2022 Comprehensive Formulary

Aetna® Medicare

(List of Covered Drugs)

B2

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

This formulary was updated on 10/01/2021. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-833-570-6670** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **AetnaMedicare.com/formulary**

Formulary ID Number: 22007 Version 9

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Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Aetna Medicare es un plan HMO, PPO con un contrato de Medicare. Nuestros Planes de necesidades especiales (SNP, por sus siglas en inglés) también tienen contratos con los programas estatales de Medicaid. La inscripción en nuestros planes depende de la renovación del contrato.

Aetna Medicare是一項簽有Medicare合約的HMO、PPO計劃。我們的特殊需求計劃(SNP)也與州的Medicaid計劃簽有合約。能否參保我們的計劃視合約續簽情況而定。

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number on your ID card.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

注意：如果您使用中文，您可以免費獲得語言援助服務。請撥打您的會員身分卡上的電話號碼。

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

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 Aetna Medicare. When it refers to "plan" or "our plan," it means Aetna.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2021. 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, 2023, and from time to time during the year. You will receive notice when necessary.

Mail-order Pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-833-570-6670 (TTY: 711)** 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

What is the Aetna Medicare Comprehensive 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare 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 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 find information in the section below titled "How do I request an exception to the Aetna Medicare Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may 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 the 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, 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 titled "How do I request an exception to the Aetna Medicare 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 10/01/2021. 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 any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page 10. 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 102. 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 us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30 days, per prescription of *atorvastatin*. 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, 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 Aetna Medicare formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact 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 Aetna Medicare 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, unless the drug is 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, *tiering* or utilization restriction exception. **When you request a formulary, tiering 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 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your setting of care (such as being discharged or admitted to a long term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

For more detailed information about your plan's 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**

Aetna Medicare Formulary

The comprehensive formulary that begins on page 10 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 102.

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

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

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LA	Limited Access
MO	Mail-order Delivery
B/D	Part B vs. D Prior Authorization
GC	Gap Coverage

QL: Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30 days, per prescription of *atorvastatin*.

PA: Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

ST: 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, 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.

LA: Limited Access. These prescriptions may be available only at certain pharmacies. For more Information, consult your Pharmacy Directory or call Aetna Member Services at **1-833-570-6670 (TTY: 711)**, 24 hours a day, 7 days a week, or visit **AetnaMedicare.com**

MO: Mail Order. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. The drugs available through our plan's mail-order service are marked as "MO" in our Drug List. For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-833-570-6670 (TTY: 711)**, 24 hours a day, 7 days a week.

B/D: Part B versus Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

GC: Gap Coverage. 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.

Drug tier copay levels

This 2022 comprehensive formulary is a listing of brand-name and generic drugs. Aetna Medicare's 2022 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Consult your plan's Summary of Benefits or Evidence of Coverage for your applicable copays and coinsurance amounts.

Copay tier	Type of drug
Tier 1	Preferred Generic
Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Drug
Tier 5	Specialty

Our plan combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs *Lowercase italics* = Generic medications	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity Limit PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D GC = Gap Coverage

Drug name	Drug tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol tabs	1	MO GC
colchicine tabs	3	QL (120 EA per 30 days) MO
febuxostat	3	ST MO
MITIGARE	3	QL (60 EA per 30 days) MO
probenecid	3	MO
probenecid/colchicine	3	MO
NSAIDS		
cataflam	2	QL (120 EA per 30 days) GC
celecoxib caps 400mg	3	QL (30 EA per 30 days) MO
celecoxib caps 100mg, 200mg, 50mg	3	QL (60 EA per 30 days) MO
diclofenac potassium	2	QL (120 EA per 30 days) MO GC
diclofenac sodium dr	2	MO GC
diclofenac sodium er	2	QL (60 EA per 30 days) MO GC
diclofenac sodium/misoprostol tbec 50mg; 200mcg	4	QL (120 EA per 30 days) MO
diclofenac sodium/misoprostol tbec 75mg; 200mcg	4	QL (90 EA per 30 days) MO
diflunisal	4	QL (90 EA per 30 days) MO
DUEXIS	5	QL (90 EA per 30 days) PA MO
ec-naproxen tbec 375mg	2	QL (120 EA per 30 days) GC
ec-naproxen tbec 500mg	2	QL (90 EA per 30 days) MO GC
etodolac er tb24 600mg	4	QL (30 EA per 30 days) MO
etodolac er tb24 400mg, 500mg	4	QL (60 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
etodolac caps 300mg	3	QL (120 EA per 30 days) MO
etodolac caps 200mg	3	QL (90 EA per 30 days) MO
etodolac tabs 500mg	3	QL (60 EA per 30 days) MO
etodolac tabs 400mg	3	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPS 400MG	4	QL (240 EA per 30 days) MO
fenoprofen calcium tabs	4	QL (150 EA per 30 days) MO
flurbiprofen tabs 100mg	2	QL (90 EA per 30 days) MO GC
ibu tabs 600mg, 800mg	2	GC
ibuprofen tabs 400mg, 600mg, 800mg; susp 100mg/5ml	2	MO GC
ibuprofen/famotidine	4	QL (90 EA per 30 days) PA
ketoprofen er	4	QL (30 EA per 30 days) MO
ketoprofen caps 75mg	4	QL (120 EA per 30 days) MO
ketoprofen caps 50mg	4	QL (180 EA per 30 days)
ketoprofen caps 25mg	5	QL (120 EA per 30 days) MO
ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml	4	QL (20 ML per 30 days) PA MO
ketorolac tromethamine tabs 10mg	2	QL (20 EA per 30 days) PA MO GC
meclofenamate sodium	4	QL (120 EA per 30 days) MO
meloxicam tabs	1	MO GC
nabumetone	2	MO GC
NAPROXEN SODIUM CR	4	QL (120 EA per 30 days) MO
naproxen sodium er	4	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TB24	4	QL (60 EA per 30 days) MO
naproxen sodium tabs 275mg, 550mg	2	MO GC
naproxen/esomeprazole magnesium	5	QL (60 EA per 30 days) PA MO
naproxen tabs 250mg, 375mg, 500mg	1	MO GC
naproxen susp	2	MO GC
naproxen dr tab 375mg	2	QL (120 EA per 30 days) MO GC
naproxen dr tab 500mg	2	QL (90 EA per 30 days) MO GC
oxaprozin	4	QL (90 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
piroxicam caps 20mg	3	QL (30 EA per 30 days) MO
piroxicam caps 10mg	3	QL (60 EA per 30 days) MO
relafen tabs 500mg, 750mg	2	GC
sulindac	2	QL (60 EA per 30 days) MO GC
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine transdermal patch	4	QL (4 EA per 28 days) PA MO
fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr	4	QL (10 EA per 30 days) PA MO
fentanyl pt72 87.5mcg/hr	5	QL (10 EA per 30 days) PA MO
hydrocodone bitartrate er tabs	3	QL (30 EA per 30 days) PA MO
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
METHADONE HCL INJ	5	PA
methadone hcl oral soln	3	QL (450 ML per 30 days) PA MO
methadone hcl tabs	3	QL (90 EA per 30 days) PA MO
methadone hcl oral conc	3	QL (90 ML per 30 days) PA MO
morphine sulfate er cap24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg	4	QL (30 EA per 30 days) PA MO
morphine sulfate er cap24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg	4	QL (60 EA per 30 days) PA MO
morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg	3	QL (60 EA per 30 days) PA MO
morphine sulfate er tbcr 15mg	3	QL (90 EA per 30 days) PA MO
tramadol hcl er tb24	4	QL (30 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen/codeine tabs	3	QL (180 EA per 30 days) MO
acetaminophen/codeine soln	3	QL (2700 ML per 30 days) MO
butorphanol tartrate nasal soln	4	QL (5 ML per 30 days) MO
butorphanol tartrate inj 1mg/ml	4	
butorphanol tartrate inj 2mg/ml	4	MO
CODEINE SULFATE TABS	4	QL (180 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL (180 EA per 30 days)
fentanyl citrate oral transmucosal lpop 200mcg	4	QL (120 EA per 30 days) PA MO
fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	QL (120 EA per 30 days) PA MO
hydrocodone bitartrate/ acetaminophen soln 325mg/15ml; 7.5mg/15ml	3	QL (2700 ML per 30 days) MO
hydrocodone bitartrate/ acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg	3	QL (180 EA per 30 days) MO
hydrocodone/acetaminophen tabs 325mg; 7.5mg	3	QL (180 EA per 30 days) MO
hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	3	QL (150 EA per 30 days) MO
hydromorphone hcl tabs	3	QL (180 EA per 30 days) MO
hydromorphone hcl oral liqd	4	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	4	B/D MO
hydromorphone hcl pf inj 10mg/ml	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML, 2MG/ML	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	4	B/D MO
hydromorphone hydrochloride pf inj 50mg/5ml	4	B/D
hydromorphone hydrochloride inj 2mg/ml	4	B/D MO
morphine sulfate tabs	3	QL (180 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MORPHINE SULFATE IV OR IM INJ 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	4	B/D
morphine sulfate iv inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 50mg/ml, 8mg/ml	4	B/D
morphine sulfate iv, epidural, or intrathecal inj 1mg/ml	4	B/D MO
morphine sulfate oral soln 10mg/5ml, 20mg/5ml	3	QL (900 ML per 30 days) MO
morphine sulfate oral soln 100mg/5ml	4	QL (180 ML per 30 days) MO
nalbuphine hcl inj 10mg/ml, 20mg/ml	3	MO
oxycodone hcl caps	3	QL (180 EA per 30 days) MO
oxycodone hydrochloride oral soln	3	QL (900 ML per 30 days) MO
oxycodone hydrochloride oral conc	4	QL (180 ML per 30 days) MO
oxycodone hydrochloride tabs 30mg	3	QL (120 EA per 30 days) MO
oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg	3	QL (180 EA per 30 days) MO
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL (180 EA per 30 days) MO
oxycodone/aspirin tabs 325mg; 4.835mg	4	QL (180 EA per 30 days) MO
oxymorphone hydrochloride	4	QL (180 EA per 30 days) MO
tramadol hcl tabs 50mg	2	QL (240 EA per 30 days) MO GC
tramadol hydrochloride/acetaminophen	4	QL (240 EA per 30 days) MO
tramadol hydrochloride tabs 100mg	2	QL (120 EA per 30 days) MO GC
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl pf inj 0.5%, 1%, 1.5%, 2%, 4%	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
lidocaine hydrochloride inj 1%, 2%	4	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole	5	MO
amikacin sulfate	4	MO
atovaquone	5	PA MO
aztreonam inj 1gm	4	MO
aztreonam inj 2gm	5	MO
CAYSTON	5	PA LA
chloramphenicol inj 1gm	4	
clindamycin hcl caps 300mg, 75mg	2	MO GC
clindamycin hydrochloride caps 150mg	2	MO GC
clindamycin palmitate hcl oral soln 75mg/5ml	4	MO
clindamycin phosphate/dextrose	4	
clindamycin phosphate inj 300mg/2ml, 9000mg/60ml	4	
clindamycin phosphate inj 600mg/4ml, 900mg/6ml	4	MO
CLINDAMYCIN/SODIUM CHLORIDE	4	
colistimethate sodium	5	PA MO
dapsone tabs 100mg, 25mg	3	MO
DAPTOMYCIN INJ 350MG	5	
daptomycin inj 500mg	5	MO
EMVERM	5	QL (12 EA per 365 days) MO
ertapenem	4	MO
gentamicin sulfate pediatric	4	MO
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	4	
gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%	4	MO
gentamicin sulfate inj 40mg/ml	4	MO
imipenem/cilastatin	4	MO
isotonic gentamicin	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ivermectin	3	MO
linezolid tabs	4	QL (56 EA per 28 days) PA MO
linezolid oral susp	5	QL (1800 ML per 28 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	4	PA
linezolid inj 600mg/300ml	4	PA
meropenem inj 500mg	4	
meropenem inj 1gm	4	MO
methenamine hippurate	4	MO
methenamine mandelate	4	MO
metronidazole caps 375mg	3	MO
metronidazole inj 5mg/ml; 0.79%	4	
metronidazole tabs 250mg, 500mg	3	MO
neomycin sulfate	2	MO GC
nitazoxanide	5	QL (6 EA per 30 days) MO
nitrofurantoin macrocrystals	3	MO
nitrofurantoin monohydrate/ macrocrystals	3	MO
paromomycin sulfate	4	MO
pentamidine isethionate inj	4	
pentamidine isethionate inhalation soln	4	B/D MO
praziquantel	3	MO
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
streptomycin sulfate	5	MO
SULFADIAZINE	4	MO
sulfamethoxazole/trimethoprim ds	1	MO GC
sulfamethoxazole/trimethoprim tabs	1	MO GC
sulfamethoxazole/trimethoprim inj, susp	4	MO
SYNERCID	5	
tinidazole	4	MO
tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml	4	MO
tobramycin nebu 300mg/5ml	5	QL (280 ML per 56 days) PA
trimethoprim	1	MO GC
VANCOMYCIN INJ 2GM/400ML	4	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
vancomycin hcl inj 100gm, 10gm	4	
vancomycin hydrochloride caps 125mg	4	QL (120 EA per 30 days) MO
vancomycin hydrochloride caps 250mg	4	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 250MG, 500MG/100ML, 750MG/150ML	4	
vancomycin hydrochloride inj 1gm, 5gm, 750mg	4	
vancomycin hydrochloride inj 500mg	4	MO
ANTIFUNGALS		
ABELCET	4	B/D
AMBISOME	5	B/D
amphotericin b	4	B/D MO
caspofungin acetate	5	
fluconazole in sodium chloride inj	4	
fluconazole tabs	2	MO GC
fluconazole oral susp	3	MO
flucytosine	5	MO
griseofulvin microsize	4	MO
griseofulvin ultramicrosize	4	MO
itraconazole caps	4	PA MO
ketoconazole tabs 200mg	2	PA MO GC
micafungin	5	
NOXAFIL ORAL SUSP	5	QL (630 ML per 30 days) MO
nystatin tabs 500000unit	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
posaconazole dr	5	QL (93 EA per 30 days) MO
terbinafine hcl	2	QL (90 EA per 365 days) MO GC
voriconazole inj	5	PA
voriconazole oral susp	5	PA MO
voriconazole tabs 200mg	4	QL (120 EA per 30 days) MO
voriconazole tabs 50mg	4	QL (480 EA per 30 days) MO
ANTIMALARIALS		
atovaquone/proguanil hcl	4	MO
chloroquine phosphate	2	MO GC
COARTEM	4	MO
mefloquine hcl	3	MO
primaquine phosphate	3	
quinine sulfate	4	PA MO
ANTIRETROVIRAL AGENTS		
abacavir	4	MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
atazanavir sulfate	4	MO
CRIXIVAN	4	MO
EDURANT	5	MO
efavirenz caps 50mg	3	MO
efavirenz caps 200mg	4	MO
efavirenz tabs	4	MO
emtricitabine caps 200mg	4	MO
EMTRIVA ORAL SOLN	4	MO
etravirine	5	MO
fosamprenavir calcium	5	MO
FUZEON	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
INVIRASE	5	MO
ISENTRESS HD	5	MO
ISENTRESS PACKET FOR ORAL SUSP	4	MO
ISENTRESS TABS	5	MO
ISENTRESS CHEW 25MG	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ISENTRESS CHEW 100MG	5	MO
lamivudine soln 10mg/ml	4	MO
lamivudine tabs 150mg, 300mg	4	MO
LEXIVA ORAL SUSP	4	MO
nevirapine er tb24 100mg	3	
nevirapine er tb24 400mg	3	MO
nevirapine tabs	3	MO
nevirapine susp	4	
NORVIR SOLN, ORAL POWDER	4	MO
PIFELTRO	5	MO
PREZISTA SUSP	5	QL (400 ML per 30 days) MO
PREZISTA TABS 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABS 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) MO
REYATAZ PACKET FOR ORAL SUSP	4	MO
ritonavir	3	MO
RUKOBIA	5	MO
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	5	
SELZENTRY TABS 150MG, 300MG	5	MO
tenofovir disoproxil fumarate	4	MO
TIVICAY PD	4	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
TROGARZO	5	LA
TYBOST	4	MO
VIRACEPT TABS 250MG	4	MO
VIRACEPT TABS 625MG	5	MO
VIREAD ORAL POWDER, TABS 150MG, 200MG, 250MG	5	MO
zidovudine	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate/lamivudine	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
abacavir sulfate/ lamivudine/zidovudine	5	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
efavirenz/emtricitabine/tenofovir disoproxil fumarate	5	MO
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	MO
emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg, 200mg; 300mg	5	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil tabs 167mg; 250mg	5	QL (30 EA per 30 days) MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
KALETRA TABS 100MG; 25MG	4	MO
KALETRA TABS 200MG; 50MG	5	MO
lamivudine/zidovudine	4	MO
lopinavir/ritonavir oral soln	4	MO
lopinavir/ritonavir tabs 100mg; 25mg	4	MO
lopinavir/ritonavir tabs 200mg; 50mg	5	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMTUZA	5	MO
TEMIXYS	5	MO
TRIUMEQ	5	MO
ANTITUBERCULAR AGENTS		
cycloserine	5	MO
ethambutol hydrochloride	4	MO
isoniazid tabs	1	MO GC
isoniazid syrp	2	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
isoniazid inj	4	
PASER	4	MO
PRETOMANID	4	QL (30 EA per 30 days) PA
PRIFTIN	4	MO
pyrazinamide	4	MO
rifabutin	4	MO
rifampin caps	3	MO
rifampin inj	4	
SIRTURO	5	PA LA
TRECATOR	4	MO
ANTIVIRALS		
acyclovir sodium iv soln 50mg/ml	4	B/D
acyclovir caps 200mg	2	MO GC
acyclovir susp 200mg/5ml	2	MO GC
acyclovir tabs 400mg, 800mg	2	MO GC
adefovir dipivoxil	4	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLN	5	QL (630 ML per 30 days) MO
entecavir	4	QL (30 EA per 30 days) MO
EPCLUSA	5	PA
EPIVIR HBV	4	MO
famciclovir tabs 500mg	2	QL (21 EA per 30 days) MO GC
famciclovir tabs 125mg, 250mg	2	QL (60 EA per 30 days) MO GC
ganciclovir	3	B/D
HARVONI	5	PA
lamivudine tabs 100mg	3	MO
MAVYRET	5	PA
oseltamivir phosphate caps 30mg	3	QL (168 EA per 365 days) MO
oseltamivir phosphate caps 45mg, 75mg	3	QL (84 EA per 365 days) MO
oseltamivir phosphate oral susp	3	QL (1080 ML per 365 days) MO
PEGASYS	5	PA
PREVYMIS TABS	5	QL (28 EA per 28 days) MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
ribavirin caps, tabs	3	
ribavirin inhalation soln	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
rimantadine hydrochloride	4	MO
valacyclovir hcl tabs 1gm	3	MO
valacyclovir hydrochloride tabs 500mg	3	MO
valganciclovir hydrochloride oral soln	3	MO
valganciclovir tabs 450mg	3	MO
VOSEVI	5	PA
CEPHALOSPORINS		
cefaclor	2	MO GC
CEFACLOR ER	4	MO
cefadroxil	2	MO GC
CEFAZOLIN SODIUM INJ 2GM/100ML; 4%	3	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJ 100GM, 300GM	4	
cefazolin sodium iv inj 1gm	4	
cefazolin sodium inj 10gm, 1gm, 500mg	4	MO
cefdinir caps	2	MO GC
cefdinir oral susp	3	MO
cefepime inj 1gm, 2gm	4	MO
cefixime caps	3	MO
cefixime oral susp	4	MO
cefotetan	4	
cefoxitin sodium inj 10gm, 1gm, 2gm	4	
cefpodoxime proxetil	4	MO
cefprozil	3	MO
CEFTAZIDIME/DEXTROSE	4	
ceftazidime inj 6gm	4	
ceftazidime inj 1gm, 2gm	4	MO
ceftriaxone in iso-osmotic dextrose	4	
CEFTRIAXONE SODIUM INJ 100GM	4	
ceftriaxone sodium iv inj 1gm	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg	4	MO
cefuroxime axetil tabs	3	MO
cefuroxime sodium inj 1.5gm	4	
cefuroxime sodium inj 750mg	4	MO
cephalexin	2	MO GC
SUPRAX ORAL SUSP 500MG/5ML	3	
tazicef	4	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	3	MO
azithromycin oral susp, tabs	2	MO GC
azithromycin inj	4	MO
clarithromycin	3	MO
clarithromycin er	4	MO
DIFICID ORAL SUSP	5	
DIFICID TABS	5	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	5	
erythrocin stearate	4	MO
erythromycin base	3	MO
erythromycin dr	4	MO
erythromycin ethylsuccinate tabs	3	MO
erythromycin stearate	3	MO
erythromycin cpep 250mg	3	MO
FLUOROQUINOLONES		
ciprofloxacin hcl tab 100mg, 750mg	1	MO GC
ciprofloxacin hydrochloride tabs 250mg, 500mg	1	MO GC
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	4	
ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%	4	MO
levofloxacin in d5w	4	
levofloxacin inj 25mg/ml	4	
levofloxacin oral soln 25mg/ml	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
levofloxacin tabs 250mg, 500mg, 750mg	2	MO GC
moxifloxacin hydrochloride/ sodium hydrochloride	4	
moxifloxacin hydrochloride/ sodium hydrochloride iv soln 400mg/250ml; 0.8%	4	
moxifloxacin hydrochloride tabs 400mg	4	MO
PENICILLINS		
amoxicillin	1	MO GC
amoxicillin/clavulanate potassium	2	MO GC
amoxicillin/clavulanate potassium er	4	MO
ampicillin caps 500mg	1	MO GC
ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv	4	
ampicillin sodium inj 1gm, 2gm, 500mg	4	MO
ampicillin-sulbactam	4	
BICILLIN L-A	4	MO
dicloxacillin sodium	3	MO
nafcillin sodium inj 1gm	4	
nafcillin sodium inj 2gm	4	MO
nafcillin sodium iv inj 10gm, 2gm	5	
oxacillin sodium inj 10gm, 1gm	4	
oxacillin sodium inj 2gm	4	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	
penicillin g potassium inj 20000000unit	4	MO
penicillin g potassium inj 5000000unit	5	MO
PENICILLIN G PROCAINE	4	MO
penicillin g sodium	5	
penicillin v potassium	1	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm, 2gm; 0.25gm, 3gm; 0.375gm, 4gm/0.5gm	4	
TETRACYCLINES		
doxy 100 inj	4	MO
doxycycline hyclate dr	4	MO
doxycycline hyclate caps, tabs	3	MO
doxycycline hyclate inj	4	MO
doxycycline monohydrate tabs	2	MO GC
doxycycline monohydrate caps	4	MO
doxycycline oral susp 25mg/5ml	3	MO
minocycline hcl caps 75mg	2	MO GC
minocycline hcl tabs 100mg, 50mg, 75mg	4	ST MO
minocycline hydrochloride caps 100mg, 50mg	2	MO GC
minocycline hydrochloride er	4	ST MO
mondoxyne nl caps 100mg, 75mg	4	
morgidox 1x100mg	4	
morgidox 2x100mg	4	
tetracycline hydrochloride	4	MO
tigecycline	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	
busulfan	5	
carboplatin	3	
carmustine	5	
cisplatin iv soln	3	
CYCLOPHOSPHAMIDE TABS	3	B/D
cyclophosphamide caps	3	B/D MO
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	4	
cyclophosphamide inj 1gm, 2gm, 500mg	4	
IFEX INJ 3GM	4	
IFOSFAMIDE INJ 3GM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml	4	
LEUKERAN	4	MO
melphalan hydrochloride inj 50mg	5	
melphalan tabs 2mg	4	B/D MO
oxaliplatin	4	
paraplatin	3	
PEPAXTO	5	QL (2 EA per 28 days) PA
thiotepa	5	
ZEPZELCA	5	PA LA
ANTIBIOTICS		
bleomycin sulfate	4	B/D
dactinomycin	5	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	4	
daunorubicin hydrochloride inj 20mg/4ml	4	
doxorubicin hydrochloride liposomal 20mg/10ml; 50mg/25ml, 2mg/ml	5	
epirubicin hcl	4	
idarubicin hcl	4	
mitomycin inj 20mg, 5mg	4	
mitomycin inj 40mg	5	
mutamycin inj 20mg, 5mg	4	
mutamycin inj 40mg	5	
ANTIMETABOLITES		
ALIMTA	5	
azacitidine	5	
cladribine	5	B/D
clofarabine	5	
cytarabine	4	B/D
cytarabine aqueous	4	B/D
decitabine	5	
fludarabine phosphate	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml	3	B/D
gemcitabine hcl inj 1gm, 200mg, 2gm	4	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	4	
gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml	4	
INQOVI	5	QL (5 EA per 28 days) PA LA
LONSURF	5	PA
mercaptopurine	4	MO
methotrexate sodium inj 1gm/40ml, 1gm	3	
methotrexate sodium inj 250mg/10ml, 50mg/2ml	3	MO
methotrexate pf inj 50mg/2ml	3	MO
ONUREG	5	QL (14 EA per 28 days) PA LA
PURIXAN	5	
TABLOID	5	MO
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate	5	PA
anastrozole	2	MO GC
bicalutamide	3	MO
EMCYT	5	MO
ERLEADA	5	PA LA
exemestane	4	MO
flutamide	4	MO
fulvestrant	5	
letrozole	2	MO GC
leuprolide acetate	4	PA
LUPRON DEPOT (1-MONTH) 3.75MG	5	PA
LUPRON DEPOT (3-MONTH) 11.25MG	5	PA
LYSODREN	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
megestrol acetate tabs 20mg, 40mg	3	MO
nilutamide	5	MO
NUBEQA	5	PA LA
ORGOVYX	5	PA LA MO
SOLTAMOX	5	MO
tamoxifen citrate	2	MO GC
toremifene citrate	5	PA MO
TRELSTAR MIXJECT 3.75MG, 11.25MG	5	PA
XTANDI	5	PA LA
ZYTIGA TABS 500MG	5	PA LA
IMMUNOMODULATORS		
POMALYST CAPS 1MG, 2MG	5	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	5	QL (21 EA per 28 days) PA LA
REVLIMID	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	5	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	5	QL (56 EA per 28 days) PA
MISCELLANEOUS		
arsenic trioxide	5	
ASPARLAS	5	PA
bexarotene	5	PA
dacarbazine	4	
hydroxyurea	2	MO GC
IMLYGIC	5	PA
irinotecan inj 500mg/25ml	4	
irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml	4	
irinotecan hydrochloride inj 100mg/5ml	5	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
MATULANE	5	LA MO
mitoxantrone hcl	3	
NIPENT	5	
ONCASPAR	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SYNRIBO	5	PA
TOPOTECAN HCL INJ 4MG/4ML	5	
topotecan hcl inj 4mg	4	
tretinoin caps 10mg	5	MO
MITOTIC INHIBITORS		
ABRAXANE	5	
DOCETAXEL INJ 20MG/2ML	4	
DOCETAXEL INJ 160MG/16ML, 160MG/8ML, 80MG/8ML	5	
docetaxel inj 20mg/ml, 80mg/4ml	4	
etoposide	3	
paclitaxel	4	
toposar	3	
vinblastine sulfate	4	B/D
vincristine sulfate	4	B/D
vinorelbine tartrate	4	
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TBSO 2MG	5	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	5	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	5	QL (90 EA per 30 days) PA
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
ALECENSA	5	QL (240 EA per 30 days) PA LA
ALUNBRIG TBPK	5	PA LA
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA LA
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA LA
AYVAKIT	5	QL (30 EA per 30 days) PA LA MO
BALVERSA TABS 5MG	5	QL (28 EA per 28 days) PA LA
BALVERSA TABS 4MG	5	QL (56 EA per 28 days) PA LA
BALVERSA TABS 3MG	5	QL (84 EA per 28 days) PA LA
BELEODAQ	5	PA
BLENREP	5	PA LA
BORTEZOMIB	5	PA
BOSULIF TABS 100MG	5	QL (120 EA per 30 days) PA
BOSULIF TABS 400MG, 500MG	5	QL (30 EA per 30 days) PA
BRAFTOVI CAPS 75MG	5	QL (180 EA per 30 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BRUKINSA	5	QL (120 EA per 30 days) PA LA MO
CABOMETYX	5	QL (30 EA per 30 days) PA LA
CALQUENCE	5	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA LA MO
COMETRIQ KIT 140MG/DAY	5	QL (112 EA per 28 days) PA LA
COMETRIQ KIT 100MG/DAY	5	QL (56 EA per 28 days) PA LA
COMETRIQ KIT 20MG	5	QL (84 EA per 28 days) PA LA
COPIKTRA	5	QL (56 EA per 28 days) PA LA
COTELLIC	5	QL (63 EA per 21 days) PA LA
DAURISMO TABS 100MG	5	QL (30 EA per 30 days) PA LA
DAURISMO TABS 25MG	5	QL (60 EA per 30 days) PA LA
ENHERTU	5	PA LA
ERIVEDGE	5	PA LA
erlotinib hydrochloride tabs 100mg, 150mg	5	QL (30 EA per 30 days) PA
erlotinib hydrochloride tabs 25mg	5	QL (90 EA per 30 days) PA
everolimus tabs 2.5mg, 5mg, 7.5mg	5	QL (30 EA per 30 days) PA
FARYDAK	5	PA LA
FOTIVDA	5	QL (21 EA per 28 days) PA MO
GAVRETO	5	QL (120 EA per 30 days) PA MO
GILOTRIF	5	QL (30 EA per 30 days) PA LA MO
HERCEPTIN HYLECTA	5	PA
IBRANCE	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 10MG, 30MG	5	PA LA MO
ICLUSIG TABS 45MG	5	QL (30 EA per 30 days) PA LA MO
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA LA MO
IDHIFA	5	QL (30 EA per 30 days) PA LA
imatinib mesylate tabs 400mg	5	QL (60 EA per 30 days) PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
imatinib mesylate tabs 100mg	5	QL (90 EA per 30 days) PA
IMBRUVICA TABS	5	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 70MG	5	QL (56 EA per 28 days) PA LA MO
IMBRUVICA CAPS 140MG	5	QL (90 EA per 30 days) PA LA MO
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (180 EA per 30 days) PA LA
INREBIC	5	QL (120 EA per 30 days) PA LA
IRESSA	5	QL (30 EA per 30 days) PA LA
ISTODAX (OVERFILL)	5	
JAKAFI	5	QL (60 EA per 30 days) PA LA
KADCYLA	5	
KEYTRUDA INJ 100MG/4ML	5	PA
KISQALI	5	PA
lapatinib ditosylate	5	QL (180 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	5	PA LA
LENVIMA 12MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 4 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LIBTAYO	5	PA LA
LORBRENA TABS 100MG	5	QL (30 EA per 30 days) PA LA
LORBRENA TABS 25MG	5	QL (90 EA per 30 days) PA LA
LUMAKRAS	5	QL (240 EA per 30 days) PA LA
LUMOXITI	5	PA LA
LYNPARZA	5	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA LA
MEKINIST TABS 0.5MG	5	QL (90 EA per 30 days) PA LA
MEKTOVI	5	QL (180 EA per 30 days) PA LA
MONJUVI	5	PA LA
MYLOTARG	5	PA LA
NERLYNX	5	QL (180 EA per 30 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NINLARO	5	PA
ODOMZO	5	PA LA
PADCEV	5	PA LA
PEMAZYRE	5	QL (14 EA per 21 days) PA LA
PHESGO	5	PA LA
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA
POLIVY	5	PA
POTELIGEO	5	PA LA
QINLOCK	5	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPS 80MG	5	QL (120 EA per 30 days) PA LA
RETEVMO CAPS 40MG	5	QL (180 EA per 30 days) PA LA
RITUXAN	5	PA LA
RITUXAN HYCELA	5	PA LA
romidepsin	5	
ROZLYTREK CAPS 100MG	5	QL (150 EA per 30 days) PA LA
ROZLYTREK CAPS 200MG	5	QL (90 EA per 30 days) PA LA
RUBRACA	5	PA LA
RUXIENCE	5	PA
RYDAPT	5	QL (224 EA per 28 days) PA
SARCLISA	5	PA LA
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	5	QL (90 EA per 30 days) PA
STIVARGA	5	QL (84 EA per 28 days) PA LA
sunitinib malate	5	QL (30 EA per 30 days) PA
SUTENT	5	QL (30 EA per 30 days) PA
TABRECTA	5	QL (112 EA per 28 days) PA
TAFINLAR	5	QL (120 EA per 30 days) PA LA
TAGRISSO	5	QL (30 EA per 30 days) PA LA
TALZENNA	5	PA LA
TASIGNA	5	QL (120 EA per 30 days) PA
TAZVERIK	5	QL (240 EA per 30 days) PA LA
TECENTRIQ	5	PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
temsirolimus	5	
TEPMETKO	5	QL (60 EA per 30 days) PA LA MO
TIBSOVO	5	PA LA
TRODELVY	5	PA LA
TRUSELTIQ CPPK 100MG	5	QL (21 EA per 28 days) PA LA MO
TRUSELTIQ CPPK 125, 50MG	5	QL (42 EA per 28 days) PA LA MO
TRUSELTIQ CPPK 75MG	5	QL (63 EA per 28 days) PA LA MO
TUKYSA TABS 150MG	5	QL (120 EA per 30 days) PA LA MO
TUKYSA TABS 50MG	5	QL (240 EA per 30 days) PA LA MO
TURALIO	5	QL (120 EA per 30 days) PA LA MO
UKONIQ	5	QL (120 EA per 30 days) PA MO
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA LA
VENCLEXTA TABS 10MG	4	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 50MG	5	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 100MG	5	QL (180 EA per 30 days) PA LA
VERZENIO	5	PA LA
VITRAKVI SOLN	5	QL (300 ML per 30 days) PA LA
VITRAKVI CAPS 25MG	5	QL (180 EA per 30 days) PA LA
VITRAKVI CAPS 100MG	5	QL (60 EA per 30 days) PA LA
VIZIMPRO	5	QL (30 EA per 30 days) PA LA
VOTRIENT	5	QL (120 EA per 30 days) PA LA
XALKORI	5	QL (60 EA per 30 days) PA LA
XOSPATA	5	PA LA MO
XPOVIO 100 MG ONCE WEEKLY (20MG TABS)	5	QL (20 EA per 28 days) PA LA
XPOVIO 40 MG ONCE WEEKLY (20MG TABS)	5	QL (8 EA per 28 days) PA LA
XPOVIO 40 MG TWICE WEEKLY (20MG TABS)	5	QL (16 EA per 28 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
XPOVIO 60 MG ONCE WEEKLY (20MG TABS)	5	QL (12 EA per 28 days) PA LA
XPOVIO 60 MG TWICE WEEKLY (20MG TABS)	5	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG ONCE WEEKLY (20MG TABS)	5	QL (16 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY (20MG TABS)	5	QL (32 EA per 28 days) PA LA
XPOVIO 40 MG ONCE WEEKLY (40MG TABS) AND 60 MG ONCE WEEKLY (60MG TABS)	5	QL (4 EA per 28 days) PA LA MO
XPOVIO 80 MG ONCE WEEKLY (40MG TABS), 40 MG TWICE WEEKLY (40MG TABS), 100MG ONCE WEEKLY (50MG TABS)	5	QL (8 EA per 28 days) PA LA MO
YERVOY	5	PA
ZEJULA	5	PA LA
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZIRABEV	5	PA
ZOLINZA	5	PA
ZYDELIG	5	QL (60 EA per 30 days) PA LA
ZYKADIA	5	QL (84 EA per 28 days) PA LA
PROTECTIVE AGENTS		
dexrazoxane inj 500mg	4	
dexrazoxane inj 250mg	5	
ELITEK	5	
KHAPZORY	5	B/D
leucovorin calcium tabs	3	MO
leucovorin calcium inj	4	
levoleucovorin calcium inj 50mg	5	
levoleucovorin calcium inj 250mg/25ml	4	
levoleucovorin calcium inj 175mg/17.5ml	5	
mesna	4	
MESNEX TABS 400MG	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate/benazepril hydrochloride	1	QL (30 EA per 30 days) MO GC
benazepril hcl/ hydrochlorothiazide tabs 5mg; 6.25mg	1	MO GC
benazepril hydrochloride/ hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg	1	MO GC
captopril/hydrochlorothiazide	1	MO GC
enalapril maleate/hydrochlorothiazide	1	MO GC
fosinopril sodium/hydrochlorothiazide	1	MO GC
lisinopril/hydrochlorothiazide	1	MO GC
quinapril/hydrochlorothiazide	2	MO GC
trandolapril/verapamil hcl er	1	MO GC
ACE INHIBITORS		
benazepril hcl tabs 10mg, 40mg, 5mg	1	MO GC
benazepril hydrochloride tabs 20mg	1	MO GC
captopril	2	MO GC
enalapril maleate	1	MO GC
fosinopril sodium	1	MO GC
lisinopril	1	MO GC
moexipril hcl	1	MO GC
perindopril erbumine	2	MO GC
quinapril hcl tabs 20mg, 40mg, 5mg	1	MO GC
quinapril hydrochloride tabs 10mg	1	MO GC
ramipril	1	MO GC
trandolapril	1	MO GC
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	4	MO
spironolactone	1	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ALPHA BLOCKERS		
doxazosin mesylate	2	MO GC
prazosin hydrochloride	3	MO
terazosin hcl tabs 10mg, 1mg, 5mg	1	MO GC
terazosin hydrochloride tabs 2mg	1	MO GC
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate/valsartan	1	QL (30 EA per 30 days) MO GC
amlodipine/olmesartan medoxomil	2	QL (30 EA per 30 days) MO GC
amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg	1	QL (30 EA per 30 days) MO GC
amlodipine/valsartan/ hydrochlorothiazide tabs 5mg; 12.5mg; 160mg	1	QL (30 EA per 30 days) MO GC
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg	1	QL (30 EA per 30 days) MO GC
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg	1	QL (60 EA per 30 days) MO GC
EDARBYCLOR	4	QL (30 EA per 30 days) MO
ENTRESTO	3	MO
irbesartan/hydrochlorothiazide	1	QL (30 EA per 30 days) MO GC
losartan potassium/ hydrochlorothiazide	1	QL (30 EA per 30 days) MO GC
olmesartan medoxomil/amlodipine/ hydrochlorothiazide	2	QL (30 EA per 30 days) MO GC
olmesartan medoxomil/hydrochlorothiazide	2	QL (30 EA per 30 days) MO GC
telmisartan/amlodipine	1	QL (30 EA per 30 days) MO GC
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg	1	QL (30 EA per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg	1	QL (60 EA per 30 days) MO GC
valsartan/hydrochlorothiazide	1	QL (30 EA per 30 days) MO GC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil	1	QL (30 EA per 30 days) MO GC
EDARBI	4	QL (30 EA per 30 days) MO
irbesartan	1	QL (30 EA per 30 days) MO GC
losartan potassium tabs 100mg	1	QL (30 EA per 30 days) MO GC
losartan potassium tabs 25mg, 50mg	1	QL (60 EA per 30 days) MO GC
olmesartan medoxomil	2	QL (30 EA per 30 days) MO GC
telmisartan	1	QL (30 EA per 30 days) MO GC
valsartan tabs 320mg	1	QL (30 EA per 30 days) MO GC
valsartan tabs 160mg, 40mg, 80mg	1	QL (60 EA per 30 days) MO GC
ANTIARRHYTHMICS		
amiodarone hcl inj 50mg/ml	4	
amiodarone hydrochloride tabs	2	MO GC
amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml	4	
disopyramide phosphate	4	PA MO
dofetilide	4	
flecainide acetate	3	MO
LIDOCAINE HCL IN D5W	4	
LIDOCAINE HCL INJ 100MG/5ML	4	
lidocaine hcl inj 100mg/5ml, 50mg/5ml	4	
MULTAQ	4	MO
NORPACE CR	4	MO
pacerone	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
propafenone hcl	3	MO
propafenone hydrochloride er	4	MO
quinidine sulfate	2	MO GC
sorine	2	GC
sotalol hcl tabs	2	MO GC
sotalol hydrochloride af tabs	2	MO GC
ANTILIPEMICS, FIBRATES		
fenofibrate	2	MO GC
fenofibrate micronized	2	MO GC
fenofibric acid dr	4	MO
gemfibrozil	2	MO GC
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium	1	QL (30 EA per 30 days) MO GC
fluvastatin	1	QL (60 EA per 30 days) MO GC
fluvastatin sodium er	1	QL (30 EA per 30 days) MO GC
lovastatin	1	MO GC
pravastatin sodium	1	QL (30 EA per 30 days) MO GC
rosuvastatin calcium	1	QL (30 EA per 30 days) MO GC
simvastatin	1	QL (30 EA per 30 days) MO GC
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine	4	MO
cholestyramine light	4	MO
colesevelam hydrochloride	3	MO
colestipol hcl	4	MO
ezetimibe	4	MO
ezetimibe/simvastatin	2	QL (30 EA per 30 days) MO GC
niacin tabs 500mg	4	MO
niacin er tbcr 1000mg, 750mg	4	MO
niacin er tbcr 500mg	4	QL (60 EA per 30 days) MO
niacor	4	MO
PRALUENT	3	PA MO
prevalite	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
VASCEPA	4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone	3	MO
bisoprolol fumarate/hydrochlorothiazide	2	MO GC
metoprolol/hydrochlorothiazide	3	MO
propranolol/hydrochlorothiazide	2	MO GC
BETA-BLOCKERS		
acebutolol hydrochloride	2	MO GC
atenolol	1	MO GC
betaxolol hcl tabs 10mg, 20mg	3	MO
bisoprolol fumarate	2	MO GC
BYSTOLIC TABS 10MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	4	QL (60 EA per 30 days) MO
carvedilol tabs	1	MO GC
carvedilol caps er	4	QL (30 EA per 30 days) MO
labetalol hydrochloride tabs	3	MO
labetalol hydrochloride inj 5mg/ml	4	MO
metoprolol succinate er	2	MO GC
metoprolol tartrate tabs	1	MO GC
metoprolol tartrate inj	4	MO
nadolol	4	MO
pindolol	3	MO
propranolol hcl er caps 120mg, 160mg	4	MO
propranolol hcl oral soln, tabs 40mg	3	MO
propranolol hcl inj	4	
propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg	3	MO
propranolol hydrochloride er caps 60mg, 80mg	4	MO
timolol maleate tabs 10mg, 20mg, 5mg	1	MO GC
CALCIUM CHANNEL BLOCKERS		
afeditab cr	3	
amlodipine besylate	1	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
cartia xt	2	GC
dilt-xr	2	MO GC
diltiazem hcl cd	2	MO GC
diltiazem hcl (coated beads) caps er 120mg, 180mg, 240mg, 420mg, 60mg, 90mg and tabs er 180mg, 240mg, 300mg, 360mg, 420mg	2	MO GC
diltiazem hcl tabs	2	MO GC
DILTIAZEM HCL INJ 100MG	4	
diltiazem hcl inj 125mg/25ml, 50mg/10ml	4	
diltiazem hydrochloride inj 25mg/5ml	4	
diltiazem hydrochloride caps er 120mg, 180mg, 240mg, 300mg, 360mg	2	MO GC
felodipine er	2	MO GC
isradipine	2	MO GC
matzim la	2	MO GC
nicardipine hcl caps 20mg, 30mg	4	MO
nifedipine er	3	MO
nimodipine	4	MO
nisoldipine er	4	MO
taztia xt	2	GC
tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	GC
tiadylt er cp24 420mg	2	MO GC
verapamil hcl tabs 40mg, 80mg	1	MO GC
verapamil hcl er caps and tabs	2	MO GC
VERAPAMIL HCL SR CP24 360MG	3	MO
verapamil hcl sr caps 24hr 120mg, 180mg, 240mg	2	MO GC
verapamil hcl sr tbcr 240mg	2	MO GC
verapamil hydrochloride er 24hr 200mg	2	MO GC
verapamil hydrochloride tabs 120mg	1	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
verapamil hydrochloride inj	4	MO
DIURETICS		
acetazolamide er caps	4	MO
acetazolamide tabs	3	MO
amiloride hcl	3	MO
amiloride/hydrochlorothiazide	2	MO GC
bumetanide	3	MO
chlorthalidone	2	MO GC
furosemide oral soln, tabs	1	MO GC
furosemide inj	4	MO
hydrochlorothiazide	1	MO GC
indapamide	2	MO GC
methazolamide	4	MO
metolazone	4	MO
spironolactone/hydrochlorothiazide	3	MO
torsemide	3	MO
triamterene/hydrochlorothiazide	1	MO GC
MISCELLANEOUS		
aliskiren	4	MO
amlodipine besylate/atorvastatin calcium	1	MO GC
BIDIL	4	MO
clonidine hcl patches	3	QL (8 EA per 28 days) MO
clonidine hydrochloride tabs	2	MO GC
CORLANOR SOLN	4	
CORLANOR TABS	4	MO
digitek	3	QL (30 EA per 30 days)
digox	3	QL (30 EA per 30 days)
digoxin oral soln	3	MO
digoxin tabs	3	QL (30 EA per 30 days) MO
digoxin inj	4	MO
droxidopa caps 200mg, 300mg	5	QL (180 EA per 30 days) PA
droxidopa caps 100mg	5	QL (90 EA per 30 days) PA
epinephrine inj 30mg/30ml	3	
guanfacine hcl tabs 1mg, 2 mg	4	PA MO
hydralazine hcl tabs 10mg	2	MO GC
hydralazine hcl inj	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
hydralazine hydrochloride 100mg, 25mg, 50mg	2	MO GC
methyldopa	4	PA MO
metyrosine	5	PA MO
midodrine hcl	4	MO
minoxidil	2	MO GC
ranolazine er	3	MO
NITRATES		
isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg	3	MO
isosorbide dinitrate tabs 40mg	5	MO
isosorbide mononitrate	1	MO GC
isosorbide mononitrate er	2	MO GC
minitran	2	GC
NITRO-BID	3	MO
nitroglycerin lingual spray	4	MO
nitroglycerin transdermal	2	MO GC
NITROGLYCERIN INJ	4	
nitroglycerin sl tabs	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 EA per 30 days) PA LA
alyq	5	PA
ambrisentan	5	QL (30 EA per 30 days) PA LA
bosentan tabs 62.5mg	5	QL (120 EA per 30 days) PA LA
bosentan tabs 125mg	5	QL (60 EA per 30 days) PA LA
epoprostenol sodium	4	B/D LA
OPSUMIT	5	QL (30 EA per 30 days) PA LA
sildenafil inj	5	QL (1125 ML per 30 days) PA
sildenafil citrate tabs 20mg	3	QL (90 EA per 30 days) PA
tadalafil	5	PA
TRACLEER TAB FOR ORAL SUSP 32MG	5	QL (120 EA per 30 days) PA LA
treprostinil	5	PA LA
VENTAVIS	5	PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam er tb24 0.5mg	4	MO
alprazolam er tb24 1mg	4	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
alprazolam er tb24 3mg	4	QL (60 EA per 30 days) MO
alprazolam er tb24 2mg	4	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	4	QL (300 ML per 30 days) MO
alprazolam tabs 0.25mg, 0.5mg	3	QL (120 EA per 30 days) MO
alprazolam tabs 1mg, 2mg	3	QL (150 EA per 30 days) MO
buspirone hcl tabs 15mg, 30mg	2	MO GC
buspirone hydrochloride tabs 10mg, 5mg, 7.5mg	2	MO GC
chlordiazepoxide hcl caps 10mg, 5mg	4	QL (120 EA per 30 days) PA MO
chlordiazepoxide hydrochloride caps 25mg	4	QL (120 EA per 30 days) PA MO
fluvoxamine maleate	3	MO
fluvoxamine maleate er	4	QL (60 EA per 30 days) MO
lorazepam intensol	2	QL (150 ML per 30 days) MO GC
lorazepam inj	4	QL (150 ML per 30 days) MO
lorazepam tabs 0.5mg	2	QL (120 EA per 30 days) MO GC
lorazepam tabs 1mg, 2mg	2	QL (150 EA per 30 days) MO GC
meprobamate	4	PA MO
oxazepam	4	QL (120 EA per 30 days) PA MO
ANTICONVULSANTS		
APTIOM	5	QL (60 EA per 30 days) MO
BANZEL TABS 400MG	5	QL (240 EA per 30 days) PA MO
BANZEL TABS 200MG	5	QL (480 EA per 30 days) PA MO
BRIVIACT TABS	5	QL (60 EA per 30 days) PA MO
BRIVIACT INJ	5	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLN	5	QL (600 ML per 30 days) PA MO
carbamazepine	2	MO GC
carbamazepine er	4	MO
CELONTIN	4	MO
clobazam susp	4	QL (480 ML per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
clobazam tabs	4	QL (60 EA per 30 days) PA MO
clonazepam odt tbdp 2mg	3	QL (300 EA per 30 days) MO
clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg	3	QL (90 EA per 30 days) MO
clonazepam tabs 2mg	2	QL (300 EA per 30 days) MO GC
clonazepam tabs 0.5mg, 1mg	2	QL (90 EA per 30 days) MO GC
clorazepate dipotassium tabs 15mg	3	QL (180 EA per 30 days) PA MO
clorazepate dipotassium tabs 3.75mg, 7.5mg	3	QL (90 EA per 30 days) PA MO
DIACOMIT CAPS 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT CAPS 250MG	5	QL (360 EA per 30 days) PA LA
DIACOMIT PACK 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT PACK 250MG	5	QL (360 EA per 30 days) PA LA
DIAZEPAM RECTAL GEL	4	MO
diazepam tabs	3	QL (120 EA per 30 days) PA MO
diazepam oral conc 5mg/ml	3	QL (240 ML per 30 days) PA MO
diazepam oral soln	4	QL (1200 ML per 30 days) PA MO
diazepam inj	4	QL (240 ML per 30 days) PA MO
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125 ORAL SUSP	4	MO
divalproex sodium dr	3	MO
divalproex sodium er	4	MO
divalproex sodium sprinkle caps	3	MO
EPIDIOLEX	5	QL (600 ML per 30 days) PA LA
epitol	2	GC
ethosuximide caps	3	MO
ethosuximide soln	4	MO
felbamate	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FINTEPLA	5	QL (360 ML per 30 days) PA LA
fosphenytoin sodium inj 100mg pe/2ml	4	
fosphenytoin sodium inj 500mg pe/10ml	4	MO
FYCOMPA SUSP	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	5	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	5	QL (60 EA per 30 days) PA MO
gabapentin caps 300mg	3	QL (360 EA per 30 days) MO
gabapentin caps 100mg, 400mg	3	QL (90 EA per 30 days) MO
gabapentin soln	3	QL (2160 ML per 30 days) MO
gabapentin tabs 600mg	3	QL (180 EA per 30 days) MO
gabapentin tabs 800mg	3	QL (90 EA per 30 days) MO
lamotrigine tabs, chew tabs	2	MO GC
lamotrigine er	4	MO
lamotrigine odt	4	MO
lamotrigine starter kit/blue	4	MO
lamotrigine starter kit/green	4	MO
lamotrigine starter kit/orange	4	MO
levetiracetam er	4	MO
levetiracetam/sodium chloride	4	
levetiracetam oral soln, tabs	2	MO GC
levetiracetam inj	4	
NAYZILAM	4	QL (10 EA per 30 days) PA MO
oxcarbazepine tabs	3	MO
oxcarbazepine susp	4	MO
phenobarbital sodium inj	4	PA
phenobarbital tabs	4	QL (120 EA per 30 days) PA MO
phenobarbital elix	4	QL (1500 ML per 30 days) PA MO
PHENYTEK	4	MO
phenytoin oral susp 125mg/5ml, chew tabs 50mg	3	MO
phenytoin sodium inj	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
phenytoin sodium extended caps	3	MO
pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg	3	QL (120 EA per 30 days) PA MO
pregabalin caps 225mg, 300mg	3	QL (60 EA per 30 days) PA MO
pregabalin caps 200mg	3	QL (90 EA per 30 days) PA MO
pregabalin soln	3	QL (900 ML per 30 days) PA MO
primidone	2	MO GC
roweepra tabs 500mg	2	GC
rufinamide oral susp	5	QL (2760 ML per 30 days) PA MO
rufinamide tabs 400mg	5	QL (240 EA per 30 days) PA MO
rufinamide tabs 200mg	5	QL (480 EA per 30 days) PA MO
SPRITAM	4	PA MO
subvenite	2	GC
subvenite starter kit/blue	4	
subvenite starter kit/green	4	
subvenite starter kit/orange	4	
SYMPAZAN FILM 5MG	4	QL (60 EA per 30 days) PA MO
SYMPAZAN FILM 10MG, 20MG	5	QL (60 EA per 30 days) PA MO
tiagabine hydrochloride	4	MO
TOPIRAMATE ER	4	MO
topiramate sprinkle caps	2	MO GC
topiramate tabs 100mg	2	QL (120 EA per 30 days) MO GC
topiramate tabs 200mg	2	QL (60 EA per 30 days) MO GC
topiramate tabs 25mg, 50mg	2	QL (90 EA per 30 days) MO GC
valproate sodium inj	4	
valproic acid	2	MO GC
VALTOCO	4	QL (10 EA per 30 days) PA MO
vigabatrin	5	QL (180 EA per 30 days) PA LA
vigadrone	4	QL (180 EA per 30 days) PA LA
VIMPAT INJ	5	
VIMPAT ORAL SOLN	5	QL (1200 ML per 30 days) MO
VIMPAT TABS 50MG	4	QL (120 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
VIMPAT TABS 100MG, 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TABS 100MG, 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TABS 50MG	5	QL (90 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG-25MG	4	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG-100MG, 150MG-200MG	5	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 150MG-200MG, 100MG-150MG	5	QL (56 EA per 28 days)
XCOPRI MAINTENACE PACK 50MG-200MG	5	QL (56 EA per 28 days) MO
zonisamide	2	MO GC
ANTIDEMENTIA		
donepezil hcl tabs odt	2	QL (30 EA per 30 days) MO GC
donepezil hcl tabs 10mg	2	QL (60 EA per 30 days) MO GC
donepezil hcl tabs 23mg	3	QL (30 EA per 30 days) MO
donepezil hydrochloride tabs 5mg	2	QL (30 EA per 30 days) MO GC
galantamine hydrobromide er	4	QL (30 EA per 30 days) MO
galantamine hydrobromide soln	4	QL (200 ML per 30 days) MO
galantamine hydrobromide tabs	4	QL (60 EA per 30 days) MO
MEMANTINE HCL TITRATION PAK	3	QL (98 EA per 365 days) PA MO
memantine hydrochloride er	4	PA MO
memantine hydrochloride soln	3	QL (360 ML per 30 days) PA MO
memantine hydrochloride tabs	3	QL (60 EA per 30 days) PA MO
NAMZARIC	4	MO
rivastigmine tartrate	4	QL (60 EA per 30 days) MO
rivastigmine transdermal system	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg	3	PA MO
amitriptyline hydrochloride tabs 10mg, 50mg	3	PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
amoxapine	3	MO
bupropion hcl tabs 100mg	3	QL (180 EA per 30 days) MO
bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg	3	QL (60 EA per 30 days) MO
bupropion hydrochloride er (xl) tb24 150mg, 300mg	3	QL (30 EA per 30 days) MO
bupropion hydrochloride tabs 75mg	3	QL (180 EA per 30 days) MO
chlordiazepoxide/amitriptyline	4	PA MO
citalopram hydrobromide soln	3	QL (600 ML per 30 days) MO
citalopram hydrobromide tabs 10mg	1	QL (120 EA per 30 days) MO GC
citalopram hydrobromide tabs 40mg	1	QL (30 EA per 30 days) MO GC
citalopram hydrobromide tabs 20mg	1	QL (60 EA per 30 days) MO GC
clomipramine hcl caps	4	PA MO
desipramine hydrochloride tabs	4	PA MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	3	QL (30 EA per 30 days) MO
desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg	3	QL (30 EA per 30 days) PA MO
doxepin hcl caps 75mg, 150mg, oral conc 10mg/ml	3	PA MO
doxepin hydrochloride caps 100mg, 10mg, 25mg, 50mg	3	PA MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 EA per 30 days) PA MO
duloxetine hcl caps 30mg	3	QL (60 EA per 30 days) MO
duloxetine hydrochloride caps 20mg, 60mg	3	QL (60 EA per 30 days) MO
EMSAM	5	QL (30 EA per 30 days) PA MO
escitalopram oxalate soln	3	QL (600 ML per 30 days) MO
escitalopram oxalate tabs 20mg	3	QL (30 EA per 30 days) MO
escitalopram oxalate tabs 10mg, 5mg	3	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	4	PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FETZIMA CP24 120MG, 80MG	4	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	4	QL (60 EA per 30 days) PA MO
fluoxetine dr caps 90mg	4	QL (4 EA per 28 days) MO
fluoxetine hcl caps 20mg	1	QL (120 EA per 30 days) MO GC
fluoxetine hcl soln	2	MO GC
fluoxetine hydrochloride caps 10mg	1	QL (30 EA per 30 days) MO GC
fluoxetine hydrochloride caps 40mg	1	QL (60 EA per 30 days) MO GC
fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg	2	MO GC
fluoxetine hydrochloride tabs 60mg	3	MO
imipramine hcl tabs 25mg, 50mg	3	PA MO
imipramine hydrochloride tabs 10mg	3	PA MO
imipramine pamoate	4	PA MO
maprotiline hcl	4	MO
MARPLAN	4	QL (180 EA per 30 days) MO
mirtazapine tabs	2	QL (30 EA per 30 days) MO GC
mirtazapine odt	3	QL (30 EA per 30 days) MO
nefazodone hcl tabs 100mg, 150mg	4	MO
nefazodone hydrochloride tabs 200mg, 250mg, 50mg	4	MO
nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml	3	MO
nortriptyline hydrochloride caps 10mg, 50mg	3	MO
paroxetine hcl tabs 30mg, 40mg	2	QL (60 EA per 30 days) MO GC
paroxetine hcl er tb24 37.5mg	4	QL (60 EA per 30 days) MO
paroxetine hcl er tb24 12.5mg, 25mg	4	QL (90 EA per 30 days) MO
paroxetine hydrochloride tabs 10mg, 20mg	2	QL (30 EA per 30 days) MO GC
PAXIL ORAL SUSP	4	QL (900 ML per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
perphenazine/amitriptyline	4	PA MO
phenelzine sulfate	3	MO
protriptyline hcl	4	PA MO
sertraline hcl tabs 25mg	1	QL (30 EA per 30 days) MO GC
sertraline hcl tabs 50mg	1	QL (60 EA per 30 days) MO GC
sertraline hydrochloride tabs 100mg	1	QL (60 EA per 30 days) MO GC
sertraline hydrochloride oral conc	3	QL (300 ML per 30 days) MO
tranylcypromine sulfate	4	MO
trazodone hydrochloride tabs	1	MO GC
trimipramine maleate caps 50mg	4	QL (120 EA per 30 days) PA MO
trimipramine maleate caps 25mg	4	QL (240 EA per 30 days) PA MO
trimipramine maleate caps 100mg	4	QL (60 EA per 30 days) PA MO
TRINTELLIX TABS 5MG	4	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	4	QL (60 EA per 30 days) MO
venlafaxine hcl er cp24 37.5mg	2	QL (30 EA per 30 days) MO GC
venlafaxine hcl er cp24 150mg	2	QL (60 EA per 30 days) MO GC
venlafaxine hcl er tb24 37.5mg	2	QL (30 EA per 30 days) MO GC
venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	2	MO GC
venlafaxine hydrochloride er cp24 75mg	2	QL (30 EA per 30 days) MO GC
venlafaxine hydrochloride er tb24 225mg, 75mg	2	QL (30 EA per 30 days) MO GC
venlafaxine hydrochloride er tb24 150mg	2	QL (60 EA per 30 days) MO GC
VIIBRYD	4	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
amantadine hcl tabs	3	MO
amantadine hcl syrp	4	MO
amantadine hcl caps	4	QL (120 EA per 30 days) MO
benztropine mesylate	2	PA MO GC
bromocriptine mesylate tabs, caps	4	MO
carbidopa tabs	5	MO
carbidopa/levodopa	2	MO GC
carbidopa/levodopa er	4	MO
carbidopa/levodopa odt	3	MO
CARBIDOPA/ LEVODOPA/ENTACAPONE	4	MO
entacapone	4	MO
KYNMOBI SUBLINGUAL FILM 10MG, 15MG, 20MG, 25MG, 30MG	5	QL (150 EA per 30 days) PA
NEUPRO	4	MO
pramipexole dihydrochloride er	4	QL (30 EA per 30 days) MO
pramipexole dihydrochloride immediate release tabs	2	MO GC
rasagiline mesylate	3	MO
ropinirole er tb24 6mg	4	QL (120 EA per 30 days) MO
ropinirole er tb24 4mg	4	QL (150 EA per 30 days) MO
ropinirole er tb24 2mg	4	QL (30 EA per 30 days) MO
ropinirole er tb24 12mg	4	QL (60 EA per 30 days) MO
ropinirole er tb24 8mg	4	QL (90 EA per 30 days) MO
ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	2	MO GC
ropinirole hydrochloride immediate release tabs 0.25mg, 3mg	2	MO GC
selegiline hcl tabs, caps	2	MO GC
trihexyphenidyl hcl oral soln	2	PA MO GC
trihexyphenidyl hydrochloride tabs	2	PA MO GC
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
aripiprazole odt	4	QL (60 EA per 30 days) MO
aripiprazole tabs	4	QL (30 EA per 30 days) MO
aripiprazole soln	4	QL (900 ML per 30 days) MO
ARISTADA INITIO	5	
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 56 days)
asenapine maleate sl	4	QL (60 EA per 30 days) MO
CAPLYTA	5	QL (30 EA per 30 days) PA MO
chlorpromazine hcl tabs	4	MO
chlorpromazine hcl inj 50mg/2ml	4	
chlorpromazine hcl inj 25mg/ml	4	MO
chlorpromazine hydrochloride	4	
CLOZAPINE ODT TBDP 150MG	4	QL (180 EA per 30 days) PA
CLOZAPINE ODT TBDP 200MG	5	QL (135 EA per 30 days) PA
clozapine odt tbdp 12.5mg, 25mg	4	PA
clozapine odt tbdp 100mg	4	QL (270 EA per 30 days) PA
clozapine tabs 25mg, 50mg	3	
clozapine tabs 200mg	3	QL (135 EA per 30 days)
clozapine tabs 100mg	3	QL (270 EA per 30 days)
FANAPT TITRATION PACK	4	PA MO
FANAPT TABS 1MG	4	QL (60 EA per 30 days) PA MO
FANAPT TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA MO
fluphenazine decanoate inj	4	MO
fluphenazine hcl oral conc, tabs	2	MO GC
fluphenazine hcl inj	4	MO
fluphenazine hydrochloride oral elixir	2	MO GC
haloperidol tabs, oral conc	3	MO
haloperidol decanoate inj	4	MO
haloperidol lactate inj	4	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
loxapine caps 10mg	3	MO
loxapine succinate caps 25mg, 50mg, 5mg	3	MO
molindone hydrochloride	3	
NUPLAZID	5	QL (30 EA per 30 days) PA LA
olanzapine odt	4	QL (30 EA per 30 days) MO
olanzapine inj	4	QL (3 EA per 1 days) MO
olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg	3	QL (30 EA per 30 days) MO
olanzapine tabs 2.5mg	3	QL (60 EA per 30 days) MO
paliperidone er tb24 1.5mg, 3mg, 9mg	4	QL (30 EA per 30 days) MO
paliperidone er tb24 6mg	4	QL (60 EA per 30 days) MO
perphenazine	4	MO
PERSERIS	5	QL (1 EA per 30 days)
pimozide	4	MO
quetiapine fumarate er tb24 150mg, 200mg	4	QL (30 EA per 30 days) PA MO
quetiapine fumarate er tb24 300mg, 400mg, 50mg	4	QL (60 EA per 30 days) PA MO
quetiapine fumarate tabs 200mg	3	QL (120 EA per 30 days) MO
quetiapine fumarate tabs 25mg	3	QL (180 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
quetiapine fumarate tabs 300mg, 400mg	3	QL (60 EA per 30 days) MO
quetiapine fumarate tabs 100mg, 50mg	3	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (2 EA per 28 days) MO
risperidone odt tbdp 1mg, 2mg, 3mg, 4mg	4	QL (60 EA per 30 days) MO
risperidone odt tbdp 0.25mg, 0.5mg	4	QL (90 EA per 30 days) MO
risperidone soln	2	QL (480 ML per 30 days) MO GC
risperidone tabs 4mg	2	QL (120 EA per 30 days) MO GC
risperidone tabs 1mg, 2mg	2	QL (60 EA per 30 days) MO GC
risperidone tabs 0.25mg, 0.5mg, 3mg	2	QL (90 EA per 30 days) MO GC
SECUADO PT24 3.8MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days)
SECUADO PT24 5.7MG/24HR	5	QL (30 EA per 30 days) MO
thioridazine hcl tabs	3	PA MO
thiothixene	4	MO
trifluoperazine hcl	4	MO
VERSACLOZ	5	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	4	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) PA MO
ziprasidone hcl caps	3	QL (60 EA per 30 days) MO
ziprasidone mesylate inj	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine/ dextroamphetamine er cp24	4	QL (30 EA per 30 days) MO
amphetamine/ dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg	3	QL (60 EA per 30 days) MO
amphetamine/ dextroamphetamine tabs 20mg	3	QL (90 EA per 30 days) MO
atomoxetine hydrochloride caps 18mg, 25mg	4	QL (120 EA per 30 days) MO
atomoxetine hydrochloride caps 100mg	4	QL (30 EA per 30 days) MO
atomoxetine caps 10mg	4	QL (120 EA per 30 days) MO
atomoxetine caps 60mg, 80mg	4	QL (30 EA per 30 days) MO
atomoxetine caps 40mg	4	QL (60 EA per 30 days) MO
dexmethylphenidate hcl er caps 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	QL (30 EA per 30 days) MO
dexmethylphenidate hcl tabs 5mg, 10mg	4	QL (60 EA per 30 days) MO
dexmethylphenidate hydrochloride er caps 5mg	4	QL (30 EA per 30 days) MO
dexmethylphenidate hydrochloride tabs 2.5mg	4	QL (60 EA per 30 days) MO
dextroamphetamine sulfate er	4	QL (120 EA per 30 days) MO
dextroamphetamine sulfate tabs	4	QL (180 EA per 30 days) MO
dextroamphetamine sulfate soln	4	QL (1800 ML per 30 days) MO
guanfacine er tabs 1mg, 2mg, 4mg	3	QL (30 EA per 30 days) PA MO
guanfacine hydrochloride er tabs 3mg	3	QL (30 EA per 30 days) PA MO
methylphenidate hydrochloride cd er caps 20mg, 30mg, 50mg, 60mg	4	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er cp24 (generic Ritalin LA) 60mg	4	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg	4	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg	4	QL (60 EA per 30 days) MO
methylphenidate hydrochloride er tbcr 18mg, 27mg, 36mg, 54mg	4	QL (30 EA per 30 days)
methylphenidate hydrochloride cd er caps 10mg, 40mg	4	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	4	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er tbcr (generic Concerta) 18mg, 27mg, 36mg, 54mg	4	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er tbcr 10mg, 20mg	4	QL (90 EA per 30 days) MO
methylphenidate hydrochloride tabs	3	QL (90 EA per 30 days) MO
methylphenidate hydrochloride chewable tablet	4	QL (180 EA per 30 days) MO
methylphenidate hydrochloride soln 5mg/5ml	4	QL (1800 ML per 30 days) MO
methylphenidate hydrochloride soln 10mg/5ml	4	QL (900 ML per 30 days) MO
VYVANSE	4	QL (30 EA per 30 days) MO
zenzedi tabs 10mg, 5mg	4	QL (180 EA per 30 days)
HYPNOTICS		
BELSOMRA	4	QL (30 EA per 30 days) MO
doxepin hydrochloride tabs 3mg, 6mg	3	QL (30 EA per 30 days) MO
eszopiclone	4	QL (30 EA per 30 days) PA MO
HETLIOZ CAPS	5	QL (30 EA per 30 days) PA LA
HETLIOZ LQ ORAL SUSP	5	QL (158 ML per 30 days) PA MO
temazepam	4	QL (30 EA per 30 days) PA MO
triazolam	4	QL (60 EA per 30 days) PA MO
zaleplon caps 5mg	3	QL (30 EA per 30 days) PA MO
zaleplon caps 10mg	3	QL (60 EA per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
zolpidem tartrate immediate release tabs 10mg, 5mg	2	QL (30 EA per 30 days) PA MO GC
MIGRAINE		
AIMOVIG	3	QL (1 ML per 30 days) PA
almotriptan malate	4	QL (8 EA per 30 days) MO
dihydroergotamine mesylate inj	5	PA MO
dihydroergotamine mesylate nasal soln	5	QL (8 ML per 30 days) PA MO
eletriptan hydrobromide	3	QL (12 EA per 30 days) MO
ergotamine tartrate/caffeine	3	MO
frovatriptan succinate	4	QL (12 EA per 30 days) MO
naratriptan hcl	3	QL (9 EA per 30 days) MO
rizatriptan benzoate odt	3	QL (12 EA per 30 days) MO
rizatriptan benzoate tabs	3	QL (12 EA per 30 days) MO
sumatriptan nasal spray	2	QL (12 EA per 30 days) MO GC
sumatriptan succinate refill inj	4	QL (4 ML per 30 days) MO
sumatriptan succinate tabs	2	QL (9 EA per 30 days) MO GC
sumatriptan succinate prefilled syringe 6mg/0.5ml	4	QL (4 ML per 30 days)
sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml	4	QL (4 ML per 30 days) MO
sumatriptan/naproxen sodium	4	QL (9 EA per 30 days) MO
UBRELVY	5	QL (16 EA per 30 days) PA MO
zolmitriptan tabs	4	QL (6 EA per 30 days) MO
zolmitriptan odt	4	QL (6 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO TABS 12MG, 9MG	5	QL (120 EA per 30 days) PA
AUSTEDO TABS 6MG	5	QL (60 EA per 30 days) PA
GUANIDINE HCL	4	
lithium carbonate caps, tabs	1	MO GC
lithium carbonate er	2	MO GC
LITHIUM ORAL SOLN	4	MO
NUEDEXTA	5	QL (60 EA per 30 days) PA MO
pregabalin er	3	QL (60 EA per 30 days) PA MO
pyridostigmine bromide er	3	MO
pyridostigmine bromide tabs 60mg, 30mg	3	MO
riluzole	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
tetrabenazine tabs 25mg	5	QL (120 EA per 30 days) PA LA
tetrabenazine tabs 12.5mg	5	QL (90 EA per 30 days) PA LA
MULTIPLE SCLEROSIS AGENTS		
AVONEX	5	QL (1 EA per 28 days) PA
AVONEX PEN	5	QL (1 EA per 28 days) PA
BETASERON	5	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
dalfampridine er	5	PA
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
KESIMPTA	5	QL (6.4 ML per 365 days) PA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA LA
TECFIDERA CPDR 120MG	5	QL (14 EA per 7 days) PA LA
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA LA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tabs	3	MO
chlorzoxazone tabs 500mg	3	QL (180 EA per 30 days) PA MO
cyclobenzaprine hydrochloride tabs 5mg, 10mg	3	QL (90 EA per 30 days) PA MO
dantrolene sodium caps 25mg, 50mg, 100mg	4	MO
tizanidine hcl caps, tabs 2mg	2	MO GC
tizanidine hydrochloride tabs 4mg	2	MO GC
NARCOLEPSY/CATAPLEXY		
armodafinil	4	QL (30 EA per 30 days) PA MO
modafinil tabs 100mg	3	QL (30 EA per 30 days) PA MO
modafinil tabs 200mg	3	QL (60 EA per 30 days) PA MO
XYREM	5	QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium dr	4	MO
APO-VARENICLINE	4	PA
buprenorphine hcl subl tabs 2mg, 8mg	2	QL (90 EA per 30 days) PA MO GC
buprenorphine hcl/naloxone hcl subl tabs	2	QL (90 EA per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
buprenorphine hydrochloride/ naloxone hydrochloride film 12mg; 3mg	4	QL (60 EA per 30 days) MO
buprenorphine hydrochloride/ naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	4	QL (90 EA per 30 days) MO
bupropion hydrochloride er (sr) tb12 150mg	2	QL (60 EA per 30 days) MO GC
CHANTIX	4	PA MO
CHANTIX CONTINUING MONTH PAK	4	PA MO
CHANTIX STARTING MONTH PAK	4	PA MO
disulfiram tabs	4	MO
naloxone hcl cartridge 0.4mg/ml	2	GC
naloxone hcl inj 4mg/10ml	2	MO GC
naloxone hcl inj 2mg/2ml	3	
naloxone hydrochloride inj 0.4mg/ml	2	MO GC
naltrexone hcl tabs	3	MO
NARCAN	3	MO
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	QL (360 ML per 365 days) MO
VARENICLINE TARTRATE	4	PA
VIVITROL	5	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM	4	QL (30 EA per 30 days) PA MO
oxandrolone tabs 2.5mg	3	QL (120 EA per 30 days) PA MO
oxandrolone tabs 10mg	4	QL (60 EA per 30 days) PA MO
testosterone cypionate inj	4	PA MO
testosterone enanthate inj	4	PA MO
testosterone pump gel 1%	3	QL (300 GM per 30 days) PA MO
testosterone topical solution	3	QL (180 ML per 30 days) PA MO
testosterone pump gel 2% (10mg/act)	3	QL (120 GM per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
testosterone gel 1% (25mg/2.5gm, 50mg/5gm)	3	QL (300 GM per 30 days) PA MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	1	MO GC
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16”	1	MO GC
BASAGLAR KWIKPEN	3	MO
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2”	1	MO GC
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2”	1	MO GC
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16”	1	MO GC
NOVO/BD/ULTIMED/OWEN/ TRIVIDIA PEN NEEDLE/ ORIGINAL/ULTRA-FINE	1	MO GC
BD/ULTIMED/ALLISON/ TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64”	1	MO GC
CURITY GAUZE PADS 2”X2”	1	MO GC
FIASP	3	MO
FIASP FLEXTOUCH	3	MO
FIASP PENFILL	3	MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30 VIAL (BRAND RELION NOT COVERED)	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL (BRAND RELION NOT COVERED)	3	MO
SOLIQUA 100/33	3	QL (30 ML per 30 days) MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO
ANTIDIABETICS		
acarbose tabs	1	QL (90 EA per 30 days) MO GC
BYDUREON BCISE	3	QL (3.4 ML per 28 days) MO
BYDUREON PEN	3	QL (4 EA per 28 days)
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
FARXIGA	3	QL (30 EA per 30 days) MO
glimepiride tabs 4mg	1	QL (60 EA per 30 days) MO GC
glimepiride tabs 1mg, 2mg	1	QL (90 EA per 30 days) MO GC
glipizide er tb24 10mg	1	QL (60 EA per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
glipizide er tb24 2.5mg, 5mg	1	QL (90 EA per 30 days) MO GC
glipizide xl tb24 10mg	1	QL (60 EA per 30 days) MO GC
glipizide xl tb24 2.5mg, 5mg	1	QL (90 EA per 30 days) MO GC
glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg	1	QL (120 EA per 30 days) MO GC
glipizide/metformin hydrochloride tabs 2.5mg; 250mg	1	QL (240 EA per 30 days) MO GC
glipizide tabs 10mg	1	QL (120 EA per 30 days) MO GC
glipizide tabs 5mg	1	QL (240 EA per 30 days) MO GC
GLYXAMBI	3	QL (30 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
metformin hydrochloride er tb24 (generic Glucophage XR) 500mg	1	QL (120 EA per 30 days) MO GC
metformin hydrochloride er tb24 (generic Glucophage XR) 750mg	1	QL (60 EA per 30 days) MO GC
metformin hydrochloride er tb24 (generic Glumetza and Fortamet) 500mg	4	QL (120 EA per 30 days) PA MO
metformin hydrochloride tabs 500mg	1	QL (150 EA per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
metformin hydrochloride tabs 1000mg	1	QL (75 EA per 30 days) MO GC
metformin hydrochloride tabs 850mg	1	QL (90 EA per 30 days) MO GC
miglitol	4	QL (90 EA per 30 days) MO
nateglinide	1	QL (90 EA per 30 days) MO GC
OZEMPIC INJ 2MG/1.5ML (0.25MG OR 0.5MG/DOSE)	3	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG/DOSE), 4MG/3ML	3	QL (3 ML per 28 days) MO
pioglitazone hcl tabs 45mg	1	QL (30 EA per 30 days) MO GC
pioglitazone hcl-glimepiride	1	QL (30 EA per 30 days) MO GC
pioglitazone hcl/metformin hcl	1	QL (90 EA per 30 days) MO GC
pioglitazone hydrochloride tabs 15mg, 30mg	1	QL (30 EA per 30 days) MO GC
repaglinide tabs 0.5mg, 1mg	1	QL (120 EA per 30 days) MO GC
repaglinide tabs 2mg	1	QL (240 EA per 30 days) MO GC
RYBELSUS	3	QL (30 EA per 30 days) MO
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	5	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRADJENTA	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
alendronate sodium oral soln	1	MO GC
alendronate sodium tabs 10mg	1	QL (30 EA per 30 days) MO GC
alendronate sodium tabs 35mg, 70mg	1	QL (4 EA per 28 days) MO GC
calcitonin-salmon nasal spray	3	MO
FORTEO	5	PA
ibandronate sodium tabs	3	QL (1 EA per 30 days) MO
ibandronate sodium inj	4	QL (3 ML per 90 days) MO
NATPARA	5	PA
PAMIDRONATE DISODIUM INJ 6MG/ML	4	
pamidronate disodium inj 30mg/10ml, 30mg, 90mg/10ml, 90mg	4	
PROLIA	4	QL (1 ML per 180 days)
risedronate sodium dr tab 35mg	4	QL (4 EA per 28 days) MO
risedronate sodium tabs 150mg	4	QL (1 EA per 28 days) MO
risedronate sodium tabs 35mg	4	QL (12 EA per 84 days) MO
risedronate sodium tabs 30mg, 5mg	4	QL (30 EA per 30 days) MO
XGEVA	5	PA
ZOLEDRONIC ACID INJ 4MG/100ML	4	
zoledronic acid inj 4mg/5ml, 5mg/100ml	4	
CHELATING AGENTS		
CHEMET	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
deferasirox granules pack	5	PA
deferasirox tabs 90mg	4	PA
deferasirox tabs 180mg, 360mg	5	PA
deferasirox tabs for oral susp 125mg	3	PA
deferasirox tabs for oral susp 250mg, 500mg	5	PA
LOKELMA	3	MO
penicillamine tabs	5	
sodium polystyrene sulfonate oral powder	3	MO
sps oral susp 15gm/60ml	3	MO
trientine hydrochloride	5	PA
VELTASSA PACK 16.8GM, 25.2GM	4	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	4	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
afirmelle	2	GC
altavera	2	GC
alyacen 1/35	2	GC
alyacen 7/7/7	2	GC
amethia	2	GC
amethyst	2	GC
apri	2	GC
aranelle	2	GC
ashlyna	2	GC
aubra	2	GC
aubra eq	2	GC
aurovela 1.5/30	2	GC
aurovela 24 fe	2	GC
aurovela fe 1.5/30	2	GC
aurovela fe 1/20	2	GC
aviane	2	GC
ayuna	2	GC
balziva	2	GC
bekyree	2	GC
blisovi 24 fe	2	MO GC
blisovi fe 1.5/30	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
blisovi fe 1/20	2	GC
briellyn	2	GC
camila	3	MO
CAMRESE	3	
CAMRESE LO	3	
caziant	2	GC
charlotte 24 fe	2	GC
chateal	2	GC
chateal eq	2	GC
cryselle-28	2	MO GC
cyclafem 1/35	2	GC
cyclafem 7/7/7	2	GC
cyred	2	GC
cyred eq	2	GC
dasetta 1/35	2	GC
dasetta 7/7/7	2	GC
daysee	2	GC
deblitane	3	
delyla	2	GC
desogestrel/ethinyl estradiol	2	MO GC
dolishale	2	GC
drospirenone/ethinyl estradiol	2	MO GC
drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.03mg; 0.451mg	2	MO GC
elinest	2	GC
eluryng	4	
emoquette	2	GC
enpresse-28	2	GC
enskyce	2	MO GC
errin	3	MO
estarylla	2	MO GC
ethynodiol diacetate/ethinyl estradiol	2	MO GC
falmina	2	GC
fayosim	2	GC
femynor	2	GC
GIANVI	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
hailey 1.5/30	2	MO GC
hailey 24 fe	2	GC
hailey fe 1.5/30	2	GC
hailey fe 1/20	2	GC
heather	3	
iclevia	2	GC
incassia	3	
introvale	2	GC
isibloom	2	GC
jaimiess	2	MO GC
jasmiel	2	GC
jencycla	3	
JOLESSA	3	
juleber	2	GC
junel 1.5/30	2	GC
junel 1/20	2	GC
junel fe 1.5/30	2	MO GC
junel fe 1/20	2	MO GC
junel fe 24	2	GC
kaitlib fe	2	MO GC
kalliga	2	GC
kariva	2	GC
kelnor 1/35	2	MO GC
kelnor 1/50	2	MO GC
kurvelo	2	GC
larin 1.5/30	2	GC
larin 1/20	2	GC
larin 24 fe	2	GC
larin fe 1.5/30	2	GC
larin fe 1/20	2	GC
larissia	2	GC
LEENA	3	MO
lessina	2	GC
levonest	2	GC
levonorgestrel/ethinyl estradiol	2	MO GC
levora 0.15/30-28	2	GC
lillow	2	GC
lo-zumandimine	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
loestrin 1.5/30-21	2	GC
loestrin 1/20-21	2	GC
loestrin fe 1.5/30	2	GC
loestrin fe 1/20	2	GC
lojaimiess	2	MO GC
loryna	2	GC
low-ogestrel	2	GC
lutera	2	GC
lyleq	3	
lyza	3	
marlissa	2	MO GC
medroxyprogesterone acetate inj 150mg/ml	4	MO
melodetta 24 fe	2	GC
mibelas 24 fe	2	GC
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
microgestin 24 fe	2	GC
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
mili	2	GC
mono-linyah	2	GC
necon 0.5/35-28	2	GC
nikki	2	GC
NORA-BE	3	
norethindrone tabs 0.35mg	3	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate chew, tabs	2	MO GC
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg	2	MO GC
norethindrone/ethinyl estradiol/ferrous fumarate	2	MO GC
norgestimate/ethinyl estradiol	2	MO GC
norlyda	3	
norlyroc	3	
nortrel 0.5/35 (28)	2	MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
nortrel 1/35 tabs 28-day regimen	2	GC
nortrel 1/35 tabs 21-day regimen	2	MO GC
nortrel 7/7/7	2	GC
nylia 7/7/7	2	GC
nymyo	2	GC
OCELLA	3	
orsythia	2	GC
philith	2	GC
pimtrea	2	GC
pirmella 1/35	2	MO GC
pirmella 7/7/7	2	MO GC
portia-28	2	GC
previfem	2	GC
reclipsen	2	GC
RIVELSA	3	
setlakin	2	GC
sharobel	3	
simliya	2	GC
simpesse	2	GC
sprintec 28	2	GC
sronyx	2	MO GC
syeda	2	GC
tarina fe 1/20	2	GC
tarina fe 1/20 eq	2	GC
TILIA FE	3	
tri femynor	2	GC
tri-estarylla	2	MO GC
tri-legest fe	2	MO GC
tri-linyah	2	GC
tri-lo-estarylla	2	GC
tri-lo-marzia	2	GC
tri-lo-mili	2	GC
tri-lo-sprintec	2	MO GC
tri-mili	2	GC
tri-nymyo	2	GC
tri-previfem	2	GC
tri-sprintec	2	GC
tri-vylibra	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
tri-vylibra lo	2	GC
trivora-28	2	GC
tydemy	2	GC
velivet	2	MO GC
vestura	2	MO GC
vienva	2	GC
viorele	2	MO GC
volnea	2	GC
vyfemla	2	MO GC
vylibra	2	GC
wera	2	GC
wymzya fe	2	GC
zarah	2	GC
zovia 1/35	2	GC
zumandimine	2	GC
ENDOMETRIOSIS		
danazol caps	4	MO
SYNAREL	5	MO
ESTROGENS		
amabelz	3	MO
DELESTROGEN INJ 10MG/ML	4	MO
dotti	3	QL (8 EA per 28 days)
DUAVEE	4	MO
estradiol valerate inj	4	MO
estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg	3	MO
estradiol oral tabs, vaginal tabs	3	MO
estradiol patch weekly	3	QL (4 EA per 28 days) MO
estradiol patch twice weekly	3	QL (8 EA per 28 days) MO
estradiol vaginal cream	4	MO
ESTRING	4	QL (1 EA per 90 days) MO
fyavolv	3	MO
jinteli	3	
LOPREEZA	3	
lyllana	3	QL (8 EA per 28 days)
mimvey	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg	3	MO
PREMARIN	4	MO
PREMPRO	4	MO
yuvafem	3	
GLUCOCORTICOIDS		
dexamethasone tabs, oral soln, oral elixir	2	MO GC
DEXAMETHASONE INTENSOL	4	MO
dexamethasone sodium phosphate inj 10mg/ml	4	
dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml	4	MO
fludrocortisone acetate tabs	2	MO GC
hydrocortisone tabs 10mg, 20mg, 5mg	3	MO
methylprednisolone acetate inj	2	B/D MO GC
methylprednisolone dose pack	2	MO GC
methylprednisolone sodium succinate inj 125mg, 40mg	4	B/D MO
methylprednisolone sodium succinate inj 500mg	4	B/D
methylprednisolone sodium succinate inj 1000mg	4	B/D MO
methylprednisolone tabs	2	B/D MO GC
prednisolone oral soln 15mg/5ml	2	B/D MO GC
prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	2	B/D MO GC
PREDNISONE INTENSOL	4	B/D MO
prednisone soln, tabs	1	B/D MO GC
prednisone tab therapy pack	1	MO GC
SOLU-CORTEF INJ 1000MG	4	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
triamcinolone acetonide inj 40mg/ml	4	MO
GLUCOSE ELEVATING AGENTS		
diazoxide oral susp	5	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS	3	MO
MISCELLANEOUS		
acetylcysteine inj 200mg/ml	4	
cabergoline	3	MO
CARBAGLU	5	PA LA
CERDELGA	5	PA
cinacalcet hydrochloride tabs 30mg	4	QL (120 EA per 30 days)
cinacalcet hydrochloride tabs 90mg	5	QL (120 EA per 30 days)
cinacalcet hydrochloride tabs 60mg	5	QL (60 EA per 30 days)
CYSTADANE	5	LA
CYSTAGON	4	PA LA
desmopressin acetate nasal soln, tabs	3	MO
desmopressin acetate pf inj 4mcg/ml	4	MO
desmopressin acetate inj 4mcg/ml	5	MO
fomepizole	5	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA LA
KORLYM	5	PA LA
LEVOCARNITINE TABS	4	MO
levocarnitine soln	4	MO
LUPRON DEPOT-PED (1-MONTH)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH)	5	PA
methergine	4	
methylergonovine maleate tabs	4	MO
nitisinone	5	PA
octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA
octreotide acetate inj 1000mcg/ml, 500mcg/ml	5	PA
raloxifene hydrochloride	3	MO
SANDOSTATIN LAR DEPOT KIT	5	PA
sapropterin dihydrochloride	5	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA LA
sodium phenylbutyrate tabs, oral powder	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA LA
PHOSPHATE BINDER AGENTS		
calcium acetate caps, tabs 667mg	3	QL (360 EA per 30 days) MO
lanthanum carbonate	5	MO
PROGESTINS		
medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg	2	MO GC
megestrol acetate susp 40mg/ml	3	MO
megestrol acetate susp 625mg/5ml	4	MO
norethindrone acetate tabs 5mg	2	MO GC
progesterone caps	3	MO
progesterone inj	4	MO
THYROID AGENTS		
euthyrox	1	MO GC
LEVO-T	4	
levothyroxine sodium tabs	1	MO GC
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg	5	MO
LEVOXYL	3	MO
liothyronine sodium tabs	3	MO
liothyronine sodium inj	5	
methimazole tabs	2	MO GC
propylthiouracil tabs	3	MO
SYNTHROID	3	MO
UNITHROID	3	
VITAMIN D ANALOGS		
calcitriol caps 0.25mcg, 0.5mcg	3	MO
calcitriol inj 1mcg/ml	4	
calcitriol oral soln 1mcg/ml	4	MO
doxercalciferol inj	4	
paricalcitol	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant caps 40mg, caps 80mg, therapy pak 80mg; 125mg	4	B/D MO
aprepitant caps 125mg	5	B/D MO
compro	2	MO GC
DIMENHYDRINATE INJ	4	
dronabinol	4	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	4	B/D MO
granisetron hcl tabs	3	QL (60 EA per 30 days) B/D MO
meclizine hcl tabs 12.5mg	2	PA MO GC
meclizine hydrochloride tabs 25mg	2	PA MO GC
metoclopramide hcl tabs 5mg	1	MO GC
metoclopramide hcl inj, oral soln	4	MO
metoclopramide hydrochloride tabs 10mg	1	MO GC
METOCLOPRAMIDE ODT TBDP 10MG	3	MO
metoclopramide odt tbdp 5mg	3	MO
ondansetron hcl tabs 24mg	2	B/D GC
ondansetron hcl oral soln	3	QL (900 ML per 30 days) B/D MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ondansetron hydrochloride tabs 4mg, 8mg	2	B/D MO GC
ondansetron hydrochloride inj	4	MO
ondansetron odt	3	B/D MO
prochlorperazine edisylate inj 50mg/10ml	4	
prochlorperazine edisylate inj 10mg/2ml	4	MO
prochlorperazine maleate tabs	2	MO GC
prochlorperazine supp	2	MO GC
promethazine hcl plain syrp 6.25mg/5ml	4	PA MO
promethazine hcl tabs 12.5mg	2	PA MO GC
promethazine hcl inj, supp	4	PA MO
promethazine hydrochloride tabs 25mg, 50mg	2	PA MO GC
promethegan supp 25mg	4	PA
promethegan supp 12.5mg	4	PA MO
promethegan supp 50mg	5	PA MO
SANCUSO	5	QL (4 EA per 28 days) MO
scopolamine patch	4	QL (10 EA per 30 days) PA MO
trimethobenzamide hydrochloride caps	4	PA MO
ANTISPASMODICS		
dicyclomine hcl oral soln	3	PA MO
dicyclomine hydrochloride caps, tabs	2	PA MO GC
dicyclomine hydrochloride inj	4	PA MO
glycopyrrolate tabs 1mg, 2mg	3	MO
glycopyrrolate inj 0.2mg/ml pf, 0.4mg/2ml	4	
glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml	4	MO
methscopolamine bromide tabs	4	PA MO
H2-RECEPTOR ANTAGONISTS		
cimetidine tabs	4	MO
cimetidine hydrochloride oral soln	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
famotidine premixed inj 20mg/50ml	4	
famotidine tabs	2	MO GC
famotidine oral susp	3	MO
famotidine inj	4	
nizatidine	4	MO
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium	3	MO
budesonide er tab 9mg	5	MO
budesonide cpep 3mg	4	MO
hydrocortisone enem 100mg/60ml	2	MO GC
mesalamine dr caps 400mg, tabs 1.2gm, 800mg	4	MO
mesalamine kit, supp	4	MO
mesalamine enem	4	QL (1680 ML per 28 days) MO
SULFASALAZINE TBEC	3	MO
sulfasalazine tabs	3	MO
LAXATIVES		
CLENPIQ	4	MO
constulose	2	GC
enulose	2	MO GC
gavilyte-c	1	MO GC
gavilyte-g	1	MO GC
gavilyte-h	4	
gavilyte-n/flavor pack	1	GC
generlac	2	GC
GOLYTELY	3	MO
KRISTALOSE	4	PA MO
lactulose oral soln	2	MO GC
NULYTELY	3	MO
NULYTELY/FLAVOR PACKS	3	MO
peg-3350/electrolytes	2	MO GC
peg-3350/nacl/na bicarbonate/ kcl	1	MO GC
PLENVU	4	MO
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
trilyte	1	GC
MISCELLANEOUS		
alosetron hydrochloride tabs 0.5mg	4	QL (60 EA per 30 days) PA MO
alosetron hydrochloride tabs 1mg	5	QL (60 EA per 30 days) PA MO
cromolyn sodium oral conc 100mg/5ml	4	MO
diphenoxylate/atropine	3	MO
GATTEX	5	PA LA
lansoprazole/amoxicillin/ clarithromycin	4	QL (224 EA per 365 days) MO
LINZESS	4	QL (30 EA per 30 days) MO
loperamide hcl caps	3	MO
misoprostol tabs	3	MO
MOVANTIK TABS 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	3	QL (60 EA per 30 days) MO
SUCRALFATE SUSP	4	MO
sucralfate tabs	2	MO GC
ursodiol caps	3	MO
ursodiol tabs	4	MO
XERMELO	5	QL (84 EA per 28 days) PA LA
XIFAXAN TABS 550MG	5	PA MO
PANCREATIC ENZYMES		
CREON	3	MO
ZENPEP	4	MO
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 EA per 30 days) MO
esomeprazole magnesium caps	4	QL (30 EA per 30 days) MO
esomeprazole sodium inj	3	
lansoprazole dr caps	4	QL (30 EA per 30 days) MO
omeprazole dr caps 10mg	2	QL (30 EA per 30 days) MO GC
omeprazole cpdr 20mg	2	QL (30 EA per 30 days) MO GC
omeprazole cpdr 40mg	2	QL (60 EA per 30 days) MO GC
pantoprazole sodium inj	4	
pantoprazole sodium tbec 20mg	1	QL (30 EA per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
pantoprazole sodium tbec 40mg	1	QL (60 EA per 30 days) MO GC
rabeprazole sodium dr tabs 20mg	4	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl er	3	QL (30 EA per 30 days) MO
dutasteride	2	QL (30 EA per 30 days) MO GC
dutasteride/tamsulosin hydrochloride	2	QL (30 EA per 30 days) MO GC
finasteride tabs 5mg	1	QL (30 EA per 30 days) MO GC
silodosin	4	QL (30 EA per 30 days) MO
tamsulosin hydrochloride	2	QL (60 EA per 30 days) MO GC
MISCELLANEOUS		
ACETIC ACID 0.25% IRRIGATION SOLN	3	MO
bethanechol chloride tabs	3	MO
ELMIRON	4	QL (90 EA per 30 days) MO
flavoxate hcl	4	MO
potassium citrate er	4	MO
URINARY ANTISPASMODICS		
darifenacin hydrobromide er	4	QL (30 EA per 30 days) MO
MYRBETRIQ TB24	4	QL (30 EA per 30 days) MO
MYRBETRIQ SRER	4	QL (300 ML per 28 days)
oxybutynin chloride er tb24 5mg	3	QL (30 EA per 30 days) MO
oxybutynin chloride er tb24 10mg, 15mg	3	QL (60 EA per 30 days) MO
oxybutynin chloride tabs	2	QL (120 EA per 30 days) MO GC
oxybutynin chloride syrp	2	QL (600 ML per 30 days) MO GC
solifenacin succinate	2	QL (30 EA per 30 days) ST MO GC
tolterodine tartrate	4	QL (60 EA per 30 days) ST MO
tolterodine tartrate er	4	QL (30 EA per 30 days) ST MO
TOVIAZ	4	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
trospium chloride er caps	2	QL (30 EA per 30 days) MO GC
trospium chloride tabs	2	QL (60 EA per 30 days) MO GC
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	4	MO
metronidazole vaginal gel 0.75%	4	MO
miconazole 3 vaginal supp	4	MO
terconazole crea	3	MO
terconazole supp	4	MO
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (74 EA per 30 days) MO
enoxaparin sodium	4	MO
fondaparinux sodium inj 2.5mg/0.5ml	4	MO
fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	MO
FRAGMIN INJ 2500UNIT/0.2ML, 95000UNIT/3.8ML	4	MO
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	5	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	4	
HEPARIN SODIUM/DEXTROSE 100UNIT/ML	4	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML, 25000UNIT/500ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
HEPARIN SODIUM/SODIUM CHLORIDE 25000UNIT/250ML; 0.45%	3	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	3	
heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	3	MO
jantoven	1	MO GC
PRADAXA	4	QL (60 EA per 30 days) MO
warfarin sodium	1	MO GC
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
ZARXIO	5	PA
MISCELLANEOUS		
anagrelide hydrochloride	3	MO
cilostazol	1	MO GC
DOPTELET TABS 20MG	5	QL (60 EA per 30 days) PA LA
DROXIA	3	MO
HAEGARDA INJ 3000UNIT	5	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	5	QL (30 EA per 30 days) PA LA
icatibant acetate	5	QL (27 ML per 30 days) PA
pentoxifylline er	2	MO GC
PROMACTA POWDER PACK 25MG	5	QL (180 EA per 30 days) PA LA
PROMACTA POWDER PACK 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	5	QL (60 EA per 30 days) PA LA
tranexamic acid tabs	3	QL (30 EA per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
tranexamic acid inj	4	
PLATELET AGGREGATION INHIBITORS		
aspirin/dipyridamole	3	QL (60 EA per 30 days) MO
BRILINTA	4	MO
clopidogrel tabs 300mg	1	QL (2 EA per 365 days) MO GC
clopidogrel tabs 75mg	1	QL (30 EA per 30 days) MO GC
dipyridamole tab	4	PA MO
prasugrel	4	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	5	QL (8 EA per 28 days) PA
ENBREL INJ VIAL 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	5	QL (8.16 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA PEN INJ 80MG/0.8ML	5	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
RINVOQ	5	QL (30 EA per 30 days) PA
SKYRIZI PEN	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 150MG/ML	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 75MG/0.83ML	5	QL (7 EA per 365 days) PA
STELARA PREFILLED SYRINGE 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA
STELARA VIAL 45MG/0.5ML	5	QL (0.5 ML per 28 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
STELARA PREFILLED SYRINGE INJ 90MG/ML	5	QL (1 ML per 28 days) PA
TALTZ	5	QL (3 ML per 28 days) PA LA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLN	5	QL (240 ML per 24 days) PA
XELJANZ TABS	5	QL (60 EA per 30 days) PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate	3	MO
leflunomide	1	QL (30 EA per 30 days) MO GC
methotrexate tabs 2.5mg	1	MO GC
XATMEP	4	MO
IMMUNOGLOBULINS		
BIVIGAM	5	PA
FLEBOGAMMA DIF	5	PA
GAMASTAN	3	B/D
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D INJ 5GM, 10GM	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
IMMUNOMODULATORS		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA
INTRON A	5	
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ	4	B/D
azathioprine tabs	3	B/D MO
BENLYSTA	5	PA
cyclosporine	3	B/D MO
cyclosporine modified caps, soln	3	B/D MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
everolimus tabs 0.25mg	4	B/D MO
everolimus tabs 0.5mg, 0.75mg	5	B/D MO
gengraf caps	3	B/D
gengraf soln	3	B/D MO
mycophenolate mofetil caps, tabs	3	B/D MO
mycophenolate mofetil inj	4	B/D MO
mycophenolate mofetil oral susp	5	B/D MO
mycophenolic acid dr	4	B/D MO
NULOJIX	5	B/D
PROGRAF GRANULES	4	B/D MO
REZUROCK	5	QL (30 EA per 30 days) PA
SANDIMMUNE ORAL SOLN	5	B/D MO
sirolimus soln	5	B/D MO
sirolimus tabs 0.5mg, 1mg	4	B/D MO
sirolimus tabs 2mg	5	B/D MO
tacrolimus caps 0.5mg, 1mg, 5mg	4	B/D MO
ZORTRESS TABS 1MG	5	B/D MO
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	B/D
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%/LACTATED RINGERS	4	
DEXTROSE 5%/NACL 0.2%	4	
DEXTROSE 5%/NACL 0.225%	4	
dextrose 5%/nacl 0.3%	4	
DEXTROSE 5%/NACL 0.33%	4	
DEXTROSE 5%/NACL 0.45%	4	
DEXTROSE 5%/NACL 0.9%	4	MO
hyperlyte-cr	4	B/D
ISOLYTE-P/DEXTROSE 5%	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ISOLYTE-S	4	B/D
ISOLYTE-S PH 7.4	4	B/D
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
lactated ringers viaflex inj	4	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	4	
magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
POTASSIUM CHLORIDE/ DEXTROSE	4	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	4	
potassium chloride/sodium chloride inj 20meq/l; 0.45%	4	
potassium chloride/sodium chloride inj 20meq/l; 0.9%	4	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
potassium chloride inj 2meq/ml	4	MO
RINGERS INJECTION	3	
SODIUM BICARBONATE INJ 7.5%	4	MO
sodium bicarbonate inj 4.2%	4	
sodium bicarbonate inj 8.4%	4	MO
sodium chloride 0.45%	4	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 5%	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
sodium chloride inj 0.9%, 3%, 4meq/ml	4	MO
TPN ELECTROLYTES	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
adc/fluoride drops	4	MO
effer-k tab 25meq	3	MO
fluoride chew tab	4	MO
fluoritab	4	
KLOR-CON 10	3	
KLOR-CON 8	3	MO
klor-con m10	3	MO
klor-con m15	3	MO
klor-con m20	3	MO
klor-con powder 20meq	3	
klor-con/ef	3	MO
M-NATAL PLUS	3	MO
multi-vitamin/fluoride drops	4	MO
multi-vitamin/fluoride/iron drops	4	MO
multivitamin/fluoride chew 0.25mg, 0.5mg, 1mg	4	MO
NEONATAL PLUS	3	MO
NIVA-PLUS	3	MO
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
poly-vitamin/fluoride drops	4	
potassium chloride er cpcr	2	MO GC
potassium chloride er tbcr 10meq, 20meq, 8meq	2	MO GC
potassium chloride er tbcr 15meq	3	
potassium chloride pack 20meq	3	MO
potassium chloride oral soln 10%, 20%	4	MO
PRENATAL	3	MO
PRENATAL PLUS	3	MO
PRENATAL VITAMINS PLUS LOW IRON	3	MO
PREPLUS	3	MO
sodium fluoride chew 0.25mg, 0.5mg, 1mg	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
sodium fluoride soln 0.5mg/ml	4	MO
tri-vite/fluoride soln 0.5mg/ml	4	
tri-vite/fluoride soln 0.25mg/ml	4	MO
TRICARE PRENATAL TABS	3	MO
VP-PNV-DHA	3	MO
WESTAB PLUS	3	MO
IV NUTRITION		
AMINOSYN-PF 7%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
clinisol sf 15%	4	B/D MO
CLINOLIPID	3	B/D
dextrose 10%	3	
dextrose 5%	3	MO
DEXTROSE 50%	3	B/D
DEXTROSE 70%	3	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID	3	B/D
plenamine	4	B/D
PREMASOL 10%	5	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
BLEPHAMIDE S.O.P. OINT	4	MO
neo-polycin hc oint	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
neomycin/polymyxin/bacitracin/ hydrocortisone oint	4	MO
neomycin/polymyxin/ dexamethasone	2	MO GC
neomycin/polymyxin/ hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml	3	MO
sulfacetamide sodium/ prednisolone sodium phosphate	2	MO GC
TOBRADEX OINT	3	MO
TOBRADEX ST	3	MO
tobramycin/dexamethasone susp	4	MO
ZYLET	3	MO
ANTI-INFECTIVES		
ak-poly-bac	2	GC
bacitracin oint 500unit/gm	3	MO
bacitracin/polymyxin b oint	2	MO GC
BESIVANCE	3	MO
CILOXAN OINT	3	QL (42 GM per 30 days) MO
ciprofloxacin hydrochloride ophthalmic soln 0.3%	3	QL (30 ML per 30 days) MO
erythromycin oint 5mg/gm	2	QL (42 GM per 30 days) MO GC
gatifloxacin soln	4	QL (20 ML per 30 days) MO
gentak oint	2	QL (42 GM per 30 days) MO GC
gentamicin sulfate ophthalmic soln 0.3%	2	QL (30 ML per 30 days) MO GC
levofloxacin ophthalmic soln 0.5%	3	QL (30 ML per 30 days) MO
moxifloxacin hydrochloride ophthalmic soln 0.5%	3	QL (12 ML per 30 days) MO
NATACYN	4	MO
neo-polycin oint	3	
neomycin/bacitracin/polymyxin oint	3	MO
neomycin/polymyxin/gramicidin	3	MO
ofloxacin ophthalmic soln 0.3%	3	QL (60 ML per 30 days) MO
polycin	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
polymyxin b sulfate/trimethoprim sulfate	1	MO GC
sodium sulfacetamide ophthalmic soln	3	QL (90 ML per 30 days) MO
sulfacetamide sodium oint 10%	4	QL (42 GM per 30 days) MO
sulfacetamide sodium soln 10%	3	QL (90 ML per 30 days) MO
tobramycin soln 0.3%	2	QL (30 ML per 30 days) MO GC
trifluridine	3	MO
trimethoprim sulfate/polymyxin b sulfate	1	MO GC
ZIRGAN	4	MO
ANTI-INFLAMMATORIES		
ALREX	3	MO
bromfenac	4	MO
BROMSITE	4	MO
dexamethasone sodium phosphate ophthalmic soln 0.1%	2	MO GC
diclofenac sodium soln 0.1%	2	QL (10 ML per 30 days) MO GC
DUREZOL	3	MO
FLAREX	4	MO
flubiprofen sodium ophthalmic soln 0.03%	2	MO GC
FLUOROMETHOLONE OPHTHALMIC SOLN 0.1%	3	MO
ILEVRO	3	MO
ketorolac tromethamine ophthalmic soln 0.4%, 0.5%	2	MO GC
LOTEMAX OINT	3	MO
LOTEMAX SM	3	MO
loteprednol etabonate	3	MO
prednisolone acetate ophth soln 1%	2	MO GC
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	3	MO
PROLENSA	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ANTIALLERGICS		
azelastine hcl ophthalmic soln 0.05%	3	MO
bepotastine besilate	3	MO
BEPREVE	3	MO
cromolyn sodium ophthalmic soln 4%	3	MO
epinastine hcl	3	MO
LASTACAFT	4	MO
olopatadine hcl ophthalmic soln 0.2%	3	MO
olopatadine hcl ophthalmic soln 0.1%	4	MO
ZERVIATE	4	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLN 0.1%	3	MO
betaxolol hcl soln 0.5%	3	MO
BETOPTIC-S	3	MO
BRIMONIDINE TARTRATE SOLN 0.15%	3	MO
brimonidine tartrate soln 0.2%	3	MO
brinzolamide	3	MO
carteolol hcl	2	MO GC
COMBIGAN	3	MO
dorzolamide hcl/timolol maleate soln 22.3-6.8mg/ml	2	MO GC
dorzolamide hydrochloride	1	MO GC
dorzolamide hydrochloride/timolol maleate 2%-0.5% preservative free	4	MO
latanoprost	2	MO GC
levobunolol hcl	2	MO GC
LUMIGAN	3	MO
PHOSPHOLINE IODIDE OPHTH SOLN 0.125%	4	
pilocarpine hcl ophth soln	4	MO
RHOPRESSA	3	MO
SIMBRINZA	3	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TIMOLOL MALEATE OPTHALMIC GEL FORMING SOLUTION	4	MO
timolol maleate (generic Timoptic) soln 0.25%, 0.5%	1	MO GC
timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%	3	MO
travoprost	4	MO
VYZULTA	4	MO
MISCELLANEOUS		
ATROPINE SULFATE OPTH SOLN 1%	3	MO
CYSTARAN	5	PA LA
ISOPTO ATROPINE	3	MO
proparacaine hcl	3	MO
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
OTIC		
OTIC AGENTS		
acetic acid otic soln 2%	3	MO
CIPRO HC	4	MO
CIPROFLOXACIN 0.2% OTIC SOLN	3	MO
ciprofloxacin/dexamethasone	3	MO
flac (otic) oil	4	QL (20 ML per 30 days)
fluocinolone acetonide otic oil 0.01%	4	QL (20 ML per 30 days) MO
hydrocortisone/acetic acid otic soln	4	MO
neomycin/polymyxin/hc otic soln 1%	4	MO
neomycin/polymyxin/ hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml	4	MO
ofloxacin otic soln 0.3%	4	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
ipratropium bromide/albuterol sulfate neb soln	2	B/D MO GC
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
ipratropium bromide inhalation solution 0.02%	2	B/D MO GC
ipratropium bromide nasal soln 0.03%	2	QL (30 ML per 30 days) MO GC
ipratropium bromide nasal soln 0.06%	2	QL (45 ML per 30 days) MO GC
ANTIHISTAMINES		
azelastine hcl nasal soln 0.1%	3	QL (30 ML per 25 days) MO
azelastine hcl nasal soln 0.15%	3	QL (30 ML per 25 days) MO
carbinoxamine maleate soln	4	PA MO
CARBINOXAMINE MALEATE TABS 6MG	5	PA MO
carbinoxamine maleate tabs 4mg	4	PA MO
cetirizine hydrochloride soln 1mg/ml	4	QL (300 ML per 30 days) MO
clemastine fumarate tabs 2.68mg	3	PA MO
cyproheptadine hcl syrp 2mg/5ml	4	PA MO
cyproheptadine hydrochloride tabs 4mg	4	PA MO
desloratadine	4	QL (30 EA per 30 days) MO
desloratadine odt	4	QL (30 EA per 30 days) MO
diphenhydramine hcl inj 50mg/ml	4	PA MO
hydroxyzine hcl inj 25mg/ml, syr 10mg/5ml, tabs 50mg	4	PA MO
hydroxyzine hydrochloride inj 50mg/ml, tabs 10mg, 25mg	4	PA MO
hydroxyzine pamoate	4	PA MO
levocetirizine dihydrochloride tabs	1	QL (30 EA per 30 days) MO GC

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
levocetirizine dihydrochloride soln	3	MO
olopatadine hcl nasal soln 0.6%	4	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
albuterol sulfate er tabs	4	MO
albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act	3	QL (13.4 GM per 30 days) MO
albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act	3	QL (17 GM per 30 days) MO
albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act	3	QL (36 GM per 30 days) MO
albuterol sulfate nebu	2	B/D MO GC
albuterol sulfate syrp	2	MO GC
albuterol sulfate tabs	3	MO
levalbuterol hydrochloride nebs	4	B/D MO
levalbuterol nebs	4	B/D MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
terbutaline sulfate inj 1mg/ml, tabs	4	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
montelukast sodium chew, tabs	2	QL (30 EA per 30 days) MO GC
montelukast sodium granules	3	QL (30 EA per 30 days) MO
zafirlukast	4	QL (60 EA per 30 days) MO
MISCELLANEOUS		
acetylcysteine inhalation soln 10%, 20%	3	B/D MO
aminophylline inj	4	
cromolyn sodium nebu 20mg/2ml	3	B/D MO
DALIRESP	4	MO
epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	3	QL (2 EA per 30 days) MO
ESBRIET CAPS	5	QL (270 EA per 30 days) PA
ESBRIET TABS 267MG	5	QL (270 EA per 30 days) PA
ESBRIET TABS 801MG	5	QL (90 EA per 30 days) PA
FASENRA PREFILLED SYRINGE	5	QL (1 ML per 28 days) PA LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FASENRA PEN AUTO INJECTOR	5	QL (1 ML per 28 days) PA LA
KALYDECO PACK	5	QL (56 EA per 28 days) PA
KALYDECO TABS	5	QL (60 EA per 30 days) PA
OFEV	5	QL (60 EA per 30 days) PA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA
ORKAMBI GRANULES	5	QL (56 EA per 28 days) PA
PROLASTIN-C	5	PA LA
PULMOZYME	5	PA
theophylline er tabs	3	MO
theophylline soln 80 mg/15ml	3	MO
TRIKAFTA TBPK 100MG; 75MG; 50MG	5	QL (84 EA per 28 days) PA LA
TRIKAFTA TBPK 50MG; 37.5MG; 25MG	5	QL (84 EA per 28 days) PA MO
XOLAIR	5	PA LA
NASAL STEROIDS		
flunisolide nasal soln	3	QL (75 ML per 30 days) MO
fluticasone propionate susp 50mcg/act	2	QL (16 GM per 30 days) MO GC
mometasone furoate susp 50mcg/act	3	QL (34 GM per 30 days) MO
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	4	QL (2 EA per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
accutane	4	PA
amnesteem	4	PA
claravis	4	PA
clindamycin phosphate/benzoyl peroxide (generic duac)	4	MO
clindamycin phosphate foam 1%	4	QL (100 GM per 30 days) MO
clindamycin phosphate gel 1%	3	QL (75 GM per 30 days) MO
CLINDAMYCIN PHOSPHATE LOTN 1%	4	QL (60 ML per 30 days) MO
clindamycin phosphate external soln 1%	3	QL (60 ML per 30 days) MO
clindamycin phosphate/benzoyl peroxide (generic Benzaclin)	4	MO
dapsone gel 5%, 7.5%	4	QL (90 GM per 30 days) MO
ery pad 2%	4	MO
erythromycin/benzoyl peroxide	4	MO
erythromycin gel 2%	2	QL (60 GM per 30 days) MO GC
erythromycin soln 2%	2	QL (60 ML per 30 days) MO GC
isotretinoin	4	PA
myorisan	4	PA
neuac gel	4	MO
sulfacetamide sodium lotn 10%	3	MO
TRETINOIN MICROSPHERE	4	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP	4	QL (50 GM per 30 days) PA MO
tretinoin crea 0.025%, 0.05%, 0.1%	4	QL (45 GM per 30 days) PA MO
tretinoin gel 0.01%, 0.025%, 0.05%	4	QL (45 GM per 30 days) PA MO
zenatane	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate crea 0.1%	3	QL (60 GM per 30 days) MO
gentamicin sulfate oint 0.1%	3	QL (60 GM per 30 days) MO
mafenide acetate pak 5%	4	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
mupirocin oint	2	QL (30 GM per 30 days) MO GC
mupirocin crea	4	QL (30 GM per 30 days) MO
SILVER SULFADIAZINE CREA 1%	3	MO
SSD	3	
SULFAMYLON CREA 85MG/GM	4	MO
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine cream	3	QL (90 GM per 30 days) MO
ciclopirox gel	3	QL (100 GM per 30 days) MO
ciclopirox sham	3	QL (120 ML per 30 days) MO
ciclopirox susp	3	QL (60 ML per 30 days) MO
clotrimazole/betamethasone diproprionate cream	4	QL (45 GM per 30 days) MO
clotrimazole crea 1%	3	QL (45 GM per 30 days) MO
clotrimazole soln 1%	3	QL (30 ML per 30 days) MO
econazole nitrate crea 1%	4	QL (85 GM per 30 days) MO
ERTACZO	5	QL (60 GM per 30 days) MO
ketoconazole crea 2%	3	QL (60 GM per 30 days) MO
ketoconazole foam 2%	4	QL (100 GM per 30 days) MO
ketodan foam 2%	4	QL (100 GM per 30 days)
naftifine cream 1%	4	QL (90 GM per 30 days) MO
naftifine cream 2%	4	QL (60 GM per 30 days) MO
nyamyc	3	QL (60 GM per 30 days)
nystatin crea 100000unit/gm	2	QL (30 GM per 30 days) MO GC
nystatin oint 100000unit/gm	4	QL (30 GM per 30 days) MO
nystatin powd 100000unit/gm	3	QL (60 GM per 30 days) MO
nystop	3	QL (60 GM per 30 days) MO
oxiconazole nitrate	4	QL (90 GM per 30 days) MO
DERMATOLOGY, ANTIPSORIATICS		
acitretin	3	PA MO
calcipotriene crea, oint	4	QL (120 GM per 30 days) PA MO
calcipotriene soln	4	QL (60 ML per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	4	PA MO
methoxsalen caps	5	MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
tazarotene crea 0.1%	3	QL (60 GM per 30 days) PA MO
TAZORAC CREA 0.05%	4	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole sham 2%	2	QL (120 ML per 30 days) MO GC
selenium sulfide lotn 2.5%	2	MO GC
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort crea 1%	1	GC
ala-cort crea 2.5%	1	QL (30 GM per 30 days) GC
alclometasone dipropionate	4	MO
augmented betamethasone dipropionate crea	3	MO
augmented betamethasone dipropionate gel, lotn, oint	4	MO
beser lotn 0.05%	4	QL (120 ML per 30 days)
betamethasone dipropionate lotn	3	MO
betamethasone dipropionate crea, oint	4	MO
betamethasone valerate crea, lotn, oint	3	MO
betamethasone valerate foam	4	MO
calcipotriene/betamethasone dipropionate oint	4	QL (400 GM per 28 days) PA MO
clobetasol propionate emollient cream 0.05%	4	QL (60 GM per 30 days) MO
clobetasol propionate emulsion foam 0.05%	4	QL (100 GM per 30 days) MO
clobetasol propionate foam	4	QL (100 GM per 30 days) MO
clobetasol propionate lotn, sham	4	QL (118 ML per 30 days) MO
clobetasol proprionate spray 0.05%	4	QL (125 ML per 30 days) MO
clobetasol propionate soln	4	QL (50 ML per 30 days) MO
clobetasol propionate crea, gel, oint	4	QL (60 GM per 30 days) MO
clodan shampoo 0.05%	4	QL (118 ML per 30 days)
desonide lotn	4	QL (118 ML per 30 days) MO
desonide crea, gel, oint	4	QL (60 GM per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
desoximetasone cream, oint	4	QL (100 GM per 30 days) MO
desrx	4	QL (60 GM per 30 days)
diflorasone diacetate crea	4	QL (60 GM per 30 days) MO
diflorasone diacetate oint	5	QL (60 GM per 30 days) MO
ENSTILAR	5	QL (120 GM per 30 days) PA MO
fluocinolone acetonide body	4	QL (118.28 ML per 30 days) MO
fluocinolone acetonide scalp	4	QL (118.28 ML per 30 days) MO
fluocinolone acetonide crea 0.025%	4	QL (120 GM per 30 days) MO
fluocinolone acetonide crea 0.01%	4	QL (60 GM per 30 days) MO
fluocinolone acetonide oint 0.025%	4	QL (120 GM per 30 days) MO
fluocinolone acetonide soln 0.01%	4	QL (90 ML per 30 days) MO
fluocinonide emulsified cream	4	QL (120 GM per 30 days) MO
fluocinonide cream 0.05%	4	QL (120 GM per 30 days) MO
fluocinonide gel, oint	4	QL (60 GM per 30 days) MO
fluocinonide soln	4	QL (60 ML per 30 days) MO
fluticasone propionate crea 0.05%	3	MO
fluticasone propionate lotn 0.05%	4	QL (120 ML per 30 days) MO
fluticasone propionate oint 0.005%	3	MO
halobetasol proprionate cream, oint	4	QL (50 GM per 30 days) MO
hydrocortisone butyrate hydrophilic lipophilic base cream 0.1%	4	QL (60 GM per 30 days) MO
hydrocortisone butyrate lotn 0.1%	4	QL (118 ML per 30 days) MO
hydrocortisone butyrate crea, oint	4	QL (45 GM per 30 days) MO
hydrocortisone butyrate soln	4	QL (60 ML per 30 days) MO
hydrocortisone valerate	4	QL (60 GM per 30 days) MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
hydrocortisone crea 1%	1	MO GC
hydrocortisone crea 2.5%	1	QL (30 GM per 30 days) MO GC
hydrocortisone lotn 2.5%	2	MO GC
hydrocortisone oint 2.5%	1	QL (30 GM per 30 days) MO GC
mometasone furoate crea 0.1%	3	MO
mometasone furoate oint 0.1%	3	MO
mometasone furoate soln 0.1%	3	MO
PREDNICARBATE CREA	4	QL (60 GM per 30 days) MO
prednicarbate oint	4	QL (60 GM per 30 days) MO
proctosol hc	4	
TEXACORT	4	MO
tovet	4	QL (100 GM per 30 days)
triamcinolone acetonide aers spray	4	MO
triamcinolone acetonide crea 0.025%, 0.5%	2	MO GC
triamcinolone acetonide crea 0.1%	2	QL (454 GM per 30 days) MO GC
triamcinolone acetonide lotn 0.025%, 0.1%	3	MO
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	2	MO GC
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl external soln 4%	4	QL (50 ML per 30 days) PA MO
lidocaine/prilocaine	4	QL (30 GM per 30 days) PA MO
lidocaine ptch	3	QL (3 EA per 1 days) PA MO
lidocaine oint	4	QL (35.44 GM per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir oint 5%	4	QL (30 GM per 30 days) MO
ammonium lactate	3	MO
azelaic acid gel 15%	4	QL (50 GM per 30 days) MO
diclofenac sodium gel 1%	3	QL (1000 GM per 30 days) PA MO

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DOXEPIN HYDROCHLORIDE CREA 5%	5	QL (45 GM per 30 days) PA MO
DOXYCYCLINE DR CAP 40MG	4	QL (30 EA per 30 days) PA MO
FINACEA FOAM 15%	4	QL (50 GM per 30 days) MO
FLUOROPLEX	5	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	5	QL (30 GM per 30 days) PA MO
fluorouracil crea 5%	4	QL (40 GM per 30 days) PA MO
fluorouracil external soln 2%, 5%	4	QL (10 ML per 30 days) MO
hydrocortisone perianal cream 1%	4	MO
IMIQUIMOD PUMP	5	QL (7.5 GM per 30 days) MO
imiquimod crea 5%	3	QL (24 EA per 30 days) MO
imiquimod crea 3.75%	5	QL (28 EA per 28 days) MO
metronidazole crea 0.75%	4	QL (45 GM per 30 days) MO
metronidazole gel 0.75%, 1%	4	MO
metronidazole lotn 0.75%	4	MO
NORITATE	5	QL (60 GM per 30 days) MO
ORACEA	4	QL (30 EA per 30 days) PA MO
PANRETIN	5	QL (60 GM per 30 days)
PENNSAID	5	QL (224 GM per 28 days) PA MO
podofilox	4	MO
procto-med hc	4	
procto-pak	4	MO
proctozone-hc	4	
RECTIV	4	QL (30 GM per 30 days) MO
rosadan gel	4	
rosadan crea	4	QL (45 GM per 30 days)
tacrolimus oint 0.03%, 0.1%	4	QL (60 GM per 30 days) MO
TARGRETIN	5	QL (60 GM per 30 days) PA
VALCHLOR	5	QL (60 GM per 30 days) PA LA
ZYCLARA PUMP 2.5%	5	QL (15 GM per 30 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion	3	MO
permethrin cream 5%	4	MO

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Drug name	Drug tier	Requirements/Limits
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	MO
SODIUM CHLORIDE 0.9% IRRIGATION SOLN	3	MO
STERILE WATER FOR IRRIGATION	3	MO
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hydrochloride	4	MO
chlorhexidine gluconate soln 0.12%	1	MO GC
clinpro 5000	4	MO
clotrimazole troc 10mg	3	MO
dentagel	4	QL (56 GM per 30 days) MO
fluoridex daily defense	4	
fluoridex sensitivity relief/sls free	4	
lidocaine viscous sol 2%	4	MO
nystatin susp 100000unit/ml	4	MO
oralone dental paste	4	
paroex	1	GC
periogard	1	MO GC
pilocarpine hydrochloride tabs	4	MO
sf gel	4	QL (56 GM per 30 days) MO
sodium fluoride 5000 ppm	4	MO
sodium fluoride 5000 ppm sensitive	4	MO
sodium fluoride gel 1.1%	4	QL (56 GM per 30 days) MO
triamcinolone acetonide dental paste	4	MO

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Contract/PBP: H0523-002, 022, 031, 052, 061; **H1109**-005, 006; **H1608**-001, 004, 008, 012, 013, 016, 017, 018, 021, 024, 028, 029, 031, 035, 037, 038, 039, 040, 041, 043, 047, 048, 050, 051, 052, 053, 054, 056, 059; **H1609**-001, 009, 028, 053, 060; **H1692**-002, 003, 004; **H2056**-001, 002, 003, 004, 005; **H2663**-006, 017, 021, 023, 026, 028, 029, 032, 034, 038, 039, 040, 041, 042, 043; **H3146**-001, 004, 005, 006, 010, 011, 012, 013, 014; **H3152**-022, 048, 080, 082, 084, 088, 092; **H3192**-002, 003; **H3288**-001, 002, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, 015, 016, 017, 018, 019, 020, 021, 022, 023, 024, 025, 026, 027, 028, 029, 030, 031, 032, 033, 035, 036, 037, 038, 039, 040, 041, 042, 043, 044, 046, 047, 048; **H3312**-002, 018, 048, 062, 064, 065, 068; **H3597**-001, 007, 009; **H3748**-001, 003, 004, 005, 006, 007, 008, 009; **H3928**-001, 002; **H3931**-064, 070, 091, 092, 093, 094, 095, 096, 098, 099, 100, 101, 104, 105, 107, 108, 109, 112, 115, 118, 124, 126, 129, 133, 134, 140, 143; **H3959**-033, 037, 052, 055, 058; **H4523**-001, 015, 020, 021, 024; **H4711**-001, 002, 005, 006, 007, 008, 009; **H4835**-001, 002, 003, 004, 005, 006; **H5302**-018, 019; **H5521**-013, 015, 016, 020, 022, 027, 033, 037, 040, 053, 055, 056, 057, 076, 077, 081, 082, 083, 084, 085, 086, 087, 088, 089, 090, 091, 095, 099, 100, 101, 102, 110, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 127, 128, 134, 139, 140, 141, 150, 154, 156, 157, 159, 160, 168, 169, 170, 171, 177, 178, 184, 190, 194, 195, 196, 197, 200, 205, 206, 207, 211, 214, 215, 216, 217, 218, 219, 220, 222, 223, 224, 226, 227, 228, 230, 231, 232, 233, 234, 236, 239, 243, 245, 246, 247, 249, 250, 251, 252, 254, 259, 260, 262, 263, 266, 267, 268, 269, 270, 271, 272, 273, 275, 277, 278, 280, 281, 284, 285, 288, 289, 290, 292, 293, 294, 295, 298, 299, 300, 301, 302, 303, 304, 305, 307, 309, 310, 311, 312, 313, 314, 318, 319, 321, 326, 328, 331, 332, 333, 340, 341, 344, 345, 348, 352, 354; **H5522**-004, 017, 020; **H5793**-001, 010, 014, 015, 016, 018; **H7149**-001, 004; **H7301**-007, 009, 011, 012; **H8332**-001, 002, 003, 004; **H8649**-003, 008; **H9431**-001, 002, 004, 005, 006, 009, 013, 014; **R6694**-006

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