suspension	1	MO; GC
flurbiprofen sodium ophthalmic solution	1	MO; GC
FML FORTE OPHTHALMIC SUSPENSION	2	MO
FML OPHTHALMIC OINTMENT	2	MO
ILEVRO OPHTHALMIC SUSPENSION	2	MO; QL (6 ML per 30 days)
ketorolac tromethamine ophthalmic solution	1	MO; GC
LOTEMAX OPHTHALMIC OINTMENT	3	MO; QL (14 GM per 365 days)
loteprednol etabonate ophthalmic gel	3	MO; QL (20 GM per 365 days)
loteprednol etabonate ophthalmic suspension	2	MO
MAXIDEX OPHTHALMIC SUSPENSION	2	MO
NEVANAC OPHTHALMIC SUSPENSION	2	MO; QL (6 ML per 30 days)
PRED MILD OPHTHALMIC SUSPENSION	2	MO
prednisolone acetate ophthalmic suspension	2	MO
prednisolone sodium phosphate ophthalmic solution	1	MO; GC
PROLENSA OPHTHALMIC SOLUTION	2	MO; QL (12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl ophthalmic solution	1	MO; GC
BETIMOL OPHTHALMIC SOLUTION	2	MO
BETOPTIC-S OPHTHALMIC SUSPENSION	3	MO
carteolol hcl ophthalmic solution	1	MO; GC
levobunolol hcl ophthalmic solution	1	MO; GC
timolol maleate (once-daily) ophthalmic solution	1	MO; GC
timolol maleate ophthalmic gel forming solution	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
timolol maleate ophthalmic solution	1	MO; GC
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er oral capsule extended release 12 hour	1	MO; GC
acetazolamide oral tablet 125 mg	1	MO; GC
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	MO
apraclonidine hcl ophthalmic solution	1	MO; GC
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %	1	MO; GC
brimonidine tartrate ophthalmic solution 0.2 %	1	MO; GC
brinzolamide ophthalmic suspension	1	MO; GC
dorzolamide hcl ophthalmic solution	1	MO; GC
IOPIDINE OPHTHALMIC SOLUTION	3	MO
methazolamide oral tablet	1	MO; GC
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	MO
pilocarpine hcl ophthalmic solution	1	MO; GC
RHOPRESSA OPHTHALMIC SOLUTION	3	MO
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost ophthalmic solution	1	MO; GC; QL (5 ML per 30 days)
latanoprost ophthalmic solution	1	MO; GC
LUMIGAN OPHTHALMIC SOLUTION	2	MO; QL (2.5 ML per 25 days)
travoprost (bak free) ophthalmic solution	1	MO; GC; QL (2.5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid otic solution	1	MO; GC
CIPRO HC OTIC SUSPENSION	3	MO
ciprofloxacin-dexamethasone otic suspension	1	MO; GC
flac otic oil	1	MO; GC
fluocinolone acetonide otic oil	1	MO; GC
hydrocortisone-acetic acid otic solution	1	MO; GC
neomycin-polymyxin-hc otic solution 1 %	1	MO; GC
neomycin-polymyxin-hc otic suspension	1	MO; GC
ofloxacin otic solution	1	MO; GC
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 0.15 %	1	MO; GC; QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
cetirizine hcl oral solution 1 mg/ml	1	MO; GC
cyproheptadine hcl oral syrup	1	MO; GC
cyproheptadine hcl oral tablet	1	MO; GC
desloratadine oral tablet	1	MO; GC
hydroxyzine hcl oral syrup	1	MO; GC
hydroxyzine hcl oral tablet	1	MO; GC
levocetirizine dihydrochloride oral solution	1	MO; GC
levocetirizine dihydrochloride oral tablet	1	MO; GC
olopatadine hcl nasal solution	3	MO; QL (30.5 GM per 30 days)
SEMPREX-D ORAL CAPSULE 8-60 MG	3	MO
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	MO; QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	MO; QL (1 EA per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	MO; QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	MO; QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	MO; QL (1 EA per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT	3	MO; QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL	3	MO; QL (13 GM per 30 days)
BECONASE AQ NASAL SUSPENSION	3	MO; QL (50 GM per 25 days)
budesonide inhalation suspension	3	B/D; MO; QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	2	MO; QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	MO; QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	MO; QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	MO; QL (21.2 GM per 30 days)
flunisolide nasal solution	1	MO; GC; QL (50 ML per 30 days)
fluticasone propionate nasal suspension	1	MO; GC

Drug Name	Drug Tier	Requirements/Limits
mometasone furoate nasal suspension	1	MO; GC; QL (34 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	ST; MO; QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	ST; MO; QL (21.2 GM per 30 days)
Antileukotrienes		
montelukast sodium oral packet	3	MO
montelukast sodium oral tablet	1	MO; GC
montelukast sodium oral tablet chewable	1	MO; GC
zafirlukast oral tablet	1	MO; GC
zileuton er oral tablet extended release 12 hour	4	ST
ZYFLO ORAL TABLET	4	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	MO; QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	MO; QL (30 EA per 30 days)
ipratropium bromide inhalation solution	1	B/D; MO; GC; QL (312.5 ML per 30 days)
ipratropium bromide nasal solution	1	MO; GC
SPIRIVA HANDIHALER INHALATION CAPSULE	2	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	2	MO; QL (4 GM per 30 days)
YUPELRI INHALATION SOLUTION	4	B/D; QL (90 ML per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	2	MO
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	MO; GC; QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent proventil)	1	MO; GC; QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent ventolin)	1	MO; GC; QL (48 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	1	B/D; MO; GC; QL (525 ML per 30 days)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	1	B/D; MO; GC; QL (375 ML per 30 days)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	B/D; MO; GC; QL (100 EA per 30 days)
albuterol sulfate oral syrup	2	MO

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate oral tablet	2	MO
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG	3	ST; MO; QL (30 EA per 30 days)
arformoterol tartrate inhalation nebulization solution	3	B/D; MO; QL (120 ML per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION	4	B/D; QL (120 ML per 30 days)
epinephrine injection solution 0.3 mg/0.3ml	1	MO; GC
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml	2	MO
epinephrine injection solution auto-injector 0.3 mg/0.3ml	1	MO; GC
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	MO
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	2	MO
formoterol fumarate inhalation nebulization solution	4	B/D; QL (120 ML per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	1	B/D; MO; GC; QL (540 ML per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1	B/D; MO; GC; QL (90 EA per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	1	B/D; MO; GC; QL (90 ML per 30 days)
levalbuterol hfa inhalation aerosol 45 mcg/act	1	MO; GC; QL (30 GM per 30 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION	4	B/D; QL (120 ML per 30 days)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	MO; QL (2 EA per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	MO; QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	MO; QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	MO; QL (4 GM per 30 days)
terbutaline sulfate oral tablet	3	MO
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED	4	PA
KALYDECO ORAL PACKET	4	PA
KALYDECO ORAL TABLET	4	PA
ORKAMBI ORAL TABLET	4	PA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION	4	PA

Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE	4	QL (224 EA per 56 days)
tobramycin inhalation nebulization solution	4	B/D
TRIKAFTA ORAL TABLET THERAPY PACK	4	PA; QL (84 EA per 28 days)
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution	1	B/D; MO; GC
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET	3	PA; MO
elixophyllin oral elixir	1	MO; GC
roflumilast oral tablet	3	PA; MO
theophylline er oral tablet extended release 12 hour 300 mg	2	MO
theophylline er oral tablet extended release 24 hour	1	MO; GC
theophylline oral elixir	1	MO; GC
theophylline oral solution	1	MO; GC
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	4	PA; QL (90 EA per 30 days)
alyq oral tablet	4	PA; QL (60 EA per 30 days)
ambrisentan oral tablet	4	PA; QL (30 EA per 30 days)
OPSUMIT ORAL TABLET	4	PA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA
sildenafil citrate oral suspension reconstituted	4	PA
sildenafil citrate oral tablet 20 mg	1	PA; MO; GC; QL (90 EA per 30 days)
tadalafil (pah) oral tablet	4	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET	4	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	4	PA; QL (400 EA per 365 days)
VENTAVIS INHALATION SOLUTION	4	PA; QL (270 ML per 30 days)
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	4	PA
OFEV ORAL CAPSULE	4	PA
pirfenidone oral tablet 267 mg, 801 mg	4	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution	1	B/D; MO; GC
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	MO; QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	MO; QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	MO; QL (8 GM per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	MO; GC; QL (60 EA per 30 days)
ipratropium-albuterol inhalation solution	1	B/D; MO; GC; QL (540 ML per 30 days)
promethazine-phenylephrine oral syrup	1	MO; GC
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	2	MO; QL (4 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	2	MO; QL (12 GM per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	2	MO; QL (13.8 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	MO; QL (60 EA per 30 days)
wixela inhub inhalation aerosol powder breath activated	1	MO; GC; QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
carisoprodol oral tablet 350 mg	1	PA; MO; GC
chlorzoxazone oral tablet 500 mg	1	MO; GC
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	MO; GC
methocarbamol oral tablet 500 mg, 750 mg	1	MO; GC
orphenadrine citrate er oral tablet extended release 12 hour	1	MO; GC
Sleep Disorder Agents		
Sleep Promoting Agents		
doxepin hcl oral tablet	2	MO; QL (30 EA per 30 days)
estazolam oral tablet	1	MO; GC; QL (30 EA per 30 days)
eszopiclone oral tablet	1	MO; GC; QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE	4	PA; QL (30 EA per 30 days)
ramelteon oral tablet	1	MO; GC; QL (30 EA per 30 days)
temazepam oral capsule	1	MO; GC; QL (30 EA per 30 days)
zaleplon oral capsule 10 mg	1	MO; GC; QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	1	MO; GC; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
zolpidem tartrate er oral tablet extended release	1	MO; GC; QL (30 EA per 30 days)
zolpidem tartrate oral tablet	1	MO; GC; QL (30 EA per 30 days)
zolpidem tartrate sublingual tablet sublingual	3	MO; QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	PA; MO; GC; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	1	PA; MO; GC; QL (60 EA per 30 days)
modafinil oral tablet	1	PA; MO; GC; QL (30 EA per 30 days)
SUNOSI ORAL TABLET	3	PA; MO; QL (30 EA per 30 days)
WAKIX ORAL TABLET	4	PA; QL (60 EA per 30 days)
XYREM ORAL SOLUTION	4	PA; QL (540 ML per 30 days)

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