

CDPHP® Medicare Advantage Drug Plans

CDPHP Group Medicare Rx (HMO)

CDPHP Group Medicare Rx (PPO)



A plan for life.

2026 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00026443

This formulary was updated on 5/8/2026. For more recent information or other questions, please contact the Capital Rx Customer Care Center at 1-866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week. Or, visit www.cdphp.com.

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 CDPHP. When it refers to “plan” or “our plan,” it means CDPHP Medicare Advantage Drug Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 5/8/2026. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Y0019_GR26_33110_C

This formulary was updated on 5/8/2026

What is the CDPHP Medicare Advantage Drug Plans Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by CDPHP Medicare Advantage Drug Plans 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. CDPHP Medicare Advantage Drug Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CDPHP Medicare Advantage Drug Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

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

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

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

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

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

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

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

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

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- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CDPHP Medicare Advantage Drug Plan Formulary?”

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

The enclosed formulary is current as of 5/8/2026. To get updated information about the drugs covered by CDPHP Medicare Advantage Drug Plans, please contact us. Our contact information appears on the front and back cover pages.

If we make changes to the formulary during the coverage year, you can download the updated document from our website at www.cdphp.com or call the Capital Rx Customer Care Center to request a copy. Throughout the year, we also post a cumulative Notice of Formulary Updates on our website. You can download a copy online, or call member services and we'll mail you one.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, **CARDIOVASCULAR**. If you know what your drug is used for, look for the category name in the list that begins on page 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 135. 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?

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

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

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

- ▶ For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- ▶ **Prior Authorization:** CDPHP Medicare Advantage Drug Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CDPHP Medicare Advantage Drug Plans before you fill your prescriptions. If you don't get approval, CDPHP Medicare Advantage Drug Plans may not cover the drug.
- ▶ **Quantity Limits:** For certain drugs, CDPHP Medicare Advantage Drug Plans limit the amount of the drug that CDPHP Medicare Advantage Drug Plans will cover. For example, CDPHP Medicare Advantage Drug Plans provides 30 tabs in 30 days per prescription for FARXIGA. This may be in addition to a standard one-month or three-month supply.
- ▶ **Step Therapy:** In some cases, CDPHP Medicare Advantage Drug Plans 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, CDPHP Medicare Advantage Drug Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CDPHP Medicare Advantage Drug Plans 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 9. 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 CDPHP Medicare Advantage Drug Plans 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 CDPHP Medicare Advantage Drug Plans formulary?” on page 5 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 the Capital Rx Customer Care Center and ask if your drug is covered.

If you learn that CDPHP Medicare Advantage Drug Plans does not cover your drug, you have two options:

- ▶ You can ask the Capital Rx Customer Care Center for a list of similar drugs that are covered by CDPHP Medicare Advantage Drug Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by CDPHP Medicare Advantage Drug Plans.
- ▶ You can ask CDPHP Medicare Advantage Drug Plans 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 CDPHP Medicare Advantage Drug Plans’ Formulary?

You can ask CDPHP Medicare Advantage Drug Plans 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, CDPHP Medicare Advantage Drug Plans limit 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, CDPHP Medicare Advantage Drug Plans will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber’s supporting statement.

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

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

For each of your drugs that is not on our formulary or 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.

Members residing in a long-term care facility and members who experience an unplanned change in level of care will be granted a one-time override so they can continue to receive their medication while a formulary exception request is processed. The pharmacy filling the prescription is responsible for obtaining the override from our plan.

For more information

For more detailed information about your CDPHP Medicare Advantage Drug Plans prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about CDPHP Medicare Advantage Drug Plans, 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 www.medicare.gov.

CDPHP Medicare Advantage Drug Plans' Formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by CDPHP Medicare Advantage Drug Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 135.

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

The information in the Requirements/Limits column tells you if CDPHP Medicare Advantage Drug Plans has any special requirements for coverage of your drug.

PA = Prior Authorization

QL = Quantity Limits (Specific quantity limits are listed in the Requirements/Limits column of the drug chart.)

Part B vs D Determination = This prescription drug may be covered under our medical benefit. For more information, please contact the Capital Rx Customer Care Center at 1-866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week.

ST = Step Therapy

LA = This prescription may be available only at certain pharmacies. For more information consult our *Pharmacy Directory* or call the Capital Rx Customer Care Center at 1-866-289-2319. TTY users should call 711.

* = Additional information for that prescription

Initial Coverage Period Copayments

Please refer to your *Evidence of Coverage* and Rider for Group Medicare Pharmacy Coverage or Rider for Group Medicare Enhanced Pharmacy Coverage for your plan's specific copayments and payment information.

This formulary was updated on 5/8/2026. For more recent information or other questions, please contact the Capital Rx Customer Care Center at 1-866-289-2319. TTY users should call 711. Or, visit www.cdphp.com.

CY2026 CDPHP MAPD 5T GROUP (PDF) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
ANALGESICS, OTHER		
JOURNAVX 50 MG TAB	4	PA, QL (29 PER 30 OVER TIME)
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	4	
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	4	QL (60 PER 30 DAYS)
<i>diclofenac potassium 50 mg tab</i>	4	
<i>diclofenac sodium (1.5 % solution, 25 mg tab dr)</i>	4	
<i>diclofenac sodium (50 mg tab dr, 75 mg tab dr)</i>	2	
<i>diclofenac sodium 3 % gel</i>	4	PA, QL (100 GM PER 30 DAYS)
<i>diclofenac sodium er 100 mg tab er 24h</i>	4	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	4	
<i>diflunisal 500 mg tab</i>	4	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	4	
<i>etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)</i>	4	
<i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	4	
FLURBIPROFEN 100 MG TAB	4	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	2	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	3	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	2	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	2	
<i>indomethacin er 75 mg cap er</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KETOPROFEN 50 MG CAP	4	
KETOPROFEN ER 200 MG CAP ER 24H	4	QL (30 PER 30 DAYS)
<i>ketorolac tromethamine 10 mg tab</i>	3	QL (20 PER 30 OVER TIME)
<i>meloxicam 15 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>nabumetone (500 mg tab, 750 mg tab)</i>	4	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	2	
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	4	
<i>naproxen dr 500 mg tab dr</i>	4	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	4	
<i>oxaprozin 600 mg tab</i>	4	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	4	
<i>sulindac (150 mg tab, 200 mg tab)</i>	4	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)</i>	3	
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	2	
<i>fentanyl (37.5 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr)</i>	4	
HYDROCODONE BITARTRATE ER (10 MG CAP ER 12H, 15 MG CAP ER 12H, 20 MG CAP ER 12H, 30 MG CAP ER 12H, 40 MG CAP ER 12H, 50 MG CAP ER 12H)	4	
<i>hydromorphone hcl er (8 mg tab er 24h, 12 mg tab er 24h, 16 mg tab er 24h, 32 mg tab er 24h)</i>	4	
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc)</i>	2	
<i>methadone hcl intensol 10 mg/ml conc</i>	2	
METHADOSE 10 MG/ML CONC	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
METHADOSE SUGAR-FREE 10 MG/ML CONC	2	
MORPHINE SULFATE ER (10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H, 100 MG TAB ER, 200 MG TAB ER)	4	
<i>morphine sulfate er (15 mg tab er, 30 mg tab er, 60 mg tab er)</i>	2	
MORPHINE SULFATE ER BEADS (30 MG CAP ER 24H, 45 MG CAP ER 24H, 60 MG CAP ER 24H, 75 MG CAP ER 24H, 90 MG CAP ER 24H, 120 MG CAP ER 24H)	4	
OXYCODONE HCL ER (10 MG TB12 DETER, 20 MG TB12 DETER, 40 MG TB12 DETER)	4	
OXYMORPHONE HCL ER (5 MG TAB ER 12H, 7.5 MG TAB ER 12H, 10 MG TAB ER 12H, 15 MG TAB ER 12H, 20 MG TAB ER 12H, 30 MG TAB ER 12H, 40 MG TAB ER 12H)	4	
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	3	
<i>tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg cap er 24h, 300 mg tab er 24h)</i>	3	
OPIOID ANALGESICS, SHORT-ACTING		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	4	
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab, 300-60 mg tab)</i>	4	
<i>ascomp-codeine 50-325-40-30 mg cap</i>	4	
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	4	
<i>butalbital-asa-caff-codeine 50-325-40-30 mg cap</i>	4	
<i>butorphanol tartrate 10 mg/ml solution</i>	4	
CODEINE SULFATE (15 MG TAB, 30 MG TAB, 60 MG TAB)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	4	
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab, 10-325 mg/15ml solution)</i>	4	
<i>hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab)</i>	4	
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	4	
MORPHINE SULFATE (10 MG/5ML SOLUTION, 15 MG TAB, 20 MG/5ML SOLUTION, 30 MG TAB)	4	
<i>morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)</i>	4	
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	4	
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	4	
<i>oxymorphone hcl (5 mg tab, 10 mg tab)</i>	4	
PENTAZOCINE-NALOXONE HCL 50-0.5 MG TAB	4	
<i>tramadol hcl 100 mg tab</i>	3	
<i>tramadol hcl 50 mg tab</i>	2	
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	2	

ANESTHETICS

LOCAL ANESTHETICS

AGONEAZE 2.5-2.5 % KIT	2	PA - PART B VS D DETERMINATION
<i>lidocaine 5 % ointment</i>	4	
<i>lidocaine 5 % patch</i>	4	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl (1 % solution, 2 % solution, 4 % solution)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LIDOCAINE HCL (CARDIAC) PF 100 MG/5ML SOLUTION	2	
<i>lidocaine hcl (pf) 2 % solution</i>	2	
<i>lidocaine hcl urethral/mucosal (2 % gel, 2 % prsyr)</i>	2	
<i>lidocaine viscous hcl 2 % solution</i>	2	
<i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>	2	PA - PART B VS D DETERMINATION
LIVIXIL PAK 2.5-2.5 % KIT	2	PA - PART B VS D DETERMINATION
NAYZILAM 5 MG/0.1ML SOLUTION	4	
PRILOVIX 2.5-2.5 % KIT	2	PA - PART B VS D DETERMINATION
<i>prilovix lite 2.5-2.5 % kit</i>	2	PA - PART B VS D DETERMINATION
<i>prilovix lite plus 2.5-2.5 % kit</i>	2	PA - PART B VS D DETERMINATION
PRILOVIX PLUS 2.5-2.5 % KIT	2	PA - PART B VS D DETERMINATION
<i>prilovix ultralite 2.5-2.5 % kit</i>	2	PA - PART B VS D DETERMINATION
<i>prilovix ultralite plus 2.5-2.5 % kit</i>	2	PA - PART B VS D DETERMINATION
<i>tridacaine iii 5 % patch</i>	4	PA, QL (90 PER 30 DAYS)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

ALCOHOL DETERRENTS/ANTI-CRAVING

<i>acamprosate calcium 333 mg tab dr</i>	3	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	3	
VIVITROL 380 MG RECON SUSP	5	

OPIOID DEPENDENCE

BELBUCA (600 MCG FILM, 750 MCG FILM)	4	
BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM)	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BELBUCA 900 MCG FILM	5	
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	2	
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)</i>	2	
<i>lofexidine hcl 0.18 mg tab</i>	5	
LUCEMYRA 0.18 MG TAB	5	

OPIOID REVERSAL AGENTS

KLOXXADO 8 MG/0.1ML LIQUID	3	QL (2 PER 30 DAYS)
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)</i>	2	
<i>naloxone hcl (0.4 mg/ml solution, 4 mg/10ml solution)</i>	4	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	3	
<i>naltrexone hcl 50 mg tab</i>	2	
NARCAN 4 MG/0.1ML LIQUID	3	
REXTOVY 4 MG/0.25ML LIQUID	3	

SMOKING CESSATION AGENTS

<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	3	
NICOTROL 10 MG INHALER	4	
NICOTROL NS 10 MG/ML SOLUTION	4	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	3	QL (336 PER 365 OVER TIME)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	3	QL (336 PER 365 OVER TIME)
<i>varenicline tartrate(continue) 1 mg tab</i>	3	QL (336 PER 365 OVER TIME)

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate 500 mg/2ml solution</i>	4	
ARIKAYCE 590 MG/8.4ML SUSPENSION	5	PA, QL (236 ML PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GENTAMICIN IN SALINE (0.8-0.9 MG/ML-% SOLUTION, 1-0.9 MG/ML-% SOLUTION, 1.2-0.9 MG/ML-% SOLUTION, 1.6-0.9 MG/ML-% SOLUTION, 2-0.9 MG/ML-% SOLUTION)	2	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment, 10 mg/ml solution, 40 mg/ml solution)</i>	2	
<i>neomycin sulfate 500 mg tab</i>	2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	4	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	3	
ANTIBACTERIALS, OTHER		
<i>acetic acid 0.25 % solution</i>	4	
<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	4	
CAYSTON 75 MG RECON SOLN	5	LA
CLEOCIN 100 MG SUPPOS	4	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	2	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	2	
<i>clindamycin phosphate (2 % cream, 9 gm/60ml solution, 900 mg/6ml solution)</i>	2	
<i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	2	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	4	
DAPTOMYCIN 350 MG RECON SOLN	5	
DAPTOMYCIN 500 MG RECON SOLN	4	
<i>fosfomycin tromethamine 3 gm packet</i>	3	
<i>linezolid 100 mg/5ml recon susp</i>	5	
<i>linezolid 600 mg tab</i>	4	QL (60 PER 30 DAYS)
<i>linezolid 600 mg/300ml solution</i>	4	
<i>methenamine hippurate 1 gm tab</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metronidazole (0.75 % cream, 0.75 % gel)</i>	1	
<i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab, 500 mg/100ml solution)</i>	2	
<i>metronidazole (1 % gel, 375 mg cap)</i>	4	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	3	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	2	
NUVESSA 1.3 % GEL	4	
SIVEXTRO (200 MG RECON SOLN, 200 MG TAB)	5	PA, QL (6 PER 6 OVER TIME)
SOLOSEC 2 GM PACKET	4	
TIGECYCLINE 50 MG RECON SOLN	4	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	2	
TRIMETHOPRIM 100 MG TAB	2	
VANCOMYCIN HCL (1 GM RECON SOLN, 1.75 GM RECON SOLN, 2 GM RECON SOLN, 10 GM RECON SOLN, 500 MG RECON SOLN, 750 MG RECON SOLN, 750 MG/150ML SOLUTION)	3	
<i>vancomycin hcl (25 mg/ml recon soln, 125 mg cap, 250 mg cap)</i>	4	
VANCOMYCIN HCL 1000 MG/200ML SOLUTION	2	
VANCOMYCIN HCL IN DEXTROSE (1-5 GM/200ML-% SOLUTION, 750-5 MG/150ML-% SOLUTION)	2	
VANCOMYCIN HCL IN NAACL 1-0.9 GM/200ML-% SOLUTION	2	
XIFAXAN 200 MG TAB	4	
XIFAXAN 550 MG TAB	5	
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	4	
CEFACLOR ER 500 MG TAB ER 12H	4	
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefazolin sodium (1 gm recon soln, 10 gm recon soln, 500 mg recon soln)</i>	4	
CEFAZOLIN SODIUM 2 GM RECON SOLN	2	
CEFAZOLIN SODIUM-DEXTROSE (2-3 GM-%(50ML) RECON SOLN, 2-4 GM/100ML-% SOLUTION)	2	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	4	
<i>cefepime hcl (1 gm recon soln, 2 gm recon soln)</i>	4	
CEFIXIME (100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 400 MG CAP, 400 MG TAB)	4	
<i>cefoxitin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	4	
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB)	4	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	4	
<i>ceftaroline fosamil (400 mg recon soln, 600 mg recon soln)</i>	5	
CEFTAZIDIME (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	4	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	4	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	4	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	4	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab)</i>	2	
<i>cephalexin 750 mg cap</i>	4	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	2	
<i>amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 600-42.9 mg/5ml recon susp)</i>	3	
<i>amoxicillin-pot clavulanate (250-125 mg tab, 500-125 mg tab, 875-125 mg tab)</i>	2	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h</i>	3	
<i>ampicillin 500 mg cap</i>	2	
AMPICILLIN SODIUM (1 GM RECON SOLN, 10 GM RECON SOLN, 125 MG RECON SOLN)	3	
<i>ampicillin sodium (2 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	2	
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 3 (2-1) gm recon soln, 15 (10-5) gm recon soln)</i>	3	
BICILLIN C-R 1200000 UNIT/2ML SUSPENSION	4	
BICILLIN C-R 900/300 900000-300000 UNIT/2ML SUSPENSION	4	
BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR)	4	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	2	
LENTOCILIN 1200000 UNIT RECON SUSP	4	
<i>nafcillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	4	
<i>oxacillin sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln)</i>	4	
OXACILLIN SODIUM IN DEXTROSE (1 GM/50ML SOLUTION, 2 GM/50ML SOLUTION)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENICILLIN G POT IN DEXTROSE (40000 UNIT/ML SOLUTION, 60000 UNIT/ML SOLUTION)	4	
<i>penicillin g potassium (5000000 recon soln, 20000000 recon soln)</i>	4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	4	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	2	
<i>pfizerpen (5000000 recon soln, 20000000 recon soln)</i>	4	
<i>piperacillin sod-tazobactam so (2.25 (2-0.25) gm recon ln, 3-0.375 gm recon ln, 3.375 (3-0.375) gm recon ln, 4-0.5 gm recon ln, 4.5 (4-0.5) gm recon ln, 13.5 (12-1.5) gm recon ln, 40.5 (36-4.5) gm recon ln)</i>	3	
CARBAPENEMS		
<i>ertapenem sodium 1 gm recon soln</i>	4	
<i>imipenem-cilastatin 500 mg recon soln</i>	4	
<i>meropenem 1 gm recon soln</i>	4	
<i>meropenem 500 mg recon soln</i>	3	
VABOMERE 2 (1-1) GM RECON SOLN	4	
MACROLIDES		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg recon soln, 500 mg tab, 600 mg tab)</i>	2	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	4	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	2	
<i>clarithromycin er 500 mg tab er 24h</i>	3	
DIFICID (40 MG/ML RECON SUSP, 200 MG TAB)	5	
E.E.S. 400 400 MG TAB	3	
<i>erythromycin (250 mg tab dr, 333 mg tab dr)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin 500 mg tab dr</i>	3	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab)</i>	4	
<i>erythromycin base 500 mg tab dr</i>	3	
<i>erythromycin ethylsuccinate 400 mg tab</i>	3	
<i>fidaxomicin 200 mg tab</i>	5	

QUINOLONES

BESIFLOXACIN HCL 0.6 % SUSPENSION	4	
BESIVANCE 0.6 % SUSPENSION	4	
CILOXAN 0.3 % OINTMENT	4	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
CIPROFLOXACIN IN D5W 200 MG/100ML SOLUTION	3	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>levofloxacin 25 mg/ml solution</i>	4	
<i>levofloxacin in d5w 500 mg/100ml solution</i>	3	
<i>moxifloxacin hcl 400 mg tab</i>	3	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	4	
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	4	
OFLOXACIN (300 MG TAB, 400 MG TAB)	3	

SULFONAMIDES

<i>sulfadiazine 500 mg tab</i>	2	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	2	

TETRACYCLINES

<i>doxy 100 100 mg recon soln</i>	4	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline hyclate (75 mg tab dr, 100 mg recon soln, 100 mg tab dr, 150 mg tab dr, 200 mg tab dr)</i>	4	
<i>doxycycline hyclate 20 mg tab</i>	2	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 150 mg tab)</i>	4	
<i>doxycycline monohydrate (50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)</i>	3	
<i>minocycline hcl (50 mg cap, 75 mg cap, 100 mg cap)</i>	2	
<i>minocycline hcl (50 mg tab, 100 mg tab)</i>	4	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	4	

ANTICONSULSANTS

ANTICONSULSANTS, OTHER

<i>brivaracetam (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	4	QL (60 PER 30 DAYS)
<i>brivaracetam 10 mg/ml solution</i>	4	QL (600 ML PER 30 DAYS)
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	5	QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML SOLUTION	5	QL (600 ML PER 30 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	5	LA
<i>divalproex sodium (125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	2	
<i>divalproex sodium 125 mg cap dr</i>	3	
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	2	
EPIDIOLEX 100 MG/ML SOLUTION	5	LA, PA - FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	4	
FINTEPLA 2.2 MG/ML SOLUTION	5	LA, PA - FOR NEW STARTS ONLY
FYCOMPA (0.5 MG/ML SUSPENSION, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FYCOMPA (4 MG TAB, 6 MG TAB)	5	QL (30 PER 30 DAYS)
FYCOMPA 2 MG TAB	4	QL (30 PER 30 DAYS)
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>lamotrigine (5 mg chew tab, 21 x 25 mg & 7 x 50 mg kit, 25 & 50 & 100 mg kit, 25 mg chew tab, 25 mg tab disp, 42 x 50 mg & 14x100 mg kit, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	4	
<i>lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)</i>	4	
<i>lamotrigine starter kit-green 84 x 25 mg & 14x100 mg kit</i>	4	
<i>lamotrigine starter kit-orange 42 x 25 mg & 7 x 100 mg kit</i>	4	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	4	
<i>levetiracetam er 500 mg tab er 24h</i>	4	QL (180 PER 30 DAYS)
<i>levetiracetam er 750 mg tab er 24h</i>	4	QL (120 PER 30 DAYS)
MOTPOLY XR 100 MG CAP ER 24H	4	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
MOTPOLY XR 150 MG CAP ER 24H	4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
MOTPOLY XR 200 MG CAP ER 24H	4	PA - FOR NEW STARTS ONLY
<i>perampanel (0.5 mg/ml suspension, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)</i>	5	
<i>perampanel 2 mg tab</i>	4	
SPRITAM (250 MG TAB, 500 MG TAB)	4	QL (60 PER 30 DAYS)
<i>subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
SUBVENITE 10 MG/ML SUSPENSION	4	
<i>subvenite starter kit-blue 35 x 25 mg kit</i>	4	
<i>subvenite starter kit-green 84 x 25 mg & 14x100 mg kit</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>subvenite starter kit-orange 42 x 25 mg & 7 x 100 mg kit</i>	4	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg/ml solution)</i>	4	
<i>topiramate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>topiramate er (150 mg cp24 sprnk, 200 mg cp24 sprnk)</i>	4	
<i>topiramate er (25 mg cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk)</i>	4	QL (30 PER 30 DAYS)
<i>topiramate er 200 mg cap er 24h</i>	4	QL (90 PER 30 DAYS)
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	4	
XCOPRI (150 MG TAB, 200 MG TAB)	5	QL (60 PER 30 DAYS)
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB)	5	QL (30 PER 30 DAYS)

CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide 250 mg cap</i>	2	
<i>ethosuximide 250 mg/5ml solution</i>	4	
<i>methsuximide 300 mg cap</i>	4	

GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)</i>	3	
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	4	
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	3	
PHENOBARBITAL (15 MG TAB, 16.2 MG TAB, 20 MG/5ML ELIXIR, 30 MG TAB, 30 MG/7.5ML ELIXIR, 32.4 MG TAB, 60 MG TAB, 60 MG/15ML ELIXIR, 64.8 MG TAB, 97.2 MG TAB, 100 MG TAB)	4	
<i>primidone (50 mg tab, 125 mg tab, 250 mg tab)</i>	4	
SYMPAZAN (5 MG FILM, 10 MG FILM)	5	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMPAZAN 20 MG FILM	5	
<i>tiagabine hcl (2 mg tab, 4 mg tab, 12 mg tab, 16 mg tab)</i>	4	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	5	
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	5	
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	5	
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	5	
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	5	LA
<i>vigadrone 500 mg packet</i>	5	LA
<i>vigadrone 500 mg tab</i>	5	
VIGAFYDE 100 MG/ML SOLUTION	5	
<i>vigpoder 500 mg packet</i>	5	LA
ZTALMY 50 MG/ML SUSPENSION	5	LA, PA - FOR NEW STARTS ONLY

SODIUM CHANNEL AGENTS

APTIOM (600 MG TAB, 800 MG TAB)	5	QL (60 PER 30 DAYS)
APTIOM 200 MG TAB	4	QL (30 PER 30 DAYS)
APTIOM 400 MG TAB	5	QL (30 PER 30 DAYS)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	4	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	4	
DILANTIN (30 MG CAP, 100 MG CAP)	4	
DILANTIN INFATABS 50 MG CHEW TAB	4	
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	5	QL (30 PER 30 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	5	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	4	
<i>lacosamide (50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	3	QL (60 PER 30 DAYS)
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	4	
<i>phenytek 300 mg cap</i>	4	
<i>phenytoin (50 mg chew tab, 125 mg/5ml suspension)</i>	4	
<i>phenytoin infatabs 50 mg chew tab</i>	4	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	4	
<i>rufinamide 200 mg tab</i>	4	QL (480 PER 30 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	5	QL (2400 ML PER 30 DAYS)
<i>rufinamide 400 mg tab</i>	5	QL (240 PER 30 DAYS)
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	5	QL (28 PER 28 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	5	QL (56 PER 28 DAYS)
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	5	QL (56 PER 28 DAYS)
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	3	QL (28 PER 28 DAYS)
ZONISADE 100 MG/5ML SUSPENSION	4	
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	4	

ANTIDEMENTIA AGENTS

CHOLINESTERASE INHIBITORS

<i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>	2	
<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	1	
<i>donepezil hcl 23 mg tab</i>	3	QL (30 PER 30 DAYS)
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	4	
<i>galantamine hydrobromide er (8 mg cap er 24h, 16 mg cap er 24h, 24 mg cap er 24h)</i>	4	QL (30 PER 30 DAYS)
<i>rivastigmine (9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)</i>	4	
<i>rivastigmine 4.6 mg/24hr patch 24hr</i>	4	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	4	QL (60 PER 30 DAYS)

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution)</i>	3	QL (300 ML PER 30 DAYS)
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	2	QL (60 PER 30 DAYS)
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	4	QL (49 PER 28 DAYS)
<i>memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)</i>	3	QL (30 PER 30 DAYS)
<i>memantine hcl-donepezil hcl (14-10 mg cap er 24h, 21-10 mg cap er 24h, 28-10 mg cap er 24h)</i>	4	PA, QL (30 PER 30 DAYS)
<i>memantine hcl-donepezil hcl er 14-10 mg cap er 24h</i>	4	PA, QL (30 PER 30 DAYS)

ANTIDEPRESSANTS

ANTIDEPRESSANTS, OTHER

AUVELITY 45-105 MG TAB ER	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	3	
<i>bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)</i>	3	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	3	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB)	4	
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
EXXUA TITRATION PACK 18.2 MG TAB ER 24H	5	PA - FOR NEW STARTS ONLY
LYBALVI (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB)	5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LYBALVI 20-10 MG TAB	5	PA - FOR NEW STARTS ONLY
<i>mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab disp)</i>	3	
<i>mirtazapine (15 mg tab, 30 mg tab, 45 mg tab)</i>	2	
<i>mirtazapine 7.5 mg tab</i>	3	QL (30 PER 30 DAYS)
<i>olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)</i>	4	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	3	

Antidepressants, Other

ZURZUVAE (20 MG CAP, 25 MG CAP)	5	QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	5	QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY

MONOAMINE OXIDASE INHIBITORS

EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR)	5	QL (30 PER 30 DAYS)
MARPLAN 10 MG TAB	4	
PHENELZINE SULFATE 15 MG TAB	2	
<i>tranylcypromine sulfate 10 mg tab</i>	4	

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	4	
DESVENLAFAXINE ER (50 MG TAB ER 24H, 100 MG TAB ER 24H)	4	QL (30 PER 30 DAYS)
<i>desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h)</i>	4	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>	4	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	4	QL (30 PER 30 DAYS)
FETZIMA TITRATION 20 & 40 MG CP24 THPK	4	QL (28 PER 28 DAYS)
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i>	1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	4	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	3	
<i>fluvoxamine maleate er (100 mg cap er 24h, 150 mg cap er 24h)</i>	4	
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	4	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	2	
PAROXETINE HCL 10 MG/5ML SUSPENSION	4	
RALDESY 10 MG/ML SOLUTION	4	
<i>sertraline hcl (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>sertraline hcl 20 mg/ml conc</i>	4	
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>trazodone hcl 300 mg tab</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	4	QL (30 PER 30 DAYS)
<i>venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	3	
<i>venlafaxine hcl er (37.5 mg cap er 24h, 75 mg cap er 24h, 150 mg cap er 24h)</i>	2	QL (90 PER 30 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	4	QL (30 PER 30 DAYS)

TRICYCLICS

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	3	
<i>amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)</i>	3	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	4	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	3	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	2	
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	3	
<i>imipramine pamoate (75 mg cap, 100 mg cap, 125 mg cap, 150 mg cap)</i>	4	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	3	
<i>protriptyline hcl (5 mg tab, 10 mg tab)</i>	4	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	4	

ANTIEMETICS

ANTIEMETICS, OTHER

<i>compro 25 mg suppos</i>	4	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	2	
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	3	
<i>prochlorperazine 25 mg suppos</i>	4	
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	3	
<i>promethazine hcl (12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	4	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS)	4	
<i>scopolamine 1 mg/3days patch 72hr</i>	4	
<i>trimethobenzamide hcl 300 mg cap</i>	3	PA - PART B VS D DETERMINATION

EMETOGENIC THERAPY ADJUNCTS

ANZEMET 50 MG TAB	4	PA - PART B VS D DETERMINATION
<i>aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)</i>	4	PA - PART B VS D DETERMINATION
<i>dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	4	PA
<i>granisetron hcl 1 mg tab</i>	2	PA - PART B VS D DETERMINATION
<i>ondansetron (4 mg tab disp, 8 mg tab disp)</i>	2	PA - PART B VS D DETERMINATION
<i>ondansetron hcl (4 mg tab, 8 mg tab)</i>	2	PA - PART B VS D DETERMINATION
<i>ondansetron hcl +rfid 4 mg/2ml solution</i>	2	
<i>ondansetron hcl 4 mg/2ml solution</i>	2	
<i>ondansetron hcl 4 mg/5ml solution</i>	4	PA - PART B VS D DETERMINATION
SYNDROS 5 MG/ML SOLUTION	5	PA
VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK	4	PA - PART B VS D DETERMINATION

ANTIFUNGALS

AMPHOTERICIN B 50 MG RECON SOLN	2	PA - PART B VS D DETERMINATION
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amphotericin b liposome 50 mg recon susp</i>	4	PA - PART B VS D DETERMINATION
CASPOFUNGIN ACETATE (50 MG RECON SOLN, 70 MG RECON SOLN)	4	
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	2	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	5	
<i>econazole nitrate 1 % cream</i>	2	
ERAXIS (50 MG RECON SOLN, 100 MG RECON SOLN)	4	
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	4	
<i>flucytosine 250 mg cap</i>	4	
<i>flucytosine 500 mg cap</i>	5	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	3	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	3	
<i>itraconazole 10 mg/ml solution</i>	4	
<i>itraconazole 100 mg cap</i>	3	
<i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>	2	
<i>ketoconazole 2 % foam</i>	4	
<i>ketodan 2 % foam</i>	4	
<i>klayesta 100000 unit/gm powder</i>	2	
MICONAZOLE 3 200 MG SUPPOS	2	
<i>naftifine hcl (1 % cream, 2 % cream)</i>	4	
<i>nyamyc 100000 unit/gm powder</i>	2	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nystop 100000 unit/gm powder</i>	2	
<i>oxiconazole nitrate 1 % cream</i>	4	
<i>posaconazole (40 mg/ml suspension, 100 mg tab dr)</i>	5	
<i>tavaborole 5 % solution</i>	4	PA
<i>terbinafine hcl 250 mg tab</i>	2	
<i>terconazole (0.4 % cream, 0.8 % cream)</i>	2	
<i>terconazole 80 mg suppos</i>	4	
VIVJOA 150 MG CAP THPK	5	PA
<i>voriconazole (50 mg tab, 200 mg tab)</i>	4	
VORICONAZOLE 200 MG RECON SOLN	5	PA
<i>voriconazole 40 mg/ml recon susp</i>	5	

ANTIGOUT AGENTS

<i>allopurinol (100 mg tab, 300 mg tab)</i>	2	
<i>colchicine 0.6 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>colchicine-probenecid 0.5-500 mg tab</i>	2	
<i>febuxostat 40 mg tab</i>	4	QL (30 PER 30 DAYS)
<i>febuxostat 80 mg tab</i>	4	
<i>probenecid 500 mg tab</i>	2	

ANTIMIGRAINE AGENTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	3	PA, QL (1 ML PER 28 DAYS)
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Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists

NURTEC 75 MG TAB DISP	5	PA, QL (18 PER 30 OVER TIME)
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ERGOT ALKALOIDS

<i>dihydroergotamine mesylate 4 mg/ml solution</i>	5	PA, QL (8 ML PER 28 OVER TIME)
ERGOMAR 2 MG SL TAB	4	QL (20 PER 28 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERGOTAMINE-CAFFEINE 1-100 MG TAB	3	QL (40 PER 30 OVER TIME)
MIGERGOT 2-100 MG SUPPOS	4	QL (20 PER 28 OVER TIME)

SEROTONIN (5-HT) RECEPTOR AGONIST

<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	3	QL (18 PER 30 OVER TIME)
<i>rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)</i>	3	QL (24 PER 30 OVER TIME)
<i>sumatriptan 20 mg/act solution</i>	4	QL (12 PER 30 OVER TIME)
<i>sumatriptan 5 mg/act solution</i>	4	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	4	QL (10 ML PER 30 OVER TIME)
<i>sumatriptan-naproxen sodium 85-500 mg tab</i>	4	QL (9 PER 30 OVER TIME)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	3	QL (12 PER 30 OVER TIME)

ANTIMYASTHENIC AGENTS

PARASYMPATHOMIMETICS

PYRIDOSTIGMINE BROMIDE 30 MG TAB	4	
<i>pyridostigmine bromide 60 mg tab</i>	2	
<i>pyridostigmine bromide er 180 mg tab er</i>	4	
VYVGART HYTRULO 1000-10000 MG-UNT/5ML SOLN PRSYR	5	PA, QL (20 ML PER 28 DAYS)

ANTIMYCOBACTERIALS

ANTIMYCOBACTERIALS, OTHER

<i>dapsone (25 mg tab, 100 mg tab)</i>	2	
<i>rifabutin 150 mg cap</i>	4	

ANTITUBERCULARS

<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	2	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRIFTIN 150 MG TAB	4	
<i>pyrazinamide 500 mg tab</i>	2	
<i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i>	2	
SIRTURO (20 MG TAB, 100 MG TAB)	5	LA
TRECTOR 250 MG TAB	4	

ANTINEOPLASTICS

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	3	PA - PART B VS D DETERMINATION
GLEOSTINE (10 MG CAP, 40 MG CAP)	4	
GLEOSTINE 100 MG CAP	5	
LEUKERAN 2 MG TAB	5	
<i>lomustine (10 mg cap, 40 mg cap)</i>	4	
<i>lomustine 100 mg cap</i>	5	
MATULANE 50 MG CAP	5	LA

ANTIANDROGENS

<i>abiraterone acetate 250 mg tab</i>	5	PA - FOR NEW STARTS ONLY
<i>bicalutamide 50 mg tab</i>	2	
ERLEADA 240 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
ERLEADA 60 MG TAB	5	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
EULEXIN 125 MG CAP	5	QL (180 PER 30 DAYS)
NILUTAMIDE 150 MG TAB	5	
NUBEQA 300 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
ORSERDU 345 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XTANDI (40 MG CAP, 40 MG TAB)	5	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
YONSA 125 MG TAB	5	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY

ANTIANGIOGENIC AGENTS

<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap, 20 mg cap, 25 mg cap)</i>	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)</i>	5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	5	LA, QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
THALOMID 100 MG CAP	5	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 50 MG CAP	5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY

ANTIESTROGENS/MODIFIERS

EMCYT 140 MG CAP	4	
INLURIYO 200 MG TAB	5	PA - FOR NEW STARTS ONLY
SOLTAMOX 10 MG/5ML SOLUTION	5	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	2	
<i>toremifene citrate 60 mg tab</i>	5	

ANTIMETABOLITES

<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	2	PA - PART B VS D DETERMINATION
<i>mercaptopurine 2000 mg/100ml suspension</i>	5	
<i>mercaptopurine 50 mg tab</i>	2	
ONUREG (200 MG TAB, 300 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
TABLOID 40 MG TAB	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTINEOPLASTICS, OTHER		
AKEEGA (50-500 MG TAB, 100-500 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
AUGTYRO 160 MG CAP	5	PA - FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	5	LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 5 MG CAP	5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>hydroxyurea 500 mg cap</i>	2	
INQOVI 35-100 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
IWILFIN 192 MG TAB	5	PA - FOR NEW STARTS ONLY
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab)</i>	2	
<i>leucovorin calcium 25 mg tab</i>	3	
LONSURF 15-6.14 MG TAB	5	QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LONSURF 20-8.19 MG TAB	5	QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	5	
MODEYSO 125 MG CAP	5	QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJJAARA (150 MG TAB, 200 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
OJJAARA 100 MG TAB	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PHEGO (60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION)	5	PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	5	LA, PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOLINZA 100 MG CAP	5	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	2	
<i>exemestane 25 mg tab</i>	3	
<i>letrozole 2.5 mg tab</i>	2	
ENZYME INHIBITORS		
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	5	PA - FOR NEW STARTS ONLY
ENSACOVE (25 MG CAP, 100 MG CAP)	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	5	LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
AYVAKIT (200 MG TAB, 300 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB)	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	5	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
BOSULIF (50 MG CAP, 400 MG TAB, 500 MG TAB)	5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG CAP	5	PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	5	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	5	LA, PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRUKINSA 160 MG TAB	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	5	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE 100 MG TAB	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	5	LA, PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	5	LA, PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	5	LA, PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
<i>dasatinib (20 mg tab, 70 mg tab)</i>	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (50 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)</i>	5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 25 MG TAB	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	5	
<i>erlotinib hcl 25 mg tab</i>	5	QL (30 PER 30 DAYS)
<i>everolimus (2 mg tab sol, 3 mg tab sol)</i>	5	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>everolimus (7.5 mg tab, 10 mg tab)</i>	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus 5 mg tab sol</i>	5	QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	5	LA, PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	5	PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI (1 MG CAP, 1 MG TAB SOL, 2 MG CAP)	5	PA - FOR NEW STARTS ONLY
HERNEXEOS 60 MG TAB	5	PA - FOR NEW STARTS ONLY
HYRNUO 10 MG TAB	5	PA - FOR NEW STARTS ONLY
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBTROZI 200 MG CAP	5	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB)	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (30 MG TAB, 45 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
IDHIFA (50 MG TAB, 100 MG TAB)	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	4	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (140 MG CAP, 140 MG TAB)	5	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (70 MG CAP, 420 MG TAB)	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 280 MG TAB	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMBRUVICA 70 MG/ML SUSPENSION	5	LA, QL (216 ML PER 27 DAYS), PA - FOR NEW STARTS ONLY
IMKELDI 80 MG/ML SOLUTION	5	QL (300 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	5	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	5	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
INREBIC 100 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
ITOVEBI 3 MG TAB	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 9 MG TAB	5	PA - FOR NEW STARTS ONLY
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI 25 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) 200 MG TAB THPK	5	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 MG TAB THPK	5	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 MG TAB THPK	5	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	5	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	5	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	5	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO (10 MG CAP, 25 MG CAP)	5	LA, PA - FOR NEW STARTS ONLY
KOSELUGO (5 MG CAP SPRINK, 7.5 MG CAP SPRINK)	5	PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KRAZATI 200 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
<i>lapatinib ditosylate 250 mg tab</i>	5	LA, QL (150 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 240 MG TAB	5	PA - FOR NEW STARTS ONLY
LAZCLUZE 80 MG TAB	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LIFYORLI (125 MG DOSE) 1 X 25 MG & 1 X 100 MG CAP THPK	5	PA - FOR NEW STARTS ONLY
LIFYORLI (150 MG DOSE) 2 X 25 MG & 1 X 100 MG CAP THPK	5	PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS (120 MG TAB, 240 MG TAB, 320 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TAB, 150 MG TAB)	5	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	5	QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	5	QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	5	QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	5	LA, QL (180 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>nilotinib hcl (50 mg cap, 150 mg cap, 200 mg cap)</i>	5	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	5	QL (3 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO (100 MG TAB, 150 MG TAB)	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 100 MG TAB	5	PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	5	LA, PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	5	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	5	LA, QL (14 PER 21 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	5	LA, PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	5	LA, PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	5	LA, PA - FOR NEW STARTS ONLY
RETEVMO (40 MG CAP, 40 MG TAB, 80 MG CAP, 80 MG TAB, 120 MG TAB, 160 MG TAB)	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 110 MG TAB	5	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 160 MG TAB	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REVUFORJ 25 MG TAB	5	QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	5	QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	5	LA, QL (150 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	5	LA, QL (360 PER 30 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	5	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	5	QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
SCSEMBLIX (40 MG TAB, 100 MG TAB)	5	PA - FOR NEW STARTS ONLY
SCSEMBLIX 20 MG TAB	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	5	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
<i>sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)</i>	5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TABRECTA (150 MG TAB, 200 MG TAB)	5	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (10 MG TAB SOL, 50 MG CAP, 75 MG CAP)	5	LA, PA - FOR NEW STARTS ONLY
TAGRISSE (40 MG TAB, 80 MG TAB)	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP)	5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP)	5	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAZVERIK 200 MG TAB	5	LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	5	LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA 150 MG TAB	5	LA, QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA 50 MG TAB	5	LA, QL (240 PER 30 DAYS), PA - FOR NEW STARTS ONLY
TURALIO 125 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
VANFLYTA (17.7 MG TAB, 26.5 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	3	LA, QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	5	LA, QL (224 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 50 MG TAB	5	LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	5	LA, QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VIJOICE (50 MG PACKET, 50 MG TAB THPK, 125 MG TAB THPK)	5	PA, QL (28 PER 28 DAYS)
VIJOICE 200 & 50 MG TAB THPK	5	PA
VITRAKVI 100 MG CAP	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 20 MG/ML SOLUTION	5	LA, QL (300 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VORANIGO 10 MG TAB	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 40 MG TAB	5	PA - FOR NEW STARTS ONLY
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 150 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	5	LA, PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	5	LA, PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) (10 MG TAB THPK, 40 MG TAB THPK)	5	LA, PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	5	LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	5	LA, PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	5	LA, PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	5	LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	5	PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	5	LA, PA - FOR NEW STARTS ONLY
ZEJULA (200 MG TAB, 300 MG TAB)	5	LA, PA - FOR NEW STARTS ONLY
ZEJULA 100 MG TAB	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	5	LA, PA - FOR NEW STARTS ONLY

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

ELREXFIO (44 MG/1.1ML SOLUTION, 76 MG/1.9ML SOLUTION)	5	PA - FOR NEW STARTS ONLY
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETINOIDS		
<i>bexarotene 1 % gel</i>	5	PA - FOR NEW STARTS ONLY
<i>bexarotene 75 mg cap</i>	5	
PANRETIN 0.1 % GEL	5	
<i>tretinoin 10 mg cap</i>	5	
TREATMENT ADJUNCTS		
HEMADY 20 MG TAB	4	
<i>mesna 400 mg tab</i>	5	
MESNEX 400 MG TAB	5	
VONJO 100 MG CAP	5	LA, PA - FOR NEW STARTS ONLY
ANTIPARASITICS		
ANTHELMINTHICS		
<i>albendazole 200 mg tab</i>	4	
EMVERM 100 MG CHEW TAB	5	
<i>ivermectin 3 mg tab</i>	2	
<i>praziquantel 600 mg tab</i>	4	
ANTIPROTOZOALS		
<i>atovaquone 750 mg/5ml suspension</i>	4	
<i>atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)</i>	4	
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	2	QL (90 PER 30 DAYS)
COARTEM 20-120 MG TAB	4	
<i>hydroxychloroquine sulfate (100 mg tab, 300 mg tab, 400 mg tab)</i>	2	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	QL (90 PER 30 DAYS)
IMPAVIDO 50 MG CAP	5	PA, QL (90 PER 30 DAYS)
KRINTAFEL 150 MG TAB	3	
<i>mefloquine hcl 250 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitazoxanide 500 mg tab</i>	5	
<i>pentamidine isethionate 300 mg recon soln</i>	4	PA - PART B VS D DETERMINATION
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	4	
<i>pyrimethamine 25 mg tab</i>	5	
<i>quinine sulfate 324 mg cap</i>	3	PA

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	2	

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)</i>	2	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	4	
<i>entacapone 200 mg tab</i>	2	QL (240 PER 30 DAYS)
GOCOVRI 137 MG CAP ER 24H	5	PA, LA, QL (60 PER 30 DAYS)
GOCOVRI 68.5 MG CAP ER 24H	5	PA, LA, QL (30 PER 30 DAYS)
NOURIANZ (20 MG TAB, 40 MG TAB)	5	PA
ONGENTYS (25 MG CAP, 50 MG CAP)	4	
<i>tolcapone 100 mg tab</i>	5	

DOPAMINE AGONISTS

<i>apomorphine hcl 30 mg/3ml soln cart</i>	5	PA
<i>bromocriptine mesylate 2.5 mg tab</i>	2	
<i>bromocriptine mesylate 5 mg cap</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEUPRO (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR)	4	QL (30 PER 30 DAYS)
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	2	
<i>pramipexole dihydrochloride er (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)</i>	4	QL (30 PER 30 DAYS)
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	2	
<i>ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)</i>	3	QL (60 PER 30 DAYS)

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa 25 mg tab</i>	4	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	3	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	2	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	2	
INBRIJA 42 MG CAP	5	PA, LA

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	4	QL (30 PER 30 DAYS)
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	2	
XADAGO 100 MG TAB	5	QL (30 PER 30 DAYS)
XADAGO 50 MG TAB	5	QL (46 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 30 mg/ml conc, 50 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab)</i>	4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	4	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	4	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	2	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i>	2	
<i>loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)</i>	2	
MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB)	4	
<i>pimozide (1 mg tab, 2 mg tab)</i>	3	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	2	
<i>trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)</i>	2	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	5	
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 20 mg tab, 30 mg tab)</i>	3	
<i>aripiprazole (5 mg tab, 10 mg tab, 15 mg tab)</i>	3	QL (30 PER 30 DAYS)
ARISTADA (441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR, 1064 MG/3.9ML PRSYR)	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA INITIO 675 MG/2.4ML PRSYR	5	QL (2.4 ML PER 180 OVER TIME)
<i>asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)</i>	4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP)	5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA 42 MG CAP	5	PA - FOR NEW STARTS ONLY
ERZOFRI (39 MG/0.25ML SUSP PRSYR, 78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR, 351 MG/2.25ML SUSP PRSYR)	5	
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	4	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	4	PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	4	PA - FOR NEW STARTS ONLY
INVEGA HAFYERA (1092 MG/3.5ML SUSP PRSYR, 1560 MG/5ML SUSP PRSYR)	5	
INVEGA SUSTENNA (78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR)	5	
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	
INVEGA TRINZA (273 MG/0.88ML SUSP PRSYR, 410 MG/1.32ML SUSP PRSYR, 546 MG/1.75ML SUSP PRSYR, 819 MG/2.63ML SUSP PRSYR)	5	
<i>lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 120 mg tab)</i>	4	QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tab</i>	4	QL (60 PER 30 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp)</i>	3	QL (30 PER 30 DAYS)
<i>olanzapine 10 mg recon soln</i>	4	
OPIPZA (5 MG FILM, 10 MG FILM)	5	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
OPIPZA 2 MG FILM	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 9 mg tab er 24h)</i>	4	QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tab er 24h</i>	4	QL (60 PER 30 DAYS)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	2	
<i>quetiapine fumarate er (300 mg tab er 24h, 400 mg tab er 24h)</i>	3	QL (60 PER 30 DAYS)
<i>quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h)</i>	3	QL (30 PER 30 DAYS)
REXULTI (0.25 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
REXULTI (0.5 MG TAB, 1 MG TAB)	5	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp)</i>	3	
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab, 3 mg tab, 4 mg tab)</i>	2	
<i>risperidone (2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	4	
<i>risperidone microspheres er (12.5 mg, 25 mg)</i>	4	
<i>risperidone microspheres er (37.5 mg, 50 mg)</i>	5	
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 100 MG/0.28ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR, 150 MG/0.42ML SUSP PRSYR, 200 MG/0.56ML SUSP PRSYR, 250 MG/0.7ML SUSP PRSYR)	5	
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	4	
<i>ziprasidone mesylate 20 mg recon soln</i>	4	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	4	
2nd Generation/ Atypical		
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	4	
OPIPZA (5 MG FILM, 10 MG FILM)	5	QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
OPIPZA 2 MG FILM	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ANTIPSYCHOTICS, OTHER		
COBENFY (50-20 MG CAP, 100-20 MG CAP)	5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
COBENFY 125-30 MG CAP	5	PA - FOR NEW STARTS ONLY
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	5	QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TREATMENT-RESISTANT		
<i>clozapine (12.5 mg tab disp, 25 mg tab disp, 100 mg tab disp, 150 mg tab disp, 200 mg tab disp)</i>	4	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
VERSACLOZ 50 MG/ML SUSPENSION	4	QL (540 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTISPASTICITY AGENTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	3	
<i>tizanidine hcl (2 mg cap, 4 mg cap, 6 mg cap)</i>	3	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	1	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY 200 MG TAB	5	
PREVYMIS (240 MG TAB, 480 MG TAB)	5	QL (30 PER 30 DAYS)
<i>valganciclovir hcl 450 mg tab</i>	3	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	5	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	4	QL (30 PER 30 DAYS)
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>lamivudine 100 mg tab</i>	4	
VEMLIDY 25 MG TAB	5	
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TAB	5	PA, QL (90 PER 30 DAYS)
MAVYRET 50-20 MG PACKET	5	PA, QL (150 PER 30 DAYS)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	2	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	5	QL (30 PER 30 DAYS)
DOVATO 50-300 MG TAB	5	
GENVOYA 150-150-200-10 MG TAB	5	QL (30 PER 30 DAYS)
ISENTRESS (100 MG CHEW TAB, 400 MG TAB)	5	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ISENTRESS 100 MG PACKET	4	
ISENTRESS 25 MG CHEW TAB	3	
ISENTRESS HD 600 MG TAB	5	QL (60 PER 30 DAYS)
JULUCA 50-25 MG TAB	5	QL (30 PER 30 DAYS)
STRIBILD 150-150-200-300 MG TAB	5	
TIVICAY 50 MG TAB	5	
TIVICAY PD 5 MG TAB SOL	4	

ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

COMPLERA 200-25-300 MG TAB	5	
DELSTRIGO 100-300-300 MG TAB	5	QL (30 PER 30 DAYS)
EDURANT 25 MG TAB	5	
EDURANT PED 2.5 MG TAB SOL	5	QL (180 PER 30 DAYS)
<i>efavirenz 600 mg tab</i>	4	
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	4	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	5	QL (30 PER 30 DAYS)
<i>emtricitab-rilpivir-tenofov df 200-25-300 mg tab</i>	5	
<i>etravirine (100 mg tab, 200 mg tab)</i>	4	QL (60 PER 30 DAYS)
INTELENCE 25 MG TAB	4	QL (120 PER 30 DAYS)
NEVIRAPINE (50 MG/5ML SUSPENSION, 200 MG TAB)	4	
<i>nevirapine er 400 mg tab er 24h</i>	3	QL (30 PER 30 DAYS)
ODEFSEY 200-25-25 MG TAB	5	QL (30 PER 30 DAYS)
PIFELTRO 100 MG TAB	5	QL (60 PER 30 DAYS)
<i>rilpivirine hcl 25 mg tab</i>	5	

ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

<i>abacavir sulfate (20 mg/ml solution, 300 mg tab)</i>	4	
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>abacavir sulfate-lamivudine 600-300 mg tab</i>	4	
CIMDUO 300-300 MG TAB	5	QL (30 PER 30 DAYS)
DESCOVY 120-15 MG TAB	5	
DESCOVY 200-25 MG TAB	5	QL (30 PER 30 DAYS)
<i>emtricitabine 200 mg cap</i>	4	
<i>emtricitabine-tenofovir df (100-150 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	4	
<i>emtricitabine-tenofovir df 133-200 mg tab</i>	5	
EMTRIVA 10 MG/ML SOLUTION	4	
<i>lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)</i>	2	
<i>lamivudine-zidovudine 150-300 mg tab</i>	4	
<i>tenofovir disoproxil fumarate 300 mg tab</i>	2	
TRIUMEQ 600-50-300 MG TAB	5	QL (30 PER 30 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	4	
VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB)	5	
<i>zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)</i>	2	

ANTI-HIV AGENTS, OTHER

CABENUVA 400 & 600 MG/2ML SUSP	5	
<i>maraviroc 150 mg tab</i>	5	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tab</i>	5	
RUKOBIA 600 MG TAB ER 12H	5	
SELZENTRY 20 MG/ML SOLUTION	4	
SUNLENCA (4 X 300 MG TAB THPK, 5 X 300 MG TAB THPK, 300 MG TAB, 463.5 MG/1.5ML SOLUTION)	5	
TROGARZO 200 MG/1.33ML SOLUTION	5	
TYBOST 150 MG TAB	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP	5	
<i>atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)</i>	4	
<i>darunavir 600 mg tab</i>	4	
<i>darunavir 800 mg tab</i>	5	
EVOTAZ 300-150 MG TAB	5	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	5	
KALETRA 400-100 MG/5ML SOLUTION	4	
<i>lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)</i>	4	
NORVIR 100 MG PACKET	4	
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	5	QL (30 PER 30 DAYS)
PREZISTA (100 MG/ML SUSPENSION, 150 MG TAB)	5	
PREZISTA 75 MG TAB	4	
REYATAZ 50 MG PACKET	5	
<i>ritonavir 100 mg tab</i>	3	
SYMTUZA 800-150-200-10 MG TAB	5	QL (30 PER 30 DAYS)
VIRACEPT (250 MG TAB, 625 MG TAB)	5	
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	2	
RIMANTADINE HCL 100 MG TAB	2	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	4	QL (4 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	4	QL (4 PER 30 OVER TIME)
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>	4	
<i>acyclovir sodium 50 mg/ml solution</i>	2	
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	2	QL (90 PER 30 DAYS)
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	3	

ANTIVIRAL, CORONAVIRUS AGENTS

<i>PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK</i>	3	QL (20 PER 90 OVER TIME)
<i>PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK</i>	3	QL (11 PER 90 OVER TIME)
<i>PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK</i>	3	QL (30 PER 90 OVER TIME)

ANXIOLYTICS

ANXIOLYTICS, OTHER

<i>bupirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	2	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	4	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	4	

BENZODIAZEPINES

<i>alprazolam (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp)</i>	3	
<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	2	
<i>alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)</i>	2	
<i>chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)</i>	2	
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonazepam (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	3	
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)</i>	3	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/ml solution, 10 mg tab, 10 mg/2ml solution)</i>	2	
<i>diazepam (5 mg/5ml solution, 5 mg/ml conc)</i>	4	
<i>diazepam intensol 5 mg/ml conc</i>	4	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml solution, 4 mg/ml solution)</i>	2	
<i>oxazepam (10 mg cap, 15 mg cap, 30 mg cap)</i>	4	

BIPOLAR AGENTS

MOOD STABILIZERS

EQUETRO (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	4	
<i>lithium 8 meq/5ml solution</i>	2	
LITHIUM CARBONATE (150 MG CAP, 300 MG CAP, 300 MG TAB, 600 MG CAP)	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	2	

BLOOD GLUCOSE REGULATORS

ANTIDIABETIC AGENTS

<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>dapaglifloz base-metformin er (5-1000 mg tab er 24h, 10-500 mg tab er 24h)</i>	2	QL (60 PER 30 DAYS)
<i>dapaglifloz base-metformin er (5-500 mg tab er 24h, 10-1000 mg tab er 24h)</i>	2	QL (30 PER 30 DAYS)
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
GLIPIZIDE 2.5 MG TAB	3	QL (60 PER 30 DAYS)
<i>glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	3	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	3	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	3	
GLYXAMBI 10-5 MG TAB	3	QL (30 PER 30 DAYS)
GLYXAMBI 25-5 MG TAB	3	
JANUMET 50-1000 MG TAB	3	
JANUMET 50-500 MG TAB	3	QL (60 PER 30 DAYS)
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
JANUMET XR 100-1000 MG TAB ER 24H	3	
JANUVIA (25 MG TAB, 50 MG TAB)	3	QL (30 PER 30 DAYS)
JANUVIA 100 MG TAB	3	
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	3	
JENTADUETO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	3	
MIGLITOL (25 MG TAB, 50 MG TAB, 100 MG TAB)	4	
<i>nateglinide (60 mg tab, 120 mg tab)</i>	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	PA
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	3	PA
OZEMPIC (1.5 MG TAB, 4 MG TAB, 9 MG TAB)	3	PA
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	3	PA
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	1	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB)	3	PA
SOLQUA 100-33 UNT-MCG/ML SOLN PEN	3	
SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN	5	
SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN	5	
SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-500 MG TAB)	4	ST, QL (60 PER 30 DAYS)
SYNJARDY 12.5-1000 MG TAB	4	ST
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	4	ST, QL (60 PER 30 DAYS)
SYNJARDY XR 10-1000 MG TAB ER 24H	4	ST, QL (30 PER 30 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	4	ST
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
TRIJARDY XR 10-5-1000 MG TAB ER 24H	3	QL (30 PER 30 DAYS)
TRIJARDY XR 25-5-1000 MG TAB ER 24H	3	
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	3	PA
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	3	QL (30 PER 30 DAYS)
XIGDUO XR (5-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	3	

Antidiabetic Agents

<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>	1	
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRADJENTA 5 MG TAB	3	
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	3	QL (2 PER 30 DAYS)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	3	QL (2 PER 30 DAYS)
<i>diazoxide 50 mg/ml suspension</i>	4	
<i>glucagon emergency 1 mg recon soln</i>	3	QL (2 PER 30 DAYS)
GVOKE HYOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	3	QL (0.2 ML PER 30 DAYS)
GVOKE HYOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	3	QL (0.4 ML PER 30 DAYS)
GVOKE HYOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	3	QL (0.2 ML PER 30 DAYS)
GVOKE HYOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	3	QL (0.4 ML PER 30 DAYS)
GVOKE KIT 1 MG/0.2ML SOLUTION	3	QL (0.4 ML PER 30 DAYS)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	3	QL (0.4 ML PER 30 DAYS)
INSULINS		
FIASP 100 UNIT/ML SOLUTION	3	PA - PART B VS D DETERMINATION
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	3	
FIASP PENFILL 100 UNIT/ML SOLN CART	3	
HUMALOG 100 UNIT/ML SOLN CART	3	
HUMALOG 100 UNIT/ML SOLUTION	3	PA - PART B VS D DETERMINATION
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	3	
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	3	
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	3	
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	3	
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMALOG TEMPO PEN 100 UNIT/ML SOLN PEN	3	
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	3	
HUMULIN N 100 UNIT/ML SUSPENSION	3	
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	3	
HUMULIN R 100 UNIT/ML SOLUTION	3	PA - PART B VS D DETERMINATION
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	3	PA - PART B VS D DETERMINATION
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	3	
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	3	
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	3	
INSULIN LISPRO 100 UNIT/ML SOLUTION	3	PA - PART B VS D DETERMINATION
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	3	
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	3	
LANTUS 100 UNIT/ML SOLUTION	3	
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	3	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	4	
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	4	
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	4	
NOVOLIN N 100 UNIT/ML SUSPENSION	4	
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN	4	
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN	4	
NOVOLIN N RELION 100 UNIT/ML SUSPENSION	4	
NOVOLIN R 100 UNIT/ML SOLUTION	4	PA - PART B VS D DETERMINATION
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	4	
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	4	
NOVOLIN R RELION 100 UNIT/ML SOLUTION	4	PA - PART B VS D DETERMINATION
NOVOLOG 100 UNIT/ML SOLUTION	3	PA - PART B VS D DETERMINATION
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	3	
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	3	
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	3	
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	3	
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	3	
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	3	
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	3	
NOVOLOG RELION 100 UNIT/ML SOLUTION	3	PA - PART B VS D DETERMINATION
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	3	

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

<i>dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)</i>	4	QL (60 PER 30 DAYS)
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	3	QL (420 PER 28 DAYS)
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	3	QL (560 PER 28 DAYS)
ELIQUIS 0.15 MG CAP SPRINK	3	QL (74 PER 28 DAYS)
ELIQUIS 0.5 MG TAB SOL	3	QL (140 PER 28 DAYS)
ELIQUIS 2.5 MG TAB	3	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TAB	3	QL (74 PER 30 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	3	QL (74 PER 30 DAYS)
<i>enoxaparin sodium (30 mg/0.3ml soln prsy, 40 mg/0.4ml soln prsy, 60 mg/0.6ml soln prsy, 80 mg/0.8ml soln prsy, 100 mg/ml soln prsy, 120 mg/0.8ml soln prsy, 150 mg/ml soln prsy, 300 mg/3ml solution)</i>	4	
<i>fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution)</i>	4	
<i>fondaparinux sodium (7.5 mg/0.6ml solution, 10 mg/0.8ml solution)</i>	5	
FRAGMIN (5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/4ML SOLUTION, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION)	5	
FRAGMIN 2500 UNIT/0.2ML SOLN PRSYR	4	
HEPARIN (PORCINE) IN NAACL (1000-0.9 UT/500ML-% SOLUTION, 2000-0.9 UNIT/L-% SOLUTION, 12500-0.45 UT/250ML-% SOLUTION, 25000-0.45 UT/500ML-% SOLUTION)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/0.5ml soln prsyr, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	2	
HEPARIN SODIUM (PORCINE) PF (5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION)	2	
<i>jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
XARELTO (10 MG TAB, 20 MG TAB)	3	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TAB, 15 MG TAB)	3	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML RECON SUSP	3	QL (900 ML PER 30 DAYS)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	3	QL (51 PER 30 DAYS)

BLOOD PRODUCTS AND MODIFIERS, OTHER

<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	2	
<i>eltrombopag olamine (25 mg packet, 25 mg tab)</i>	5	PA, QL (90 PER 30 DAYS)
<i>eltrombopag olamine (50 mg tab, 75 mg tab)</i>	5	PA, QL (60 PER 30 DAYS)
<i>eltrombopag olamine 12.5 mg packet</i>	5	PA
<i>eltrombopag olamine 12.5 mg tab</i>	5	PA, QL (30 PER 30 DAYS)
LEUKINE 250 MCG RECON SOLN	5	
NEULASTA 6 MG/0.6ML SOLN PRSYR	5	QL (2 ML PER 28 OVER TIME)
NEULASTA ONPRO 6 MG/0.6ML SOLN PRSYR	5	QL (2 ML PER 28 OVER TIME)
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION)	4	PA
PROCRIT (20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	5	PA
PROMACTA (25 MG PACKET, 25 MG TAB)	5	PA, LA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROMACTA (50 MG TAB, 75 MG TAB)	5	PA, LA, QL (60 PER 30 DAYS)
PROMACTA 12.5 MG PACKET	5	PA, LA
PROMACTA 12.5 MG TAB	5	PA, LA, QL (30 PER 30 DAYS)
PYRUKYND TAPER PACK (7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	5	PA, QL (14 PER 28 DAYS)
PYRUKYND TAPER PACK 5 MG TAB THPK	5	PA, QL (7 PER 28 DAYS)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	4	PA
RETACRIT 40000 UNIT/ML SOLUTION	5	PA
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	5	QL (2 ML PER 28 OVER TIME)
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR	5	QL (2 ML PER 28 DAYS)
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	5	

HEMOSTASIS AGENTS

<i>aminocaproic acid (500 mg tab, 1000 mg tab)</i>	4	
<i>tranexamic acid 650 mg tab</i>	2	

PLATELET MODIFYING AGENTS

<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	4	QL (60 PER 30 DAYS)
CABLIVI 11 MG KIT	5	PA, QL (31 PER 30 DAYS)
<i>cilostazol (50 mg tab, 100 mg tab)</i>	2	
<i>clopidogrel bisulfate 300 mg tab</i>	2	QL (1 PER 30 OVER TIME)
<i>clopidogrel bisulfate 75 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	3	
DOPTELET 20 MG TAB	5	PA, LA, QL (90 PER 30 DAYS)
<i>prasugrel hcl (5 mg tab, 10 mg tab)</i>	3	QL (30 PER 30 DAYS)
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	3	QL (8 PER 28 DAYS)
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>droxidopa (200 mg cap, 300 mg cap)</i>	5	PA, QL (180 PER 30 DAYS)
<i>droxidopa 100 mg cap</i>	4	PA, QL (180 PER 30 DAYS)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	2	
<i>midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
<i>phenoxybenzamine hcl 10 mg cap</i>	5	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	2	
<i>terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	2	
EDARBI (40 MG TAB, 80 MG TAB)	4	ST, QL (30 PER 30 DAYS)
<i>irbesartan (75 mg tab, 150 mg tab, 300 mg tab)</i>	1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	2	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>moexipril hcl (7.5 mg tab, 15 mg tab)</i>	2	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	2	
<i>quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	2	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	2	
<i>amiodarone hcl 200 mg tab</i>	1	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	2	
DIGOXIN 0.05 MG/ML SOLUTION	4	
<i>disopyramide phosphate (100 mg cap, 150 mg cap)</i>	4	
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	3	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	2	
LANOXIN 250 MCG TAB	4	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	2	
MULTAQ 400 MG TAB	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pacerone (100 mg tab, 200 mg tab, 400 mg tab)</i>	2	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	2	
<i>propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)</i>	3	
<i>quinidine gluconate er 324 mg tab er</i>	4	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	2	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	2	
<i>sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)</i>	2	
SOTYLIZE 5 MG/ML SOLUTION	4	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	2	
<i>atenolol (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
BISOPROLOL FUMARATE 2.5 MG TAB	2	QL (30 PER 30 DAYS)
<i>carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)</i>	1	
<i>carvedilol phosphate er (10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)</i>	3	QL (30 PER 30 DAYS)
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2	
<i>metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>nebivolol hcl 20 mg tab</i>	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pindolol (5 mg tab, 10 mg tab)</i>	2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	2	
<i>propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)</i>	2	
TIMOLOL MALEATE (5 MG TAB, 10 MG TAB, 20 MG TAB)	4	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)</i>	2	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	2	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	4	
<i>nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	2	
<i>nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	2	
<i>nimodipine 30 mg cap</i>	4	
NISOLDIPINE ER (8.5 MG TAB ER 24H, 17 MG TAB ER 24H, 20 MG TAB ER 24H, 25.5 MG TAB ER 24H, 30 MG TAB ER 24H, 34 MG TAB ER 24H, 40 MG TAB ER 24H)	4	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	2	
<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	2	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg tab er 24h, 180 mg cap er 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	2	
<i>diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	2	
<i>diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	2	
<i>matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	2	
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
VERAPAMIL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H)	3	
<i>verapamil hcl er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	2	
<i>verapamil hcl er (120 mg tab er, 180 mg tab er, 240 mg tab er)</i>	1	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	2	
<i>aliskiren fumarate 150 mg tab</i>	3	QL (30 PER 30 DAYS)
<i>aliskiren fumarate 300 mg tab</i>	3	
AMILORIDE-HYDROCHLOROTHIAZIDE 5-50 MG TAB	2	
<i>amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)</i>	1	
<i>amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	3	QL (30 PER 30 DAYS)
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	4	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)</i>	1	
ATTRUBY 356 MG TAB THPK	5	PA
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	1	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	2	
EDARBYCLOR (40-12.5 MG TAB, 40-25 MG TAB)	4	ST, QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)</i>	1	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3	QL (240 PER 30 DAYS)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	1	
<i>isosorb dinitrate-hydralazine 20-37.5 mg tab</i>	4	QL (180 PER 30 DAYS)
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	4	QL (60 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metyrosine 250 mg cap</i>	5	
NEXLETOL 180 MG TAB	4	ST, QL (30 PER 30 DAYS)
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>pentoxifylline er 400 mg tab er</i>	2	
QUINAPRIL-HYDROCHLOROTHIAZIDE (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	1	
<i>ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)</i>	2	
<i>sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	2	
TELMISARTAN-AMLODIPINE (40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB)	3	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	3	
TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER)	3	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	1	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1	
VECAMYL 2.5 MG TAB	5	
VERQUVO (2.5 MG TAB, 5 MG TAB)	4	PA, QL (30 PER 30 DAYS)
VERQUVO 10 MG TAB	4	PA

DIURETICS, LOOP

<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>bumetanide 0.25 mg/ml solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ethacrynic acid 25 mg tab</i>	4	
<i>furosemide (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	2	
<i>torseamide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)</i>	1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	2	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	2	
<i>triamterene (50 mg cap, 100 mg cap)</i>	4	
DIURETICS, THIAZIDE		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	1	
HEMICLOR 12.5 MG TAB	4	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	1	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
FENOFIBRATE (40 MG TAB, 50 MG CAP, 150 MG CAP)	4	QL (30 PER 30 DAYS)
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	2	QL (30 PER 30 DAYS)
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)</i>	2	QL (30 PER 30 DAYS)
<i>fenofibrate micronized 130 mg cap</i>	4	QL (30 PER 30 DAYS)
FENOFIBRIC ACID (35 MG TAB, 105 MG TAB)	2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	2	QL (30 PER 30 DAYS)
<i>gemfibrozil 600 mg tab</i>	1	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluvastatin sodium 20 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>fluvastatin sodium 40 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>fluvastatin sodium er 80 mg tab er 24h</i>	2	QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>pitavastatin calcium (1 mg tab, 2 mg tab, 4 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	

DYSLIPIDEMICS, OTHER

<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2	
<i>colesevelam hcl 3.75 gm packet</i>	4	
<i>colesevelam hcl 625 mg tab</i>	3	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	2	
<i>ezetimibe 10 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>	3	QL (120 PER 30 DAYS)
JUXTAPID (2 MG CAP, 5 MG CAP, 10 MG CAP)	5	PA, LA, QL (30 PER 30 DAYS)
JUXTAPID (20 MG CAP, 30 MG CAP)	5	PA, LA, QL (60 PER 30 DAYS)
NEXLIZET 180-10 MG TAB	4	ST, QL (30 PER 30 DAYS)
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	3	
<i>niacin er (antihyperlipidemic) (750 mg tab er, 1000 mg tab er)</i>	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	2	QL (90 PER 30 DAYS)
<i>omega-3-acid ethyl esters 1 gm cap</i>	2	QL (120 PER 30 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	2	
REPATHA 140 MG/ML SOLN PRSYR	3	QL (2 ML PER 28 DAYS)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	3	QL (2 ML PER 28 DAYS)

MINERALOCORTICOID RECEPTOR ANTAGONISTS

KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	3	PA
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

<i>dapagliflozin (5 mg tab, 10 mg tab)</i>	2	
FARXIGA 10 MG TAB	3	
FARXIGA 5 MG TAB	3	QL (30 PER 30 DAYS)
JARDIANCE 10 MG TAB	3	ST, QL (30 PER 30 DAYS)
JARDIANCE 25 MG TAB	3	ST

VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	2	

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	2	
<i>isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h)</i>	1	
<i>isosorbide mononitrate er 120 mg tab er 24h</i>	2	
<i>nitro-bid 2 % ointment</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2	
<i>nitroglycerin (0.4 % ointment, 0.4 mg/spray solution)</i>	4	

CENTRAL NERVOUS SYSTEM AGENTS

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

RADICAVA ORS 105 MG/5ML SUSPENSION	5	PA, QL (70 ML PER 28 OVER TIME)
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	5	PA, QL (70 ML PER 28 OVER TIME)
TEGLUTIK 50 MG/10ML SUSPENSION	5	
TIGLUTIK 50 MG/10ML SUSPENSION	5	

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine sulfate (5 mg tab, 10 mg tab)</i>	4	PA
<i>amphetamine-dextroamphetamine (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h)</i>	3	QL (90 PER 30 DAYS)
<i>amphetamine-dextroamphetamine 30 mg cap er 24h</i>	3	QL (60 PER 30 DAYS)
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	3	
<i>dextroamphetamine sulfate (5 mg tab, 5 mg/5ml solution, 10 mg tab)</i>	4	
<i>dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)</i>	4	
<i>lisdexamfetamine dimesylate (10 mg cap, 10 mg chew tab, 20 mg cap, 20 mg chew tab, 30 mg cap, 30 mg chew tab, 40 mg cap, 40 mg chew tab, 50 mg cap, 50 mg chew tab, 60 mg cap, 60 mg chew tab, 70 mg cap)</i>	4	QL (30 PER 30 DAYS)
<i>methamphetamine hcl 5 mg tab</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)</i>	3	
<i>clonidine hcl er 0.1 mg tab er 12h</i>	3	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3	
<i>dexmethylphenidate hcl er (15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h)</i>	3	QL (30 PER 30 DAYS)
<i>dexmethylphenidate hcl er (5 mg cap er 24h, 10 mg cap er 24h)</i>	3	QL (60 PER 30 DAYS)
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h)</i>	3	QL (60 PER 30 DAYS)
<i>guanfacine hcl er (3 mg tab er 24h, 4 mg tab er 24h)</i>	3	QL (30 PER 30 DAYS)
<i>methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)</i>	4	QL (30 PER 30 DAYS)
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 10 mg chew tab)</i>	3	
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>methylphenidate hcl er (10 mg tab er, 20 mg tab er)</i>	2	
METHYLPHENIDATE HCL ER (18 MG TAB ER, 18 MG TAB ER 24H, 27 MG TAB ER, 27 MG TAB ER 24H)	3	QL (90 PER 30 DAYS)
METHYLPHENIDATE HCL ER (36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	3	QL (60 PER 30 DAYS)
<i>methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er)</i>	3	QL (90 PER 30 DAYS)
<i>methylphenidate hcl er (cd) (40 mg cap er, 50 mg cap er, 60 mg cap er)</i>	3	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (cd) 30 mg cap er</i>	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h)</i>	3	QL (90 PER 30 DAYS)
<i>methylphenidate hcl er (la) (40 mg cap er 24h, 60 mg cap er 24h)</i>	3	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (la) 30 mg cap er 24h</i>	3	QL (60 PER 30 DAYS)
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er)</i>	3	QL (90 PER 30 DAYS)
<i>methylphenidate hcl er (osm) (36 mg tab er, 54 mg tab er)</i>	3	QL (60 PER 30 DAYS)
<i>methylphenidate hcl er (xr) (10 mg cap er 24h, 15 mg cap er 24h, 30 mg cap er 24h, 50 mg cap er 24h)</i>	4	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (xr) (20 mg cap er 24h, 40 mg cap er 24h, 60 mg cap er 24h)</i>	3	QL (30 PER 30 DAYS)
METHYLPHENIDATE HCL ER(DIFFUS) (36 MG TAB ER, 54 MG TAB ER)	3	QL (60 PER 30 DAYS)
METHYLPHENIDATE HCL ER(DIFFUS) 27 MG TAB ER	3	QL (90 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM, OTHER

AUSTEDO (9 MG TAB, 12 MG TAB)	5	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TAB	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TAB ER 24H, 18 MG TAB ER 24H, 24 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 6 MG TAB ER 24H	5	PA, QL (90 PER 30 DAYS)
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	PA, QL (28 PER 28 DAYS)
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	4	
<i>butalbital-acetaminophen 50-325 mg tab</i>	4	
<i>butalbital-apap-caffeine (50-325-40 mg cap, 50-325-40 mg tab)</i>	4	
FIRDAPSE 10 MG TAB	5	PA, LA
<i>gabapentin (once-daily) (300 mg tab, 750 mg tab, 900 mg tab)</i>	4	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gabapentin (once-daily) 450 mg tab</i>	4	PA, QL (30 PER 30 DAYS)
<i>gabapentin (once-daily) 600 mg tab</i>	4	PA, QL (90 PER 30 DAYS)
INGREZZA (40 & 80 MG CAP THPK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK)	5	PA, LA
INGREZZA (40 MG CAP, 40 MG CAP SPRINK)	5	PA, LA, QL (30 PER 30 DAYS)
<i>riluzole 50 mg tab</i>	2	
<i>tetrabenazine 12.5 mg tab</i>	4	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
VEOZAH 45 MG TAB	4	

Central Nervous System, Other

NUEDEXTA 20-10 MG CAP	4	PA, QL (60 PER 30 DAYS)
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FIBROMYALGIA AGENTS

DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR)	4	QL (60 PER 30 DAYS)
<i>duloxetine hcl 20 mg cp dr part</i>	3	QL (120 PER 30 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	3	QL (90 PER 30 DAYS)
<i>duloxetine hcl 60 mg cp dr part</i>	3	QL (60 PER 30 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap)</i>	3	QL (90 PER 30 DAYS)
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 150 mg cap)</i>	3	QL (120 PER 30 DAYS)
<i>pregabalin 100 mg cap</i>	3	QL (180 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	3	
<i>pregabalin 300 mg cap</i>	3	QL (60 PER 30 DAYS)

MULTIPLE SCLEROSIS AGENTS

<i>dalfampridine er 10 mg tab er 12h</i>	3	QL (60 PER 30 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	4	QL (60 PER 30 DAYS)
<i>dimethyl fumarate 240 mg cap dr</i>	5	QL (60 PER 30 DAYS)
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fingolimod hcl 0.5 mg cap</i>	5	QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyrr</i>	5	QL (30 ML PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsyrr</i>	5	QL (12 ML PER 28 DAYS)
<i>glatopa 20 mg/ml soln prsyrr</i>	5	QL (30 ML PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsyrr</i>	5	QL (12 ML PER 28 DAYS)
KESIMPTA 20 MG/0.4ML SOLN A-INJ	5	
REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	5	
REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	5	
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	5	
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	5	
<i>teriflunomide (7 mg tab, 14 mg tab)</i>	5	QL (30 PER 30 DAYS)

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg cap</i>	3	
<i>chlorhexidine gluconate 0.12 % solution</i>	2	
DENTA 5000 PLUS SENSITIVE 1.1-5 % GEL	2	
<i>kourzeq 0.1 % paste</i>	2	
<i>periogard 0.12 % solution</i>	2	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	3	
PREVIDENT 5000 ENAMEL PROTECT 1.1-5 % GEL	4	
PREVIDENT 5000 SENSITIVE 1.1-5 % GEL	4	
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	2	
SODIUM FLUORIDE (1.1 % CREAM, 1.1 % GEL, 1.1% PASTE)	4	
SODIUM FLUORIDE (1.1 % CREAM, 1.1 % GEL, 1.1% PASTE)	2	
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	

DERMATOLOGICAL AGENTS

ACNE AND ROSACEA AGENTS

<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	4	
<i>adapalene (0.1 % cream, 0.3 % gel)</i>	4	PA
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	3	
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	4	
ALTRENO 0.05 % LOTION	4	PA
<i>amnesteem (10 mg cap, 20 mg cap, 40 mg cap)</i>	3	
<i>amnesteem 30 mg cap</i>	4	
ARAZLO 0.045 % LOTION	4	PA
<i>azelaic acid 15 % gel</i>	3	
AZELEX 20 % CREAM	4	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	3	
<i>claravis (10 mg cap, 20 mg cap, 40 mg cap)</i>	3	
<i>claravis 30 mg cap</i>	4	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	3	
<i>clindamycin phos-benzoyl perox (1.2-2.5 % gel, 1.2-3.75 % gel)</i>	4	
FABIOR 0.1 % FOAM	4	PA
FINACEA 15 % FOAM	4	
<i>isotretinoin (10 mg cap, 20 mg cap, 40 mg cap)</i>	3	
<i>isotretinoin (25 mg cap, 35 mg cap)</i>	5	
<i>isotretinoin 30 mg cap</i>	4	
ONEXTON 1.2-3.75 % GEL	4	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % foam, 0.1 % gel)</i>	4	PA
<i>tazarotene 0.1 % cream</i>	3	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	3	PA
<i>tretinoin 0.05 % gel</i>	4	PA
<i>zenatane (10 mg cap, 20 mg cap, 40 mg cap)</i>	3	
<i>zenatane 30 mg cap</i>	4	

DERMATITIS AND PRURITUS AGENTS

<i>ALCLOMETASONE DIPROPIONATE (0.05 % CREAM, 0.05 % OINTMENT)</i>	2	
<i>AMCINONIDE 0.1 % CREAM</i>	3	
<i>AMCINONIDE 0.1 % OINTMENT</i>	4	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion)</i>	2	
<i>betamethasone dipropionate 0.05 % ointment</i>	4	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % ointment)</i>	2	
<i>betamethasone dipropionate aug (0.05 % gel, 0.05 % lotion)</i>	4	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	2	
<i>betamethasone valerate 0.12 % foam</i>	4	
<i>BYLVAY (400 MCG CAP, 1200 MCG CAP)</i>	5	PA
<i>BYLVAY (PELLETS) (200 MCG CAP SPRINK, 600 MCG CAP SPRINK)</i>	5	PA
<i>clobetasol prop emollient base 0.05 % cream</i>	2	
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	2	
<i>clobetasol propionate (0.05 % foam, 0.05 % liquid, 0.05 % lotion, 0.05 % shampoo)</i>	4	
<i>clobetasol propionate e 0.05 % cream</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobetasol propionate emulsion 0.05 % foam</i>	4	
<i>desonide (0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	4	
<i>desonide 0.05 % cream</i>	3	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % liquid, 0.25 % ointment)</i>	4	
<i>diflorasone diacetate (0.05 % cream, 0.05 % ointment)</i>	4	
<i>doxepin hcl 5 % cream</i>	4	PA, QL (90 GM PER 30 OVER TIME)
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	3	
<i>fluocinolone acetonide body 0.01 % oil</i>	4	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	4	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	3	
<i>fluocinonide 0.1 % cream</i>	2	
<i>fluocinonide emulsified base 0.05 % cream</i>	3	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	2	
<i>halobetasol propionate 0.05 % cream</i>	2	
<i>halobetasol propionate 0.05 % ointment</i>	3	
<i>hydrocortisone (1 % cream, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	2	
<i>hydrocortisone (perianal) 2.5 % cream</i>	2	
<i>hydrocortisone valerate 0.2 % cream</i>	2	
<i>hydrocortisone valerate 0.2 % ointment</i>	3	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2	
<i>pimecrolimus 1 % cream</i>	4	QL (100 GM PER 30 OVER TIME)
<i>procto-med hc 2.5 % cream</i>	2	
<i>proctosol hc 2.5 % cream</i>	2	
<i>proctozone-hc 2.5 % cream</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SELENIUM SULFIDE 2.5 % LOTION	2	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	4	QL (100 GM PER 30 OVER TIME)
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	2	
<i>triamcinolone acetonide 0.05 % ointment</i>	4	
TRIAMCINOLONE ACETONIDE 0.147 MG/GM AERO SOLN	4	QL (100 GM PER 30 OVER TIME)
<i>triamcinolone in absorbase 0.05 % ointment</i>	4	
DERMATOLOGICAL AGENTS, OTHER		
CALCIPOTRIENE (0.005 % CREAM, 0.005 % OINTMENT, 0.005 % SOLUTION)	4	
<i>calcipotriene-betameth diprop (0.005-0.064 % ointment, 0.005-0.064 % suspension)</i>	4	PA
CALCITRIOL 3 MCG/GM OINTMENT	4	
CLOTRIMAZOLE-BETAMETHASONE (1-0.05 % CREAM, 1-0.05 % LOTION)	2	
DUOBRII 0.01-0.045 % LOTION	5	PA, QL (200 GM PER 28 OVER TIME)
ENSTILAR 0.005-0.064 % FOAM	5	PA
<i>fluorouracil (2 % solution, 5 % cream, 5 % solution)</i>	2	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	3	
HYFTOR 0.2 % GEL	5	PA
<i>imiquimod 5 % cream</i>	2	
METHOXSALEN RAPID 10 MG CAP	5	
NEO-SYNALAR 0.5-0.025 % CREAM	4	
<i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	2	
OPZELURA 1.5 % CREAM	5	PA
OTEZLA 20 MG TAB	5	PA, QL (60 PER 30 DAYS)
OTEZLA 30 MG TAB	5	PA, LA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OTEZLA XR 75 MG TAB ER 24H	5	PA, QL (30 PER 30 DAYS)
<i>podofilox 0.5 % gel</i>	4	
PODOFILOX 0.5 % SOLUTION	2	
PRAMOSONE (1-1 % CREAM, 1-1 % LOTION, 1-2.5 % LOTION)	4	
PROCTOFOAM HC 1-1 % FOAM	4	
SANTYL 250 UNIT/GM OINTMENT	4	QL (180 GM PER 30 DAYS)
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd 1 % cream</i>	2	
VALCHLOR 0.016 % GEL	5	LA, QL (60 GM PER 30 DAYS), PA - FOR NEW STARTS ONLY
XERESE 5-1 % CREAM	5	

PEDICULICIDES/SCABICIDES

CROTAN 10 % LOTION	5	
<i>ivermectin 1 % cream</i>	4	
<i>malathion 0.5 % lotion</i>	3	
<i>permethrin 5 % cream</i>	3	
PRURADIK 10 % LOTION	5	

TOPICAL ANTI-INFECTIVES

<i>acyclovir 5 % ointment</i>	3	QL (30 GM PER 30 OVER TIME)
<i>ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)</i>	2	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	2	
<i>clindacin 1 % foam</i>	4	
<i>clindacin etz 1 % swab</i>	4	
<i>clindacin-p 1 % swab</i>	4	
<i>clindamycin phos (once-daily) 1 % gel</i>	4	
<i>clindamycin phos (twice-daily) 1 % gel</i>	4	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin phosphate 1 % foam</i>	4	
<i>dapsone (5 % gel, 7.5 % gel)</i>	4	
ERY 2 % PAD	4	
<i>erythromycin (2 % gel, 2 % solution)</i>	4	
<i>mupirocin 2 % ointment</i>	2	
SULFAMYLON 85 MG/GM CREAM	4	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

ATABEX EC 29-1 MG TAB DR	4	
ATABEX OB 29-1 MG TAB	4	
AZESCO 13-1 MG TAB	4	
C-NATE DHA 28-1-200 MG CAP	4	
CITRANATAL 90 DHA 90-1 & 300 MG MISC	4	
CITRANATAL ASSURE 35-1 & 300 MG MISC	4	
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC	4	
CITRANATAL HARMONY 27-1-260 MG CAP	4	
CITRANATAL MEDLEY 27-1-200 MG CAP	4	
<i>clinisol sf 15 % solution</i>	4	PA - PART B VS D DETERMINATION
CO-NATAL FA TAB	4	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	4	
COMPLETENATE 29-1 MG CHEW TAB	4	
CONCEPT DHA 53.5-38-1 MG CAP	4	
CONCEPT OB 130-92.4-1 MG CAP	4	
DERMACINRX PRETRATE 1 MG TAB	4	
DEXTROSE (5 % SOLUTION, 10 % SOLUTION, 70 % SOLUTION)	2	
DEXTROSE-NACL 5-0.9 % SOLUTION	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEXTROSE-SODIUM CHLORIDE (2.5-0.45 % SOLUTION, 5-0.2 % SOLUTION, 5-0.225 % SOLUTION, 5-0.45 % SOLUTION, 5-0.9 % SOLUTION, 10-0.2 % SOLUTION, 10-0.45 % SOLUTION)	2	
EFFER-K (10 EFFER TAB, 20 EFFER TAB, 25 EFFER TAB)	4	
ELITE-OB 50-1.25 MG TAB	4	
FOLIVANE-OB 85-1 MG CAP	4	
INATAL GT TAB	4	
ISOLYTE-P IN D5W SOLUTION	4	
ISOLYTE-S SOLUTION	4	
ISOLYTE-S PH 7.4 SOLUTION	4	
JENLIVA PRENATAL/POSTNATAL 1 MG CAP	4	
KCL IN DEXTROSE-NAACL (10-5-0.45 MEQ/L-%-% SOLUTION, 20-5-0.2 MEQ/L-%-% SOLUTION, 20-5-0.225 MEQ/L-%-% SOLUTION, 20-5-0.45 MEQ/L-%-% SOLUTION, 20-5-0.9 MEQ/L-%-% SOLUTION, 30-5-0.45 MEQ/L-%-% SOLUTION, 40-5-0.45 MEQ/L-%-% SOLUTION, 40-5-0.9 MEQ/L-%-% SOLUTION)	2	
KLOR-CON 10 10 MEQ TAB ER	3	
<i>klor-con 20 meq packet</i>	4	
KLOR-CON 8 MEQ TAB ER	3	
<i>klor-con m10 10 meq tab er</i>	3	
<i>klor-con m15 15 meq tab er</i>	3	
<i>klor-con m20 20 meq tab er</i>	3	
<i>klor-con/ef 25 meq effer tab</i>	4	
KOSHER PRENATAL PLUS IRON 30-1 MG TAB	4	
LACTATED RINGERS SOLUTION	2	
M-NATAL PLUS 27-1 MG TAB	4	
MAGNESIUM SULFATE 50 % SOLUTION	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MATERNACEL 20-1 MG TAB	4	
MULTIPLE ELECTRO TYPE 1 PH 5.5 SOLUTION	2	
NATACHEW 28-1 MG CHEW TAB	4	
NATAL PNV 6-0.5 MG TAB	4	
NATALVIT TAB	4	
NEEVO DHA 27-1.13 MG CAP	4	
NEO-VITAL RX 1 MG TAB	4	
NEONATAL + DHA 29-1 & 200 MG MISC	4	
NEONATAL COMPLETE (27-1 MG TAB, 29-1 MG TAB)	4	
NEONATAL FE 90-1 MG TAB	4	
NEONATAL PLUS 27-1 MG TAB	4	
NESTABS 32-1 MG TAB	4	
NESTABS DHA 32-1 MG MISC	4	
NESTABS ONE 38-1-225 MG CAP	4	
NIVA-PLUS 27-1 MG TAB	4	
OB COMPLETE 50-1.25 MG TAB	4	
OB COMPLETE ONE 50-1-476 MG CAP	4	
OB COMPLETE PETITE 35-5-1-200 MG CAP	4	
OB COMPLETE PREMIER 30-20-1 MG TAB	4	
OB COMPLETE/DHA 30-10-1-200 MG CAP	4	
ONE VITE WOMENS PLUS 27-1 MG TAB	4	
PNV PRENATAL PLUS MULTIVIT+DHA 27-1 & 312 MG MISC	4	
PNV TABS 20-1 20-1 MG TAB	4	
PNV-DHA 27-0.6-0.4-300 MG CAP	4	
PNV-DHA+DOCUSATE 27-1.25-300 MG CAP	4	
PNV-OMEGA 28-0.6-0.4-340 MG CAP	4	
PNV-SELECT 27-0.6-0.4 MG TAB	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	4	
POTASSIUM CHLORIDE (2 MEQ/ML SOLUTION, 10 MEQ/100ML SOLUTION, 20 MEQ/100ML SOLUTION, 40 MEQ/100ML SOLUTION)	2	
<i>potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)</i>	3	
POTASSIUM CHLORIDE ER (8 CAP ER, 8 TAB ER, 10 CAP ER, 10 TAB ER, 15 TAB ER, 20 TAB ER)	3	
<i>potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)</i>	2	
PREGEN DHA 28-1-35 MG CAP	4	
PREGENNA 20-1 MG TAB	4	
PREMASOL 10 % SOLUTION	4	PA - PART B VS D DETERMINATION
PRENA 1 TRUE 30-1.4 & 300 MG MISC	4	
PRENA1 PEARL 30-1.4-200 MG CAP ER	4	
PRENAISSANCE 29-1.25-325 MG CAP	4	
PRENAISSANCE PLUS 28-1-250 MG CAP	4	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	4	
PRENATAL 27-1 MG TAB	4	
PRENATAL PLUS 27-1 MG TAB	4	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	4	
PRENATAL-U 106.5-1 MG CAP	4	
PRENATE DHA 18-0.6-0.4-300 MG CAP	4	
PRENATE ELITE 20-0.6-0.4 MG TAB	4	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	4	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRENATE MINI 18-0.6-0.4-350 MG CAP	4	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	4	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	4	
PRENATOL-M 27-1.2 MG TAB	4	
PRENATRIX 27-1 MG TAB	4	
PRENATRYL 27-1 MG TAB	4	
PRENATVITE COMPLETE 1 MG TAB	4	
PRENATVITE PLUS 1 MG TAB	4	
PRENATVITE RX 0.8 MG TAB	4	
PRIMACARE 30-1-470 MG CAP	4	
PROSOL 20 % SOLUTION	4	PA - PART B VS D DETERMINATION
PROVIDA OB 20-20-1.25 MG CAP	4	
RELNATE DHA 28-1-200 MG CAP	4	
SE-NATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB)	4	
SELECT-OB (29-0.6-0.4 MG CHEW TAB, 29-1 MG CHEW TAB)	4	
SELECT-OB+DHA 29-1 & 250 MG MISC	4	
<i>sodium chloride (0.45 % solution, 0.9 % solution, 3 % solution, 5 % solution)</i>	2	
<i>sodium chloride (pf) 0.9 % solution</i>	2	
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 2.2 (1 F) MG CHEW TAB, 2.2 (1 F) MG TAB)	2	
TARON-C DHA 35-1 MG CAP	4	
THRIVITE RX 29-1 MG TAB	4	
TRAVASOL 10 % SOLUTION	4	PA - PART B VS D DETERMINATION
TRICARE TAB	4	
TRINATAL RX 1 60-1 MG TAB	4	
TRINATE TAB	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRISTART DHA 31-0.6-0.4-200 MG CAP	4	
VINATE DHA RF 27-1.13 MG CAP	4	
VINATE II 29-1 MG TAB	4	
VINATE ONE 60-1 MG TAB	4	
VITAFOL FE+ 90-0.6-0.4-200 MG CAP	4	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	4	
VITAFOL-NANO 18-0.6-0.4 MG TAB	4	
VITAFOL-OB TAB	4	
VITAFOL-OB+DHA 65-1 & 250 MG MISC	4	
VITAFOL-ONE 29-1-200 MG CAP	4	
VITALARA 20-1 MG TAB	4	
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP	4	
VITAPEARL 30-1.4-200 MG CAP ER	4	
VITATHELY WITH GINGER 27-1 MG TAB	4	
VITATRUE 30-1.4 & 300 MG MISC	4	
VIVA DHA 28-1-200 MG CAP	4	
WESCAP-C DHA 53.5-38-1 MG CAP	4	
WESCAP-PN DHA 27-0.6-0.4-300 MG CAP	4	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	4	
WESNATE DHA 28-1-200 MG CAP	4	
WESTAB PLUS 27-1 MG TAB	4	
WESTGEL DHA 31-0.6-0.4-200 MG CAP	4	
ZALVIT 13-1 MG TAB	4	
ZIPHEX 13-1 MG TAB	4	

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET 100 MG CAP	3	
CUVRIOR 300 MG TAB	5	PA, QL (300 PER 30 DAYS)
<i>deferasirox (90 mg packet, 180 mg packet, 250 mg tab sol, 360 mg packet, 500 mg tab sol)</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>deferasirox (90 mg tab, 125 mg tab sol, 180 mg tab, 360 mg tab)</i>	4	
<i>deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)</i>	5	
<i>deferiprone (500 mg tab, 1000 mg tab)</i>	5	
<i>deferoxamine mesylate (2 gm recon soln, 500 mg recon soln)</i>	2	
FERRIPROX (100 MG/ML SOLUTION, 1000 MG TAB)	5	
FERRIPROX TWICE-A-DAY 1000 MG TAB	5	
<i>penicillamine 250 mg cap</i>	5	ST
<i>penicillamine 250 mg tab</i>	3	
<i>tolvaptan (30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	5	PA, QL (56 PER 28 DAYS)
<i>tolvaptan (hyponatremia) 30 mg tab</i>	5	PA
<i>tolvaptan 15 mg tab thpk</i>	5	PA, QL (120 PER 30 DAYS)
<i>tolvaptan 15mg (generic jynarque)</i>	5	PA, QL (120 PER 30 DAYS)
<i>tolvaptan 15mg (generic samsca)</i>	5	PA, QL (30 PER 30 DAYS)
<i>tolvaptan 30 mg tab</i>	5	PA
TRIENTINE HCL (250 MG CAP, 500 MG CAP)	5	ST, QL (120 PER 30 DAYS)

POTASSIUM BINDERS

<i>kionex 15 gm/60ml suspension</i>	2	
LOKELMA (5 GM PACKET, 10 GM PACKET)	3	QL (90 PER 30 DAYS)
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	2	
<i>sps (sodium polystyrene sulf) 15 gm/60ml suspension</i>	2	
VELTASSA (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	4	QL (30 PER 30 DAYS)
VELTASSA 1 GM PACKET	4	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VITAMINS		
DOJOLVI 100 % LIQUID	5	PA
ENBRACE HR CAP	4	
LEVOCARNITINE (DIETARY) 330 MG TAB	4	PA - PART B VS D DETERMINATION
NEONATAL 19 1 MG TAB	4	
PERIKABIVEN 2.4-6.8-3.5-0.5 % EMULSION	4	PA - PART B VS D DETERMINATION
PREMESISRX 1 MG TAB	4	
PRENA1 1.4 MG CHEW TAB	4	
PRENATE 0.6-0.4 MG CHEW TAB	4	
PRENATE AM 1 MG TAB	4	
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	4	
VITAFOL STRIPS 1 MG FILM	4	
VITAMEDMD REDICHEW RX 1.4 MG CHEW TAB	4	

GASTROINTESTINAL AGENTS

ANTI-CONSTIPATION AGENTS

CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	4	
<i>constulose 10 gm/15ml solution</i>	2	
<i>enulose 10 gm/15ml solution</i>	2	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	2	
<i>generlac 10 gm/15ml solution</i>	2	
<i>kristalose (10 gm packet, 20 gm packet)</i>	4	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	2	
<i>lactulose 10 gm packet</i>	5	
<i>lactulose 20 gm packet</i>	4	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	3	QL (30 PER 30 DAYS)
<i>lubiprostone (8 mcg cap, 24 mcg cap)</i>	4	QL (60 PER 30 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	3	QL (30 PER 30 DAYS)
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	4	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	2	
<i>peg-3350/electrolytes/ascorbat 100 gm recon soln</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln</i>	2	
PLENVU 140 GM RECON SOLN	4	
RELISTOR (12 MG/0.6ML SOLN PRSYR, 12 MG/0.6ML SOLUTION)	5	PA, QL (18 ML PER 30 DAYS)
RELISTOR 150 MG TAB	5	PA, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4ML SOLN PRSYR	5	PA, QL (12 ML PER 30 DAYS)
SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION	4	
SUTAB 1479-225-188 MG TAB	4	
SYMPROIC 0.2 MG TAB	4	PA, QL (30 PER 30 DAYS)
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl 0.5 mg tab</i>	4	QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tab</i>	5	QL (60 PER 30 DAYS)
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	2	
<i>loperamide hcl 2 mg cap</i>	2	
MYTESI 125 MG TAB DR	4	PA
VIBERZI (75 MG TAB, 100 MG TAB)	5	QL (60 PER 30 DAYS)
XERMELO 250 MG TAB	5	PA, LA, QL (90 PER 30 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
CHLORDIAZEPOXIDE-CLIDINIUM 5-2.5 MG CAP	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	2	
<i>dicyclomine hcl 10 mg/5ml solution</i>	3	
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	2	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	2	

GASTROINTESTINAL AGENTS, OTHER

AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK	4	QL (112 PER 30 OVER TIME)
<i>bis subcit-metronid-tetracyc 140-125-125 mg cap</i>	4	
<i>bismuth/metronidaz/tetracyclin 140-125-125 mg cap</i>	4	
CHENODAL 250 MG TAB	5	
<i>cromolyn sodium 100 mg/5ml conc</i>	4	
GATTEX 5 MG KIT	5	PA, LA
GAVILYTE-C 240 GM RECON SOLN	2	
<i>gavilyte-g 236 gm recon soln</i>	2	
LIVMARLI (10 MG TAB, 15 MG TAB, 30 MG TAB)	5	PA, QL (30 PER 30 DAYS)
LIVMARLI (9.5 MG/ML SOLUTION, 19 MG/ML SOLUTION)	5	PA
LIVMARLI 20 MG TAB	5	PA, QL (60 PER 30 DAYS)
OMNITROPE 10 MG/1.5ML SOLN CART	5	PA, LA
<i>peg-3350/electrolytes 236 gm recon soln</i>	2	
PYLERA 140-125-125 MG CAP	4	
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	3	
URSODIOL 200 MG CAP	5	PA, QL (30 PER 30 DAYS)
URSODIOL 400 MG CAP	5	PA

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS

<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>famotidine (20 mg tab, 40 mg tab)</i>	2	
NIZATIDINE (150 MG CAP, 300 MG CAP)	2	

PROTECTANTS

<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	2	
<i>sucralfate 1 gm tab</i>	2	
<i>sucralfate 1 gm/10ml suspension</i>	4	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	4	QL (60 PER 30 DAYS)
<i>lansoprazole (15 mg cap dr, 30 mg cap dr)</i>	2	QL (60 PER 30 DAYS)
<i>omeprazole (10 mg cap dr, 40 mg cap dr)</i>	3	QL (60 PER 30 DAYS)
<i>omeprazole 20 mg cap dr</i>	3	QL (120 PER 30 DAYS)
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	4	QL (60 PER 30 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	4	QL (60 PER 30 DAYS)

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

<i>betaine powder</i>	5	LA
<i>carglumic acid 200 mg tab sol</i>	5	PA, LA
CERDELGA 84 MG CAP	5	PA, QL (56 PER 28 DAYS)
CHOLBAM (50 MG CAP, 250 MG CAP)	5	PA
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	3	
CYSTADANE POWDER	5	
CYSTADROPS 0.37 % SOLUTION	5	LA
CYSTAGON (50 MG CAP, 150 MG CAP)	4	LA
CYSTARAN 0.44 % SOLUTION	5	LA
DAYBUE 200 MG/ML SOLUTION	5	PA, LA, QL (3600 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DAYBUE STIX (5000 MG PACKET, 6000 MG PACKET)	5	PA, QL (120 PER 30 DAYS)
DAYBUE STIX 8000 MG PACKET	5	PA, QL (60 PER 30 DAYS)
<i>dichlorphenamide 50 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	4	
EVRYSDI 0.75 MG/ML RECON SOLN	5	PA
EVRYSDI 5 MG TAB	5	PA, QL (30 PER 30 DAYS)
HARLIKU 2 MG TAB	5	PA
JOENJA 70 MG TAB	5	PA, LA, QL (60 PER 30 DAYS)
<i>l-glutamine 5 gm packet</i>	5	PA, QL (180 PER 30 DAYS)
<i>levocarnitine 330 mg tab</i>	4	PA - PART B VS D DETERMINATION
<i>miglustat 100 mg cap</i>	5	PA
MYALEPT 11.3 MG RECON SOLN	5	PA
<i>nitisinone (2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap)</i>	5	PA
NITYR (2 MG TAB, 5 MG TAB, 10 MG TAB)	5	PA
OPFOLDA 65 MG CAP	4	LA, QL (8 PER 28 OVER TIME)
<i>ormalvi 50 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
PROCYSBI (25 MG CAP DR, 75 MG CAP DR, 75 MG PACKET, 300 MG PACKET)	5	PA
PROLASTIN-C 1000 MG/20ML SOLUTION	5	PA, LA
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	5	PA, QL (60 PER 30 DAYS)
REVCovi 2.4 MG/1.5ML SOLUTION	5	PA
<i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i>	5	PA
<i>sapropterin dihydrochloride 100 mg packet</i>	4	PA
SKYCLARYS 50 MG CAP	5	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	5	
SUCRAID 8500 UNIT/ML SOLUTION	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYNDAMAX 61 MG CAP	5	PA
VYNDAQEL 20 MG CAP	5	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	3	

GENITOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)</i>	4	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er 4 mg tab er 24h</i>	3	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er 8 mg tab er 24h</i>	3	
<i>flavoxate hcl 100 mg tab</i>	4	
GEMTESA 75 MG TAB	3	
<i>mirabegron er 25 mg tab er 24h</i>	4	QL (30 PER 30 DAYS)
<i>mirabegron er 50 mg tab er 24h</i>	4	QL (30 PER 30 DAYS)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	2	
<i>oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)</i>	2	QL (60 PER 30 DAYS)
<i>solifenacin succinate 10 mg tab</i>	2	
<i>solifenacin succinate 5 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	3	
<i>tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)</i>	4	QL (30 PER 30 DAYS)
<i>tropium chloride 20 mg tab</i>	2	
<i>tropium chloride er 60 mg cap er 24h</i>	3	QL (30 PER 30 DAYS)

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl er 10 mg tab er 24h</i>	2	QL (60 PER 30 DAYS)
CARDURA XL (4 MG TAB ER 24H, 8 MG TAB ER 24H)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dutasteride 0.5 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	4	QL (30 PER 30 DAYS)
ENTADFI 5-5 MG CAP	3	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tab</i>	2	
<i>silodosin (4 mg cap, 8 mg cap)</i>	3	
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	4	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	2	

GENITOURINARY AGENTS, OTHER

<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	2	
ELMIRON 100 MG CAP	4	
FILSPARI 200 MG TAB	5	PA, QL (30 PER 30 DAYS)
FILSPARI 400 MG TAB	5	PA
LITHOSTAT 250 MG TAB	4	
RENACIDIN SOLUTION	4	
SODIUM CHLORIDE 0.9 % SOLUTION	2	
<i>tiopronin (100 mg tab, 100 mg tab dr, 300 mg tab dr)</i>	5	
<i>venxxiva (100 mg tab dr, 300 mg tab dr)</i>	5	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

ACTHAR 80 UNIT/ML GEL	5	PA
ACTHAR GEL (40 UNIT/0.5ML PEN, 80 UNIT/ML PEN)	5	PA
CORTROPHIN 80 UNIT/ML GEL	5	PA
CORTROPHIN GEL (40 UNIT/0.5ML PRSYR, 80 UNIT/ML PRSYR)	5	PA
<i>deflazacort (22.75 mg/ml suspension, 30 mg tab, 36 mg tab)</i>	5	PA
<i>deflazacort 18 mg tab</i>	5	PA, QL (30 PER 30 DAYS)
<i>deflazacort 6 mg tab</i>	5	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg (21) tab thpk, 1.5 mg (35) tab thpk, 1.5 mg (51) tab thpk, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	4	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	2	
<i>dexamethasone sodium phosphate (4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 120 mg/30ml solution)</i>	2	
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
<i>hydrocortisone sod suc (pf) 100 mg recon soln</i>	4	
<i>methylprednisolone (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)</i>	3	
<i>methylprednisolone 4 mg tab thpk</i>	4	
METHYLPREDNISOLONE ACETATE (40 MG/ML SUSPENSION, 80 MG/ML SUSPENSION)	2	
<i>methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	3	
PREDNISOLONE SODIUM PHOSPHATE (10 MG TAB DISP, 10 MG/5ML SOLUTION, 15 MG TAB DISP, 20 MG/5ML SOLUTION, 30 MG TAB DISP)	4	
<i>prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 15 mg/5ml solution, 25 mg/5ml solution)</i>	3	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	2	
PREDNISONE (5 MG (21) TAB THPK, 5 MG (48) TAB THPK, 5 MG/5ML SOLUTION, 10 MG (21) TAB THPK, 10 MG (48) TAB THPK)	4	
PREDNISONE INTENSOL 5 MG/ML CONC	4	
SOLU-MEDROL (2 GM RECON SOLN, 1000 MG RECON SOLN)	4	
SOLU-MEDROL (PF) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TARPEYO 4 MG CAP DR	5	PA, QL (120 PER 30 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

<i>desmopressin ace spray refrig 0.01 % solution</i>	3	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	2	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	3	
INCRELEX 40 MG/4ML SOLUTION	5	PA, LA
ISTURISA (1 MG TAB, 5 MG TAB)	5	PA
NOCDURNA (27.7 MCG SL TAB, 55.3 MCG SL TAB)	4	QL (30 PER 30 DAYS)
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	5	PA, LA
PREGNYL 10000 UNIT RECON SOLN	4	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

ANDROGENS

<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	2	
METHITEST 10 MG TAB	4	
<i>methyltestosterone 10 mg cap</i>	4	
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel)</i>	3	QL (150 GM PER 30 DAYS)
TESTOSTERONE (25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL)	4	QL (300 GM PER 30 DAYS)
TESTOSTERONE 10 MG/ACT (2%) GEL	4	QL (120 GM PER 30 DAYS)
TESTOSTERONE 12.5 MG/ACT (1%) GEL	3	QL (300 GM PER 30 DAYS)
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	4	QL (38 GM PER 30 DAYS)
<i>testosterone 30 mg/act solution</i>	4	QL (180 ML PER 30 DAYS)
<i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>	4	QL (150 GM PER 30 DAYS)
TESTOSTERONE CYPIONATE (100 MG/ML SOLUTION, 200 MG/ML SOLUTION)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	2	
ESTROGENS		
<i>abigale 1-0.5 mg tab</i>	2	
<i>abigale lo 0.5-0.1 mg tab</i>	2	
<i>altavera 0.15-30 mg-mcg tab</i>	2	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	3	
ANGELIQ (0.25-0.5 MG TAB, 0.5-1 MG TAB)	4	
ANNOVERA 0.013-0.15 MG/24HR RING	4	QL (1 PER 365 OVER TIME)
<i>apri 0.15-30 mg-mcg tab</i>	2	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	3	
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	3	
<i>aubra eq 0.1-20 mg-mcg tab</i>	2	
<i>aurovela 24 fe 1-20 mg-mcg(24) tab</i>	3	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	2	
<i>aviane 0.1-20 mg-mcg tab</i>	2	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	2	
<i>balziva 0.4-35 mg-mcg tab</i>	3	
<i>blisovi 24 fe 1-20 mg-mcg(24) tab</i>	3	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	2	
<i>briellyn 0.4-35 mg-mcg tab</i>	3	
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	2	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	2	
CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK	4	QL (4 PER 28 DAYS)
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	4	QL (8 PER 28 DAYS)
<i>cryselle-28 0.3-30 mg-mcg tab</i>	3	
<i>cyred eq 0.15-30 mg-mcg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	2	
DEPO-ESTRADIOL 5 MG/ML OIL	4	
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	3	
<i>dolishale 90-20 mcg tab</i>	3	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	2	QL (8 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>	4	
<i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>	3	
ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL	4	
<i>elinest 0.3-30 mg-mcg tab</i>	2	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	3	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	3	
<i>enpresse-28 50-30/75-40/ 125-30 mcg tab</i>	2	
<i>enskyce 0.15-30 mg-mcg tab</i>	2	
<i>estarylla 0.25-35 mg-mcg tab</i>	3	
<i>estradiol (0.01 % cream, 0.5 mg tab, 1 mg tab, 2 mg tab, 10 mcg tab)</i>	2	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	2	QL (8 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	2	QL (4 PER 28 DAYS)
<i>estradiol (0.25 mg/0.25gm gel, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 0.75 mg/1.25 gm (0.06%) gel, 1 mg/gm gel, 1.25 mg/1.25gm gel)</i>	3	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil)</i>	2	
<i>estradiol valerate 40 mg/ml oil</i>	3	
<i>estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)</i>	2	
ESTRING 7.5 MCG/24HR RING	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	2	
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>	3	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	3	
EVAMIST 1.53 MG/SPRAY SOLUTION	4	
<i>falmina 0.1-20 mg-mcg tab</i>	2	
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>feirza 1/20 1-20 mg-mcg tab</i>	2	
<i>fyavolv (0.5-2.5 tab, 1-5 tab)</i>	2	
<i>hailey 24 fe 1-20 mg-mcg(24) tab</i>	3	
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	2	
<i>haloette 0.12-0.015 mg/24hr ring</i>	3	
<i>iclevia 0.15-0.03 mg tab</i>	2	
<i>isibloom 0.15-30 mg-mcg tab</i>	2	
<i>jasmiel 3-0.02 mg tab</i>	4	
<i>jinteli 1-5 mg-mcg tab</i>	2	
<i>jolessa 0.15-0.03 mg tab</i>	2	
<i>juleber 0.15-30 mg-mcg tab</i>	2	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	3	
<i>junel 1/20 1-20 mg-mcg tab</i>	3	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	2	
<i>junel fe 24 1-20 mg-mcg(24) tab</i>	3	
<i>kalliga 0.15-30 mg-mcg tab</i>	2	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	3	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	2	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	3	
<i>kurvelo 0.15-30 mg-mcg tab</i>	2	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>larin 1/20 1-20 mg-mcg tab</i>	3	
<i>larin 24 fe 1-20 mg-mcg(24) tab</i>	3	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	2	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	3	
<i>lessina 0.1-20 mg-mcg tab</i>	2	
<i>levonest 50-30/75-40/ 125-30 mcg tab</i>	2	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	2	
<i>levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab</i>	3	
<i>levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)</i>	2	
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	3	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	2	
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	4	
<i>loryna 3-0.02 mg tab</i>	4	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	3	
<i>luizza 1.5/30 1.5-30 mg-mcg tab</i>	3	
<i>luizza 1/20 1-20 mg-mcg tab</i>	3	
<i>lutra 0.1-20 mg-mcg tab</i>	2	
<i>marlissa 0.15-30 mg-mcg tab</i>	2	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	4	
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	3	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	3	
<i>microgestin 24 fe 1-20 mg-mcg tab</i>	3	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	2	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	2	
<i>mili 0.25-35 mg-mcg tab</i>	3	
<i>mono-linyah 0.25-35 mg-mcg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	3	
<i>nikki 3-0.02 mg tab</i>	4	
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	3	
<i>norethin ace-eth estrad-fe (1-20 tab, 1.5-30 tab)</i>	2	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	3	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</i>	3	
<i>norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)</i>	2	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	2	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	3	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	3	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	3	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	3	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	
<i>nylia 1/35 1-35 mg-mcg tab</i>	3	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	2	
<i>nymyo 0.25-35 mg-mcg tab</i>	3	
<i>ocella 3-0.03 mg tab</i>	3	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	3	
<i>portia-28 0.15-30 mg-mcg tab</i>	2	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	3	
PREMARIN 0.625 MG/GM CREAM	4	
PREMPHASE 0.625-5 MG TAB	3	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	3	
<i>reclipsen 0.15-30 mg-mcg tab</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>setlakin 0.15-0.03 mg tab</i>	2	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	3	
<i>simpesse 0.15-0.03 &0.01 mg tab</i>	3	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	3	
<i>sronyx 0.1-20 mg-mcg tab</i>	2	
<i>syeda 3-0.03 mg tab</i>	3	
<i>tarina 24 fe 1-20 mg-mcg(24) tab</i>	3	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	2	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-linyah 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab</i>	2	
<i>tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab</i>	2	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	2	
<i>tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab</i>	2	
<i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>	2	
<i>turqoz 0.3-30 mg-mcg tab</i>	3	
<i>valtya 1/35 1-35 mg-mcg tab</i>	2	
VALTYA 1/50 1-50 MG-MCG TAB	3	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	3	
<i>vestura 3-0.02 mg tab</i>	4	
<i>vienva 0.1-20 mg-mcg tab</i>	2	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	3	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	3	
<i>vyfemla 0.4-35 mg-mcg tab</i>	3	
<i>vylibra 0.25-35 mg-mcg tab</i>	3	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	3	
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>xulane 150-35 mcg/24hr patch wk</i>	3	
<i>yuvafem 10 mcg tab</i>	2	
<i>zafemy 150-35 mcg/24hr patch wk</i>	3	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	2	

PROGESTINS

<i>camila 0.35 mg tab</i>	2	
<i>deblitane 0.35 mg tab</i>	2	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	3	
<i>emzahh 0.35 mg tab</i>	2	
<i>errin 0.35 mg tab</i>	2	
<i>gallifrey 5 mg tab</i>	2	
<i>heather 0.35 mg tab</i>	2	
<i>incassia 0.35 mg tab</i>	2	
<i>jencycla 0.35 mg tab</i>	2	
LILETTA (52 MG) 20.1 MCG/DAY IUD	3	QL (1 PER 365 OVER TIME)
<i>lyleq 0.35 mg tab</i>	2	
<i>lyza 0.35 mg tab</i>	2	
<i>medroxyprogesterone acetate (150 mg/ml susp prsy, 150 mg/ml suspension)</i>	2	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	2	
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 625 mg/5ml suspension, 800 mg/20ml suspension)</i>	4	
<i>meleya 0.35 mg tab</i>	2	
NEXPLANON 68 MG IMPLANT	3	QL (1 PER 365 OVER TIME)
<i>nora-be 0.35 mg tab</i>	2	
<i>norethindrone 0.35 mg tab</i>	2	
<i>norethindrone acetate 5 mg tab</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norlyroc 0.35 mg tab</i>	2	
<i>orquidea 0.35 mg tab</i>	2	
<i>progesterone (100 mg cap, 200 mg cap)</i>	2	
<i>sharobel 0.35 mg tab</i>	2	

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

<i>clomiphene citrate 50 mg tab</i>	4	PA, QL (30 PER 30 DAYS)
DUAVEE 0.45-20 MG TAB	4	
OSPHENA 60 MG TAB	4	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

CYTOMEL (5 MCG TAB, 25 MCG TAB, 50 MCG TAB)	4	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)</i>	2	
<i>liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	5	PA
SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	3	
<i>unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline 0.5 mg tab</i>	2	
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT)	4	PA - FOR NEW STARTS ONLY
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	5	
FIRMAGON 80 MG RECON SOLN	4	
LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION	5	
LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INJECTABLE	4	PA - FOR NEW STARTS ONLY
<i>leuprolide acetate 1 mg/0.2ml kit</i>	4	PA - FOR NEW STARTS ONLY
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	5	PA - FOR NEW STARTS ONLY
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	5	PA - FOR NEW STARTS ONLY
LUPRON DEPOT (4-MONTH) 30 MG KIT	5	PA - FOR NEW STARTS ONLY
LUPRON DEPOT (6-MONTH) 45 MG KIT	5	PA - FOR NEW STARTS ONLY
LUPRON DEPOT-PED (1-MONTH) (11.25 MG KIT, 15 MG KIT)	5	PA
LUPRON DEPOT-PED (1-MONTH) 7.5 MG KIT	5	PA - FOR NEW STARTS ONLY
LUPRON DEPOT-PED (3-MONTH) 11.25 MG (PED) KIT	5	PA - FOR NEW STARTS ONLY
LUPRON DEPOT-PED (3-MONTH) 30 MG KIT	5	PA
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	5	PA - FOR NEW STARTS ONLY
<i>mifepristone 300 mg tab</i>	5	PA, LA, QL (120 PER 30 DAYS)
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution)</i>	3	
<i>octreotide acetate (500 mcg/ml soln prsyr, 500 mcg/ml solution)</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>octreotide acetate 1000 mcg/ml solution</i>	4	
ORGOVYX 120 MG TAB	5	LA, PA - FOR NEW STARTS ONLY
ORIAHNN 300-1-0.5 & 300 MG CAP THPK	5	PA, QL (56 PER 28 DAYS)
ORILISSA 150 MG TAB	5	PA, QL (28 PER 28 DAYS)
ORILISSA 200 MG TAB	5	PA, QL (56 PER 28 DAYS)
RECORLEV 150 MG TAB	5	PA, QL (240 PER 30 DAYS)
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	5	PA, LA
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	5	PA, LA
TRELSTAR MIXJECT (3.75 MG RECON SUSP, 11.25 MG RECON SUSP, 22.5 MG RECON SUSP)	4	PA - FOR NEW STARTS ONLY
TRIPTODUR 22.5 MG SRER	5	PA

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole (5 mg tab, 10 mg tab)</i>	1	
<i>propylthiouracil 50 mg tab</i>	2	

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	5	PA, LA, QL (16 PER 28 DAYS)
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	5	PA
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	5	PA, LA, QL (4 ML PER 28 DAYS)
TAKHZYRO 150 MG/ML SOLN PRSYR	5	PA, QL (2 ML PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOGLOBULINS		
GAMMAGARD (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5	PA
GAMMAGARD ERC (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	5	PA
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	5	PA
GAMUNEX-C (1 GM/10ML SOLUTION, 2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5	PA
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION)	5	PA
HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT)	5	PA
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	5	PA
PRIVIGEN (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	5	PA
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	5	PA
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	5	PA, QL (8 ML PER 28 DAYS)
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	5	PA, LA, QL (10 ML PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSENTYX 150 MG/ML SOLN PRSYR	5	PA, LA, QL (10 ML PER 28 DAYS)
COSENTYX 75 MG/0.5ML SOLN PRSYR	5	PA, QL (2.5 ML PER 28 DAYS)
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	5	PA, LA, QL (10 ML PER 28 DAYS)
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	5	PA, LA, QL (10 ML PER 28 DAYS)
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	5	PA, QL (10 ML PER 28 DAYS)
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	5	PA, QL (4.6 ML PER 28 DAYS)
DUPIXENT (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA, QL (8 ML PER 28 DAYS)
ENSPRYNG 120 MG/ML SOLN PRSYR	5	PA
GRASTEK 2800 BAU SL TAB	3	
KEVZARA (150 MG/1.14ML SOLN A-INJ, 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	5	PA, QL (3 ML PER 28 DAYS)
KINERET 100 MG/0.67ML SOLN PRSYR	5	PA
ODACTRA 12 SQ-HDM SL TAB	3	
ORALAIR 300 IR SL TAB	4	
ORALAIR ADULT STARTER PACK 300 IR SL TAB	4	
ORENCIA 125 MG/ML SOLN PRSYR	5	PA
ORENCIA 50 MG/0.4ML SOLN PRSYR	5	PA, QL (1.6 ML PER 28 DAYS)
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	5	PA, QL (2.8 ML PER 28 DAYS)
ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ	5	PA, QL (4 ML PER 28 DAYS)
OTEZLA 10 & 20 & 30 MG TAB THPK	5	PA, LA, QL (60 PER 30 DAYS)
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	5	PA, QL (55 PER 28 DAYS)
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	5	PA, QL (41 PER 28 DAYS)
REZUROCK 200 MG TAB	5	PA, LA, QL (60 PER 30 DAYS)
RINVOQ 15 MG TAB ER 24H	5	PA, QL (30 PER 30 DAYS)
RINVOQ 30 MG TAB ER 24H	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RINVOQ 45 MG TAB ER 24H	5	PA, QL (168 PER 365 OVER TIME)
RINVOQ LQ 1 MG/ML SOLUTION	5	PA, QL (360 ML PER 30 DAYS)
SELARSDI (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	3	PA, QL (1 ML PER 56 DAYS)
SELARSDI 90 MG/ML SOLN PRSYR	3	PA, QL (8 ML PER 365 OVER TIME)
SKYRIZI 150 MG/ML SOLN PRSYR	5	PA, QL (1 ML PER 28 DAYS)
SKYRIZI 180 MG/1.2ML SOLN CART	5	PA, QL (1.2 ML PER 56 DAYS)
SKYRIZI 360 MG/2.4ML SOLN CART	5	PA, QL (2.4 ML PER 56 DAYS)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	5	PA, QL (1 ML PER 28 DAYS)
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	5	PA, QL (1 ML PER 56 DAYS)
STELARA 90 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 365 OVER TIME)
TAVNEOS 10 MG CAP	5	PA, LA
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	5	PA
USTEKINUMAB (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	5	PA, QL (1 ML PER 56 DAYS)
USTEKINUMAB 90 MG/ML SOLN PRSYR	5	PA, QL (8 ML PER 365 OVER TIME)
XELJANZ (5 MG TAB, 10 MG TAB)	5	PA, QL (60 PER 30 DAYS)
XELJANZ 1 MG/ML SOLUTION	5	PA
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	5	PA, QL (30 PER 30 DAYS)
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	3	PA, QL (1 ML PER 56 DAYS)
YESINTEK 90 MG/ML SOLN PRSYR	3	PA, QL (8 ML PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	5	PA, LA
BESREMI 500 MCG/ML SOLN PRSYR	5	LA, PA - FOR NEW STARTS ONLY
PEGASYS 180 MCG/0.5ML SOLN PRSYR	5	QL (2 ML PER 28 DAYS)
PEGASYS 180 MCG/ML SOLUTION	5	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL (0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H)	4	PA - PART B VS D DETERMINATION
<i>azathioprine (75 mg tab, 100 mg tab)</i>	4	PA - PART B VS D DETERMINATION
<i>azathioprine 50 mg tab</i>	2	PA - PART B VS D DETERMINATION
CELLCEPT (250 MG CAP, 500 MG TAB)	5	PA - PART B VS D DETERMINATION
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	3	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	3	PA - PART B VS D DETERMINATION
ENBREL (25 MG/0.5ML SOLN PRSYR, 25 MG/0.5ML SOLUTION, 50 MG/ML SOLN PRSYR)	5	PA, QL (8 ML PER 28 DAYS)
ENBREL MINI 50 MG/ML SOLN CART	5	PA, QL (8 ML PER 28 DAYS)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	5	PA, QL (8 ML PER 28 DAYS)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	4	PA - PART B VS D DETERMINATION
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	5	PA - PART B VS D DETERMINATION
<i>everolimus 0.25 mg tab</i>	4	PA - PART B VS D DETERMINATION
<i>gengraf (25 mg cap, 100 mg cap)</i>	2	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.4ML SOLN PRSYR	5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	5	PA, QL (4.8 ML PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	5	PA, QL (4.8 ML PER 28 DAYS)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	2	
LUPKYNIS 7.9 MG CAP	5	PA
METHOTREXATE 1000 MG/40ML SOLUTION	2	
METHOTREXATE SODIUM (1 GM RECON SOLN, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	2	
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	2	
<i>methotrexate sodium 2.5 mg tab</i>	1	
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	2	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	4	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	4	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	4	PA - PART B VS D DETERMINATION
MYFORTIC (180 MG TAB DR, 360 MG TAB DR)	4	PA - PART B VS D DETERMINATION
MYHIBBIN 200 MG/ML SUSPENSION	5	PA - PART B VS D DETERMINATION
NEORAL (25 MG CAP, 100 MG CAP)	4	PA - PART B VS D DETERMINATION
ORENCIA 250 MG RECON SOLN	5	PA
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET)	4	PA - PART B VS D DETERMINATION
PROGRAF 5 MG CAP	5	PA - PART B VS D DETERMINATION
RAPAMUNE 2 MG TAB	5	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SANDIMMUNE 100 MG CAP	5	PA - PART B VS D DETERMINATION
SANDIMMUNE 25 MG CAP	4	PA - PART B VS D DETERMINATION
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	5	PA, QL (6 PER 28 DAYS)
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	5	PA, QL (4 PER 28 DAYS)
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	5	PA, QL (4 PER 28 DAYS)
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	5	PA, QL (6 PER 28 DAYS)
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	5	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	5	PA, QL (6 PER 28 DAYS)
<i>sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	3	PA - PART B VS D DETERMINATION
<i>sirolimus 1 mg/ml solution</i>	4	PA - PART B VS D DETERMINATION
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	3	PA - PART B VS D DETERMINATION
XATMEP 2.5 MG/ML SOLUTION	4	

VACCINES

ABRYSVO 120 MCG/0.5ML RECON SOLN	4	* (\$0 Vaccine)
ACTHIB RECON SOLN	3	
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	3	* (\$0 Vaccine)
AREXVY 120 MCG/0.5ML RECON SUSP	4	* (\$0 Vaccine)
BCG VACCINE 50 MG RECON SOLN	4	* (\$0 Vaccine)
BEXSERO SUSP PRSYR	4	* (\$0 Vaccine)
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	3	* (\$0 Vaccine)
DAPTACEL 23-15-5 SUSPENSION	4	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	3	PA - PART B VS D DETERMINATION, * (\$0 Vaccine)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	3	
HAVRIX 1440 EL U/ML SUSP PRSYR	3	* (\$0 Vaccine)
HAVRIX 720 EL U/0.5ML SUSP PRSYR	3	
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	3	PA - PART B VS D DETERMINATION, * (\$0 Vaccine)
HIBERIX 10 MCG RECON SOLN	3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	4	PA - PART B VS D DETERMINATION, * (\$0 Vaccine)
INFANRIX 25-58-10 SUSPENSION	4	
IPOL SUSPENSION	4	* (\$0 Vaccine)
IXIARO SUSPENSION	4	* (\$0 Vaccine)
JYNNEOS 0.5 ML SUSPENSION	4	* (\$0 Vaccine)
KINRIX 0.5 ML SUSP PRSYR	4	
M-M-R II RECON SOLN	3	* (\$0 Vaccine)
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	4	* (\$0 Vaccine)
MENVEO (RECON SOLN, SOLUTION)	3	* (\$0 Vaccine)
MRESVIA 50 MCG/0.5ML SUSP PRSYR	4	* (\$0 Vaccine)
PEDIARIX SUSP PRSYR	4	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	3	
PENMENVY RECON SUSP	4	
PENTACEL RECON SUSP	4	
PREHEVBRIO 10 MCG/ML SUSPENSION	3	PA - PART B VS D DETERMINATION
PRIORIX RECON SUSP	3	* (\$0 Vaccine)
PROQUAD RECON SUSP	3	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	4	
RABAVERT RECON SUSP	4	PA - PART B VS D DETERMINATION, * (\$0 Vaccine)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	3	PA - PART B VS D DETERMINATION, * (\$0 Vaccine)
ROTARIX SUSPENSION	4	
ROTATEQ SOLUTION	4	
SHINGRIX (50 MCG/0.5ML RECON SUSP, 50 MCG/0.5ML SUSP PRSYR)	3	* (\$0 Vaccine)
STAMARIL RECON SUSP	4	
TDVAX 2-2 LF/0.5ML SUSPENSION	3	
TENIVAC 5-2 LF/0.5ML SUSPENSION	3	* (\$0 Vaccine)
TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION	3	
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	4	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	4	* (\$0 Vaccine)
TRUMENBA SUSP PRSYR	3	* (\$0 Vaccine)
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	3	* (\$0 Vaccine)
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	4	* (\$0 Vaccine)
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	3	
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	3	* (\$0 Vaccine)
VARIVAX 1350 PFU/0.5ML RECON SUSP	3	* (\$0 Vaccine)
VAXCHORA RECON SUSP	4	* (\$0 Vaccine)
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	4	* (\$0 Vaccine)
VIVOTIF CAP DR	4	* (\$0 Vaccine)
YF-VAX RECON SUSP	4	* (\$0 Vaccine)

INFLAMMATORY BOWEL DISEASE AGENTS

AMINOSALICYLATES

<i>balsalazide disodium 750 mg cap</i>	4
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mesalamine (1.2 gm tab dr, 1000 mg suppos)</i>	4	
<i>mesalamine 4 gm enema</i>	3	
<i>mesalamine er 0.375 gm cap er 24h</i>	4	
<i>mesalamine-cleanser 4 gm kit</i>	3	
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	2	

GLUCOCORTICOIDS

<i>budesonide (2 mg foam, 2 mg/act foam)</i>	4	PA
<i>budesonide 3 mg cp dr part</i>	4	
<i>budesonide er 9 mg tab er 24h</i>	5	QL (30 PER 30 DAYS)
CORTIFOAM 10 % FOAM	4	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>hydrocortisone 100 mg/60ml enema</i>	4	

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>alendronate sodium 70 mg/75ml solution</i>	3	QL (300 ML PER 28 DAYS)
<i>calcitonin (salmon) 200 unit/act solution</i>	2	PA - PART B VS D DETERMINATION
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	2	
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	4	PA - PART B VS D DETERMINATION
DOXERCALCIFEROL (0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP)	3	
EVENITY 105 MG/1.17ML SOLN PRSYR	5	PA, QL (2.4 ML PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	2	PA - PART B VS D DETERMINATION
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	3	
PROLIA 60 MG/ML SOLN PRSYR	4	
<i>raloxifene hcl 60 mg tab</i>	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risedronate sodium (35 mg tab, 35 mg tab dr)</i>	2	QL (4 PER 28 DAYS)
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
TERIPARATIDE 560 MCG/2.24ML SOLN PEN	5	PA, QL (3 ML PER 28 DAYS)
XGEVA 120 MG/1.7ML SOLUTION	5	PA

MISCELLANEOUS THERAPEUTIC AGENTS

<i>acetylcysteine 200 mg/ml solution</i>	2	
ALCOHOL SWABS	3	
BD ALCOHOL SWAB	3	
BD AUTOSHIELD, BD AUTOSHIELD DUO, BD PEN NEEDLE U/F (MINI, SHORT, NANO, MICRO)	3	
BD INSULIN SYRINGE, BD INSULIN SYRINGE U/F, BD VEO INSULIN SYRINGE	3	
CLINOLIPID 20 % EMULSION	4	PA - PART B VS D DETERMINATION
DROPLET INSULIN SYRINGE, DROPLET PEN NEEDLE	3	
DROPSAFE INSULIN SYRINGE, DROPSAFE PEN NEEDLE	3	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	3	
GAUZE PADS & DRESSINGS - PADS 2 X 2	3	
INSULIN PEN NEEDLE	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGE (DISP) U-100 (0.3 ML, 1/2 ML, 1 ML)	3	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	4	PA - PART B VS D DETERMINATION
<i>methylergonovine maleate 0.2 mg tab</i>	4	
NOVOFINE PEN NEEDLE, NOVOFINE PLUS PEN NEEDLE, NOVOFINE AUTOCOVER PEN NEEDLE, NOVOTWIST PEN NEEDLE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OMEGAVEN (5 GM/50ML EMULSION, 10 GM/100ML EMULSION)	4	PA - PART B VS D DETERMINATION
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	4	
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	4	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	4	
OMNIPOD 5 G7 PODS (GEN 5) MISC	4	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	4	
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	4	
OMNIPOD CLASSIC PODS (GEN 3) MISC	4	
OMNIPOD DASH INTRO (GEN 4) KIT	4	
OMNIPOD DASH PODS (GEN 4) MISC	4	
OPVEE 2.7 MG/0.1ML SOLUTION	3	
PENBRAYA RECON SUSP	4	* (\$0 Vaccine)
SMOFLIPID 20 % EMULSION	4	PA - PART B VS D DETERMINATION
<i>sterile water for irrigation solution</i>	2	
TECHLITE INSULIN SYRINGE, TECHLITE PEN NEEDLE	3	
V-GO (20 UNIT/24HR KIT, 30 UNIT/24HR KIT, 40 UNIT/24HR KIT)	4	
VOWST CAP	5	PA, QL (12 PER 180 OVER TIME)

OPHTHALMIC AGENTS

OPHTHALMIC AGENTS, OTHER

ATROPINE SULFATE 1 % SOLUTION	2	
BACITRA-NEOMYCIN-POLYMYXIN-HC 1 % OINTMENT	2	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	2	
<i>brimonidine tartrate-timolol 0.2-0.5 % solution</i>	3	
<i>cyclosporine (pf) 0.05 % emulsion</i>	4	
<i>dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dorzolamide hcl-timolol mal pf 2-0.5 % solution</i>	2	
<i>loteprednol-tobramycin 0.5-0.3 % suspension</i>	4	
<i>neo-polycin 3.5-400-10000 ointment</i>	2	
<i>neo-polycin hc 1 % ointment</i>	2	
NEOMYCIN-BACITRACIN ZN-POLYMYX (3.5-400-10000 OINTMENT, 5-400-10000 OINTMENT)	2	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	2	
<i>polycin 500-10000 unit/gm ointment</i>	2	
RESTASIS 0.05 % EMULSION	3	
ROCKLATAN 0.02-0.005 % SOLUTION	3	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	2	
TOBRADEX 0.3-0.1 % OINTMENT	4	
TOBRADEX ST 0.3-0.05 % SUSPENSION	4	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	2	
VERKAZIA 0.1 % EMULSION	5	PA
ZYLET 0.5-0.3 % SUSPENSION	4	

OPHTHALMIC ANTI-ALLERGY AGENTS

ALOCRIAL 2 % SOLUTION	4	
<i>azelastine hcl 0.05 % solution</i>	2	
<i>bepotastine besilate 1.5 % solution</i>	4	
CROMOLYN SODIUM 4 % SOLUTION	2	
<i>epinastine hcl 0.05 % solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPHTHALMIC ANTI-INFECTIVES		
AZASITE 1 % SOLUTION	4	
BACITRACIN 500 UNIT/GM OINTMENT	2	
ERYTHROMYCIN 5 MG/GM OINTMENT	2	
<i>gatifloxacin 0.5 % solution</i>	2	
<i>gentamicin sulfate 0.3 % solution</i>	2	
LEVOFLOXACIN 0.5 % SOLUTION	2	
<i>moxifloxacin hcl 0.5 % solution</i>	3	QL (12 ML PER 28 OVER TIME)
NATACYN 5 % SUSPENSION	4	
<i>ofloxacin 0.3 % solution</i>	2	
<i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>	2	
SULFACETAMIDE SODIUM (10 % OINTMENT, 10 % SOLUTION)	2	
<i>tobramycin 0.3 % solution</i>	2	
TOBREX 0.3 % OINTMENT	4	
TRIFLURIDINE 1 % SOLUTION	2	
ZIRGAN 0.15 % GEL	4	
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily) 0.09 % solution</i>	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	2	
<i>diclofenac sodium 0.1 % solution</i>	4	
<i>difluprednate 0.05 % emulsion</i>	3	
<i>fluorometholone 0.1 % suspension</i>	2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	2	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>loteprednol etabonate 0.2 % suspension</i>	4	
<i>prednisolone acetate 1 % suspension</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	2	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
BETAXOLOL HCL 0.5 % SOLUTION	2	
CARTEOLOL HCL 1 % SOLUTION	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
<i>timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)</i>	2	
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	1	
<i>timolol maleate (once-daily) 0.5 % solution</i>	2	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap er 12h</i>	2	
ALPHAGAN P 0.1 % SOLUTION	3	
APRACLONIDINE HCL 0.5 % SOLUTION	2	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution)</i>	3	
<i>brimonidine tartrate 0.2 % solution</i>	2	
<i>brinzolamide 1 % suspension</i>	4	
<i>dorzolamide hcl 2 % solution</i>	2	
IOPIDINE 1 % SOLUTION	4	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	3	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	2	
RHOPRESSA 0.02 % SOLUTION	3	
SIMBRINZA 1-0.2 % SUSPENSION	4	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	2	QL (7.5 ML PER 25 DAYS)
<i>latanoprost 0.005 % solution</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUMIGAN 0.01 % SOLUTION	3	QL (7.5 ML PER 25 DAYS)
<i>travoprost (bak free) 0.004 % solution</i>	3	
Ophthalmic Agents, Other		
XDEMVY 0.25 % SOLUTION	5	PA, QL (10 ML PER 180 OVER TIME)
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	2	
CIPRO HC 0.2-1 % SUSPENSION	4	
<i>ciprofloxacin hcl 0.2 % solution</i>	2	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	3	
<i>ciprofloxacin-hydrocortisone 0.2-1 % suspension</i>	4	
<i>fluocinolone acetonide 0.01 % oil</i>	2	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	3	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i>	2	
<i>ofloxacin 0.3 % solution</i>	2	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	3	PA - PART B VS D DETERMINATION
<i>fluticasone propionate hfa (44 mcg/act aerosol, 110 mcg/act aerosol, 220 mcg/act aerosol)</i>	4	QL (24 GM PER 30 DAYS)
QVAR REDHALER 40 MCG/ACT AERO BA	3	QL (10.6 GM PER 30 DAYS)
QVAR REDHALER 80 MCG/ACT AERO BA	3	QL (21.2 GM PER 30 DAYS)
XHANCE 93 MCG/ACT EXHU	4	PA
ANTI-HISTAMINES		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	2	QL (30 ML PER 25 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbinoxamine maleate 4 mg tab</i>	2	
CLEMASTINE FUMARATE 2.68 MG TAB	2	
<i>cyproheptadine hcl 4 mg tab</i>	2	
DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB DISP)	4	QL (30 PER 30 DAYS)
<i>desloratadine 5 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>diphenhydramine hcl 50 mg/ml solution</i>	2	
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	2	
<i>levocetirizine dihydrochloride 5 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>olopatadine hcl 0.6 % solution</i>	3	QL (31 GM PER 30 DAYS)
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)</i>	4	

ANTILEUKOTRIENES

<i>montelukast sodium (4 mg chew tab, 5 mg chew tab)</i>	2	QL (30 PER 30 DAYS)
<i>montelukast sodium 10 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>montelukast sodium 4 mg packet</i>	2	
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	2	QL (60 PER 30 DAYS)

BRONCHODILATORS, ANTICHOLINERGIC

ATROVENT HFA 17 MCG/ACT AERO SOLN	4	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	3	
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	2	
<i>ipratropium bromide 0.02 % solution</i>	2	PA - PART B VS D DETERMINATION
SPIRIVA HANDIHALER 18 MCG CAP	3	
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRONCHODILATORS, SYMPATHOMIMETIC		
ALBUTEROL SULFATE (0.63 MG/3ML NEBU SOLN, 1.25 MG/3ML NEBU SOLN, (2.5 MG/3ML) 0.083% NEBU SOLN, 2.5 MG/0.5ML NEBU SOLN, (5 MG/ML) 0.5% NEBU SOLN)	2	PA - PART B VS D DETERMINATION
<i>albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)</i>	4	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	3	QL (17 GM PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proair hfa)</i>	3	QL (17 GM PER 30 DAYS)
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln (generic of proventil hfa)</i>	3	QL (14 GM PER 30 DAYS)
<i>arformoterol tartrate 15 mcg/2ml nebu soln</i>	4	PA - PART B VS D DETERMINATION
EPINEPHRINE (0.15 MG/0.15ML SOLN A-INJ, 0.15 MG/0.3ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	3	QL (2 PER 30 OVER TIME)
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	PA - PART B VS D DETERMINATION
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	3	PA - PART B VS D DETERMINATION
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	3	QL (5 GM PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	2	
VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN	3	QL (36 GM PER 30 DAYS)
CYSTIC FIBROSIS AGENTS		
BRONCHITOL 40 MG CAP	5	LA
BRONCHITOL TOLERANCE TEST 40 MG CAP	5	LA
KALYDECO (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET, 150 MG TAB)	5	PA, QL (60 PER 30 DAYS)
KITABIS PAK 300 MG/5ML NEBU SOLN	5	PA - PART B VS D DETERMINATION

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	5	PA, LA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5	PA, QL (56 PER 28 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	5	PA - PART B VS D DETERMINATION
SYMDEKO 100-150 & 150 MG TAB THPK	5	PA, LA
SYMDEKO 50-75 & 75 MG TAB THPK	5	PA, LA, QL (56 PER 28 DAYS)
TOBI PODHALER 28 MG CAP	5	
<i>tobramycin (300 mg/4ml nebu soln, 300 mg/5ml nebu soln)</i>	5	PA - PART B VS D DETERMINATION
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	5	PA, QL (84 PER 28 DAYS)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	5	PA, QL (56 PER 28 DAYS)

MAST CELL STABILIZERS

<i>cromolyn sodium 20 mg/2ml nebu soln</i>	3	PA - PART B VS D DETERMINATION
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE

<i>elixophyllin 80 mg/15ml elixir</i>	4	
<i>roflumilast (250 mcg tab, 500 mcg tab)</i>	4	QL (30 PER 30 DAYS)
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	4	
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	2	

PULMONARY ANTIHYPERTENSIVES

ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	5	PA, LA, QL (90 PER 30 DAYS)
<i>ambrisentan 10 mg tab</i>	5	PA, LA
<i>ambrisentan 5 mg tab</i>	5	PA, LA, QL (30 PER 30 DAYS)
<i>bosentan 125 mg tab</i>	5	PA, LA
<i>bosentan 62.5 mg tab</i>	5	PA, LA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPSUMIT 10 MG TAB	5	PA, LA, QL (30 PER 30 DAYS)
OPSYNVI (10-20 MG TAB, 10-40 MG TAB)	5	PA, QL (30 PER 30 DAYS)
ORENITRAM (0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER)	5	PA
ORENITRAM 0.125 MG TAB ER	4	PA
ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK	5	PA
ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK	5	PA
ORENITRAM MONTH 3 0.125 & 0.25 & 1 MG TBER THPK	5	PA
<i>sildenafil citrate 20 mg tab</i>	3	PA, QL (90 PER 30 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	4	PA, QL (60 PER 30 DAYS)
TYVASO 0.6 MG/ML SOLUTION	5	PA, QL (87 ML PER 30 DAYS)
TYVASO REFILL 0.6 MG/ML SOLUTION	5	PA, QL (87 ML PER 30 DAYS)
TYVASO STARTER 0.6 MG/ML SOLUTION	5	PA, QL (87 ML PER 30 DAYS)
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5	PA, QL (60 PER 30 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	5	PA, QL (200 PER 28 DAYS)
UPTRAVI 200 MCG TAB	5	PA, QL (140 PER 28 DAYS)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	5	PA, QL (1 PER 21 DAYS)
YUTREPIA (26.5 MCG CAP, 53 MCG CAP, 79.5 MCG CAP, 106 MCG CAP)	5	PA

PULMONARY FIBROSIS AGENTS

<i>nintedanib esylate (100 mg cap, 150 mg cap)</i>	5	PA, QL (60 PER 30 DAYS)
OFEV (100 MG CAP, 150 MG CAP)	5	PA, LA, QL (60 PER 30 DAYS)
<i>pirfenidone 267 mg cap</i>	5	PA, QL (270 PER 30 DAYS)

RESPIRATORY TRACT AGENTS, OTHER

<i>acetylcysteine (10 % solution, 20 % solution)</i>	4	PA - PART B VS D DETERMINATION
ADVAIR DISKUS (100-50 MCG/ACT AER POW BA, 250-50 MCG/ACT AER POW BA, 500-50 MCG/ACT AER POW BA)	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	3	QL (12 GM PER 30 DAYS)
AIRSUPRA 90-80 MCG/ACT AEROSOL	4	QL (33 GM PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	3	QL (60 PER 30 DAYS)
<i>azelastine-fluticasone 137-50 mcg/act suspension</i>	3	QL (23 GM PER 30 DAYS)
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	3	QL (60 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	3	QL (10.7 GM PER 30 DAYS)
BRINSUPRI (10 MG TAB, 25 MG TAB)	5	PA, QL (30 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	4	QL (8 GM PER 30 DAYS)
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	3	QL (13 GM PER 30 DAYS)
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2	QL (50 ML PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	2	
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	2	PA - PART B VS D DETERMINATION
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL (34 GM PER 30 DAYS)
RYALTRIS 665-25 MCG/ACT SUSPENSION	4	
SYMBICORT (80-4.5 MCG/ACT AEROSOL, 160-4.5 MCG/ACT AEROSOL)	3	QL (11 GM PER 30 DAYS)
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	3	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

BOTOX 100 UNIT RECON SOLN	4	PA, QL (2 PER 84 OVER TIME)
BOTOX 200 UNIT RECON SOLN	4	PA, QL (1 PER 84 OVER TIME)
<i>carisoprodol (250 mg tab, 350 mg tab)</i>	4	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	2	
<i>cyclobenzaprine hcl 7.5 mg tab</i>	4	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	4	
<i>orphenadrine citrate er 100 mg tab er 12h</i>	4	

SLEEP DISORDER AGENTS

SLEEP PROMOTING AGENTS

BELSOMRA (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	4	QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	3	QL (30 PER 30 DAYS)
EDLUAR (5 MG SL TAB, 10 MG SL TAB)	4	QL (30 PER 30 DAYS)
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	3	QL (30 PER 30 DAYS)
<i>ramelteon 8 mg tab</i>	3	
<i>tasimelteon 20 mg cap</i>	5	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg cap, 30 mg cap)</i>	2	
<i>temazepam (7.5 mg cap, 22.5 mg cap)</i>	4	
<i>zaleplon 10 mg cap</i>	2	
<i>zaleplon 5 mg cap</i>	2	QL (30 PER 30 DAYS)
ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB)	3	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)</i>	3	QL (30 PER 30 DAYS)

WAKEFULNESS PROMOTING AGENTS

<i>armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)</i>	3	PA, QL (30 PER 30 DAYS)
<i>modafinil 100 mg tab</i>	3	PA, QL (90 PER 30 DAYS)
<i>modafinil 200 mg tab</i>	3	PA, QL (60 PER 30 DAYS)
SODIUM OXYBATE 500 MG/ML SOLUTION	5	PA, LA, QL (540 ML PER 30 DAYS)
SUNOSI 150 MG TAB	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUNOSI 75 MG TAB	4	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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clindacin	86	COMETRIQ (140 MG DAILY DOSE)	38
clindacin etz	86	COMETRIQ (60 MG DAILY DOSE)	38
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clindamycin palmitate hcl	15	COMPLETENATE	87
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clobazam	23	CORTROPHIN GEL	100
clobetasol prop emollient base	83	COSENTYX	114
clobetasol propionate	83	COSENTYX (300 MG DOSE)	113
clobetasol propionate e	83	COSENTYX SENSOREADY (300 MG)	114
clobetasol propionate emulsion	84	COSENTYX SENSOREADY PEN	114
clomiphene citrate	110	COSENTYX UNOREADY	114
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HYDROCORTISONE ACE-PRAMOXINE	85	indomethacin er	9
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V-GO (20 UNIT/24HR KIT, 30 UNIT/24HR KIT, 40 UNIT/24HR KIT).....	123	VEOZAH.....	80
VABOMERE.....	19	verapamil hcl.....	71
valacyclovir hcl.....	57	VERAPAMIL HCL ER.....	71
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VIGAFYDE	24	VYNDAQEL	99
vigpoder	24	VYVGART HYTRULO	33
VIJOICE	44		
vilazodone hcl	29	W	
VIMKUNYA	120	warfarin sodium	65
VINATE DHA RF	92	WELIREG	36
VINATE II	92	WESCAP-C DHA	92
VINATE ONE	92	WESCAP-PN DHA	92
viorele	108	WESNATAL DHA COMPLETE	92
VIRACEPT	56	WESNATE DHA	92
VIREAD	55	WESTAB PLUS	92
VITAFOL FE+	92	WESTGEL DHA	92
VITAFOL GUMMIES	94	WINREVAIR	131
VITAFOL STRIPS	94	wymzya fe	108
VITAFOL ULTRA	92		
VITAFOL-NANO	92	X	
VITAFOL-OB	92	XADAGO	48
VITAFOL-OB+DHA	92	XALKORI	45
VITAFOL-ONE	92	XARELTO	65
VITALARA	92	XARELTO STARTER PACK	65
VITAMEDMD ONE RX/QUATREFOLIC	92	XATMEP	118
VITAMEDMD REDICHEW RX	94	XCOPRI	23,25
VITAPEARL	92	XCOPRI (250 MG DAILY DOSE)	25
VITATHELY WITH GINGER	92	XCOPRI (350 MG DAILY DOSE)	25
VITATRUE	92	XDEMVI	127
VITRAKVI	44	XELJANZ	115
VIVA DHA	92	XELJANZ XR	115
VIVITROL	13	xelria fe	108
VIVJOA	32	XERESE	86
VIVOTIF	120	XERMELO	95
VIZIMPRO	44	XGEVA	122
volnea	108	XHANCE	127
VONJO	46	XIFAXAN	16
VORANIGO	45	XIGDUO XR	60
voriconazole	32	XOFLUZA (40 MG DOSE)	56
VORICONAZOLE	32	XOFLUZA (80 MG DOSE)	56
VOWST	123	XOLAIR	115
VRAYLAR	52	XOSPATA	45
vyfemla	108	XPOVIO (100 MG ONCE WEEKLY)	45
vylibra	108	XPOVIO (40 MG ONCE WEEKLY)	45

XPOVIO (40 MG TWICE WEEKLY).....	45	ZYDELIG.....	45
XPOVIO (60 MG ONCE WEEKLY).....	45	ZYKADIA.....	45
XPOVIO (60 MG TWICE WEEKLY).....	45	ZYLET.....	124
XPOVIO (80 MG ONCE WEEKLY).....	45	ZYPREXA RELPREVV.....	52
XPOVIO (80 MG TWICE WEEKLY).....	45		
XTANDI.....	35		
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XULTOPHY.....	60		

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ZALVIT.....	92
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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-248-6522 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-248-6522 (TTY: 711) o hable con su proveedor.

Traditional Chinese: 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-888-248-6522 (TTY: 711) 或與您的提供者討論。

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-248-6522 (TTY: 711) или обратитесь к своему поставщику услуг.

French Creole: Nou genyen sèvis entèprèt gratis pou repomn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-248-6522 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Korean: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-248-6522(TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-888-248-6522 (TTY: 711) o parla con il tuo fornitore.

Yiddish: נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אידס און באדינונגס פֿאַר פּראָווידינג אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאָסטירונגען זענען אויך בנימצא פריי. רופן 1-888-248-6522 (TTY: 711) אָדער רעדן מיט דיין טרעגער.

Bengali: মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহতা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-888-248-6522 (TTY: 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-248-6522 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 1-888-248-6522 (TTY: 711) أو تحدث إلى مقدم الخدمة.

French: ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-248-6522 (TTY: 711) ou parlez à votre fournisseur.

Urdu: توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: 711) 1-888-248-6522 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-248-6522 (TTY: 711) o makipag-usap sa iyong provider.

Greek: ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-888-248-6522 (TTY: 711) ή απευθυνθείτε στον πάροχό σας».

Albanian: VINI RE: Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndhima të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-888-248-6522 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

This formulary was updated on 5/8/2026. For more recent information or other questions, please contact the Capital Rx Customer Care Center at 1-866-289-2319. TTY users should call 711. Or, visit www.cdphp.com.

CDPHP® Medicare Advantage Drug Plans

CDPHP Group Medicare Rx (HMO)

CDPHP Group Medicare Rx (PPO)

Plans with Five-Tier Enhanced Pharmacy Coverage



A plan for life.

2026 Enhanced Drug Formulary

(List of Non-Part D Covered Drugs)

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

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.

This document contains a list of non-Part D drugs that are covered under your Enhanced Pharmacy benefit. This list is updated as of 9/2/2025. For more recent information or other questions, please contact the Capital Rx Customer Care Center at 1-866-239-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week. Or, visit www.cdphp.com.

The 2026 Enhanced Drug Formulary is applicable to the CDPHP® Medicare Advantage Group Drug Plans with five-tier enhanced prescription drug riders. Our plans, offered by the Capital District Physicians' Health Plan, Inc. and CDPHP Universal Benefits,® Inc. (referred to collectively herein as CDPHP), are health plans with a Medicare contract. Enrollment in CDPHP Medicare Advantage depends on contract renewal.

What Is The Enhanced Formulary?

The Enhanced formulary is a complete list of drugs that are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for these drugs does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

How Do I Use The Enhanced Formulary Drug List?

The following drug list is a complete list of drugs covered on the enhanced formulary. This drug list does not guarantee coverage. For more information, please call the Capital Rx Customer Care Center.

CDPHP Medicare Advantage Group Drug Plans cover 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.

The drugs are listed in alphabetical order. Brand-name drugs are capitalized (e.g., CAVERJECT) and generic drugs are listed in lower-case italics (e.g., benzonatate). The drug tier is listed to the right of each drug. If a restriction (PA, QL) applies to any of the drugs on the enhanced formulary drug list, this will be noted to the right of the tier information.

Please see your Rider for Group Medicare Enhanced Pharmacy Coverage for specific drug tier copayment/coinsurance, initial coverage limit, and/or deductible information.

If you do not see your non-Part D drug listed here, it is not covered as an enhanced benefit. As of January 1, 2025, weight loss drugs are no longer covered on this list of non-Part D drugs.

Are There Any Other Restrictions On Coverage?

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

Prior Authorization (PA): CDPHP Medicare Advantage Group Drug Plans require you to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, CDPHP Medicare Advantage Group Drug Plans may not cover the drug.

Quantity Limits (QL): For certain drugs, CDPHP Medicare Advantage Group Drug Plans limit the amount of the drug that will be covered.

You can ask CDPHP to make an exception to these restrictions or limits by having your physician submit a statement supporting your request. Generally, we must make our decision within 72 hours of your request.

The information in the Requirements/Limits column tells you if CDPHP Medicare Group Drug Plans have any special requirements for coverage of your drug.

OTC: Over the counter.

QL^: Quantity limit is applied cumulatively by class.

***QL:** Coverage limited to 6 cycles, alone or in any combination, to achieve pregnancy. Infertility drugs resulting in a live birth, or an established pregnancy (fetal heart rate is detected) resulting in a miscarriage, will renew the six cycle limit.

You can ask CDPHP to make an exception to these restrictions or limits by having your physician submit a statement supporting your request. Generally, we must make our decision within 72 hours of your request.

For More Information

For more detailed information about your CDPHP Medicare Advantage Group Drug Plan enhanced prescription drug coverage, please review your *Evidence of Coverage*, Rider for Group Medicare Enhanced Pharmacy Coverage, and other plan materials.

If you have questions about your CDPHP Medicare Advantage Group Drug Plan, call the Capital Rx Customer Care Center at 1-866-289-2319. TTY users should call 711. A representative is available 24 hours a day, seven days a week. Or, visit www.cdphp.com.

CY2026 CDPHP 5T GROUP ENHANCED FORMULARY (PDF) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine 4% patches (otc)</i>	2	
BLOOD PRODUCTS AND MODIFIERS		
HEMOSTASIS AGENTS		
<i>phytonadione tab 5 mg</i>	3	
CARDIOVASCULAR AGENTS		
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
NITRO-TIME	2	
DERMATOLOGICAL AGENTS		
DERMATITIS AND PRURITUS AGENTS		
<i>hydrocortisone acetate (rectal)</i>	2	
DERMATOLOGICAL AGENTS, OTHER		
ANALPRAM HC 2.5-1 % CREAM	4	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	2	
<i>hydrocortisone acetate w/ pramoxine</i>	2	
<i>iodoquinol-hc</i>	2	
PRAMOSONE 1-2.5 % CREAM	4	
<i>sulfacetamide sodium w/ sulfur (cleanser 10-5%, cream 10-5%, lotion 10-5%)</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
FERREX 150 FORTE PLUS	3	
VITAMINS		
<i>b-complex w/ c & folic acid 1mg (various)</i>	2	
<i>b-complex w/ c & folic acid 5mg (various)</i>	2	
CYANOCOBALAMIN (INJ 1000 MCG/ML, 2000 MCG/ML SOLUTION)	2	
DIALYVITE/ZINC	4	
<i>folic acid tab 1 mg</i>	2	
<i>folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg (various)</i>	2	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	2	
FOLPLEX 2.2	2	
HYDROXOCOBALAMIN ACETATE	2	
NEPHPLEX RX	4	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>polyethylene glycol 3350 (packet 17 gm, powder 17 gm/scoop)</i>	2	
ANTISPASMODICS, GASTROINTESTINAL		
<i>chlordiazepoxide hcl-clidinium bromide</i>	2	
<i>hyoscyamine sulfate (sl tab 0.125 mg, tab 0.125 mg, tab disint 0.125 mg, tab er 12hr 0.375 mg)</i>	2	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium (cap 20 mg, tab 20 mg)(otc)</i>	1	
<i>lansoprazole cap delayed release 15 mg (otc)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEXIUM 24HR (OTC)	1	
<i>omeprazole-sodium bicarbonate 20-1100 mg cap (otc)</i>	1	
PREVACID 24HR (OTC)	1	

GENITOURINARY AGENTS

BENIGN PROSTATIC HYPERTROPHY AGENTS

<i>tadalafil (for erectile dysfunction) (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	4	QL^ (4 EA / 30 OVER TIME)
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GENITOURINARY AGENTS, OTHER

<i>phenazopyridine hcl (tab 100 mg, tab 200 mg)</i>	2	
<i>sildenafil citrate (tab 25 mg, tab 50 mg, tab 100 mg)</i>	2	QL^ (4 EA / 30 OVER TIME)
<i>vardenafil hcl (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg)</i>	4	QL^ (4 EA / 30 OVER TIME)
<i>vardenafil hcl odt</i>	4	QL^ (4 EA / 30 OVER TIME)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

FOLLISTIM AQ	3	PA, *QL (6 CYCLES)
GONAL-F, GONAL-F RFF	3	PA, *QL (6 CYCLES)
MENOPUR	3	PA, *QL (6 CYCLES)
OVIDREL	3	PA, *QL (6 CYCLES)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

CAVERJECT	4	QL^ (6 EA / 30 OVER TIME)
EDEX	4	QL^ (6 EA / 30 OVER TIME)
MUSE	4	QL^ (6 EA / 30 OVER TIME)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

ESTROGENS

<i>esterified estrogens & methyltestosterone</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page ii.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROGESTINS		
CRINONE	3	PA, *QL (6 CYCLES)
ENDOMETRIN	4	PA, *QL (6 CYCLES)
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
CETROTIDE	3	PA, *QL (6 CYCLES)
<i>ganirelix acetate (soln prefilled syringe 250 mcg/0.5ml)</i>	3	PA, *QL (6 CYCLES)
METABOLIC BONE DISEASE AGENTS		
<i>vitamin d (ergocalciferol) 1.25 mg (50000 unit) cap</i>	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
BD ALLERGIST TRAY	3	
BD ALLERGY SYRINGE (27G X 3/8" 0.5 ML MISC, 27G X 3/8" 1 ML MISC, 28G X 1/2" 1 ML MISC)	3	
BD DISP NEEDLE	3	
BD DISP NEEDLES	3	
BD ECLIPSE LUER-LOK NEEDLE	3	
BD ECLIPSE NEEDLE (18G X 1-1/2" MISC, 21G X 1" MISC, 21G X 1-1/2" MISC, 23G X 1" MISC, 25G X 1" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC)	3	
BD ECLIPSE SHIELDED NEEDLE	3	
BD ECLIPSE SYRINGE (21G X 1" 3 ML MISC, 25G X 1" 3 ML MISC, 27G X 1/2" 1 ML MISC)	3	
BD ECLIPSE SYRINGE/NEEDLE	3	
BD HYPODERMIC NEEDLE	3	
BD INTEGRA NEEDLE	3	
BD INTEGRA SYRINGE	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BD LUER-LOK SYRINGE (18G X 1-1/2" 3 ML MISC, 20G X 1" 1 ML MISC, 20G X 1" 3 ML MISC, 21G X 1" 3 ML MISC, 21G X 1-1/2" 3 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 1-1/2" 3 ML MISC, 25G X 5/8" 1 ML MISC, 25G X 5/8" 3 ML MISC, 26G X 5/8" 3 ML MISC)	3	
BD NOKOR ADMIX NEEDLE	3	
BD PLASTIPAK SYRINGE 21G X 1" 3 ML MISC	3	
BD PRECISIONGLIDE NEEDLE	3	
BD SAFETYGLIDE ALLERGY SYRINGE	3	
BD SAFETYGLIDE NEEDLE	3	
BD SAFETYGLIDE SHIELDED NEEDLE (21G X 1-1/2" MISC, 22G X 1-1/2" MISC, 23G X 1" MISC)	3	
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 3/8" 1 ML MISC	3	
BD SYRINGE SLIP TIP (25G X 5/8" 1 ML MISC, 26G X 3/8" 1 ML MISC, 26G X 5/8" 1 ML MISC)	3	
BD SYRINGE/NEEDLE	3	
BD TB SYRINGE	3	
CAREPOINT POLY HUB NEEDLE (20G X MISC, 21G X MISC)	3	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML MISC	3	
CAREPOINT SYRINGE LUER LOCK (22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC)	3	
CARETOUCH HYPODERMIC NEEDLE (18G X 1-1/2" MISC, 20G X 1" MISC, 22G X 1" MISC, 23G X 1" MISC, 23G X 1-1/2" MISC, 25G X 1" MISC, 25G X 1-1/2" MISC, 25G X 5/8" MISC, 26G X 1" MISC)	3	
CARETOUCH LUER LOCK 23G X 1" 3 ML MISC	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARETOUCH LUER LOCK SYR/NEEDLE	3	
DROPSAFE SICURA	3	
EASY TOUCH FLIPLOCK NEEDLES	3	
EASY TOUCH FLIPLOCK SAFETY SYR (18G X 1" 3 ML MISC, 18G X 1-1/2" 3 ML MISC, 19G X 1" 3 ML MISC, 19G X 1.5" 3 ML MISC, 20G X 1" 3 ML MISC, 20G X 1-1/2" 3 ML MISC, 21G X 1" 3 ML MISC, 21G X 1-1/2" 3 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 5/8" 3 ML MISC, 26G X 3/8" 1 ML MISC, 27G X 1/2" 1 ML MISC)	3	
EASY TOUCH FLURINGE	3	
EASY TOUCH FLURINGE FLIPLOCK 25G X 5/8" 1 ML MISC	3	
EASY TOUCH FLURINGE SHEATHLOCK 25G X 5/8" 1 ML MISC	3	
EASY TOUCH HYPODERMIC NEEDLE	3	
EASY TOUCH SAFETY SYRINGE	3	
EASY TOUCH SHEATHLOCK SYRINGE (21G X 1" 3 ML MISC, 21G X 1-1/2" 3 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 5/8" 3 ML MISC)	3	
EASY TOUCH TB FLIPLOCK SYRINGE	3	
EASY TOUCH TB SHEATHLOCK SYR	3	
EASYPOINT NEEDLE	3	
EASYPOINT NEEDLE/SYRINGE	3	
FLOW-EZE VENTED NEEDLE	3	
LUER LOCK SAFETY SYRINGES (21G X 1-1/2" 3 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 5/8" 3 ML MISC)	3	
MAGELLAN SYRINGE-SAFETY NEEDLE	3	
MAGELLAN TUBERCULIN SYRINGE	3	
MONOJECT HYPODERMIC NEEDLE	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MONOJECT LIFESHIELD CANNULA	3	
MONOJECT MAGELLAN SYRINGE (20G X 1" 3 ML MISC, 25G X 5/8" 1 ML MISC)	3	
MONOJECT SYRINGE (20G X 1" 3 ML MISC, 20G X 1-1/2" 3 ML MISC, 20G X 3/4" 3 ML MISC, 21G X 1" 3 ML MISC, 21G X 1-1/2" 3 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 1-1/4" 3 ML MISC, 25G X 5/8" 3 ML MISC, 27G X 1-1/4" 3 ML MISC, 27G X 1/2" 1 ML MISC)	3	
MONOJECT TB SAFETY SYRINGE	3	
MONOJECT TB SYRINGE (25G X 5/8" 1 ML MISC, 26G X 3/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC)	3	
NOKOR VENTED NEEDLE	3	
PERFECT POINT SAFETY NEEDLE	3	
POLY HUB NEEDLE	3	
SYRINGE LUER LOCK (20G X 1-1/2" 3 ML MISC, 21G X 1" 3 ML MISC, 21G X 1-1/2" 3 ML MISC, 22G X 1" 3 ML MISC, 23G X 1" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 5/8" 3 ML MISC)	3	
SYRINGE LUER SLIP 25G X 5/8" 1 ML MISC	3	
ULTICARE SYRINGE	3	
ULTICARE TUBERCULIN SAFETY SYR	3	
VANISHPOINT SAFETY SYRINGE (20G X 1" 3 ML MISC, 21G X 1" 3 ML MISC, 21G X 1-1/2" 3 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 1" 3 ML MISC, 25G X 1-1/2" 3 ML MISC, 25G X 5/8" 3 ML MISC)	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VANISHPOINT SYRINGE (20G X 1" 3 ML MISC, 21G X 1" 3 ML MISC, 21G X 1-1/2" 3 ML MISC, 22G X 1" 3 ML MISC, 22G X 1-1/2" 3 ML MISC, 23G X 1" 3 ML MISC, 23G X 1-1/2" 3 ML MISC, 25G X 1" 1 ML MISC, 25G X 1" 3 ML MISC, 25G X 1-1/2" 3 ML MISC, 25G X 5/8" 3 ML MISC)	3	
VANISHPOINT TUBERCULIN SYRINGE	3	
YALE DISP NEEDLES	3	

RESPIRATORY TRACT/PULMONARY AGENTS

RESPIRATORY TRACT AGENTS, OTHER

BENZONATATE (CAP 100 MG, 150 MG CAP, CAP 150 MG, CAP 200 MG)	2	
<i>bromfed dm syrup</i>	2	
<i>guaifenesin-codeine</i>	2	
<i>hydrocodone bitartrate-homatropine methylbromide (methylbrom soln 5-1.5 mg/5ml, methylbromide tab 5-1.5 mg)</i>	2	
<i>hydrocodone polistirex-chlorpheniramine polistirex</i>	2	
<i>potassium iodide (expectorant)</i>	4	
PROMETHAZINE VC/CODEINE	2	
<i>promethazine w/codeine</i>	2	
<i>promethazine-dm</i>	2	
<i>pseudoephed-bromphen-dm</i>	2	
SSKI	4	

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

Alphabetical Listing

A

ANALPRAM HC 4

B

b-complex w/ c & folic acid 1mg (various) 5

b-complex w/ c & folic acid 5mg (various) 5

BD ALLERGIST TRAY 7

BD ALLERGY SYRINGE 7

BD DISP NEEDLE 7

BD DISP NEEDLES 7

BD ECLIPSE LUER-LOK NEEDLE 7

BD ECLIPSE NEEDLE 7

BD ECLIPSE SHIELDED NEEDLE 7

BD ECLIPSE SYRINGE 7

BD ECLIPSE SYRINGE/NEEDLE 7

BD HYPODERMIC NEEDLE 7

BD INTEGRA NEEDLE 7

BD INTEGRA SYRINGE 7

BD LUER-LOK SYRINGE 8

BD NOKOR ADMIX NEEDLE 8

BD PLASTIPAK SYRINGE 8

BD PRECISIONGLIDE NEEDLE 8

BD SAFETYGLIDE ALLERGY SYRINGE 8

BD SAFETYGLIDE NEEDLE 8

BD SAFETYGLIDE SHIELDED NEEDLE 8

BD SAFETYGLIDE SYRINGE/NEEDLE 8

BD SYRINGE SLIP TIP 8

BD SYRINGE/NEEDLE 8

BD TB SYRINGE 8

BENZONATATE 11

bromfed dm syrup 11

C

CAREPOINT POLY HUB NEEDLE 8

CAREPOINT SAFETY1ST SYR/NEEDLE 8

CAREPOINT SYRINGE LUER LOCK 8

CARETOUCH HYPODERMIC NEEDLE 8

CARETOUCH LUER LOCK 8

CARETOUCH LUER LOCK SYR/NEEDLE 9

CAVERJECT 6

CETROTIDE 7

chlordiazepoxide hcl-clidinium bromide 5

CRINONE 7

CYANOCOBALAMIN 5

D

DIALYVITE/ZINC 5

DROPSAFE SICURA 9

E

EASY TOUCH FLIPLOCK NEEDLES 9

EASY TOUCH FLIPLOCK SAFETY SYR 9

EASY TOUCH FLURINGE 9

EASY TOUCH FLURINGE FLIPLOCK 9

EASY TOUCH FLURINGE SHEATHLOCK 9

EASY TOUCH HYPODERMIC NEEDLE 9

EASY TOUCH SAFETY SYRINGE 9

EASY TOUCH SHEATHLOCK SYRINGE 9

EASY TOUCH TB FLIPLOCK SYRINGE 9

EASY TOUCH TB SHEATHLOCK SYR 9

EASYPOINT NEEDLE 9

EASYPOINT NEEDLE/SYRINGE 9

EDEX 6

ENDOMETRIN 7

esomeprazole magnesium (cap 20 mg, tab 20 mg)(otc) 5

esterified estrogens & methyltestosterone ... 6

F

FERREX 150 FORTE PLUS 5

FLOW-EZE VENTED NEEDLE 9

folic acid 5

folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg (various) 5

folic acid-vitamin b6-vitamin b12 5

FOLLISTIM AQ 6

FOLPLEX 2.2 5

G

ganirelix acetate (soln prefilled syringe 250 mcg/0.5ml) 7

GONAL-F, GONAL-F RFF.....	6
guaifenesin-codeine.....	11

H

hydrocodone bitartrate-homatropine methylbromide.....	11
hydrocodone polistirex-chlorpheniramine polistirex.....	11
HYDROCORTISONE ACE-PRAMOXINE.....	4
hydrocortisone acetate (rectal).....	4
hydrocortisone acetate w/ pramoxine.....	4
HYDROXOCOBALAMIN ACETATE.....	5
hyoscyamine sulfate.....	5

I

iodoquinol-hc.....	4
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L

lansoprazole cap delayed release 15 mg (otc).....	5
lidocaine 4% patches (otc).....	4
LUER LOCK SAFETY SYRINGES.....	9

M

MAGELLAN SYRINGE-SAFETY NEEDLE..	9
MAGELLAN TUBERCULIN SYRINGE.....	9
MENOPUR.....	6
MONOJECT HYPODERMIC NEEDLE.....	9
MONOJECT LIFESHIELD CANNULA.....	10
MONOJECT MAGELLAN SYRINGE.....	10
MONOJECT SYRINGE.....	10
MONOJECT TB SAFETY SYRINGE.....	10
MONOJECT TB SYRINGE.....	10
MUSE.....	6

N

NEPHPLEX RX.....	5
NEXIUM 24HR (OTC).....	6
NITRO-TIME.....	4
NOKOR VENTED NEEDLE.....	10

O

omeprazole-sodium bicarbonate 20-1100 mg cap (otc).....	6
OVIDREL.....	6

P

PERFECT POINT SAFETY NEEDLE.....	10
phenazopyridine hcl.....	6
phytonadione.....	4
POLY HUB NEEDLE.....	10
polyethylene glycol 3350.....	5
potassium iodide (expectorant).....	11
PRAMOSONE.....	4
PREVACID 24HR (OTC).....	6
PROMETHAZINE VC/CODEINE.....	11
promethazine w/codeine.....	11
promethazine-dm.....	11
pseudoephed-bromphen-dm.....	11

S

sildenafil citrate (tab 25 mg, tab 50 mg, tab 100 mg).....	6
SSKI.....	11
sulfacetamide sodium w/ sulfur (cleanser 10- 5%, cream 10-5%, lotion 10-5%).....	4
SYRINGE LUER LOCK.....	10
SYRINGE LUER SLIP.....	10

T

tadalafil (for erectile dysfunction) (tab 2.5 mg, tab 5 mg, tab 10 mg, tab 20 mg).....	6
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U

ULTICARE SYRINGE.....	10
ULTICARE TUBERCULIN SAFETY SYR... ..	10

V

VANISHPOINT SAFETY SYRINGE.....	10
VANISHPOINT SYRINGE.....	11
VANISHPOINT TUBERCULIN SYRINGE... ..	11

vardenafil hcl.....	6
vardenafil hcl odt.....	6
vitamin d (ergocalciferol) 1.25 mg (50000 unit) cap.....	7

Y

YALE DISP NEEDLES.....	11
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