Aetna® Medicare

2024 Formulary (List of Covered Drugs)

4 Tier Comprehensive Plus

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

Formulary ID Number: 24029 Version Number 9

This formulary was updated on 10/01/2023. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-866-241-0357** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com** and choose "Manage your prescription drugs."

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

When this drug list (formulary) refers to "we," "us," or "our," it means Aetna Medicare. When it refers to "plan" or "our plan," it means Aetna.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2023. 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, 2024, and from time to time during the year.

Mail-order pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-800-594-9390 (TTY: 711)** 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

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What is the Aetna Medicare formulary?

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

Can the formulary (drug list) change?

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

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

- **New generic drugs.** When adding a new generic drug, we may move the brand drug to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the mandatory Aetna Medicare’s formulary?”
- **Drugs removed from the market.** If the U.S. Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, or quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier or both, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the mandatory Aetna Medicare’s formulary?”

Changes that will not affect you if you are currently taking the drug

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of 10/01/2023. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical condition

The formulary begins on page 11. 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 11. 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 204. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

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

- **Quantity limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for atorvastatin . This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 11. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Aetna Medicare formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Aetna® Medicare formulary?

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

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, *tiering* or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a change in your level of care (such as a move from a home to a long-term care setting), we may cover a one-time temporary supply from a network pharmacy for up to 31-days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

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

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

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

Aetna® Medicare formulary

The formulary that begins on page 11 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 204.

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

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

QL	**Quantity limits** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription of *atorvastatin*.
PA	**Prior authorization** Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
ST	**Step therapy** In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
LA	**Limited access** These prescriptions may be available only at certain pharmacies. *

MO **Mail order**

For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Drugs available through mail-order are marked as "MO" in our Drug List. *

B/D **Part B versus Part D**

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

ACS **Available from CVS Specialty Pharmacy**

These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy. **

HRM **High Risk Medication**

According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

*For more Information, consult your Pharmacy Directory or call Aetna Member Services at **1-866-241-0357 (TTY: 711)**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com**

**Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

Drug tier copay levels

This 2024 formulary is a listing of brand-name and generic drugs. The Aetna® Medicare 2024 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Look in the 2024 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost-Sharing) that was included in your Evidence of Coverage (EOC) packet.

Copay tier	Type of drug
Tier 1	Generic drugs
Tier 2	Preferred brand drugs
Tier 3	Non-preferred brand drugs
Tier 4	Specialty drugs

You may have drug coverage in the coverage gap stage

There are four “drug payment stages” of a Medicare Prescription Drug Plan. How much you pay for a Part D drug depends on which drug payment stage you are in. Your plan may include supplemental coverage for some drugs during the coverage gap stage of the plan. Look in the 2024 Prescription Drug Schedule of Cost-Sharing that was included in your EOC packet. The Prescription Drug Schedule of Cost-Sharing will tell you if your plan provides coverage in the gap, and how much you will pay for covered drugs. If you need assistance finding this information, call the number on the back of your ID card.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs *Lowercase italics* = Generic medications	1, 2, 3, 4 = Copay tier level	QL = Quantity Limits PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D ACS = Available from CVS Specialty Pharmacy HRM = High Risk Medication

Drug name	Drug tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol sodium injection	1	
ALLOPURINOL TABLET 200MG	3	MO
allopurinol tablet 100mg, 300mg	1	MO
ALOPRIM	3	
COLCHICINE CAPSULE	2	QL (60 EA per 30 days) MO
colchicine tablet 0.6mg	1	QL (120 EA per 30 days) MO
COLCRYS	3	QL (120 EA per 30 days) MO
febuxostat	1	ST MO
KRYSTEXXA	4	QL (2 ML per 28 days) PA LA; ACS
MITIGARE	2	QL (60 EA per 30 days) MO
probenecid	1	MO
probenecid/colchicine	1	MO
ULORIC	3	ST MO
ZYLOPRIM	3	MO
MISCELLANEOUS		
acetaminophen injection solution 10mg/ml	1	
ALLZITAL	3	QL (180 EA per 30 days) PA MO
bupap tablet 50mg; 300mg	1	QL (180 EA per 30 days) PA
butalbital/ acetaminophen/caffeine	1	QL (180 EA per 30 days) PA MO
butalbital/acetaminophen capsule	1	QL (180 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
butalbital/acetaminophen tablet 325mg; 50mg	1	QL (180 EA per 30 days) PA MO
butalbital/acetaminophen tablet 300mg; 50mg	4	QL (180 EA per 30 days) PA MO
butalbital/aspirin/caffeine	1	QL (180 EA per 30 days) PA MO
clonidine hcl injection 100mcg/ml, 500mcg/ml	1	
DURACLON	3	
ESGIC TABLET	3	QL (180 EA per 30 days) PA MO
esgic capsule	1	QL (180 EA per 30 days) PA
FIORICET CAPSULE 50MG; 300MG; 40MG	3	QL (180 EA per 30 days) PA MO
PRIALT INJECTION 500MCG/20ML, 500MCG/5ML	3	B/D MO
PRIALT INJECTION 100MCG/ML	4	B/D MO
tencon tablet 50mg; 325mg	1	QL (180 EA per 30 days) PA
zebutal	1	QL (180 EA per 30 days) PA
NSAIDS		
ARTHROTEC 50	3	QL (120 EA per 30 days) MO
ARTHROTEC 75	3	QL (90 EA per 30 days) MO
CALDOLOR	3	
CELEBREX CAPSULE 400MG	3	QL (30 EA per 30 days) ST MO
CELEBREX CAPSULE 100MG, 200MG, 50MG	3	QL (60 EA per 30 days) ST MO
celecoxib capsule 400mg	1	QL (30 EA per 30 days) MO
celecoxib capsule 100mg, 200mg, 50mg	1	QL (60 EA per 30 days) MO
DAYPRO	3	QL (90 EA per 30 days) MO
diclofenac potassium capsule 25mg	1	QL (120 EA per 30 days) PA MO
diclofenac potassium tablet 50mg	1	QL (120 EA per 30 days) MO
diclofenac potassium tablet 25mg	4	QL (120 EA per 30 days) PA MO
diclofenac sodium dr	1	MO
diclofenac sodium er	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg	1	QL (120 EA per 30 days) MO
diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg	1	QL (90 EA per 30 days) MO
diflunisal	1	QL (90 EA per 30 days) MO
DUEXIS	4	QL (90 EA per 30 days) PA MO
ec-naproxen tablet delayed release 375mg	1	QL (120 EA per 30 days)
ec-naproxen tablet delayed release 500mg	1	QL (90 EA per 30 days) MO
etodolac er tablet extended release 24 hour 600mg	1	QL (30 EA per 30 days) MO
etodolac er tablet extended release 24 hour 400mg, 500mg	1	QL (60 EA per 30 days) MO
etodolac capsule 300mg	1	QL (120 EA per 30 days) MO
etodolac capsule 200mg	1	QL (90 EA per 30 days) MO
etodolac tablet 500mg	1	QL (60 EA per 30 days) MO
etodolac tablet 400mg	1	QL (90 EA per 30 days) MO
FELDENE CAPSULE 20MG	3	QL (30 EA per 30 days) MO
FELDENE CAPSULE 10MG	3	QL (60 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG	3	QL (240 EA per 30 days) MO
fenoprofen calcium tablet	1	QL (150 EA per 30 days) MO
flurbiprofen tablet 100mg	1	QL (90 EA per 30 days) MO
ibu tablet 400mg, 600mg, 800mg	1	MO
ibuprofen tablet 400mg, 600mg, 800mg	1	MO
ibuprofen/famotidine	1	QL (90 EA per 30 days) PA MO
INDOCIN SUSPENSION	4	PA MO
indocin suppository	4	PA MO; HRM
indomethacin er	1	PA MO
indomethacin capsule 25mg, 50mg	1	PA MO
indomethacin suppository	4	PA; HRM
ketoprofen er	1	QL (30 EA per 30 days) MO
ketoprofen capsule 25mg	4	QL (120 EA per 30 days)

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

Drug name	Drug tier	Requirements/Limits
ketoprofen capsule 50mg	4	QL (180 EA per 30 days)
ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml	1	QL (20 ML per 30 days) MO
ketorolac tromethamine nasal solution 15.75mg/spray	4	QL (5 EA per 30 days) PA LA; ACS
ketorolac tromethamine tablet 10mg	1	QL (20 EA per 30 days) PA MO
LODINE	3	QL (90 EA per 30 days) ST MO
lofena	4	QL (120 EA per 30 days) PA
meclofenamate sodium	1	QL (120 EA per 30 days) MO
mefenamic acid	1	MO
meloxicam capsule 10mg	1	MO
meloxicam capsule 5mg	4	MO
meloxicam tablet	1	MO
nabumetone	1	MO
NALFON TABLET	3	QL (150 EA per 30 days) ST
NALFON CAPSULE	3	QL (240 EA per 30 days) ST MO
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) ST MO
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	3	QL (90 EA per 30 days) ST MO
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750MG	4	QL (60 EA per 30 days) ST MO
NAPROXEN SODIUM CR	3	QL (120 EA per 30 days) MO
NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) MO
naproxen sodium er tablet extended release 24 hour 500mg	4	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TABLET EXTENDED RELEASE 24 HOUR 500MG, 750MG	3	QL (60 EA per 30 days) MO
naproxen sodium tablet 275mg, 550mg	1	MO
naproxen/esomeprazole magnesium	4	QL (60 EA per 30 days) PA MO
naproxen suspension, tablet	1	MO

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

Drug name	Drug tier	Requirements/Limits
naproxen tablet delayed release 375mg	1	QL (120 EA per 30 days) MO
naproxen tablet delayed release 500mg	1	QL (90 EA per 30 days) MO
oxaprozin	1	QL (90 EA per 30 days) MO
piroxicam capsule 20mg	1	QL (30 EA per 30 days) MO
piroxicam capsule 10mg	1	QL (60 EA per 30 days) MO
RELAFEN DS TABLET 1000MG	4	QL (60 EA per 30 days) ST MO
salsalate tablet 750mg	1	QL (120 EA per 30 days) MO
salsalate tablet 500mg	1	QL (180 EA per 30 days) MO
SPRIX	4	QL (5 EA per 30 days) PA LA; ACS
sulindac	1	QL (60 EA per 30 days) MO
tolmetin sodium capsule	1	
tolmetin sodium tablet	1	MO
VIMOVO	4	QL (60 EA per 30 days) PA MO
ZIPSOR	4	QL (120 EA per 30 days) PA MO
ZORVOLEX	3	QL (90 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA	3	QL (60 EA per 30 days) PA MO
buprenorphine transdermal patch	1	QL (4 EA per 28 days) PA MO
BUTRANS	3	QL (4 EA per 28 days) PA MO
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	3	QL (30 EA per 30 days) MO; HRM
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	QL (30 EA per 30 days) MO; HRM
fentanyl transdermal patch	1	QL (10 EA per 30 days) PA MO
hydrocodone bitartrate er tablet er 24 hour abuse-deterrent	1	QL (30 EA per 30 days) PA MO
hydrocodone bitartrate er capsule extended release 12 hour	1	QL (60 EA per 30 days) PA MO
hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg	1	QL (30 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
hydromorphone hydrochloride er tablet extended release 24 hour 32mg	4	QL (30 EA per 30 days) PA MO
HYSINGLA ER	2	QL (30 EA per 30 days) PA MO
levorphanol tartrate	4	QL (180 EA per 30 days) MO
methadone hcl oral concentrate 10mg/ml	1	QL (90 ML per 30 days) PA MO
METHADONE HCL INJECTION	4	PA
methadone hcl oral solution	1	QL (450 ML per 30 days) PA MO
methadone hcl tablet 10mg, 5mg	1	QL (90 EA per 30 days) PA MO
METHADOSE ORAL CONCENTRATE	3	QL (90 ML per 30 days) PA MO
METHADOSE SUGAR-FREE ORAL CONCENTRATE	3	QL (90 ML per 30 days) PA MO
morphine sulfate er capsule extended release 24 hour (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg	1	QL (30 EA per 30 days) MO
morphine sulfate er capsule extended release 24 hour (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg	1	QL (60 EA per 30 days) MO
morphine sulfate er tablet extended release 30mg, 60mg	1	QL (60 EA per 30 days) MO
morphine sulfate er tablet extended release 100mg, 200mg	1	QL (60 EA per 30 days) PA MO
morphine sulfate er tablet extended release 15mg	1	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	3	B/D
MS CONTIN TABLET EXTENDED RELEASE 30MG	3	QL (60 EA per 30 days) MO
MS CONTIN TABLET EXTENDED RELEASE 15MG	3	QL (90 EA per 30 days) MO
MS CONTIN TABLET EXTENDED RELEASE 60MG	4	QL (60 EA per 30 days) MO
MS CONTIN TABLET EXTENDED RELEASE 100MG, 200MG	4	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50MG	3	QL (60 EA per 30 days) MO
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 200MG, 250MG	4	QL (60 EA per 30 days) MO
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	3	QL (60 EA per 30 days) PA
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	3	QL (60 EA per 30 days) PA MO
OXYCONTIN	3	QL (60 EA per 30 days) PA MO
oxymorphone hydrochloride er tablet extended release 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg	1	QL (60 EA per 30 days) PA MO
oxymorphone hydrochloride er tablet extended release 40mg	4	QL (60 EA per 30 days) PA MO
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO; HRM
tramadol hcl er tablet extended release 24 hour	1	QL (30 EA per 30 days) MO; HRM
tramadol hydrochloride er	1	QL (30 EA per 30 days) MO; HRM
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG	3	QL (240 EA per 30 days) PA MO
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 9MG	3	QL (60 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen/caffeine/ dihydrocodeine	1	QL (300 EA per 30 days) MO
acetaminophen/codeine tablet	1	QL (180 EA per 30 days) MO
acetaminophen/codeine solution	1	QL (2700 ML per 30 days) MO
APADAZ	3	QL (168 EA per 30 days)
ascomp/codeine	1	QL (180 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
BENZHYDROCODONE/ ACETAMINOPHEN	3	QL (168 EA per 30 days)
BUPRENEX	3	MO
buprenorphine hcl injection 0.3mg/ml	1	MO
butalbital/ acetaminophen/caffeine/codeine	1	QL (180 EA per 30 days) PA MO
butalbital/aspirin/ caffeine/codeine	1	QL (180 EA per 30 days) PA MO; HRM
butorphanol tartrate nasal solution	1	QL (5 ML per 30 days) MO
butorphanol tartrate injection 1mg/ml	1	
butorphanol tartrate injection 2mg/ml	1	MO
CODEINE SULFATE	3	QL (180 EA per 30 days) MO
DEMEROL	3	PA; HRM
DILAUDID INJECTION	3	B/D
DILAUDID TABLET	3	QL (180 EA per 30 days) MO
DILAUDID LIQUID	3	QL (600 ML per 30 days) MO
DURAMORPH	3	B/D
endocet tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg	1	QL (180 EA per 30 days)
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	1	QL (120 EA per 30 days) PA MO
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	4	QL (120 EA per 30 days) PA MO
FENTANYL CITRATE TABLET	4	QL (120 EA per 30 days) PA MO
FENTANYL CITRATE INJECTION 1000MCG/20ML, 100MCG/2ML, 2500MCG/50ML, 250MCG/5ML, 500MCG/10ML, 50MCG/ML	3	B/D
fentanyl citrate injection 100mcg/2ml, 50mcg/ml	1	
fentanyl citrate cartridge 100mcg/2ml	1	B/D

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

Drug name	Drug tier	Requirements/Limits
FENTORA	4	QL (120 EA per 30 days) PA MO
FIORICET/CODEINE	4	QL (180 EA per 30 days) PA MO
hydrocodone bitartrate/ acetaminophen tablet	1	QL (180 EA per 30 days) MO
hydrocodone bitartrate/ acetaminophen solution	1	QL (2700 ML per 30 days) MO
hydrocodone/acetaminophen	1	QL (180 EA per 30 days) MO
hydrocodone/ibuprofen	1	QL (150 EA per 30 days) MO
hydromorphone hcl tablet	1	QL (180 EA per 30 days) MO
hydromorphone hcl oral liquid	1	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJECTION 4MG/ML	3	B/D
HYDROMORPHONE HCL INJECTION 1MG/ML	3	B/D MO
hydromorphone hcl pf injection 10mg/ml	1	B/D
HYDROMORPHONE HYDRO-CHLORIDE PF INJECTION 1MG/ ML, 2MG/ML	3	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJECTION 4MG/ML	3	B/D MO
hydromorphone hydrochloride pf injection 50mg/5ml	1	B/D
hydromorphone hydrochloride injection 2mg/ml	1	B/D MO
INFUMORPH 200	3	B/D
INFUMORPH 500	3	B/D
meperidine hcl oral solution	1	QL (3600 ML per 30 days) PA MO; HRM
meperidine hcl tablet	4	QL (120 EA per 30 days) PA MO; HRM
meperidine hcl injection 25mg/ ml	1	PA MO; HRM
meperidine hcl injection 100mg/ ml, 50mg/ml	1	PA; HRM
mitigo	1	B/D

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

Drug name	Drug tier	Requirements/Limits
morphine sulfate tablet 15mg, 30mg	1	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	3	B/D
morphine sulfate injection 0.5mg/ml, 10mg/ml, 4mg/ml, 50mg/ml, 8mg/ml	1	B/D
morphine sulfate injection 1mg/ml	1	B/D MO
morphine sulfate oral solution 20mg/ml	1	QL (180 ML per 30 days) MO
morphine sulfate oral solution 10mg/5ml, 20mg/5ml	1	QL (900 ML per 30 days) MO
morphine sulfate suppository 5mg	1	QL (60 EA per 30 days)
morphine sulfate suppository 10mg, 20mg	1	QL (60 EA per 30 days) MO
morphine sulfate suppository 30mg	4	QL (60 EA per 30 days)
nalbuphine hcl	1	MO
nalocet	4	QL (180 EA per 30 days)
NUCYNTA TABLET 50MG, 75MG	3	QL (180 EA per 30 days) MO
NUCYNTA TABLET 100MG	4	QL (180 EA per 30 days) MO
OXAYDO TABLET 5MG	3	QL (180 EA per 30 days) MO
OXAYDO TABLET 7.5MG	4	QL (180 EA per 30 days) MO
OXYCODONE AND ACETAMINOPHEN	4	QL (180 EA per 30 days) PA MO
OXYCODONEHYDROCHLORIDE/ ACETAMINOPHEN SOLUTION 325MG/5ML; 5MG/5ML	3	QL (1800 ML per 30 days) MO
oxycodone hydrochloride/ acetaminophen solution 300mg/5ml; 10mg/5ml	4	QL (900 ML per 30 days) PA
oxycodone hydrochloride capsule	1	QL (180 EA per 30 days) MO
oxycodone hydrochloride oral concentrate	1	QL (180 ML per 30 days) MO
oxycodone hydrochloride oral solution	1	QL (900 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
oxycodone hydrochloride tablet 30mg	1	QL (120 EA per 30 days) MO
oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg	1	QL (180 EA per 30 days) MO
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	QL (180 EA per 30 days) MO
oxycodone/acetaminophen tablet 300mg; 2.5mg	4	QL (180 EA per 30 days)
oxycodone/acetaminophen tablet 300mg; 10mg	4	QL (180 EA per 30 days) PA
oxycodone/acetaminophen tablet 300mg; 5mg	4	QL (180 EA per 30 days) PA MO
oxymorphone hydrochloride tablet 10mg, 5mg	1	QL (180 EA per 30 days) MO
pentazocine/naloxone hcl	1	QL (360 EA per 30 days) PA MO
PERCOCET TABLET 325MG; 2.5MG	3	QL (180 EA per 30 days) MO
PERCOCET TABLET 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG	4	QL (180 EA per 30 days) MO
PROLATE SOLUTION	4	QL (900 ML per 30 days) PA
PROLATE TABLET 300MG; 10MG	4	QL (180 EA per 30 days) PA
PROLATE TABLET 300MG; 5MG, 300MG; 7.5MG	4	QL (180 EA per 30 days) PA MO
ROXICODONE TABLET 15MG	3	QL (180 EA per 30 days) MO
ROXICODONE TABLET 30MG	4	QL (120 EA per 30 days) MO
ROXYBOND TABLET ABUSE-DETERRENT 15MG	4	QL (180 EA per 30 days)
ROXYBOND TABLET ABUSE-DETERRENT 30MG, 5MG	4	QL (180 EA per 30 days) MO
SEGLENTIS	3	QL (120 EA per 30 days) PA MO; HRM
SUBSYS LIQUID 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	4	QL (120 EA per 30 days) PA MO
SUBSYS LIQUID 1200MCG	4	QL (240 EA per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
SUBSYS LIQUID 1600MCG	4	QL (240 EA per 30 days) PA MO
tramadol hcl tablet 50mg	1	QL (240 EA per 30 days) MO; HRM
tramadol hydrochloride/ acetaminophen	1	QL (240 EA per 30 days) MO; HRM
tramadol hydrochloride tablet 100mg	1	QL (120 EA per 30 days) MO; HRM
tramadol hydrochloride solution	1	QL (1800 ML per 30 days) PA MO; HRM
trezix	1	QL (300 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
bupivacaine fisiopharma injection 2.5mg/ml	1	
bupivacaine fisiopharma injection 5mg/ml	1	MO
bupivacaine hcl injection 0.25%	1	
bupivacaine hcl injection 0.5%	1	MO
bupivacaine hydrochloride injection 0.25%, 0.75%	1	
bupivacaine hydrochloride injection 0.5%	1	MO
bupivacaine/epinephrine injection 0.25%; 1:200000, 0.5%; 1:200000 pf	1	
bupivacaine/epinephrine injection 0.5%; 1:200000	1	MO
EXPAREL	3	
lidocaine hcl injection 0.5%, 1%, 1.5%, 2%, 4%	1	
lidocaine/epinephrine	1	
MARCAINE/EPINEPHRINE INJECTION 0.25%; 1:200000	3	
MARCAINE/EPINEPHRINE INJECTION 0.5%; 1:200000	3	MO
MARCAINE INJECTION 0.25%, 0.75%	3	
MARCAINE INJECTION 0.5%	3	MO
NAROPIN	3	

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

Drug name	Drug tier	Requirements/Limits
ropivacaine hydrochloride	1	
sensorcaine-mpf	1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION 0.5%; 1:200000, 0.75%; 1:200000	3	
sensorcaine-mpf/epinephrine injection 0.25%; 1:200000	1	
sensorcaine/epinephrine	1	
SENSORCAINE INJECTION 0.25%	3	
SENSORCAINE INJECTION 0.5%	3	MO
XYLOCAINE	3	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
XYLOCAINE/EPINEPHRINE	3	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO	3	MO
albendazole	4	MO
amikacin sulfate	1	MO
ARIKAYCE	4	PA LA MO
atovaquone	1	PA MO
AZACTAM	3	
aztreonam	1	MO
bacitracin injection 50000unit	1	
BACTRIM	3	MO
BACTRIM DS	3	MO
BENZNIDAZOLE	3	PA
BETHKIS	4	QL (224 ML per 56 days) PA LA; ACS
BILTRICIDE	3	MO
CAYSTON	4	PA LA; ACS
chloramphenical sodium succinate iv solution injection	1	
CLEOCIN PEDIATRIC GRANULES	3	MO
CLEOCIN PHOSPHATE INJECTION 300MG/2ML, 9GM/60ML	3	

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

Drug name	Drug tier	Requirements/Limits
CLEOCIN PHOSPHATE INJECTION 600MG/4ML, 900MG/6ML	3	MO
CLEOCIN CAPSULE 150MG, 300MG, 75MG	3	MO
clindamycin hcl capsule 300mg	1	MO
clindamycin hydrochloride capsule 150mg, 75mg	1	MO
clindamycin palmitate hcl solution 75mg/5ml	1	MO
clindamycin phosphate/dextrose	1	
clindamycin phosphate injection 300mg/2ml, 9000mg/60ml, 900mg/6ml	1	
clindamycin phosphate injection 600mg/4ml	1	MO
CLINDAMYCIN/SODIUM CHLORIDE	3	
colistimethate sodium	4	PA MO
COLY-MYCIN M	3	PA MO
CUBICIN RF	4	
DALVANCE	4	
dapsone tablet 100mg, 25mg	1	MO
DAPTOMYCIN INJECTION 350MG	4	
daptomycin injection 500mg	4	
DARAPRIM	4	QL (90 EA per 30 days) PA MO
EMVERM	4	QL (12 EA per 365 days) MO
ertapenem	1	MO
FIRVANQ SOLUTION RECONSTITUTED 25MG/ML	3	QL (1800 ML per 180 days)
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	3	QL (1800 ML per 180 days) MO
FLAGYL	3	MO
fosfomycin tromethamine	1	MO
gentamicin sulfate pediatric injection 10mg/ml	1	MO

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

Drug name	Drug tier	Requirements/Limits
gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	1	
gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%	1	MO
gentamicin sulfate injection 40mg/ml	1	MO
HIPREX	3	MO
HUMATIN	4	MO
imipenem/cilastatin	1	MO
IMPAVIDO	4	QL (84 EA per 28 days) PA MO
INVANZ	3	MO
isotonic gentamicin	1	
ivermectin tablet 3mg	1	QL (12 EA per 90 days) PA MO
KIMYRSA	4	
KITABIS PAK	4	QL (280 ML per 56 days) PA LA; ACS
LAMPIT	3	PA
LINCOCIN	3	MO
lincomycin hcl	1	
linezolid tablet	1	QL (56 EA per 28 days) PA MO
linezolid oral suspension reconstituted 100mg/5ml	4	QL (1800 ML per 30 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	3	PA
linezolid injection 600mg/300ml	1	PA
MACROBID	3	MO
MACRODANTIN	3	MO
me/naphos/mb/hyo 1	1	MO; HRM
MEPRON	4	PA MO
meropenem	1	MO
MEROPENEM/SODIUM CHLORIDE	3	
methenamine hippurate	1	MO
methenamine mandelate	1	MO
metronidazole capsule 375mg	1	MO

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

Drug name	Drug tier	Requirements/Limits
metronidazole injection 500mg/100ml	1	
metronidazole tablet 250mg, 500mg	1	MO
MONUROL	3	MO
NEBUPENT	3	B/D MO
neomycin sulfate	1	MO
nitazoxanide	4	QL (6 EA per 30 days) MO
nitrofurantin oral suspension 25mg/5ml	4	MO
nitrofurantoin monohydrate macrocrystals capsule 100mg	1	MO
nitrofurantoin monohydrate/ macrocrystals	1	MO
ORBACTIV	4	MO
paromomycin sulfate	1	
PENTAM 300	3	MO
pentamidine isethionate inhalation solution reconstituted	1	B/D MO
pentamidine isethionate injection	1	MO
polymyxin b sulfate	1	
praziquantel	1	MO
PRIMAXIN IV	3	MO
pyrimethamine	4	QL (90 EA per 30 days) PA MO
RECARBRIO	4	PA
SIVEXTRO INJECTION	4	
SIVEXTRO TABLET	4	MO
SOLOSEC	3	MO
streptomycin sulfate	4	MO
STROMECTOL	3	QL (12 EA per 90 days) PA MO
sulfadiazine	1	MO
sulfamethoxazole/trimethoprim	1	MO
sulfamethoxazole/trimethoprim ds	1	MO
tinidazole	1	MO
TOBI	4	QL (280 ML per 56 days) PA LA; ACS
TOBI PODHALER	4	QL (224 EA per 56 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
tobramycin sulfate injection 10mg/ml, 40mg/ml	1	
tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml	1	MO
tobramycin sulfate injection 1.2gm	4	
tobramycin nebulization solution 300mg/4ml	4	QL (224 ML per 56 days) PA; ACS
tobramycin nebulization solution 300mg/5ml	4	QL (280 ML per 56 days) PA; ACS
trimethoprim	1	MO
UROGESIC-BLUE	3	MO; HRM
VABOMERE	4	PA
VANCOCIN CAPSULE 125MG	4	QL (120 EA per 30 days) MO
VANCOCIN CAPSULE 250MG	4	QL (240 EA per 30 days) MO
VANCOMYCIN	3	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	3	
vancomycin hcl injection 100gm, 10gm	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE	3	
vancomycin hydrochloride capsule 125mg	1	QL (120 EA per 30 days) MO
vancomycin hydrochloride capsule 250mg	1	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	3	
vancomycin hydrochloride injection 1.25gm, 1.5gm, 1gm, 5gm, 750mg	1	
vancomycin hydrochloride injection 500mg	1	MO
vancomycin hydrochloride oral solution reconstituted 25mg/ml	1	QL (1800 ML per 180 days)

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

Drug name	Drug tier	Requirements/Limits
vancomycin hydrochloride oral solution reconstituted 250mg/5ml	1	QL (1800 ML per 180 days) MO
VIBATIV	4	PA
XENLETA INJECTION	3	PA MO; ACS
XENLETA TABLET	4	PA MO; ACS
XIFAXAN TABLET 200MG	3	QL (9 EA per 30 days) PA MO
ZEMDRI	4	PA
ZYVOX INJECTION	3	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	QL (1800 ML per 30 days) PA MO
ZYVOX TABLET	4	QL (56 EA per 28 days) PA MO
ANTIFUNGALS		
ABELCET	3	B/D
AMBISOME	4	B/D MO
amphotericin b	1	B/D MO
amphotericin b liposome	4	B/D MO
ANCOBON CAPSULE 250MG	4	PA
ANCOBON CAPSULE 500MG	4	PA MO
CANCIDAS INJECTION 50MG	4	
CANCIDAS INJECTION 70MG	4	MO
caspofungin acetate	1	
CRESEMBA INJECTION	4	QL (34 EA per 30 days)
CRESEMBA CAPSULE	4	QL (70 EA per 30 days) MO
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	MO
DIFLUCAN TABLET 100MG, 150MG	3	MO
DIFLUCAN TABLET 200MG	4	MO
ERAXIS INJECTION 100MG	3	PA
ERAXIS INJECTION 50MG	4	PA
fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml	1	
fluconazole tablet, oral suspension reconstituted	1	MO
fluconazole/sodium chloride injection 100mg/50ml	1	
flucytosine capsule 250mg	1	PA MO

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

Drug name	Drug tier	Requirements/Limits
flucytosine capsule 500mg	4	PA MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
itraconazole capsule	1	PA MO
itraconazole solution	4	PA MO
ketoconazole tablet 200mg	1	PA MO
micafungin	4	
MYCAMINE INJECTION 100MG	4	
mycamine injection 50mg	4	MO
NOXAFIL INJECTION	4	
NOXAFIL PACKET	4	QL (32 EA per 30 days) PA
NOXAFIL SUSPENSION	4	QL (630 ML per 30 days) PA MO
NOXAFIL TABLET DELAYED RELEASE	4	QL (93 EA per 30 days) PA MO
nystatin tablet 500000unit	1	MO
posaconazole dr tablet delayed release 100mg	4	QL (93 EA per 30 days) PA MO
posaconazole injection	4	
posaconazole oral suspension	4	QL (630 ML per 30 days) MO
REZZAYO	4	PA
SPORANOX SOLUTION	3	PA MO
SPORANOX CAPSULE	4	PA MO
terbinafine hcl	1	QL (90 EA per 365 days) MO
TOLSURA	4	PA MO
VFEND IV	4	PA
VFEND SUSPENSION RECONSTITUTED	4	PA MO
VFEND TABLET 200MG	3	QL (120 EA per 30 days) MO
VFEND TABLET 50MG	4	QL (480 EA per 30 days) MO
VIVJOA	3	QL (18 EA per 84 days) PA
voriconazole injection	1	PA
voriconazole suspension reconstituted	4	PA MO
voriconazole tablet 200mg	1	QL (120 EA per 30 days) MO
voriconazole tablet 50mg	1	QL (480 EA per 30 days) MO
ANTIMALARIALS		
atovaquone/proguanil hcl	1	MO

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

Drug name	Drug tier	Requirements/Limits
chloroquine phosphate	1	MO
COARTEM	3	MO
KRINTAFEL	3	PA
MALARONE	3	MO
mefloquine hcl	1	MO
primaquine phosphate	1	
QUALAQUIN	3	PA MO
quinine sulfate	1	PA MO
ANTIRETROVIRAL AGENTS		
abacavir	1	MO
APRETUDE	4	QL (21 ML per 365 days) LA MO
APTIVUS	4	MO
atazanavir sulfate	1	MO
darunavir tablet 800mg	4	QL (30 EA per 30 days) MO
darunavir tablet 600mg	4	QL (60 EA per 30 days) MO
EDURANT	4	MO
efavirenz	1	MO
emtricitabine	1	MO
EMTRIVA	3	MO
EPIVIR	3	MO
etravirine	4	MO
fosamprenavir calcium	4	MO
FUZEON	4	LA MO
INTELENCE TABLET 25MG	3	
INTELENCE TABLET 100MG, 200MG	4	MO
ISENTRESS HD	4	MO
ISENTRESS PACKET, TABLET	4	MO
ISENTRESS TABLET CHEWABLE 25MG	3	MO
ISENTRESS TABLET CHEWABLE 100MG	4	MO
lamivudine solution 10mg/ml	1	MO
lamivudine tablet 150mg, 300mg	1	MO
LEXIVA SUSPENSION	3	MO
LEXIVA TABLET	4	MO
maraviroc	4	MO

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

Drug name	Drug tier	Requirements/Limits
nevirapine	1	MO
nevirapine er tablet extended release 24 hour 100mg	1	
nevirapine er tablet extended release 24 hour 400mg	1	MO
NORVIR	3	MO
PIFELTRO	4	MO
PREZISTA SUSPENSION	4	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABLET 800MG	4	QL (30 EA per 30 days) MO
PREZISTA TABLET 600MG	4	QL (60 EA per 30 days) MO
RETROVIR CAPSULE, ORAL SYRUP	3	MO
RETROVIR IV INFUSION	3	
REYATAZ PACKET	3	MO
REYATAZ CAPSULE	4	MO
ritonavir	1	MO
RUKOBIA	4	MO
SELZENTRY SOLUTION	4	MO
SELZENTRY TABLET 25MG	2	
SELZENTRY TABLET 75MG	4	
SELZENTRY TABLET 150MG, 300MG	4	MO
stavudine	1	MO
SUNLENCA INJECTION	4	QL (3 ML per 180 days) LA MO
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	4	QL (10 EA per 365 days) LA MO
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	4	QL (8 EA per 365 days) LA MO
SUSTIVA CAPSULE 50MG	3	MO
SUSTIVA CAPSULE 200MG	4	MO
tenofovir disoproxil fumarate	1	MO
TIVICAY PD	4	MO
TIVICAY TABLET 10MG	2	MO
TIVICAY TABLET 25MG, 50MG	4	MO
TROGARZO	4	LA MO
TYBOST	3	MO

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

Drug name	Drug tier	Requirements/Limits
VIRACEPT	4	MO
VIREAD ORAL POWDER, TABLET 150MG, 200MG, 250MG	4	MO
ZIAGEN	3	MO
zidovudine	1	MO
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate/lamivudine	1	MO
BIKTARVY	4	MO
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	4	QL (4 ML per 30 days) MO
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	4	QL (6 ML per 30 days) MO
CIMDUO	4	MO
COMBIVIR	4	MO
COMPLERA	4	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
DOVATO	4	MO
efavirenz/emtricitabine/tenofovir disoproxil fumarate	4	MO
efavirenz/lamivudine/tenofovir disoproxil fumarate	4	MO
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	1	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg	4	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	1	QL (30 EA per 30 days) MO
EPZICOM	4	MO
EVOTAZ	4	MO
GENVOYA	4	MO
JULUCA	4	MO
KALETRA SOLUTION	4	MO
KALETRA TABLET 100MG; 25MG	3	MO
KALETRA TABLET 200MG; 50MG	4	MO
lamivudine/zidovudine	1	MO

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

Drug name	Drug tier	Requirements/Limits
lopinavir/ritonavir capsule, oral solution	1	MO
ODEFSEY	4	MO
PREZCOBIX	4	MO
STRIBILD	4	MO
SYMFI	4	MO
SYMFI LO	4	MO
SYMTUZA	4	MO
TRIUMEQ	4	MO
TRIUMEQ PD	4	MO
TRIZIVIR	4	MO
TRUVADA	4	QL (30 EA per 30 days) MO
ANTITUBERCULAR AGENTS		
cycloserine	4	MO
ethambutol hydrochloride	1	MO
isoniazid injection	1	
isoniazid syrup, tablet	1	MO
MYAMBUTOL	3	MO
MYCOBUTIN	3	MO
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
pyrazinamide	1	MO
rifabutin	1	MO
RIFADIN INJECTION 600MG	3	
rifampin injection	1	
rifampin capsule	1	MO
SIRTURO	4	PA LA; ACS
TRECATOR	3	MO
ANTIVIRALS		
acyclovir sodium	1	B/D
acyclovir capsule 200mg	1	MO
acyclovir suspension 200mg/5ml	1	MO
acyclovir tablet 400mg, 800mg	1	MO
adefovir dipivoxil	1	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION	3	QL (630 ML per 30 days) MO
BARACLUDE TABLET	4	QL (30 EA per 30 days) MO
cidofovir	1	
entecavir	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
EPCLUSA	4	PA; ACS
EPIVIR HBV	3	MO
famciclovir tablet 500mg	1	QL (21 EA per 30 days) MO
famciclovir tablet 125mg, 250mg	1	QL (60 EA per 30 days) MO
foscarnet sodium	4	PA
ganciclovir injection 500mg/10ml, 500mg	1	B/D
HARVONI	4	PA; ACS
lamivudine tablet 100mg	1	MO
LEDIPASVIR/SOFOSBUVIR	4	PA; ACS
LIVTENCITY	4	QL (120 EA per 30 days) PA LA MO
MAVYRET	4	PA; ACS
oseltamivir phosphate capsule 30mg	1	QL (168 EA per 365 days) MO
oseltamivir phosphate capsule 45mg, 75mg	1	QL (84 EA per 365 days) MO
oseltamivir phosphate oral suspension reconstituted	1	QL (1080 ML per 365 days) MO
PEGASYS	4	PA; ACS
PREVYMIS INJECTION	4	
PREVYMIS TABLET	4	QL (28 EA per 28 days) PA MO
RAPIVAB	4	
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
ribavirin capsule 200mg, tablet 100mg	1	ACS
rimantadine hydrochloride	1	MO
SITAVIG	4	QL (2 EA per 30 days) MO
SOFOSBUVIR/VELPATASVIR	4	PA; ACS
SOVALDI TABLET	4	QL (28 EA per 28 days) PA; ACS
SOVALDI PACKET 150MG	4	QL (28 EA per 28 days) PA; ACS
SOVALDI PACKET 200MG	4	QL (56 EA per 28 days) PA; ACS
TAMIFLU ORAL SUSPENSION RECONSTITUTED	3	QL (1080 ML per 365 days) MO
TAMIFLU CAPSULE 30MG	3	QL (168 EA per 365 days) MO
TAMIFLU CAPSULE 45MG, 75MG	3	QL (84 EA per 365 days) MO

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

Drug name	Drug tier	Requirements/Limits
valacyclovir hcl tablet 1gm	1	MO
valacyclovir hydrochloride tablet 500mg	1	MO
VALCYTE	4	MO
valganciclovir hydrochloride oral solution	4	MO
valganciclovir tablet 450mg	1	MO
VALTREX TABLET 500MG	3	MO
VALTREX TABLET 1GM	4	MO
VEKLURY	4	QL (4 EA per 30 days) PA
VEMLIDY	4	MO
VIEKIRA PAK	4	QL (112 EA per 28 days) PA; ACS
VOSEVI	4	PA; ACS
XOFLUZA	3	QL (1 EA per 180 days) MO
ZEPATIER	4	PA; ACS
ZOVIRAX SUSPENSION 200MG/5ML	3	MO
CEPHALOSPORINS		
AVYCAZ	4	PA
CEFACLOR ER	3	MO
cefaclor capsule	1	MO
cefaclor suspension reconstituted 250mg/5ml	1	
cefaclor suspension reconstituted 125mg/5ml, 375mg/5ml	1	MO
cefadroxil	1	MO
CEFAZOLIN SODIUM/DEXTROSE	3	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	3	
cefazolin sodium injection 1gm	1	
cefazolin sodium injection 10gm, 1gm, 500mg	1	MO
CEFAZOLIN INJECTION 2GM/100ML; 4%	2	

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

Drug name	Drug tier	Requirements/Limits
CEFAZOLIN INJECTION 2GM, 3GM	3	
cefazolin injection 2gm	1	
cefdinir capsule, oral suspension	1	MO
CEFEPIME HYDROCHLORIDE INJECTION 100GM	3	
CEFEPIME HYDROCHLORIDE INJECTION 2GM	3	MO
CEFEPIME/DEXTROSE	3	
CEFEPIME INJECTION 1GM/50ML, 2GM/100ML	3	
cefepime injection 1gm, 2gm	1	MO
cefixime capsule, oral suspension	1	MO
cefotetan	1	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	3	
cefoxitin sodium injection 10gm, 1gm, 2gm	1	
cefpodoxime proxetil	1	MO
cefprozil	1	MO
CEFTAZIDIME/DEXTROSE	3	
ceftazidime injection 6gm	1	
ceftazidime injection 1gm, 2gm	1	MO
ceftriaxone in iso-osmotic dextrose	1	
CEFTRIAXONE SODIUM INJECTION 100GM	3	
ceftriaxone sodium injection 1gm	1	
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	1	MO
CEFTRIAXONE/DEXTROSE	3	
cefuroxime axetil	1	MO
cefuroxime sodium injection 1.5gm	1	
cefuroxime sodium injection 750mg	1	MO
cephalexin oral suspension reconstituted, tablet, capsule	1	MO

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

Drug name	Drug tier	Requirements/Limits
FETROJA	4	
SUPRAX CAPSULE	3	MO
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	2	
SUPRAX SUSPENSION RECONSTITUTED 200MG/5ML	3	MO
SUPRAX TABLET CHEWABLE 100MG	3	
SUPRAX TABLET CHEWABLE 200MG	3	MO
tazicef injection	1	
TEFLARO	4	
ZERBAXA	4	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET	2	MO
azithromycin injection, suspension reconstituted, tablet	1	MO
clarithromycin er tablet extended release 24 hour 500mg	1	MO
clarithromycin immediate release tablet, oral susp	1	MO
DIFICID SUSPENSION RECONSTITUTED	4	
DIFICID TABLET	4	MO
e.e.s. 400 tablet 400mg	1	MO
E.E.S. ORAL SUSPENSION	3	MO
ery-tab	1	
ERYPED 200	4	MO
ERYPED 400	4	MO
ERYTHROCIN LACTOBIONATE INJECTION	4	
erythrocin stearate	1	MO
erythromycin base	1	MO
erythromycin dr	1	MO
erythromycin ethylsuccinate tablet	1	MO
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml	1	MO

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

Drug name	Drug tier	Requirements/Limits
erythromycin ethylsuccinate suspension reconstituted 400mg/5ml	4	MO
erythromycin lactobionate	4	
erythromycin stearate	1	MO
erythromycin capsule delayed release particles 250mg	1	MO
ZITHROMAX	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
FLUOROQUINOLONES		
BAXDELA INJECTION	4	PA
BAXDELA TABLET	4	PA MO
CIPRO TABLET, ORAL SUSPENSION	3	MO
ciprofloxacin hcl tablet 100mg, 750mg	1	MO
ciprofloxacin hydrochloride tablet 250mg, 500mg	1	MO
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%	1	
ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%	1	MO
ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml	1	
levofloxacin in d5w	1	
levofloxacin injection 25mg/ml	1	
levofloxacin oral solution 25mg/ml	1	MO
levofloxacin tablet 250mg, 500mg, 750mg	1	MO
moxifloxacin hydrochloride/ sodium hydrochloride	1	
moxifloxacin hydrochloride injection 400mg/250ml	1	
moxifloxacin hydrochloride tablet 400mg	1	MO
ofloxacin tablet 300mg, 400mg	1	MO

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

Drug name	Drug tier	Requirements/Limits
PENICILLINS		
amoxicillin	1	MO
amoxicillin/clavulanate potassium	1	MO
amoxicillin/clavulanate potassium er	1	MO
ampicillin	1	MO
ampicillin sodium injection 10gm, 125mg, 1gm, 250mg, 2gm	1	
ampicillin sodium injection 1gm, 2gm, 500mg	1	MO
ampicillin-sulfactam injection	1	
AUGMENTIN TABLET 500MG, ORAL SUSPENSION 125MG/5ML	3	MO
AUGMENTIN ES-600 ORAL SUSPENSION	3	
BICILLIN C-R INJECTION 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML	3	MO
BICILLIN L-A	3	MO
dicloxacillin sodium capsule 250mg, 500mg	1	MO
nafcillin sodium injection 1gm	1	
nafcillin sodium injection 2gm	1	MO
nafcillin sodium injection 10gm, 2gm	4	
NAFCILLIN INJECTION 5%; 1GM/50ML	3	
NAFCILLIN INJECTION 5%; 2GM/100ML	4	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	
oxacillin sodium injection 10gm, 1gm, 2gm	1	
penicillin g potassium	1	MO

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

Drug name	Drug tier	Requirements/Limits
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
PENICILLIN G PROCAINE	3	MO
penicillin g sodium	1	
penicillin v potassium	1	MO
pfizerpen injection 20000000unit	1	
pfizerpen injection 5000000unit	1	MO
piperacillin sodium/tazobactam sodium	1	
UNASYN BULK PACK	3	
UNASYN INJECTION 1GM; 0.5GM	3	
UNASYN INJECTION 2GM; 1GM	3	MO
ZOSYN	3	
TETRACYCLINES		
demeclocycline hcl	1	MO
DORYX MPC TABLET DELAYED RELEASE 120MG	3	ST MO
DORYX MPC TABLET DELAYED RELEASE 60MG	4	ST
DORYX TABLET DELAYED RELEASE 50MG	3	ST MO
DORYX TABLET DELAYED RELEASE 80MG	4	ST
doxy 100 injection	1	MO
doxycycline hyclate capsule, injection, tablet	1	MO
doxycycline hyclate dr tablet delayed release 100mg, 150mg, 200mg, 50mg, 75mg	1	MO
doxycycline monohydrate capsule, tablet	1	MO
doxycycline suspension reconstituted 25mg/5ml	1	MO
MINOCIN	4	
minocycline hcl capsule	1	MO
minocycline hcl tablet	1	ST MO
minocycline hydrochloride	1	MO

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

Drug name	Drug tier	Requirements/Limits
minocycline hydrochloride er	1	ST MO
MINOLIRA	3	ST MO
mondoxyne nl	1	
NUZYRA	4	LA MO; ACS
SEYSARA	4	QL (30 EA per 30 days) PA MO
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 105MG, 80MG	3	ST MO
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 115MG, 55MG, 65MG	4	ST MO
targadox	1	
tetracycline hydrochloride capsule	1	MO
tigecycline	4	
TYGACIL	3	
VIBRAMYCIN CAPSULE, ORAL SUSPENSION	3	ST MO
XERAVA INJECTION 50MG	3	
XERAVA INJECTION 100MG	4	
XIMINO	3	ST MO
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
ALKERAN TABLET	3	B/D MO
ALKERAN INJECTION	4	
BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	4	ACS
bendamustine hydrochloride injection 100mg, 25mg	4	ACS
BENDEKA	4	LA; ACS
BICNU	4	
busulfan	4	
BUSULFEX	4	
carboplatin	1	
carmustine	4	
cisplatin	1	
CYCLOPHOSPHAMIDE MONOHYDRATE	3	

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

Drug name	Drug tier	Requirements/Limits
CYCLOPHOSPHAMIDE TABLET	2	PA
cyclophosphamide capsule	1	PA MO
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML, 500MG/2.5ML, 500MG/ML	4	
cyclophosphamide injection 1gm, 2gm, 500mg	1	
EVOMELA	4	ACS
GLEOSTINE CAPSULE 10MG, 40MG	3	ACS
GLEOSTINE CAPSULE 100MG	4	ACS
IFEX	3	
IFOSFAMIDE INJECTION 3GM	3	
ifosfamide injection 1gm/20ml, 1gm, 3gm/60ml	1	
LEUKERAN	3	MO
melphalan hydrochloride injection	4	
melphalan tablet 2mg	1	B/D MO
oxaliplatin injection 100mg/20ml, 200mg/40ml, 50mg/10ml	1	
oxaliplatin injection 100mg, 50mg	4	
paraplatin	1	
TEMODAR	4	ACS
TEPADINA	4	ACS
thiotepa	4	
TREANDA	4	LA; ACS
YONDELIS	4	PA; ACS
ZANOSAR	3	
ZEPZELCA	4	PA LA; ACS
ANTIBIOTICS		
adriamycin	1	B/D
bleomycin sulfate	1	B/D
COSMEGEN	4	
dactinomycin	4	
DAUNORUBICIN HYDROCHLORIDE INJECTION 50MG/10ML	3	

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

Drug name	Drug tier	Requirements/Limits
daunorubicin hydrochloride injection 20mg/4ml	1	
DOXIL	4	
doxorubicin hcl injection 2mg/ml	1	B/D
doxorubicin hydrochloride injection 200mg/100ml	1	B/D
doxorubicin hydrochloride liposomal 20mg/10ml; 50mg/25ml	4	
ELLENCE	4	
IDAMYCIN PFS	4	
idarubicin hcl	1	
mitomycin injection 5mg	1	
mitomycin injection 20mg, 40mg	4	
mutamycin injection 20mg, 5mg	1	
mutamycin injection 40mg	4	
valrubicin	4	ACS
VALSTAR	4	LA; ACS
ANTIMETABOLITES		
ALIMTA	4	
ARRANON	4	
azacitidine	4	ACS
cladribine	4	B/D
clofarabine	4	
CLOLAR	4	
cytarabine injection 100mg/ml	1	B/D
cytarabine aqueous injection 20mg/ml	1	B/D
decitabine	4	ACS
fludarabine phosphate	1	
fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml	1	B/D
FOLOTYN	4	ACS
gemcitabine hcl	1	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 2GM/20ML	3	

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

Drug name	Drug tier	Requirements/Limits
gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml	1	
INFUGEM	4	
INQOVI	4	QL (5 EA per 28 days) PA LA; ACS
LONSURF	4	PA LA; ACS
mercaptopurine	1	MO
methotrexate sodium injection pf 50mg/2ml	1	MO
methotrexate sodium injection pf 1gm/40ml, 1gm	1	
methotrexate sodium injection 250mg/10ml, 50mg/2ml	1	MO
nelarabine	4	
ONUREG	4	QL (14 EA per 28 days) PA LA; ACS
PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	4	
pemetrexed injection 1000mg, 100mg, 500mg, 750mg	4	
PURIXAN	4	LA; ACS
TABLOID	3	MO
VIDAZA	4	LA; ACS
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate	4	PA; ACS
anastrozole	1	MO
ARIMIDEX	4	MO
AROMASIN	4	MO
bicalutamide	1	MO
CASODEX	4	MO
ELIGARD	3	PA; ACS
EMCYT	3	MO
ERLEADA	4	PA LA; ACS
EULEXIN	4	
exemestane	1	MO

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

Drug name	Drug tier	Requirements/Limits
FARESTON	4	PA MO
FASLODEX	4	
FEMARA	3	MO
FIRMAGON INJECTION 80MG	3	PA; ACS
FIRMAGON INJECTION 120MG/ VIAL	4	PA; ACS
fulvestrant	4	
hydroxyprogesterone caproate injection 1.25gm/5ml	4	
letrozole	1	MO
LEUPROLIDE ACETATE INJECTION 22.5MG	4	PA; ACS
leuprolide acetate injection 1mg/0.2ml	1	PA; ACS
LUPRON DEPOT (1-MONTH)	4	PA; ACS
LUPRON DEPOT (3-MONTH)	4	PA; ACS
LUPRON DEPOT (4-MONTH)	4	PA; ACS
LUPRON DEPOT (6-MONTH)	4	PA; ACS
LYSODREN	4	LA MO
megestrol acetate tablet 20mg, 40mg	1	MO
NILANDRON	4	MO
nilutamide	4	MO
NUBEQA	4	PA LA; ACS
ORGOVYX	4	PA LA MO
ORSERDU TABLET 345MG	4	QL (30 EA per 30 days) PA LA MO
ORSERDU TABLET 86MG	4	QL (90 EA per 30 days) PA LA MO
SOLTAMOX	4	MO
tamoxifen citrate	1	MO
toremifene citrate	4	PA MO
TRELSTAR MIXJECT INJECTION 11.25MG, 22.5MG, 3.75MG	4	PA; ACS
XTANDI	4	PA LA; ACS
YONSA	4	PA LA; ACS
ZOLADEX	3	ACS
ZYTIGA	4	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
IMMUNOMODULATORS		
lenalidomide capsule 20mg, 25mg	4	QL (21 EA per 28 days) PA LA; ACS
lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg	4	QL (28 EA per 28 days) PA LA; ACS
POMALYST	4	QL (21 EA per 28 days) PA LA; ACS
REVLIMID CAPSULE 20MG, 25MG	4	QL (21 EA per 28 days) PA LA; ACS
REVLIMID CAPSULE 10MG, 15MG, 2.5MG, 5MG	4	QL (28 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 100MG, 50MG	4	QL (28 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 150MG, 200MG	4	QL (56 EA per 28 days) PA LA; ACS
MISCELLANEOUS		
arsenic trioxide	4	
ASPARLAS	4	PA LA; ACS
BESREMI	4	QL (2 ML per 28 days) PA LA
bexarotene capsule 75mg	4	PA; ACS
CAMPTOSAR	3	
dacarbazine	1	
HYCAMTIN	4	
HYDREA	3	MO
hydroxyurea	1	MO
IMLYGIC	4	PA
irinotecan	1	
irinotecan hydrochloride injection 300mg/15ml, 40mg/2ml	1	
irinotecan hydrochloride injection 100mg/5ml	4	
KISQALI FEMARA 200 DOSE	4	PA; ACS
KISQALI FEMARA 400 DOSE	4	PA; ACS
KISQALI FEMARA 600 DOSE	4	PA; ACS
MATULANE	4	LA MO
mitoxantrone hcl	1	ACS
NIPENT	4	
ONCASPAR	4	PA LA
ONIVYDE	4	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
RYLAZE	4	PA LA; ACS
SYNRIBO	4	PA; ACS
TARGRETIN CAPSULE 75MG	4	PA; ACS
TICE BCG	3	
TOPOTECAN HCL INJECTION 4MG/4ML	4	
topotecan hcl injection 4mg	4	
tretinoin capsule 10mg	4	MO
TRISENOX	4	
VYXEOS	4	PA; ACS
WELIREG	4	QL (90 EA per 30 days) PA LA MO
MITOTIC INHIBITORS		
ABRAXANE	4	LA; ACS
DOCETAXEL INJECTION 160MG/16ML, 160MG/8ML, 20MG/2ML, 80MG/8ML	4	
docetaxel injection 20mg/ml, 80mg/4ml	1	
ETOPOPHOS	4	
etoposide	1	
HALAVEN	4	PA; ACS
IXEMPRA KIT	4	PA; ACS
JEVTANA	4	PA LA; ACS
paclitaxel	1	
paclitaxel protein-bound particles	4	ACS
toposar	1	
vinblastine sulfate	1	B/D
vincasar pfs	1	B/D
vincristine sulfate	1	B/D
vinorelbine tartrate	1	
MOLECULAR TARGET AGENTS		
AFINITOR	4	QL (30 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 2MG	4	QL (150 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 5MG	4	QL (60 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
AFINITOR DISPERZ TABLET SOLUBLE 3MG	4	QL (90 EA per 30 days) PA; ACS
ALECENSA	4	QL (240 EA per 30 days) PA LA; ACS
ALIQOPA	4	QL (3 EA per 28 days) PA LA
ALUNBRIG TABLET THERAPY PACK	4	PA LA MO
ALUNBRIG TABLET 30MG	4	QL (120 EA per 30 days) PA LA MO
ALUNBRIG TABLET 180MG, 90MG	4	QL (30 EA per 30 days) PA LA MO
ALYMSYS	4	PA; ACS
ARZERRA	4	PA LA; ACS
AVASTIN	4	PA LA; ACS
AYVAKIT	4	QL (30 EA per 30 days) PA LA MO
BALVERSA TABLET 5MG	4	QL (28 EA per 28 days) PA LA; ACS
BALVERSA TABLET 4MG	4	QL (56 EA per 28 days) PA LA; ACS
BALVERSA TABLET 3MG	4	QL (84 EA per 28 days) PA LA; ACS
BAVENCIO	4	PA LA; ACS
BELEODAQ	4	PA LA; ACS
BESPONSA	4	PA LA; ACS
BLENREP	4	PA LA
BLINCYTO	4	PA; ACS
BORTEZOMIB INJECTION 1MG, 2.5MG, 3.5MG	4	PA; ACS
bortezomib injection 3.5mg	4	PA; ACS
BOSULIF TABLET 100MG	4	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	4	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	4	QL (180 EA per 30 days) PA LA; ACS
BRUKINSA	4	QL (120 EA per 30 days) PA LA MO

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

Drug name	Drug tier	Requirements/Limits
CABOMETYX	4	QL (30 EA per 30 days) PA LA; ACS
CALQUENCE	4	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABLET 300MG	4	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABLET 100MG	4	QL (60 EA per 30 days) PA LA MO
COLUMVI	4	PA LA; ACS
COMETRIQ KIT 140MG/DAY	4	QL (112 EA per 28 days) PA LA; ACS
COMETRIQ KIT 100MG/DAY	4	QL (56 EA per 28 days) PA LA; ACS
COMETRIQ KIT 20MG	4	QL (84 EA per 28 days) PA LA; ACS
COPIKTRA	4	QL (56 EA per 28 days) PA LA; ACS
COTELLIC	4	QL (63 EA per 28 days) PA LA; ACS
CYRAMZA	4	PA LA; ACS
DARZALEX	4	PA LA; ACS
DARZALEX FASPRO	4	PA LA; ACS
DAURISMO TABLET 100MG	4	QL (30 EA per 30 days) PA LA; ACS
DAURISMO TABLET 25MG	4	QL (60 EA per 30 days) PA LA; ACS
EMPLICITI	4	PA LA; ACS
ENHERTU	4	PA LA; ACS
EPKINLY	4	PA LA
ERBITUX	4	PA; ACS
ERIVEDGE	4	PA LA; ACS
erlotinib hydrochloride tablet 100mg, 150mg	4	QL (30 EA per 30 days) PA; ACS
erlotinib hydrochloride tablet 25mg	4	QL (90 EA per 30 days) PA; ACS
everolimus tablet soluble 2mg	4	QL (150 EA per 30 days) PA; ACS
everolimus tablet soluble 5mg	4	QL (60 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
everolimus tablet soluble 3mg	4	QL (90 EA per 30 days) PA; ACS
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	4	QL (30 EA per 30 days) PA; ACS
EXKIVITY	4	QL (120 EA per 30 days) PA LA MO
FOTIVDA	4	QL (21 EA per 28 days) PA LA MO
FYARRO	4	PA LA
GAVRETO	4	QL (120 EA per 30 days) PA LA; ACS
GAZYVA	4	PA LA; ACS
gefitinib	4	QL (30 EA per 30 days) PA; ACS
GILOTRIF	4	QL (30 EA per 30 days) PA LA MO
GLEEVEC TABLET 400MG	4	QL (60 EA per 30 days) PA; ACS
GLEEVEC TABLET 100MG	4	QL (90 EA per 30 days) PA; ACS
HERCEPTIN	4	PA LA; ACS
HERCEPTIN HYLECTA	4	PA LA; ACS
HERZUMA	4	PA; ACS
IBRANCE	4	QL (21 EA per 28 days) PA LA; ACS
ICLUSIG TABLET 10MG, 30MG	4	PA LA MO
ICLUSIG TABLET 15MG, 45MG	4	QL (30 EA per 30 days) PA LA MO
IDHIFA	4	QL (30 EA per 30 days) PA LA; ACS
imatinib mesylate tablet 400mg	4	QL (60 EA per 30 days) PA; ACS
imatinib mesylate tablet 100mg	4	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	4	QL (216 ML per 27 days) PA LA MO
IMBRUVICA TABLET	4	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPSULE 70MG	4	QL (30 EA per 30 days) PA LA MO

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

Drug name	Drug tier	Requirements/Limits
IMBRUVICA CAPSULE 140MG	4	QL (90 EA per 30 days) PA LA MO
IMFINZI	4	PA LA; ACS
IMJUDO	4	PA LA; ACS
INLYTA TABLET 5MG	4	QL (120 EA per 30 days) PA LA; ACS
INLYTA TABLET 1MG	4	QL (180 EA per 30 days) PA LA; ACS
INREBIC	4	QL (120 EA per 30 days) PA LA; ACS
IRESSA	4	QL (30 EA per 30 days) PA LA; ACS
ISTODAX (OVERFILL)	4	ACS
JAKAFI	4	QL (60 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 50MG	4	QL (30 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 100MG	4	QL (60 EA per 30 days) PA LA; ACS
JEMPERLI	4	PA LA; ACS
KADCYLA	4	LA; ACS
KANJINTI	4	PA LA; ACS
KEYTRUDA INJECTION 100MG/4ML	4	PA LA; ACS
KIMMTRAK	4	PA LA
KISQALI TABLET THERAPY PACK 200MG, 400MG, 600MG	4	PA; ACS
KOSELUGO	4	PA LA MO
KRAZATI	4	QL (180 EA per 30 days) PA LA MO
KYPROLIS	4	PA LA; ACS
lapatinib ditosylate	4	QL (180 EA per 30 days) PA LA; ACS
LENVIMA 10 MG DAILY DOSE	4	PA LA; ACS
LENVIMA 12MG DAILY DOSE	4	PA LA; ACS
LENVIMA 14 MG DAILY DOSE	4	PA LA; ACS
LENVIMA 18 MG DAILY DOSE	4	PA LA; ACS
LENVIMA 20 MG DAILY DOSE	4	PA LA; ACS
LENVIMA 24 MG DAILY DOSE	4	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
LENVIMA 4 MG DAILY DOSE	4	PA LA; ACS
LENVIMA 8 MG DAILY DOSE	4	PA LA; ACS
LIBTAYO	4	PA LA
LORBRENA TABLET 100MG	4	QL (30 EA per 30 days) PA LA; ACS
LORBRENA TABLET 25MG	4	QL (90 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 120MG	4	QL (240 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 320MG	4	QL (90 EA per 30 days) PA LA; ACS
LUNSUMIO	4	PA LA; ACS
LYNPARZA	4	QL (120 EA per 30 days) PA LA; ACS
LYTGOBI TABLET THERAPY PACK 16MG	4	QL (112 EA per 28 days) PA LA MO
LYTGOBI TABLET THERAPY PACK 20MG	4	QL (140 EA per 28 days) PA LA MO
LYTGOBI TABLET THERAPY PACK 12MG	4	QL (84 EA per 28 days) PA LA MO
MARGENZA	4	PA LA; ACS
MEKINIST SOLUTION RECONSTITUTED	4	QL (1260 ML per 30 days) PA LA; ACS
MEKINIST TABLET 2MG	4	QL (30 EA per 30 days) PA LA; ACS
MEKINIST TABLET 0.5MG	4	QL (90 EA per 30 days) PA LA; ACS
MEKTOVI	4	QL (180 EA per 30 days) PA LA; ACS
MONJUVI	4	PA LA
MVASI	4	PA LA; ACS
MYLOTARG	4	PA LA; ACS
NERLYNX	4	QL (180 EA per 30 days) PA LA; ACS
NEXAVAR	4	QL (120 EA per 30 days) PA LA; ACS
NINLARO	4	PA; ACS
ODOMZO	4	PA LA; ACS
OGIVRI	4	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
ONTRUZANT	4	PA LA; ACS
OPDIVO	4	PA LA; ACS
OPDUALAG	4	PA LA; ACS
PADCEV	4	PA LA; ACS
PEMAZYRE	4	QL (14 EA per 21 days) PA LA MO
PERJETA	4	PA LA; ACS
PHESGO	4	PA LA; ACS
PIQRAY 200MG DAILY DOSE	4	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	4	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	4	QL (56 EA per 28 days) PA; ACS
POLIVY	4	PA LA; ACS
PORTRAZZA	4	PA LA; ACS
POTELIGEO	4	PA LA; ACS
QINLOCK	4	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPSULE 80MG	4	QL (120 EA per 30 days) PA LA; ACS
RETEVMO CAPSULE 40MG	4	QL (180 EA per 30 days) PA LA; ACS
REZLIDHIA	4	QL (60 EA per 30 days) PA LA MO
RIABNI	4	PA LA; ACS
RITUXAN	4	PA LA; ACS
RITUXAN HYCELA	4	PA LA; ACS
romidepsin	4	ACS
ROZLYTREK CAPSULE 100MG	4	QL (150 EA per 30 days) PA LA; ACS
ROZLYTREK CAPSULE 200MG	4	QL (90 EA per 30 days) PA LA; ACS
RUBRACA	4	PA LA; ACS
RUXIENCE	4	PA; ACS
RYBREVANT	4	PA LA; ACS
RYDAPT	4	QL (224 EA per 28 days) PA; ACS
SARCLISA	4	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
SCEMBLIX TABLET 40MG	4	QL (300 EA per 30 days) PA; ACS
SCEMBLIX TABLET 20MG	4	QL (60 EA per 30 days) PA; ACS
sorafenib tosylate	4	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	4	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	4	QL (90 EA per 30 days) PA; ACS
STIVARGA	4	QL (84 EA per 28 days) PA LA; ACS
sunitinib malate	4	QL (30 EA per 30 days) PA; ACS
SUTENT	4	QL (30 EA per 30 days) PA LA; ACS
TABRECTA	4	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	4	QL (120 EA per 30 days) PA LA; ACS
TAFINLAR TABLET SOLUBLE	4	QL (900 EA per 30 days) PA LA; ACS
TAGRISSO	4	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	4	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.25MG	4	QL (90 EA per 30 days) PA LA; ACS
TARCEVA TABLET 100MG, 150MG	4	QL (30 EA per 30 days) PA LA; ACS
TARCEVA TABLET 25MG	4	QL (90 EA per 30 days) PA LA; ACS
TASIGNA CAPSULE 150MG, 200MG	4	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	4	QL (120 EA per 30 days) PA; ACS
TAZVERIK	4	QL (240 EA per 30 days) PA LA MO
TECENTRIQ	4	PA LA; ACS
TECVAYLI	4	PA LA

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

Drug name	Drug tier	Requirements/Limits
temsirolimus	4	ACS
TEPMETKO	4	QL (60 EA per 30 days) PA LA MO
TIBSOVO	4	PA LA MO
TIVDAK	4	PA LA; ACS
TORISEL	4	ACS
TRAZIMERA	4	PA; ACS
TRODELVY	4	PA LA
TRUSELTIQ CAPSULE THERAPY PACK 100MG	4	QL (21 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	4	QL (42 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 25MG	4	QL (63 EA per 28 days) PA LA; ACS
TRUXIMA	4	PA; ACS
TUKYSA TABLET 150MG	4	QL (120 EA per 30 days) PA LA MO
TUKYSA TABLET 50MG	4	QL (240 EA per 30 days) PA LA MO
TURALIO	4	QL (120 EA per 30 days) PA LA MO
TYKERB	4	QL (180 EA per 30 days) PA LA; ACS
VANFLYTA	4	QL (56 EA per 28 days) PA LA
VECTIBIX	4	PA LA; ACS
VEGZELMA	4	PA; ACS
VELCADE	4	PA; ACS
VENCLEXTA STARTING PACK	4	QL (42 EA per 28 days) PA LA MO
VENCLEXTA TABLET 10MG	3	QL (120 EA per 30 days) PA LA MO
VENCLEXTA TABLET 50MG	4	QL (120 EA per 30 days) PA LA MO
VENCLEXTA TABLET 100MG	4	QL (180 EA per 30 days) PA LA MO
VERZENIO	4	PA LA; ACS
VITRAKVI SOLUTION	4	QL (300 ML per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
VITRAKVI CAPSULE 25MG	4	QL (180 EA per 30 days) PA LA; ACS
VITRAKVI CAPSULE 100MG	4	QL (60 EA per 30 days) PA LA; ACS
VIZIMPRO	4	QL (30 EA per 30 days) PA LA; ACS
VONJO	4	QL (120 EA per 30 days) PA LA MO
VOTRIENT	4	QL (120 EA per 30 days) PA LA; ACS
XALKORI	4	QL (120 EA per 30 days) PA LA; ACS
XOSPATA	4	PA LA; ACS
XPOVIO 60 MG TWICE WEEKLY	4	QL (24 EA per 28 days) PA LA MO
XPOVIO 80 MG TWICE WEEKLY	4	QL (32 EA per 28 days) PA LA MO
XPOVIO TABLET THERAPY PACK 40MG, 60MG	4	QL (4 EA per 28 days) PA LA MO
XPOVIO TABLET THERAPY PACK 40MG, 50MG	4	QL (8 EA per 28 days) PA LA MO
YERVOY	4	PA LA; ACS
ZALTRAP	4	PA LA; ACS
ZEJULA CAPSULE	4	PA LA; ACS
ZEJULA TABLET	4	QL (30 EA per 30 days) PA LA; ACS
ZELBORAF	4	QL (240 EA per 30 days) PA LA; ACS
ZIRABEV	4	PA LA; ACS
ZOLINZA	4	PA; ACS
ZYDELIG	4	QL (60 EA per 30 days) PA LA; ACS
ZYKADIA	4	QL (84 EA per 28 days) PA LA; ACS
ZYNLONTA	4	PA LA
ZYNYZ	4	PA LA; ACS
PROTECTIVE AGENTS		
dexrazoxane injection 500mg	1	
dexrazoxane injection 250mg	4	

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

Drug name	Drug tier	Requirements/Limits
ELITEK	4	
KEPIVANCE	4	
KHAPZORY	4	B/D LA; ACS
leucovorin calcium injection	1	
leucovorin calcium tablet	1	MO
levoleucovorin calcium injection 50mg	4	ACS
levoleucovorin calcium injection 250mg/25ml	1	ACS
levoleucovorin calcium injection 175mg/17.5ml	4	ACS
mesna	1	
MESNEX INJECTION	3	
MESNEX TABLET	4	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC	3	MO
amlodipine besylate/benazepril hydrochloride	1	QL (30 EA per 30 days) MO
benazepril hcl/ hydrochlorothiazide	1	MO
captopril/hydrochlorothiazide	1	MO
enalapril maleate/hydrochlorothiazide	1	MO
fosinopril sodium/hydrochlorothiazide	1	MO
lisinopril/hydrochlorothiazide	1	MO
LOTENSIN HCT	3	MO
LOTREL	3	QL (30 EA per 30 days) MO
quinapril/hydrochlorothiazide	1	MO
trandolapril/verapamil hcl er	1	MO
VASERETIC	3	MO
ZESTORETIC	3	MO
ACE INHIBITORS		
ACCUPRIL	3	MO
ALTACE	3	MO
benazepril hcl tablet 10mg, 40mg, 5mg	1	MO

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

Drug name	Drug tier	Requirements/Limits
benazepril hydrochloride tablet 20mg	1	MO
captopril	1	MO
enalapril maleate tablet	1	MO
enalapril maleate oral solution	4	MO
enalaprilat i.v. injection	1	
EPANED	4	MO
fosinopril sodium	1	MO
lisinopril	1	MO
LOTENSIN	3	MO
moexipril hcl	1	MO
perindopril erbumine	1	MO
QBRELIS	4	MO
quinapril hcl tablet 20mg, 40mg	1	MO
quinapril hydrochloride tablet 10mg, 5mg	1	MO
ramipril	1	MO
trandolapril	1	MO
VASOTEC TABLET 10MG, 2.5MG, 5MG	3	MO
VASOTEC TABLET 20MG	4	MO
ZESTRIL	3	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	3	MO
CAROSPIR	3	MO
eplerenone	1	MO
INSPRA	3	MO
KERENDIA	2	QL (30 EA per 30 days) MO
spironolactone	1	MO
ALPHA BLOCKERS		
CARDURA TABLET 2MG, 4MG, 8MG	3	MO
CARDURA TABLET 1MG	4	MO
doxazosin mesylate	1	MO
MINIPRESS	3	MO
prazosin hydrochloride	1	MO
terazosin hcl capsule 10mg, 1mg, 5mg	1	MO

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

Drug name	Drug tier	Requirements/Limits
terazosin hydrochloride capsule 2mg	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate/valsartan	1	QL (30 EA per 30 days) MO
amlodipine/olmesartan medoxomil	1	QL (30 EA per 30 days) MO
amlodipine/valsartan/ hydrochlorothiazide	1	QL (30 EA per 30 days) MO
ATACAND HCT TABLET 32MG; 12.5MG, 32MG; 25MG	3	QL (30 EA per 30 days) ST MO
ATACAND HCT TABLET 16MG; 12.5MG	3	QL (60 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 300MG	3	QL (30 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 150MG	3	QL (60 EA per 30 days) ST MO
AZOR	3	QL (30 EA per 30 days) ST MO
BENICAR HCT	3	QL (30 EA per 30 days) ST MO
candesartan cilexetil/ hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg	1	QL (30 EA per 30 days) MO
candesartan cilexetil/ hydrochlorothiazide tablet 16mg; 12.5mg	1	QL (60 EA per 30 days) MO
DIOVAN HCT	3	QL (30 EA per 30 days) ST MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
ENTRESTO	2	MO
EXFORGE	3	QL (30 EA per 30 days) ST MO
EXFORGE HCT	3	QL (30 EA per 30 days) ST MO
HYZAAR	3	QL (30 EA per 30 days) ST MO
irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg	1	QL (30 EA per 30 days) MO
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg	1	QL (60 EA per 30 days) MO
losartan potassium/ hydrochlorothiazide	1	QL (30 EA per 30 days) MO
MICARDIS HCT TABLET 12.5MG; 40MG, 25MG; 80MG	3	QL (30 EA per 30 days) ST MO
MICARDIS HCT TABLET 12.5MG; 80MG	3	QL (60 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
olmesartan medoxomil/ amlodipine/hydrochlorothiazide	1	QL (30 EA per 30 days) MO
olmesartan medoxomil/ hydrochlorothiazide	1	QL (30 EA per 30 days) MO
telmisartan/amlodipine	1	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg	1	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg	1	QL (60 EA per 30 days) MO
TRIBENZOR	3	QL (30 EA per 30 days) ST MO
valsartan/hydrochlorothiazide	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TABLET 32MG	3	QL (30 EA per 30 days) ST MO
ATACAND TABLET 16MG, 4MG, 8MG	3	QL (60 EA per 30 days) ST MO
AVAPRO	3	QL (30 EA per 30 days) ST MO
BENICAR TABLET 20MG, 40MG	3	QL (30 EA per 30 days) ST MO
BENICAR TABLET 5MG	3	QL (60 EA per 30 days) ST MO
candesartan cilexetil tablet 32mg	1	QL (30 EA per 30 days) MO
candesartan cilexetil tablet 16mg, 4mg, 8mg	1	QL (60 EA per 30 days) MO
COZAAR TABLET 100MG	3	QL (30 EA per 30 days) ST MO
COZAAR TABLET 25MG, 50MG	3	QL (60 EA per 30 days) ST MO
DIOVAN TABLET 320MG	3	QL (30 EA per 30 days) ST MO
DIOVAN TABLET 160MG, 40MG, 80MG	3	QL (60 EA per 30 days) ST MO
EDARBI	3	QL (30 EA per 30 days) MO
irbesartan	1	QL (30 EA per 30 days) MO
losartan potassium tablet 100mg	1	QL (30 EA per 30 days) MO
losartan potassium tablet 25mg, 50mg	1	QL (60 EA per 30 days) MO
MICARDIS	3	QL (30 EA per 30 days) ST MO
olmesartan medoxomil tablet 20mg, 40mg	1	QL (30 EA per 30 days) MO
olmesartan medoxomil tablet 5mg	1	QL (60 EA per 30 days) MO
telmisartan	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
VALSARTAN SOLUTION	4	QL (2400 ML per 30 days) PA MO
valsartan tablet 320mg	1	QL (30 EA per 30 days) MO
valsartan tablet 160mg, 40mg, 80mg	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
amiodarone hcl injection 50mg/ml	1	
amiodarone hydrochloride injection 150mg/3ml, 450mg/9ml, 900mg/18ml	1	
amiodarone hydrochloride tablet	1	MO
BETAPACE	4	MO
BETAPACE AF	3	MO
disopyramide phosphate	1	PA MO
dofetilide	1	ACS
flecainide acetate	1	MO
LIDOCAINE HCL IN D5W	3	
LIDOCAINE HCL INJECTION 100MG/5ML	3	
lidocaine hcl injection 100mg/5ml, 50mg/5ml	1	
mexiletine hcl	1	MO
MULTAQ	3	MO
NEXTERONE	3	
NORPACE CR	3	MO
NORPACE CAPSULE 100MG	3	PA MO
NORPACE CAPSULE 150MG	4	PA MO
pacerone	1	
procainamide hcl	1	
propafenone hcl tablet	1	MO
propafenone hydrochloride er capsule extended release 12 hour	1	MO
quinidine gluconate cr	1	MO
quinidine gluconate er	1	MO
quinidine sulfate	1	MO
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 225MG	3	MO

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

Drug name	Drug tier	Requirements/Limits
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325MG, 425MG	4	MO
sorine tablet 160mg, 240mg, 80mg	1	
sorine tablet 120mg	1	MO
sotalol hcl	1	MO
sotalol hydrochloride (af)	1	MO
SOTYLIZE	4	MO
TIKOSYN	3	ST; ACS
ANTILIPEMICS, FIBRATES		
ANTARA	3	MO
FENOFIBRATE MICRONIZED CAPSULE 30MG, 90MG	3	MO
fenofibrate micronized capsule 134mg, 200mg, 67mg	1	MO
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	1	MO
fenofibric acid dr capsule delayed release 135mg, 45mg	1	MO
FENOGLIDE	3	MO
gemfibrozil	1	MO
LIPOFEN	3	MO
LOPID	3	MO
TRICOR	3	MO
TRILIPIX	3	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	4	QL (30 EA per 30 days) ST MO
ATORVALIQ	3	QL (600 ML per 30 days) ST
atorvastatin calcium	1	QL (30 EA per 30 days) MO
CRESTOR	3	QL (30 EA per 30 days) ST MO
EZALLOR SPRINKLE	3	QL (30 EA per 30 days) ST MO
FLOLIPID	3	QL (300 ML per 30 days) ST MO
fluvastatin capsule 20mg, 40mg	1	QL (60 EA per 30 days) MO
fluvastatin sodium er tablet extended release 24 hour 80mg	1	QL (30 EA per 30 days) MO
LESCOL XL	3	QL (30 EA per 30 days) ST MO
LIPITOR	3	QL (30 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
LIVALO	3	QL (30 EA per 30 days) ST MO
lovastatin	1	MO
pravastatin sodium	1	QL (30 EA per 30 days) MO
rosuvastatin calcium	1	QL (30 EA per 30 days) MO
simvastatin	1	QL (30 EA per 30 days) MO
ZOCOR	3	QL (30 EA per 30 days) ST MO
ZYPITAMAG TABLET 2MG, 4MG	3	QL (30 EA per 30 days) ST MO
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine	1	MO
cholestyramine light	1	MO
colesevelam hydrochloride	1	MO
COLESTID	3	MO
COLESTID FLAVORED	3	MO
colestipol hcl	1	MO
EVKEEZA	4	PA LA MO
ezetimibe	1	MO
EZETIMIBE/ROSUVASTATIN	3	QL (30 EA per 30 days) ST MO
ezetimibe/simvastatin	1	QL (30 EA per 30 days) MO
icosapent ethyl	1	MO
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 5MG	4	PA LA MO
LEQVIO	3	PA LA MO; ACS
LOVAZA	3	QL (120 EA per 30 days) MO
NEXLETOL	3	QL (30 EA per 30 days) PA MO
NEXLIZET	3	QL (30 EA per 30 days) PA MO
niacin er tablet extended release 1000mg, 750mg	1	MO
niacin er tablet extended release 500mg	1	QL (60 EA per 30 days) MO
niacin immediate release tablet 500mg	1	MO
niacor	1	MO
omega-3-acid ethyl esters	1	QL (120 EA per 30 days) MO
PRALUENT	2	PA
prevalite	1	
QUESTRAN	3	MO
QUESTRAN LIGHT	3	MO
REPATHA	2	PA

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

Drug name	Drug tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM	2	PA
REPATHA SURECLICK	2	PA
ROSZET	3	QL (30 EA per 30 days) ST MO
VASCEPA	3	MO
VYTORIN	3	QL (30 EA per 30 days) ST MO
WELCHOL	3	MO
ZETIA	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone	1	MO
bisoprolol fumarate/hydrochlorothiazide	1	MO
metoprolol/hydrochlorothiazide	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
ZIAC TABLET 10MG; 6.25MG, 5MG; 6.25MG	3	MO
ZIAC TABLET 2.5MG; 6.25MG	4	MO
BETA-BLOCKERS		
acebutolol hydrochloride	1	MO
atenolol	1	MO
betaxolol hcl tablet 10mg, 20mg	1	MO
bisoprolol fumarate	1	MO
BYSTOLIC TABLET 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) MO
BYSTOLIC TABLET 20MG	3	QL (60 EA per 30 days) MO
carvedilol phosphate er capsule extended release 24 hour	1	QL (30 EA per 30 days) MO
carvedilol tablet	1	MO
COREC CR CAPSULE EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO
COREG TABLET	3	MO
CORGARD	3	MO
HEMANGEOL	3	MO; ACS
INDERAL LA	4	MO
INDERAL XL	4	MO
INNOPRAN XL	4	MO
KAPSPARGO SPRINKLE	3	MO

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

Drug name	Drug tier	Requirements/Limits
labetalol hydrochloride tablet	1	MO
LABETALOL HYDROCHLORIDE INJECTION 10MG/2ML	3	
labetalol hydrochloride injection 5mg/ml	1	MO
LABETALOL HYDROCHLORIDE/ DEXTROSE	3	
LABETALOL HYDROCHLORIDE/ SODIUM CHLORIDE	3	
LOPRESSOR	3	MO
metoprolol succinate er	1	MO
metoprolol tartrate injection	1	
metoprolol tartrate tablet	1	MO
nadolol	1	MO
nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg	1	QL (30 EA per 30 days) MO
nebivolol hydrochloride tablet 20mg	1	QL (60 EA per 30 days) MO
pindolol	1	MO
propranolol hcl er capsule extended release 24 hour 120mg, 160mg	1	MO
propranolol hcl er capsule extended release 24 hour 60mg, 80mg	1	MO
propranolol hcl tablet 10mg, 20mg, 80mg, 60mg	1	MO
propranolol hcl injection	1	
propranolol hcl oral solution 20mg/5ml, 40mg/5ml, tablet 40mg	1	MO
TENORMIN	3	MO
timolol maleate tablet 10mg, 20mg, 5mg	1	MO
TOPROL XL	3	MO
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate	1	MO
CALAN SR	3	MO
CARDENE IV	3	

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

Drug name	Drug tier	Requirements/Limits
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 180MG, 300MG	3	MO
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 240MG, 360MG	4	MO
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR	3	MO
CARDIZEM TABLET 120MG, 30MG	3	MO
CARDIZEM TABLET 60MG	4	MO
cartia xt	1	
CONJUPRI	3	
dilt-xr	1	MO
diltiazem hcl cd	1	MO
diltiazem hcl immediate release tablet	1	MO
DILTIAZEM HCL INJECTION 100MG	3	
diltiazem hcl injection 125mg/25ml, 50mg/10ml	1	
diltiazem hydrochloride er	1	MO
diltiazem hydrochloride injection solution 25mg/5ml	1	
diltiazem hydrochloride tablet	1	MO
felodipine er	1	MO
isradipine	1	MO
KATERZIA ORAL SUSPENSION 1MG/ML	3	MO
LEVAMLODIPINE	3	
matzim la	1	
nicardipine hcl capsule 20mg, 30mg	1	MO
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE INJ 40MG/200ML; 0.9%	3	
NICARDIPINE HYDROCHLORIDE INJECTION 20MG/200ML; 0.9%	3	

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

Drug name	Drug tier	Requirements/Limits
nicardipine hydrochloride injection 2.5mg/ml	1	
nifedipine capsule 10mg, 20mg	1	PA MO
nifedipine er tablet extended release 24 hour	1	MO
nimodipine	4	MO
nisoldipine er	1	MO
NORLIQVA	4	MO
NORVASC	3	MO
NYMALIZE	4	
PROCARDIA XL	3	MO
SULAR	4	MO
taztia xt	1	
tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	1	
tiadylt er capsule extended release 24 hour 420mg	1	MO
TIAZAC	3	MO
verapamil hcl er capsule extended release 24 hour	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg	1	MO
verapamil hcl sr tablet extended release	1	MO
verapamil hcl tablet 40mg, 80mg	1	MO
verapamil hydrochloride tablet 120mg	1	MO
verapamil hydrochloride er tablet extended release	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
DIURETICS		
acetazolamide tablet	1	MO

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

Drug name	Drug tier	Requirements/Limits
acetazolamide er capsule extended release	1	MO
acetazolamide sodium injection	1	
ALDACTAZIDE	3	MO
amiloride hcl	1	MO
amiloride/hydrochlorothiazide	1	MO
bumetanide	1	MO
BUMEX TABLET 0.5MG	3	
chlorothiazide sodium injection 500mg	1	
chlorthalidone	1	MO
dichlorphenamide	4	QL (120 EA per 30 days) PA LA; ACS
DIURIL	3	MO
DYRENIUM	3	MO
EDECRIN TABLET 25MG	4	MO
ethacrynate sodium injection	4	
ethacrynic acid tabs	4	MO
FUROSCIX	4	
furosemide	1	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
KEVEYIS	4	QL (120 EA per 30 days) PA LA MO
LASIX	3	MO
MANNITOL INJECTION 20%	3	
mannitol injection 25%	1	MO
methazolamide	1	MO
metolazone	1	MO
OSMITROL VIAFLEX	3	
SOAANZ	3	MO
SODIUM EDECRIN	3	
spironolactone/hydrochlorothiazide	1	MO
THALITONE	3	QL (390 EA per 30 days) MO
torsemide	1	MO
triamterene	1	MO
triamterene/hydrochlorothiazide	1	MO

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

Drug name	Drug tier	Requirements/Limits
MISCELLANEOUS		
ADRENALIN INJECTION 30MG/30ML	3	
ADRENALIN INJECTION 1MG/ML	3	MO
aliskiren	1	MO
amlodipine besylate/atorvastatin calcium	1	MO
ASPRUZYO SPRINKLE	3	QL (60 EA per 30 days) PA MO
BIDIL	3	MO
CADUET	3	MO
CAMZYOS	4	QL (30 EA per 30 days) PA LA; ACS
clonidine hcl patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	1	QL (8 EA per 28 days) MO
clonidine hydrochloride tablet	1	MO
CORLANOR SOLUTION	3	
CORLANOR TABLET	3	MO
DEMSER	4	PA MO
DIBENZYLINE	4	MO
digox	1	QL (30 EA per 30 days)
digoxin injection, oral solution	1	MO
digoxin tablet 125mcg, 250mcg	1	QL (30 EA per 30 days) MO
digoxin tablet 62.5mcg	1	QL (90 EA per 30 days) MO
dobutamine hcl injection 250mg/20ml	1	B/D
DOBUTAMINE HCL/D5W INJECTION 1MG/ML; 5%	3	B/D
DOBUTAMINE HYDROCHLORIDE/DEXTROSE INJECTION 2MG/ML; 5%, 4MG/ML; 5%	3	B/D
DOPAMINE HYDROCHLORIDE INJECTION 40MG/ML	3	B/D
DOPAMINE HYDROCHLORIDE/DEXTROSE INJECTION 0.8MG/ML; 5%, 1.6MG/ML; 5%	3	B/D

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

Drug name	Drug tier	Requirements/Limits
DOPAMINE/D5W INJECTION 3.2MG/ML; 5%	3	B/D
droxidopa capsule 100mg	1	QL (90 EA per 30 days) PA; ACS
droxidopa capsule 200mg, 300mg	4	QL (180 EA per 30 days) PA; ACS
epinephrine injection 1mg/ml, 30mg/30ml	1	
guanfacine hydrochloride tablet 1mg, 2mg	1	PA MO
hydralazine hcl tablet 10mg	1	MO
hydralazine hydrochloride tablet 100mg, 25mg, 50mg	1	MO
INPEFA	3	QL (30 EA per 30 days) PA
isosorbide dinitrate/hydralazine hydrochloride	1	MO
LANOXIN PEDIATRIC	3	
LANOXIN INJECTION	3	MO
LANOXIN TABLET 125MCG, 250MCG	3	QL (30 EA per 30 days) MO
LANOXIN TABLET 62.5MCG	3	QL (90 EA per 30 days) MO
metyrosine	4	PA MO
midodrine hcl	1	MO
milrinone lactate in dextrose	1	B/D
milrinone lactate injection 10mg/10ml, 50mg/50ml	1	B/D
milrinone lactate injection 20mg/20ml	4	B/D
minoxidil tablet 10mg, 2.5mg	1	MO
NORTHERA CAPSULE 200MG, 300MG	4	QL (180 EA per 30 days) PA LA; ACS
NORTHERA CAPSULE 100MG	4	QL (90 EA per 30 days) PA LA; ACS
phenoxybenzamine hydrochloride	4	MO
RANEXA	3	MO
ranolazine er	1	MO
TEKTURNA	3	MO
TEKTURNA HCT	3	MO

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

Drug name	Drug tier	Requirements/Limits
VECAMYL	4	QL (300 EA per 30 days) PA
VERQUVO	2	MO
VYNDAMAX	4	QL (30 EA per 30 days) PA LA; ACS
VYNDAQEL	4	QL (120 EA per 30 days) PA LA; ACS
NITRATES		
GONITRO	3	MO
ISORDIL TITRADOSE TABLET 5MG	3	MO
ISORDIL TITRADOSE TABLET 40MG	4	MO
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	1	MO
isosorbide dinitrate tablet 40mg	4	MO
isosorbide mononitrate	1	MO
isosorbide mononitrate er	1	MO
NITRO-BID	2	MO
NITRO-DUR PATCH 24 HOUR 0.1MG/HR, 0.2MG/HR, 0.4MG/HR, 0.6MG/HR	3	MO
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	MO
NITROGLYCERIN IN DEXTROSE 5%	3	
nitroglycerin lingual spray	1	MO
nitroglycerin transdermal	1	MO
NITROGLYCERIN INJECTION	3	
nitroglycerin tablet sublingual	1	MO
NITROLINGUAL PUMPSPRAY	3	MO
NITROSTAT	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	4	PA; ACS
ADEMPAS	4	QL (90 EA per 30 days) PA LA; ACS
alyq	4	PA; ACS
ambrisentan	4	QL (30 EA per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
bosentan tablet 62.5mg	4	QL (120 EA per 30 days) PA LA; ACS
bosentan tablet 125mg	4	QL (60 EA per 30 days) PA LA; ACS
epoprostenol sodium	1	B/D LA; ACS
FLOLAN INJECTION 0.5MG	3	B/D LA; ACS
FLOLAN INJECTION 1.5MG	4	B/D LA; ACS
LETAIRIS	4	QL (30 EA per 30 days) PA LA; ACS
LIQREV	4	QL (244 ML per 30 days) PA; ACS
OPSUMIT	4	QL (30 EA per 30 days) PA LA; ACS
ORENITRAM TITRATION KIT MONTH 1	4	PA LA; ACS
ORENITRAM TITRATION KIT MONTH 2	4	PA LA; ACS
ORENITRAM TITRATION KIT MONTH 3	4	PA LA; ACS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA LA; ACS
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	4	PA LA; ACS
REMODULIN	4	PA LA; ACS
REVATIO INJECTION	4	QL (1125 ML per 30 days) PA; ACS
REVATIO TABLET	4	QL (360 EA per 30 days) PA; ACS
REVATIO ORAL SUSPENSION RECONSTITUTED	4	QL (784 ML per 30 days) PA; ACS
sildenafil injection	4	QL (1125 ML per 30 days) PA; ACS
sildenafil citrate tablet	1	QL (360 EA per 30 days) PA; ACS
sildenafil citrate oral suspension reconstituted	4	QL (784 ML per 30 days) PA; ACS
tadalafil	4	PA; ACS
TADLIQ	4	QL (300 ML per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
TRACLEER TABLET SOLUBLE	4	QL (120 EA per 30 days) PA LA; ACS
TRACLEER TABLET 62.5MG	4	QL (120 EA per 30 days) PA LA; ACS
TRACLEER TABLET 125MG	4	QL (60 EA per 30 days) PA LA; ACS
treprostinil	4	PA LA; ACS
TYVASO	4	PA LA; ACS
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	4	QL (112 EA per 28 days) PA LA; ACS
TYVASO DPI MAINTENANCE KIT POWDER 32MCG; 48MCG	4	QL (224 EA per 28 days) PA LA; ACS
TYVASO DPI TITRATION KIT POWDER 16MCG; 32MCG	4	QL (196 EA per 28 days) PA LA; ACS
TYVASO DPI TITRATION KIT POWDER 16MCG; 32MCG; 48MCG	4	QL (252 EA per 28 days) PA LA; ACS
TYVASO REFILL	4	PA; ACS
TYVASO STARTER	4	PA; ACS
UPTRAVI TITRATION PACK	4	PA LA; ACS
UPTRAVI INJECTION	4	QL (60 EA per 30 days) PA LA MO
UPTRAVI TABLET 800MCG	4	QL (120 EA per 30 days) PA LA; ACS
UPTRAVI TABLET 600MCG	4	QL (150 EA per 30 days) PA LA; ACS
UPTRAVI TABLET 400MCG	4	QL (240 EA per 30 days) PA LA; ACS
UPTRAVI TABLET 200MCG	4	QL (480 EA per 30 days) PA LA; ACS
UPTRAVI TABLET 1200MCG, 1400MCG, 1600MCG	4	QL (60 EA per 30 days) PA LA; ACS
UPTRAVI TABLET 1000MCG	4	QL (90 EA per 30 days) PA LA; ACS
VELETRI	4	B/D LA; ACS
VENTAVIS	4	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam er tablet extended release 24 hour 1mg	1	QL (30 EA per 30 days) MO; HRM
alprazolam er tablet extended release 24 hour 3mg	1	QL (60 EA per 30 days) MO; HRM
alprazolam er tablet extended release 24 hour 0.5mg	1	QL (600 EA per 30 days) MO; HRM
alprazolam er tablet extended release 24 hour 2mg	1	QL (90 EA per 30 days) MO; HRM
ALPRAZOLAM INTENSOL	3	QL (300 ML per 30 days) MO; HRM
alprazolam odt tablet disintegrating 0.25mg	1	QL (120 EA per 30 days) MO; HRM
alprazolam odt tablet disintegrating 0.5mg, 1mg, 2mg	1	QL (150 EA per 30 days) MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 1MG	3	QL (30 EA per 30 days) MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (90 EA per 30 days) MO; HRM
alprazolam tablet 0.25mg, 0.5mg	1	QL (120 EA per 30 days) MO; HRM
alprazolam tablet 1mg, 2mg	1	QL (150 EA per 30 days) MO; HRM
ATIVAN INJECTION 2MG/ML	3	QL (150 ML per 30 days) MO; HRM
ATIVAN INJECTION 4MG/ML	3	QL (150 ML per 30 days); HRM
ATIVAN TABLET 0.5MG	4	QL (120 EA per 30 days) MO; HRM
ATIVAN TABLET 1MG, 2MG	4	QL (150 EA per 30 days) MO; HRM
buspirone hcl tablet 15mg, 30mg	1	MO
buspirone hydrochloride tablet 5mg, 7.5mg, 10mg	1	MO

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

Drug name	Drug tier	Requirements/Limits
chlordiazepoxide hcl capsule 5mg, 10mg	1	QL (120 EA per 30 days) PA MO; HRM
chlordiazepoxide hydrochloride capsule 25mg	1	QL (120 EA per 30 days) PA MO; HRM
droperidol	1	
fluvoxamine maleate er capsule extended release 24 hour	1	QL (60 EA per 30 days) MO; HRM
fluvoxamine maleate tablet 100mg, 25mg, 50mg	1	MO; HRM
lorazepam intensol	1	QL (150 ML per 30 days) MO; HRM
lorazepam injection	1	QL (150 ML per 30 days) MO; HRM
lorazepam tablet 0.5mg	1	QL (120 EA per 30 days) MO; HRM
lorazepam tablet 1mg, 2mg	1	QL (150 EA per 30 days) MO; HRM
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1MG, 2MG	4	QL (150 EA per 30 days) PA MO; HRM
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG	4	QL (150 EA per 30 days) PA; HRM
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	4	QL (90 EA per 30 days) PA MO; HRM
meprobamate	1	PA MO
oxazepam	1	QL (120 EA per 30 days) PA MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1MG	3	QL (30 EA per 30 days) ST MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) ST MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG	3	QL (600 EA per 30 days) ST MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (90 EA per 30 days) ST MO; HRM
XANAX TABLET 0.25MG, 0.5MG	3	QL (120 EA per 30 days) ST MO; HRM
XANAX TABLET 1MG	3	QL (150 EA per 30 days) ST MO; HRM
XANAX TABLET 2MG	4	QL (150 EA per 30 days) ST MO; HRM

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

Drug name	Drug tier	Requirements/Limits
ANTIDEMENTIA		
ADLARITY	3	QL (4 EA per 28 days) PA MO
ARICEPT	3	QL (30 EA per 30 days) MO
donepezil hcl tablet disintegrating 10mg, 5mg	1	QL (30 EA per 30 days) MO
donepezil hydrochloride tablet 10mg, 23mg, 5mg	1	QL (30 EA per 30 days) MO
ergoloid mesylates	4	PA MO
EXELON PATCH 24 HOUR	3	QL (30 EA per 30 days) MO
galantamine hydrobromide er capsule extended release 24 hour	1	QL (30 EA per 30 days) MO
galantamine hydrobromide solution	1	QL (200 ML per 30 days) MO
galantamine hydrobromide tablet	1	QL (60 EA per 30 days) MO
memantine hcl titration pak	1	QL (98 EA per 365 days) PA MO
memantine hydrochloride er capsule extended release 24 hour	1	PA MO
memantine hydrochloride solution	1	QL (360 ML per 30 days) PA MO
memantine hydrochloride tablet	1	QL (60 EA per 30 days) PA MO
NAMENDA	3	QL (60 EA per 30 days) PA MO
NAMENDA TITRATION PAK	3	QL (98 EA per 365 days) PA MO
NAMENDA XR	3	PA MO
NAMZARIC	3	MO
RAZADYNE ER	3	QL (30 EA per 30 days) MO
rivastigmine tartrate capsule	1	QL (60 EA per 30 days) MO
rivastigmine transdermal system	1	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
amitriptyline hcl tablet 100mg, 150mg, 75mg, 25mg	1	PA MO; HRM
amitriptyline hydrochloride tablet 10mg, 50mg	1	PA MO; HRM
amoxapine	1	MO; HRM
ANAFRANIL	4	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348MG, 522MG	4	QL (30 EA per 30 days) ST MO
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174MG	4	QL (60 EA per 30 days) ST MO
AUVELITY	3	QL (60 EA per 30 days) PA MO
bupropion hcl tablet 100mg	1	QL (120 EA per 30 days) MO
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg	1	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	3	QL (30 EA per 30 days) MO
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg	1	QL (30 EA per 30 days) MO
bupropion hydrochloride tablet 75mg	1	QL (180 EA per 30 days) MO
CELEXA TABLET 10MG	3	QL (120 EA per 30 days) ST MO; HRM
CELEXA TABLET 40MG	3	QL (30 EA per 30 days) ST MO; HRM
CELEXA TABLET 20MG	3	QL (60 EA per 30 days) ST MO; HRM
chlordiazepoxide/amitriptyline	1	PA MO; HRM
CITALOPRAM HYDROBROMIDE CAPSULE	3	QL (30 EA per 30 days) PA MO; HRM
citalopram hydrobromide solution	1	QL (600 ML per 30 days) MO; HRM
citalopram hydrobromide tablet 10mg	1	QL (120 EA per 30 days) MO; HRM
citalopram hydrobromide tablet 40mg	1	QL (30 EA per 30 days) MO; HRM
citalopram hydrobromide tablet 20mg	1	QL (60 EA per 30 days) MO; HRM
clomipramine hydrochloride capsule	1	PA MO; HRM
CYMBALTA	3	QL (60 EA per 30 days) MO; HRM
desipramine hydrochloride tablet	1	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
DESVENLAFAXINE ER TABLET (GENERIC KHEDEZLA) EXTENDED RELEASE 24 HOUR 100MG, 50MG	2	QL (30 EA per 30 days); HRM
desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg	1	QL (30 EA per 30 days) PA MO; HRM
doxepin hcl capsule 75mg, oral concentrate 10mg/ml	1	PA MO; HRM
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	1	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	3	QL (90 EA per 30 days) PA MO; HRM
duloxetine hcl capsule 40mg	1	QL (60 EA per 30 days) MO; HRM
duloxetine hydrochloride capsule 20mg, 30mg, 60mg	1	QL (60 EA per 30 days) MO; HRM
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5MG, 75MG	3	QL (30 EA per 30 days) ST MO; HRM
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL (60 EA per 30 days) ST MO; HRM
EMSAM	4	QL (30 EA per 30 days) PA MO
escitalopram oxalate solution	1	QL (600 ML per 30 days) MO; HRM
escitalopram oxalate tablet 20mg	1	QL (30 EA per 30 days) MO; HRM
escitalopram oxalate tablet 10mg, 5mg	1	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	3	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	QL (30 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (60 EA per 30 days) PA MO; HRM
fluoxetine dr capsule delayed release 90mg	1	QL (4 EA per 28 days) MO; HRM
fluoxetine hcl capsule 20mg	1	QL (120 EA per 30 days) MO; HRM
fluoxetine hydrochloride capsule 10mg	1	QL (30 EA per 30 days) MO; HRM
fluoxetine hydrochloride capsule 40mg	1	QL (60 EA per 30 days) MO; HRM
fluoxetine hydrochloride solution	1	MO; HRM
fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg	1	MO; HRM
fluoxetine hydrochloride (generic Sarafem) tablet 20mg	1	QL (120 EA per 30 days) MO; HRM
fluoxetine hydrochloride (generic Sarafem) tablet 10mg	1	QL (30 EA per 30 days) MO; HRM
FORFIVO XL	3	QL (30 EA per 30 days) ST MO
imipramine hcl tablet 25mg, 50mg	1	PA MO; HRM
imipramine hydrochloride tablet 10mg	1	PA MO; HRM
imipramine pamoate	1	PA MO; HRM
LEXAPRO TABLET 20MG	3	QL (30 EA per 30 days) MO; HRM
LEXAPRO TABLET 10MG, 5MG	3	QL (45 EA per 30 days) MO; HRM
MARPLAN	3	QL (180 EA per 30 days) MO
mirtazapine odt	1	QL (30 EA per 30 days) MO
mirtazapine tablet	1	QL (30 EA per 30 days) MO
NARDIL	3	MO
nefazodone hydrochloride	1	MO
NORPRAMIN	3	PA MO; HRM
nortriptyline hcl caps 25mg, 75mg, oral solution 10mg/5ml	1	MO; HRM
nortriptyline hydrochloride capsule 10mg, 50mg	1	MO; HRM
olanzapine/fluoxetine	1	QL (30 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
PAMELOR	4	MO; HRM
PARNATE	4	MO
paroxetine hcl er tablet extended release 24 hour 37.5mg	1	QL (60 EA per 30 days) MO; HRM
paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg	1	QL (90 EA per 30 days) MO; HRM
paroxetine hcl tablet 40mg	1	QL (30 EA per 30 days) MO; HRM
paroxetine hcl tablet 30mg	1	QL (60 EA per 30 days) MO; HRM
paroxetine hcl tablet 10mg, 20mg	1	QL (30 EA per 30 days) MO; HRM
paroxetine hydrochloride suspension	1	QL (900 ML per 30 days) MO; HRM
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5MG	3	QL (60 EA per 30 days) ST MO; HRM
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5MG, 25MG	3	QL (90 EA per 30 days) ST MO; HRM
PAXIL SUSPENSION	3	QL (900 ML per 30 days) MO; HRM
PAXIL TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST MO; HRM
PAXIL TABLET 30MG	3	QL (60 EA per 30 days) ST MO; HRM
perphenazine/amitriptyline	1	PA MO; HRM
PEXEVA TABLET 10MG	3	QL (30 EA per 30 days) ST MO; HRM
PEXEVA TABLET 20MG, 30MG	3	QL (60 EA per 30 days) ST MO; HRM
phenelzine sulfate	1	MO
PRISTIQ	3	QL (30 EA per 30 days) ST MO; HRM
protriptyline hcl	1	PA MO; HRM
PROZAC CAPSULE 10MG	3	QL (30 EA per 30 days) ST MO; HRM
PROZAC CAPSULE 20MG	4	QL (120 EA per 30 days) ST MO; HRM
PROZAC CAPSULE 40MG	4	QL (60 EA per 30 days) ST MO; HRM

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

Drug name	Drug tier	Requirements/Limits
REMERON	3	QL (30 EA per 30 days) MO
REMERON SOLTAB	3	QL (30 EA per 30 days) MO
sertraline hcl concentrate	1	QL (300 ML per 30 days) MO; HRM
sertraline hcl tablet 25mg	1	QL (30 EA per 30 days) MO; HRM
sertraline hcl tablet 50mg	1	QL (60 EA per 30 days) MO; HRM
SERTRALINE HYDROCHLORIDE CAPSULE	3	QL (30 EA per 30 days) ST MO; HRM
sertraline hydrochloride tablet 100mg	1	QL (60 EA per 30 days) MO; HRM
SYMBYAX	3	QL (30 EA per 30 days) MO; HRM
tranylcypromine sulfate	1	MO
trazodone hydrochloride tablet	1	MO
trimipramine maleate capsule 50mg	1	QL (120 EA per 30 days) PA MO; HRM
trimipramine maleate capsule 25mg	1	QL (240 EA per 30 days) PA MO; HRM
trimipramine maleate capsule 100mg	1	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	3	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	QL (60 EA per 30 days) MO; HRM
venlafaxine hcl er capsule extended release 24 hour 37.5mg	1	QL (30 EA per 30 days) MO; HRM
venlafaxine hcl er capsule extended release 24 hour 150mg	1	QL (60 EA per 30 days) MO; HRM
venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	1	MO; HRM
venlafaxine hydrochloride er capsule extended release 24 hour 75mg	1	QL (30 EA per 30 days) MO; HRM
venlafaxine hydrochloride er tablet extended release 24 hour 225mg, 37.5mg, 75mg	1	QL (30 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
venlafaxine hydrochloride er tablet extended release 24 hour 150mg	1	QL (60 EA per 30 days) MO; HRM
VIIBRYD	3	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	3	MO
vilazodone hydrochloride	1	QL (30 EA per 30 days) MO
WELLBUTRIN SR	3	QL (60 EA per 30 days) ST MO
WELLBUTRIN XL	4	QL (30 EA per 30 days) ST MO
ZOLOFT CONCENTRATE	3	QL (300 ML per 30 days) MO; HRM
ZOLOFT TABLET 25MG	3	QL (30 EA per 30 days) ST MO; HRM
ZOLOFT TABLET 100MG, 50MG	3	QL (60 EA per 30 days) ST MO; HRM
ZULRESSO	4	B/D LA; ACS
ANTIPARKINSONIAN AGENTS		
amantadine hcl solution, tablet	1	MO
amantadine hcl capsule	1	QL (120 EA per 30 days) MO
APOKYN	4	QL (60 ML per 30 days) PA LA; ACS
apomorphine hydrochloride	4	QL (60 ML per 30 days) PA; ACS
AZILECT	4	MO
benztropine mesylate injection	1	MO
benztropine mesylate tablet	1	PA MO; HRM
bromocriptine mesylate capsule, tablet	1	MO
carbidopa tablet	1	MO
carbidopa/levodopa	1	MO
carbidopa/levodopa er	1	MO
carbidopa/levodopa odt	1	MO
CARBIDOPA/ LEVODOPA/ENTACAPONE	3	MO
COMTAN	4	MO
DHIVY	3	MO
DUOPA	4	B/D LA; ACS
entacapone	1	MO
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5MG	4	QL (30 EA per 30 days) LA MO; ACS

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

Drug name	Drug tier	Requirements/Limits
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137MG	4	QL (60 EA per 30 days) LA MO; ACS
INBRIJA	4	QL (300 EA per 30 days) PA LA MO
LODOSYN	4	MO
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 2.25MG, 3.75MG, 3MG, 4.5MG	3	QL (30 EA per 30 days) ST MO
MIRAPEX ER TABLET EXTENDED RELEASE 24 HOUR 0.375MG, 1.5MG	4	QL (30 EA per 30 days) ST MO
NEUPRO	3	MO
NOURIANZ	4	QL (30 EA per 30 days) PA LA MO; ACS
ONGENTYS CAPSULE 50MG	3	QL (30 EA per 30 days) PA MO
ONGENTYS CAPSULE 25MG	4	QL (30 EA per 30 days) PA MO
OSMOLEX ER	3	QL (30 EA per 30 days) ST LA MO; ACS
PARLODEL	3	MO
pramipexole dihydrochloride er	1	QL (30 EA per 30 days) MO
pramipexole dihydrochloride immediate release tablet	1	MO
rasagiline mesylate	1	MO
ropinirole er tablet extended release 24 hour 6mg	1	QL (120 EA per 30 days) MO
ropinirole er tablet extended release 24 hour 4mg	1	QL (150 EA per 30 days) MO
ropinirole er tablet extended release 24 hour 2mg	1	QL (30 EA per 30 days) MO
ropinirole er tablet extended release 24 hour 12mg	1	QL (60 EA per 30 days) MO
ropinirole er tablet extended release 24 hour 8mg	1	QL (90 EA per 30 days) MO
ropinirole hcl immediate release tablet 0.25mg, 3mg	1	MO
ropinirole hcl immediate release tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	1	MO
RYTARY	3	ST MO
selegiline hcl capsule, tablet	1	MO

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

Drug name	Drug tier	Requirements/Limits
SINEMET	3	MO
STALEVO 100	4	ST MO
STALEVO 125	4	ST MO
STALEVO 150	4	ST MO
STALEVO 200	4	ST MO
STALEVO 50	4	ST MO
STALEVO 75	4	ST MO
TASMAR	4	MO
tolcapone	4	MO
trihexyphenidyl hcl oral solution	1	PA MO; HRM
trihexyphenidyl hydrochloride tablet	1	PA MO; HRM
XADAGO	4	QL (30 EA per 30 days) ST MO
ZELAPAR	4	QL (60 EA per 30 days) MO
ANTIPSYCHOTICS		
ABILIFY	4	QL (30 EA per 30 days) MO; HRM
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	4	QL (2.4 ML per 56 days) PA
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	4	QL (3.2 ML per 56 days) PA MO
ABILIFY MAINTENA	4	QL (1 EA per 28 days) MO; HRM
ABILIFY MYCITE MAINTENANCE KIT	4	QL (30 EA per 30 days) PA; HRM
ABILIFY MYCITE STARTER KIT	4	QL (30 EA per 30 days) PA; HRM
aripiprazole odt	1	QL (60 EA per 30 days) MO; HRM
aripiprazole tablet	1	QL (30 EA per 30 days) MO; HRM
aripiprazole solution	1	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	4	HRM
ARISTADA INJECTION 441MG/1.6ML	4	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	4	QL (2.4 ML per 28 days); HRM

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

Drug name	Drug tier	Requirements/Limits
ARISTADA INJECTION 882MG/3.2ML	4	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	4	QL (3.9 ML per 56 days); HRM
asenapine maleate sl	1	QL (60 EA per 30 days) MO; HRM
CAPLYTA	4	QL (30 EA per 30 days) MO; HRM
chlorpromazine hcl tablet	1	MO; HRM
chlorpromazine hcl injection 50mg/2ml	1	HRM
chlorpromazine hcl injection 25mg/ml	1	MO; HRM
chlorpromazine hydrochloride oral concentrate	1	HRM
chlorpromazine hydrochloride tablet	1	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	3	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	3	QL (180 EA per 30 days) PA; HRM
clozapine odt tablet disintegrating 12.5mg, 25mg	1	PA; HRM
clozapine odt tablet disintegrating 100mg	1	QL (270 EA per 30 days) PA; HRM
clozapine tablet 25mg, 50mg	1	HRM
clozapine tablet 200mg	1	QL (120 EA per 30 days); HRM
clozapine tablet 100mg	1	QL (270 EA per 30 days); HRM
CLOZARIL TABLET 25MG, 50MG	3	HRM
CLOZARIL TABLET 200MG	4	QL (120 EA per 30 days); HRM
CLOZARIL TABLET 100MG	4	QL (270 EA per 30 days); HRM
FANAPT	4	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	3	PA MO; HRM
fluphenazine decanoate injection	1	MO; HRM
fluphenazine hcl oral concentrate, tablet, injection	1	MO; HRM
fluphenazine hydrochloride oral elixir	1	MO; HRM

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

Drug name	Drug tier	Requirements/Limits
GEODON INJECTION	3	QL (6 EA per 3 days) MO; HRM
GEODON CAPSULE	4	QL (60 EA per 30 days) MO; HRM
HALDOL DECANOATE 100	3	MO; HRM
HALDOL DECANOATE 50	3	MO; HRM
haloperidol tablet, oral concentrate	1	MO; HRM
haloperidol decanoate	1	MO; HRM
haloperidol lactate injection	1	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	4	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	4	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	4	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	4	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	4	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	4	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	4	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	4	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	4	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	4	QL (2.63 ML per 90 days); HRM
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 3MG, 9MG	4	QL (30 EA per 30 days) MO; HRM
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	4	QL (60 EA per 30 days) MO; HRM
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	4	QL (30 EA per 30 days) MO; HRM
LATUDA TABLET 80MG	4	QL (60 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
loxapine	1	MO; HRM
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	4	QL (30 EA per 30 days) MO; HRM
lurasidone hydrochloride tablet 80mg	4	QL (60 EA per 30 days) MO; HRM
LYBALVI	4	QL (30 EA per 30 days) PA MO; HRM
molindone hydrochloride	1	HRM
NUPLAZID	4	QL (30 EA per 30 days) PA LA; ACS HRM
olanzapine odt	1	QL (30 EA per 30 days) MO; HRM
olanzapine injection	1	QL (3 EA per 1 days) MO; HRM
olanzapine tablet 10mg, 15mg, 20mg, 7.5mg	1	QL (30 EA per 30 days) MO; HRM
olanzapine tablet 2.5mg, 5mg	1	QL (60 EA per 30 days) MO; HRM
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	1	QL (30 EA per 30 days) MO; HRM
paliperidone er tablet extended release 24 hour 6mg	1	QL (60 EA per 30 days) MO; HRM
perphenazine	1	MO; HRM
PERSERIS	4	QL (1 EA per 30 days); HRM
pimozide	1	MO
quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg	1	QL (30 EA per 30 days) PA MO; HRM
quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg	1	QL (60 EA per 30 days) PA MO; HRM
quetiapine fumarate tablet 200mg	1	QL (120 EA per 30 days) MO; HRM
quetiapine fumarate tablet 25mg	1	QL (180 EA per 30 days) MO; HRM
quetiapine fumarate tablet 300mg, 400mg	1	QL (60 EA per 30 days) MO; HRM
quetiapine fumarate tablet 100mg, 150mg, 50mg	1	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	4	QL (30 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	4	QL (60 EA per 30 days) MO; HRM
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	QL (2 EA per 28 days) MO; HRM
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	4	QL (2 EA per 28 days) MO; HRM
RISPERDAL SOLUTION	3	QL (480 ML per 30 days) MO; HRM
RISPERDAL TABLET 1MG	3	QL (60 EA per 30 days) MO; HRM
RISPERDAL TABLET 0.5MG	3	QL (90 EA per 30 days) MO; HRM
RISPERDAL TABLET 4MG	4	QL (120 EA per 30 days) MO; HRM
RISPERDAL TABLET 2MG	4	QL (60 EA per 30 days) MO; HRM
RISPERDAL TABLET 3MG	4	QL (90 EA per 30 days) MO; HRM
risperidone odt tablet disintegrating 4mg	1	QL (120 EA per 30 days) MO; HRM
risperidone odt tablet disintegrating 1mg, 2mg, 3mg	1	QL (60 EA per 30 days) MO; HRM
risperidone odt tablet disintegrating 0.25mg, 0.5mg	1	QL (90 EA per 30 days) MO; HRM
risperidone solution	1	QL (480 ML per 30 days) MO; HRM
risperidone tablet 4mg	1	QL (120 EA per 30 days) MO; HRM
risperidone tablet 1mg, 2mg	1	QL (60 EA per 30 days) MO; HRM
risperidone tablet 0.25mg, 0.5mg, 3mg	1	QL (90 EA per 30 days) MO; HRM
SAPHRIS	4	QL (60 EA per 30 days) MO; HRM
SECUADO	4	QL (30 EA per 30 days) MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 200MG	3	QL (30 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL (60 EA per 30 days) PA MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 400MG	4	QL (60 EA per 30 days) PA MO; HRM
SEROQUEL TABLET 200MG	3	QL (120 EA per 30 days) MO; HRM
SEROQUEL TABLET 25MG	3	QL (180 EA per 30 days) MO; HRM
SEROQUEL TABLET 300MG	3	QL (60 EA per 30 days) MO; HRM
SEROQUEL TABLET 100MG, 50MG	3	QL (90 EA per 30 days) MO; HRM
SEROQUEL TABLET 400MG	4	QL (60 EA per 30 days) MO; HRM
thioridazine hcl tablet	1	PA MO; HRM
thiothixene	1	MO; HRM
trifluoperazine hcl tablet 2mg, 5mg, 10mg	1	MO; HRM
trifluoperazine hydrochloride tablet 1mg	1	MO; HRM
UZEDY INJECTION 50MG/0.14ML	4	QL (0.14 ML per 30 days) PA
UZEDY INJECTION 75MG/0.21ML	4	QL (0.21 ML per 30 days) PA
UZEDY INJECTION 100MG/0.28ML	4	QL (0.28 ML per 30 days) PA
UZEDY INJECTION 125MG/0.35ML	4	QL (0.35 ML per 30 days) PA
UZEDY INJECTION 150MG/0.42ML	4	QL (0.42 ML per 60 days) PA
UZEDY INJECTION 200MG/0.56ML	4	QL (0.56 ML per 60 days) PA
UZEDY INJECTION 250MG/0.7ML	4	QL (0.7 ML per 60 days) PA
VERSACLOZ	4	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	3	MO; HRM

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

Drug name	Drug tier	Requirements/Limits
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	4	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	4	QL (60 EA per 30 days) MO; HRM
ziprasidone hcl capsule	1	QL (60 EA per 30 days) MO; HRM
ziprasidone mesylate injection	1	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	3	QL (2 EA per 28 days) PA MO; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	4	QL (1 EA per 28 days) PA MO; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	4	QL (2 EA per 28 days) PA MO; ACS HRM
ZYPREXA ZYDIS TABLET DISINTEGRATING 5MG	4	QL (30 EA per 30 days) MO
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 15MG, 20MG	4	QL (30 EA per 30 days) MO; HRM
ZYPREXA INJECTION	3	QL (3 EA per 1 days) MO; HRM
ZYPREXA TABLET 7.5MG	3	QL (30 EA per 30 days) MO; HRM
ZYPREXA TABLET 2.5MG, 5MG	3	QL (60 EA per 30 days) MO; HRM
ZYPREXA TABLET 10MG, 15MG, 20MG	4	QL (30 EA per 30 days) MO; HRM
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	4	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	4	QL (60 EA per 30 days) MO
BANZEL SUSPENSION	4	QL (2760 ML per 30 days) PA MO
BANZEL TABLET 400MG	4	QL (240 EA per 30 days) PA MO
BANZEL TABLET 200MG	4	QL (480 EA per 30 days) PA MO
BRIVIACT TABLET	4	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	4	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	4	QL (600 ML per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
carbamazepine	1	MO; HRM
carbamazepine er	1	MO; HRM
CARBATROL	3	MO; HRM
CELONTIN	3	MO
CEREBYX INJECTION 500MG PE/10ML	3	MO
CEREBYX INJECTION 100MG PE/2ML	4	
clobazam suspension	1	QL (480 ML per 30 days) PA MO; HRM
clobazam tablet	1	QL (60 EA per 30 days) PA MO; HRM
clonazepam odt tablet disintegrating 2mg	1	QL (300 EA per 30 days) MO
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	1	QL (90 EA per 30 days) MO
clonazepam tablet 2mg	1	QL (300 EA per 30 days) MO
clonazepam tablet 0.5mg, 1mg	1	QL (90 EA per 30 days) MO
clorazepate dipotassium tablet 15mg	1	QL (180 EA per 30 days) PA MO; HRM
clorazepate dipotassium tablet 3.75mg, 7.5mg	1	QL (90 EA per 30 days) PA MO; HRM
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIACOMIT CAPSULE 500MG	4	QL (180 EA per 30 days) PA LA MO
DIACOMIT CAPSULE 250MG	4	QL (360 EA per 30 days) PA LA MO
DIACOMIT PACKET 500MG	4	QL (180 EA per 30 days) PA LA MO
DIACOMIT PACKET 250MG	4	QL (360 EA per 30 days) PA LA MO
DIASTAT ACUDIAL	3	MO; HRM
DIASTAT PEDIATRIC	3	MO; HRM
diazepam intensol	1	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	3	MO; HRM

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

Drug name	Drug tier	Requirements/Limits
diazepam tablet	1	QL (120 EA per 30 days) PA MO; HRM
diazepam oral solution	1	QL (1200 ML per 30 days) PA MO; HRM
diazepam concentrate, injection	1	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
divalproex sodium dr tablet delayed release	1	MO
divalproex sodium er tablet extended release 24 hour	1	MO
divalproex sodium sprinkle capsule	1	MO
EPIDIOLEX	4	QL (600 ML per 30 days) PA LA; ACS
epitol	1	HRM
EPRONTIA	3	QL (480 ML per 30 days) PA MO
ethosuximide	1	MO
felbamate	1	MO
FELBATOL	4	MO
FINTEPLA	4	QL (360 ML per 30 days) PA LA MO
fosphenytoin sodium injection 100mg pe/2ml	1	
fosphenytoin sodium injection 500mg pe/10ml	1	MO
FYCOMPA SUSPENSION	4	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	3	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA MO
gabapentin capsule 100mg	1	QL (180 EA per 30 days) MO
gabapentin capsule 400mg	1	QL (270 EA per 30 days) MO
gabapentin capsule 300mg	1	QL (360 EA per 30 days) MO
gabapentin solution	1	QL (2160 ML per 30 days) MO
gabapentin tablet 600mg	1	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
gabapentin tablet 800mg	1	QL (90 EA per 30 days) MO
GABITRIL	4	MO
KEPPRA XR	4	MO
KEPPRA INJECTION	3	
KEPPRA ORAL SOLUTION	4	MO
KEPPRA TABLET 250MG	3	MO
KEPPRA TABLET 1000MG, 500MG, 750MG	4	MO
KLONOPIN TABLET 2MG	3	QL (300 EA per 30 days) MO
KLONOPIN TABLET 0.5MG, 1MG	3	QL (90 EA per 30 days) MO
lacosamide injection	1	
lacosamide oral solution	1	QL (1200 ML per 30 days) MO
lacosamide tablet 50mg	1	QL (120 EA per 30 days) MO
lacosamide tablet 100mg, 150mg, 200mg	1	QL (60 EA per 30 days) MO
LAMICTAL CHEWABLE DISPERSIBLE	4	MO
LAMICTAL ODT KIT	3	MO
LAMICTAL ODT TABLET DISINTEGRATING	4	MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	MO
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	4	MO
LAMICTAL STARTER/TAKING VALPROATE	3	MO
LAMICTAL TABLET	4	MO
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR	4	MO
LAMICTAL XR TITRATION KIT BLUE, ORANGE	3	MO
LAMCITAL XR TITRATION KIT GREEN	4	MO
lamotrigine er	1	MO
lamotrigine immediate release tablet, chewable tablet	1	MO

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

Drug name	Drug tier	Requirements/Limits
lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg	1	MO
lamotrigine starter kit/blue	1	MO
lamotrigine starter kit/green	4	MO
lamotrigine starter kit/orange	1	MO
lamotrigine odt titration kit (blue and green)	1	
lamotrigine odt titration kit (orange)	1	MO
levetiracetam er	1	MO
levetiracetam/sodium chloride injection	1	
levetiracetam oral solution, tablet	1	MO
LYRICA SOLUTION	4	QL (900 ML per 30 days) PA MO
LYRICA CAPSULE 100MG, 150MG, 25MG, 50MG, 75MG	3	QL (120 EA per 30 days) PA MO
LYRICA CAPSULE 225MG, 300MG	3	QL (60 EA per 30 days) PA MO
LYRICA CAPSULE 200MG	3	QL (90 EA per 30 days) PA MO
methsuximide	1	MO
MYSOLINE	4	MO
NAYZILAM	3	QL (10 EA per 30 days) PA MO
NEURONTIN SOLUTION	4	QL (2160 ML per 30 days) MO
NEURONTIN CAPSULE 100MG	3	QL (180 EA per 30 days) MO
NEURONTIN CAPSULE 400MG	4	QL (270 EA per 30 days) MO
NEURONTIN CAPSULE 300MG	4	QL (360 EA per 30 days) MO
NEURONTIN TABLET 600MG	4	QL (180 EA per 30 days) MO
NEURONTIN TABLET 800MG	4	QL (90 EA per 30 days) MO
ONFI SUSPENSION	4	QL (480 ML per 30 days) PA MO; HRM
ONFI TABLET	4	QL (60 EA per 30 days) PA MO; HRM
oxcarbazepine	1	MO; HRM
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150MG	3	MO; HRM

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

Drug name	Drug tier	Requirements/Limits
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 600MG	4	MO; HRM
phenobarbital sodium injection	1	PA; HRM
phenobarbital tablet	1	QL (120 EA per 30 days) PA MO; HRM
phenobarbital elixir	1	QL (1500 ML per 30 days) PA MO; HRM
PHENYTEK	3	MO
phenytoin oral suspension, tablet chewable	1	MO
phenytoin sodium extended release capsule	1	MO
phenytoin sodium injection	1	
pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg	1	QL (120 EA per 30 days) PA MO
pregabalin capsule 225mg, 300mg	1	QL (60 EA per 30 days) PA MO
pregabalin capsule 200mg	1	QL (90 EA per 30 days) PA MO
pregabalin solution	1	QL (900 ML per 30 days) PA MO
primidone	1	MO
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 25MG, 50MG	3	MO
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 100MG, 150MG, 200MG	4	MO
roweepra	1	
rufinamide suspension	4	QL (2760 ML per 30 days) PA MO
rufinamide tablet 200mg	1	QL (480 EA per 30 days) PA MO
rufinamide tablet 400mg	4	QL (240 EA per 30 days) PA MO
SABRIL	4	QL (180 EA per 30 days) PA LA; ACS
SPRITAM	3	PA MO
subvenite	1	
subvenite starter kit/blue	1	
subvenite starter kit/green	4	

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

Drug name	Drug tier	Requirements/Limits
subvenite starter kit/orange	1	
SYMPAZAN	4	QL (60 EA per 30 days) PA MO; HRM
TEGRETOL	3	MO; HRM
TEGRETOL-XR	3	MO; HRM
tiagabine hydrochloride	1	MO
TOPAMAX SPRINKLE CAPSULE SPRINKLE 15MG	3	MO
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25MG	4	MO
TOPAMAX TABLET 25MG	3	QL (90 EA per 30 days) MO
TOPAMAX TABLET 100MG	4	QL (120 EA per 30 days) MO
TOPAMAX TABLET 200MG	4	QL (60 EA per 30 days) MO
TOPAMAX TABLET 50MG	4	QL (90 EA per 30 days) MO
topiramate er	1	MO
topiramate immediate release capsule sprinkle	1	MO
topiramate tablet 100mg	1	QL (120 EA per 30 days) MO
topiramate tablet 200mg	1	QL (60 EA per 30 days) MO
topiramate tablet 25mg, 50mg	1	QL (90 EA per 30 days) MO
TRILEPTAL SUSPENSION	4	MO; HRM
TRILEPTAL TABLET 150MG	3	MO; HRM
TRILEPTAL TABLET 300MG, 600MG	4	MO; HRM
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	MO
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG	4	MO
VALIUM	3	QL (120 EA per 30 days) PA MO; HRM
valproate sodium injection	1	
valproic acid capsule, oral solution	1	MO
VALTOCO 10 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	4	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	4	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	3	QL (10 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
vigabatrin	4	QL (180 EA per 30 days) PA LA; ACS
vigadrone packet	1	QL (180 EA per 30 days) PA LA
vigadrone tablet	4	QL (180 EA per 30 days) PA LA
VIMPAT INJECTION	4	
VIMPAT ORAL SOLUTION	4	QL (1200 ML per 30 days) MO
VIMPAT TABLET 50MG	4	QL (120 EA per 30 days) MO
VIMPAT TABLET 100MG, 150MG, 200MG	4	QL (60 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG; 25MG	3	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	4	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	4	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 50MG	4	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	4	QL (60 EA per 30 days) MO
ZARONTIN	3	MO
ZONEGRAN	4	MO
ZONISADE	4	QL (900 ML per 30 days) PA MO
zonisamide capsule 100mg, 25mg	1	MO
zonisamide capsule 50mg	1	MO; HRM
ZTALMY	4	QL (1100 ML per 30 days) PA LA MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL XR	3	QL (30 EA per 30 days) MO
ADDERALL TABLET 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	3	QL (60 EA per 30 days) MO
ADDERALL TABLET 20MG	3	QL (90 EA per 30 days) MO
ADZENYS XR-ODT	3	QL (30 EA per 30 days) MO
amphetamine sulfate tablet	1	QL (180 EA per 30 days) MO
amphetamine/dextroamphetamine capsule extended release 24 hour	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
amphetamine/ dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg	1	QL (60 EA per 30 days) MO
amphetamine/ dextroamphetamine tablet 20mg	1	QL (90 EA per 30 days) MO
APTENSIO XR	3	QL (30 EA per 30 days) MO
atomoxetine hydrochloride capsule 10mg, 25mg	1	QL (120 EA per 30 days) MO
atomoxetine capsule 18mg	1	QL (120 EA per 30 days) MO
atomoxetine capsule 100mg, 60mg, 80mg	1	QL (30 EA per 30 days) MO
atomoxetine capsule 40mg	1	QL (60 EA per 30 days) MO
AZSTARYS	3	QL (30 EA per 30 days) MO
clonidine hydrochloride er tablet extended release 0.1mg	1	MO
CONCERTA	3	QL (30 EA per 30 days) MO
COTEMPLA XR-ODT	3	QL (30 EA per 30 days) MO
DAYTRANA	3	QL (30 EA per 30 days) MO
DEXEDRINE	4	QL (120 EA per 30 days) MO
dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg	1	QL (30 EA per 30 days) MO
dexmethylphenidate hcl tablet 5mg, 10mg	1	QL (60 EA per 30 days) MO
dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 25mg, 30mg, 40mg, 5mg	1	QL (30 EA per 30 days) MO
dexmethylphenidate hydrochloride tablet 2.5mg	1	QL (60 EA per 30 days) MO
dextroamphetamine sulfate er	1	QL (120 EA per 30 days) MO
dextroamphetamine sulfate solution	1	QL (1800 ML per 30 days) MO
dextroamphetamine sulfate tablet 15mg	1	QL (120 EA per 30 days) MO
dextroamphetamine sulfate tablet 10mg, 5mg	1	QL (180 EA per 30 days) MO
dextroamphetamine sulfate tablet 30mg	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
dextroamphetamine sulfate tablet 20mg	1	QL (90 EA per 30 days) MO
DYANAVEL XR SUSPENSION EXTENDED RELEASE	3	QL (240 ML per 30 days) MO
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 5MG	3	QL (60 EA per 30 days) MO
EVEKEO	3	QL (180 EA per 30 days) MO
EVEKEO ODT	3	QL (60 EA per 30 days) MO
FOCALIN	3	QL (60 EA per 30 days) MO
FOCALIN XR	3	QL (30 EA per 30 days) MO
guanfacine er tablet extended release 24 hour 2mg	1	QL (30 EA per 30 days) PA MO
guanfacine hydrochloride tablet extended release 24 hour 1mg, 4mg	1	QL (30 EA per 30 days) PA MO
guanfacine hydrochloride tablet extended release 24 hour 3mg	1	QL (60 EA per 30 days) PA MO
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1MG, 2MG, 4MG	3	QL (30 EA per 30 days) PA MO
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) PA MO
JORNAY PM	3	QL (30 EA per 30 days) MO
KAPVAY	3	MO
lisdexamfetamine dimesylate	1	QL (30 EA per 30 days)
methamphetamine hcl	4	QL (150 EA per 30 days) MO
METHYLIN SOLUTION 5MG/5ML	3	QL (1800 ML per 30 days) MO
METHYLIN SOLUTION 10MG/5ML	3	QL (900 ML per 30 days) MO
methylphenidate transdermal patch	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride cd capsule extended release 20mg, 30mg, 50mg, 60mg	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er capsule extended release 24 hour (generic Aptensio XR) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 30mg	1	QL (60 EA per 30 days) MO
methylphenidate hydrochloride cd capsule extended release 10mg, 40mg	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 36mg	1	QL (30 EA per 30 days)
methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg	1	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 45MG, 63MG, 72MG	3	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg	1	QL (30 EA per 30 days) MO
methylphenidate hydrochloride er tablet extended release 10mg, 20mg	1	QL (90 EA per 30 days) MO
methylphenidate hydrochloride tablet chewable	1	QL (180 EA per 30 days) MO
methylphenidate hydrochloride tablet	1	QL (90 EA per 30 days) MO
methylphenidate hydrochloride solution 5mg/5ml	1	QL (1800 ML per 30 days) MO
methylphenidate hydrochloride solution 10mg/5ml	1	QL (900 ML per 30 days) MO
MYDAYIS	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
procentra oral solution	4	QL (1800 ML per 30 days)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL (30 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL (60 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200MG	3	QL (90 EA per 30 days) PA MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40MG	3	QL (30 EA per 30 days) MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30MG	3	QL (60 EA per 30 days) MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20MG	3	QL (90 EA per 30 days) MO
QUILLIVANT XR	3	QL (360 ML per 30 days) MO
RELEXXII	3	QL (30 EA per 30 days) MO
RITALIN	3	QL (90 EA per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30MG	3	QL (60 EA per 30 days) MO
STRATTERA CAPSULE 10MG, 18MG, 25MG	3	QL (120 EA per 30 days) MO
STRATTERA CAPSULE 100MG, 60MG, 80MG	3	QL (30 EA per 30 days) MO
STRATTERA CAPSULE 40MG	3	QL (60 EA per 30 days) MO
VYVANSE	3	QL (30 EA per 30 days) MO
XELSTRYM	3	QL (30 EA per 30 days) MO
zenzedi tablet 15mg	1	QL (120 EA per 30 days)
zenzedi tablet 10mg, 5mg	1	QL (180 EA per 30 days)
zenzedi tablet 2.5mg	1	QL (180 EA per 30 days) MO
zenzedi tablet 7.5mg	1	QL (240 EA per 30 days) MO
zenzedi tablet 30mg	1	QL (60 EA per 30 days)
zenzedi tablet 20mg	1	QL (90 EA per 30 days)

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

Drug name	Drug tier	Requirements/Limits
HYPNOTICS		
AMBIEN	3	QL (30 EA per 30 days) PA MO; HRM
AMBIEN CR	3	QL (30 EA per 30 days) PA MO; HRM
BELSOMRA	3	QL (30 EA per 30 days) MO
DAYVIGO	2	QL (30 EA per 30 days) MO
doxepin hydrochloride tablet 3mg, 6mg	1	QL (30 EA per 30 days) MO; HRM
EDLUAR TABLET SUBLINGUAL 10MG	3	QL (30 EA per 30 days) PA MO; HRM
EDLUAR TABLET SUBLINGUAL 5MG	3	QL (60 EA per 30 days) PA MO; HRM
estazolam	1	QL (30 EA per 30 days) PA MO; HRM
eszopiclone	1	QL (30 EA per 30 days) PA MO; HRM
flurazepam hcl	1	QL (30 EA per 30 days) MO
HALCION	3	QL (60 EA per 30 days) PA MO; HRM
HETLIOZ CAPSULE	4	QL (30 EA per 30 days) PA LA MO
HETLIOZ LQ ORAL SUSPENSION	4	QL (158 ML per 30 days) PA LA MO
LUNESTA	3	QL (30 EA per 30 days) PA MO; HRM
midazolam hcl injection pf 5mg/5ml, 2mg/2ml, 10mg/2ml, 5mg/1ml	1	HRM
midazolam hcl syrup	1	QL (300 ML per 30 days); HRM
midazolam hydrochloride injection 5mg/1ml, 10mg/2ml, 10mg/10ml, 25mg/5ml, 2mg/2ml, 50mg/10ml	1	HRM
pentobarbital sodium injection	1	
QUVIVIQ	3	QL (30 EA per 30 days) PA MO
ramelteon	1	QL (30 EA per 30 days) MO
RESTORIL CAPSULE 22.5MG	3	QL (30 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
RESTORIL CAPSULE 15MG, 30MG, 7.5MG	4	QL (30 EA per 30 days) PA MO; HRM
ROZEREM	3	QL (30 EA per 30 days) MO
SILENOR	3	QL (30 EA per 30 days) MO; HRM
tasimelteon	4	QL (30 EA per 30 days) PA; ACS
temazepam	1	QL (30 EA per 30 days) PA MO; HRM
triazolam	1	QL (60 EA per 30 days) PA MO; HRM
zaleplon capsule 5mg	1	QL (30 EA per 30 days) PA MO; HRM
zaleplon capsule 10mg	1	QL (60 EA per 30 days) PA MO; HRM
zolpidem tartrate er	1	QL (30 EA per 30 days) PA MO; HRM
ZOLPIDEM TARTRATE CAPSULE	3	QL (30 EA per 30 days) PA MO
zolpidem tartrate tablet sublingual, tablet	1	QL (30 EA per 30 days) PA MO; HRM
ZOLPIMIST	3	QL (9 ML per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	2	QL (1 ML per 30 days) PA MO; ACS
AJOVY AUTO-INJECTOR 225MG/1.5ML	2	QL (1.5 ML per 28 days) PA MO; ACS
AJOVY PREFILLED SYRINGE 225MG/1.5ML	2	QL (4.5 ML per 90 days) PA MO; ACS
almotriptan maleate tablet 6.25mg, 12.5mg	1	QL (8 EA per 30 days) MO
CAMBIA	4	QL (9 EA per 30 days) PA MO
diclofenac potassium packet 50mg	4	QL (9 EA per 30 days) PA MO
dihydroergotamine mesylate injection	4	PA MO
dihydroergotamine mesylate nasal solution	4	QL (8 ML per 30 days) PA MO
eletriptan hydrobromide	1	QL (12 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ELYXYB	3	QL (28.8 ML per 21 days) PA MO
EMGALITY INJECTION 120MG/ML	2	QL (2 ML per 30 days) PA MO; ACS
EMGALITY INJECTION 100MG/ML	2	QL (3 ML per 30 days) PA MO; ACS
ERGOMAR	4	
ergotamine tartrate/caffeine	1	QL (40 EA per 28 days) PA MO
FROVA	4	QL (12 EA per 30 days) ST MO
frovatriptan succinate	1	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL INJECTION 4MG/0.5ML	3	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE REFILL INJECTION 6MG/0.5ML	4	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML	3	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM INJECTION 6MG/0.5ML	4	QL (4 ML per 30 days) ST MO
IMITREX NASAL SOLUTION	3	QL (12 EA per 30 days) ST MO
IMITREX TABLET 25MG, 50MG	3	QL (9 EA per 30 days) ST MO
IMITREX TABLET 100MG	4	QL (12 EA per 30 days) ST MO
MAXALT	3	QL (12 EA per 30 days) ST MO
MAXALT-MLT	3	QL (12 EA per 30 days) ST MO
migergot	4	QL (20 EA per 28 days) PA MO
MIGRANAL	4	QL (8 ML per 30 days) PA MO
naratriptan hcl	1	QL (9 EA per 30 days) MO
NURTEC	2	QL (16 EA per 30 days) PA MO
ONZETRA XSAIL	4	QL (16 EA per 30 days) ST MO
QULIPTA	4	QL (30 EA per 30 days) PA MO
RELPAX TABLET 20MG	3	QL (12 EA per 30 days) MO
RELPAX TABLET 40MG	4	QL (12 EA per 30 days) MO
REYVOW	3	QL (8 EA per 30 days) PA MO
rizatriptan benzoate odt	1	QL (12 EA per 30 days) MO
rizatriptan benzoate tablet	1	QL (12 EA per 30 days) MO
sumatriptan nasal spray	1	QL (12 EA per 30 days) MO
sumatriptan succinate refill injection	1	QL (4 ML per 30 days) MO
sumatriptan succinate injection	1	QL (4 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
sumatriptan succinate tablet 100mg	1	QL (12 EA per 30 days) MO
sumatriptan succinate tablet 25mg, 50mg	1	QL (9 EA per 30 days) MO
sumatriptan/naproxen sodium	1	QL (9 EA per 30 days) MO
TOSYMRA	3	QL (12 EA per 30 days) ST MO
TREXIMET	4	QL (9 EA per 30 days) ST MO
TRUDHESA	4	QL (12 ML per 28 days) PA
UBRELVY	2	QL (16 EA per 30 days) PA MO
VYEPTI	4	QL (1 ML per 90 days) PA LA MO; ACS
ZAVZPRET	4	QL (6 EA per 21 days) PA
ZEMBRACE SYMTOUCH	4	QL (8 ML per 30 days) ST MO
zolmitriptan odt	1	QL (6 EA per 30 days) MO
zolmitriptan nasal spray	1	QL (12 EA per 30 days) MO
zolmitriptan tablet	1	QL (6 EA per 30 days) MO
ZOMIG TABLET	4	QL (6 EA per 30 days) ST MO
ZOMIG NASAL SPRAY 2.5MG	3	QL (12 EA per 30 days) ST MO
ZOMIG NASAL SPRAY 5MG	4	QL (12 EA per 30 days) ST MO
MISCELLANEOUS		
AMONDYS 45	4	PA MO
AMVUTTRA	4	QL (0.5 ML per 90 days) PA LA; ACS
AUSTEDO XR PATIENT TITRATION KIT	4	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	4	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	4	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	4	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	4	QL (120 EA per 30 days) PA LA; ACS
AUSTEDO TABLET 6MG	4	QL (60 EA per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
DAYBUE	4	QL (3600 ML per 30 days) PA LA MO
ENSPRYNG	4	PA LA; ACS
EQUETRO	3	MO; HRM
EVRYSDI	4	QL (80 ML per 12 days) PA LA MO
EXONDYS 51	4	PA MO
EXSERVAN	4	QL (60 EA per 30 days) LA MO; ACS
FIRDAPSE	4	PA LA MO
flumazenil	1	
GRALISE TABLET 300MG, 600MG, 750MG, 900MG	3	QL (60 EA per 30 days) MO
GRALISE TABLET 450MG	3	QL (90 EA per 30 days)
HORIZANT	3	QL (60 EA per 30 days) MO
INGREZZA CAPSULE THERAPY PACK	4	QL (28 EA per 28 days) PA LA; ACS
INGREZZA CAPSULE	4	QL (30 EA per 30 days) PA LA; ACS
lithium carbonate capsule, tablet	1	MO
lithium carbonate er	1	MO
LITHOBID	4	MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330MG	3	QL (60 EA per 30 days) PA MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165MG, 82.5MG	3	QL (90 EA per 30 days) PA MO
MESTINON	4	MO
MESTINON TIMESPAN	4	MO
NUEDEXTA	4	QL (60 EA per 30 days) PA MO
paroxetine capsule 7.5mg	1	PA MO; HRM
pregabalin er tablet extended release 24 hour 330mg	1	QL (60 EA per 30 days) PA MO
pregabalin er tablet extended release 24 hour 165mg, 82.5mg	1	QL (90 EA per 30 days) PA MO
pyridostigmine bromide tablet, oral solution	1	MO
pyridostigmine bromide er	1	MO

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

Drug name	Drug tier	Requirements/Limits
RADICAVA INJECTION	4	QL (2800 ML per 28 days) PA LA; ACS
RADICAVA ORS ORAL SUSPENSION	4	QL (50 ML per 28 days) PA LA; ACS
RADICAVA ORS ORAL SUSPENSION STARTER KIT	4	QL (140 ML per 365 days) PA LA; ACS
REGONOL	4	
RELYVRIO	4	QL (56 EA per 28 days) PA LA; ACS
RILUTEK	4	MO
riluzole	1	MO
SAVELLA	3	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days) PA MO
SKYCLARYS	4	QL (90 EA per 30 days) PA LA MO
TEGSEDI	4	QL (6 ML per 28 days) PA LA MO
tetrabenazine tablet 25mg	4	QL (120 EA per 30 days) PA LA; ACS
tetrabenazine tablet 12.5mg	4	QL (90 EA per 30 days) PA LA; ACS
TIGLUTIK	4	QL (600 ML per 30 days) LA MO; ACS
UPLIZNA	4	PA LA; ACS
VILTEPSO	4	PA MO
VYONDYS 53	4	PA MO
XENAZINE TABLET 25MG	4	QL (120 EA per 30 days) PA LA; ACS
XENAZINE TABLET 12.5MG	4	QL (90 EA per 30 days) PA LA; ACS
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	PA LA; ACS
AUBAGIO	4	QL (30 EA per 30 days) PA LA; ACS
AVONEX	4	QL (1 EA per 28 days) PA; ACS
AVONEX PEN	4	QL (1 EA per 28 days) PA; ACS
BAFIERTAM	4	QL (120 EA per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
BETASERON	4	QL (14 EA per 28 days) PA; ACS
BRIUMVI	4	QL (42 ML per 365 days) PA LA; ACS
COPAXONE INJECTION 40MG/ML	4	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	4	QL (30 ML per 30 days) PA; ACS
dalfampridine er	1	PA; ACS
dimethyl fumarate starterpack	4	QL (120 EA per 365 days) PA LA; ACS
dimethyl fumarate capsule delayed release 120mg	4	QL (14 EA per 7 days) PA LA; ACS
dimethyl fumarate capsule delayed release 240mg	4	QL (60 EA per 30 days) PA LA; ACS
EXTAVIA	4	QL (15 EA per 30 days) PA; ACS
fingolimod	4	QL (30 EA per 30 days) PA; ACS
GILENYA CAPSULE 0.25MG	4	QL (28 EA per 28 days) PA; ACS
GILENYA CAPSULE 0.5MG	4	QL (30 EA per 30 days) PA; ACS
glatiramer acetate injection 40mg/ml	4	QL (12 ML per 28 days) PA; ACS
glatiramer acetate injection 20mg/ml	4	QL (30 ML per 30 days) PA; ACS
glatopa injection 40mg/ml	4	QL (12 ML per 28 days) PA; ACS
glatopa injection 20mg/ml	4	QL (30 ML per 30 days) PA; ACS
KESIMPTA	4	QL (6.4 ML per 365 days) PA LA; ACS
LEMTRADA	4	QL (6 ML per 365 days) PA LA; ACS
MAVENCLAD TBPK (4 TAB PACK) 10MG	4	QL (16 EA per 999 days) PA LA; ACS
MAVENCLAD TBPK (5 TAB PACK) 10MG	4	QL (20 EA per 999 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
MAVENCLAD TBPK (6 TAB PACK) 10MG	4	QL (24 EA per 999 days) PA LA; ACS
MAVENCLAD TBPK (7 TAB PACK) 10MG	4	QL (28 EA per 999 days) PA LA; ACS
MAVENCLAD TBPK (8 TAB PACK) 10MG	4	QL (32 EA per 999 days) PA LA; ACS
MAVENCLAD TBPK (9 TAB PACK) 10MG	4	QL (36 EA per 999 days) PA LA; ACS
MAVENCLAD TBPK (10 TAB PACK) 10MG	4	QL (40 EA per 999 days) PA LA; ACS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 1MG MAINTENANCE DOSAGE)	3	QL (14 EA per 365 days) PA LA; ACS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 2MG MAINTENANCE DOSAGE)	4	QL (24 EA per 365 days) PA LA; ACS
MAYZENT TABLET 0.25MG	4	QL (112 EA per 28 days) PA LA; ACS
MAYZENT TABLET 1MG, 2MG	4	QL (30 EA per 30 days) PA LA; ACS
OCREVUS	4	QL (20 ML per 180 days) PA LA; ACS
PLEGRIDY	4	QL (1 ML per 28 days) PA LA; ACS
PLEGRIDY STARTER PACK	4	QL (2 ML per 365 days) PA LA; ACS
PONVORY	4	QL (30 EA per 30 days) PA LA; ACS
PONVORY 14-DAY STARTER PACK	4	QL (28 EA per 365 days) PA LA; ACS
REBIF	4	QL (6 ML per 28 days) PA; ACS
REBIF REBIDOSE	4	QL (6 ML per 28 days) PA; ACS
REBIF REBIDOSE TITRATION PACK	4	QL (8.4 ML per 365 days) PA; ACS
REBIF TITRATION PACK	4	QL (8.4 ML per 365 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
TASCENSO ODT	4	QL (30 EA per 30 days) PA LA MO
TECFIDERA STARTER PACK	4	QL (120 EA per 365 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 120MG	4	QL (14 EA per 7 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 240MG	4	QL (60 EA per 30 days) PA LA; ACS
teriflunomide	1	QL (30 EA per 30 days) PA; ACS
TYSABRI	4	PA LA; ACS
VUMERITY	4	QL (120 EA per 30 days) PA LA; ACS
ZEPOSIA	4	QL (30 EA per 30 days) PA LA; ACS
ZEPOSIA 7-DAY STARTER PACK	4	QL (14 EA per 365 days) PA LA; ACS
ZEPOSIA 28-CAPSULE STARTER KIT	4	QL (56 EA per 365 days) PA LA; ACS
ZEPOSIA 37-CAPSULE STARTER KIT	4	QL (74 EA per 365 days) PA LA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX	4	QL (30 EA per 30 days) PA MO; HRM
BACLOFEN ORAL SUSPENSION	4	QL (480 ML per 30 days) PA MO
baclofen tablet	1	MO
BACLOFEN INJECTION 50MCG/ML	3	B/D
baclofen injection 20000mcg/20ml, 40mg/20ml, 500mcg/ml	1	B/D
BOTOX INJECTION 200UNIT	3	QL (2 EA per 84 days) PA
BOTOX INJECTION 100UNIT	3	QL (4 EA per 84 days) PA
carisoprodol tablet	1	QL (84 EA per 30 days) PA MO
CHLORZOXAZONE TABLET 250MG	4	QL (120 EA per 30 days) PA
chlorzoxazone tablet 375mg, 750mg	1	QL (120 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
chlorzoxazone tablet 500mg	1	QL (180 EA per 30 days) PA MO
cyclobenzaprine hydrochloride tablet	1	QL (90 EA per 30 days) PA MO; HRM
cyclobenzaprine hydrochloride er	4	QL (30 EA per 30 days) PA MO; HRM
DANTRIUM CAPSULE 25MG	3	MO
dantrolene sodium capsule 25mg, 50mg, 100mg	1	MO
DYSPORT	3	PA MO; ACS
fexmid	1	QL (90 EA per 30 days) PA; HRM
FLEQSUVY	4	QL (480 ML per 30 days) PA MO
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML, 50MCG/ML	3	B/D
GABLOFEN INJECTION 40000MCG/20ML	4	B/D
LORZONE TABLET 375MG	3	QL (120 EA per 30 days) PA
lorzone tablet 750mg	1	QL (120 EA per 30 days) PA
LYVISPAH PACKET 10MG	3	QL (120 EA per 30 days) PA MO
LYVISPAH PACKET 5MG	3	QL (360 EA per 30 days) PA MO
LYVISPAH PACKET 20MG	4	QL (120 EA per 30 days) PA
metaxalone	1	QL (120 EA per 30 days) PA MO
methocarbamol injection	1	PA
methocarbamol tablet 750mg	1	QL (240 EA per 30 days) PA MO
methocarbamol tablet 500mg	1	QL (360 EA per 30 days) PA MO
methocarbamol tablet 1000mg	4	QL (120 EA per 30 days) PA
MYOBLOC	3	PA MO; ACS
norgesic	4	QL (120 EA per 30 days) PA; HRM
NORGESIC FORTE	4	QL (120 EA per 30 days) PA; HRM

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

Drug name	Drug tier	Requirements/Limits
orphenadrine citrate er	1	QL (60 EA per 30 days) PA MO; HRM
orphenadrine citrate injection	1	PA MO; HRM
orphenadrine/aspirin/caffeine	4	QL (120 EA per 30 days) PA; HRM
orphengesic forte	1	QL (120 EA per 30 days) PA; HRM
ROBAXIN	3	PA MO
SOMA TABLET 250MG	3	QL (84 EA per 30 days) PA MO
SOMA TABLET 350MG	4	QL (84 EA per 30 days) PA MO
tizanidine hcl capsule 4mg, tablet 2mg	1	MO
tizanidine hydrochloride capsule 2mg, 6mg, tablet 4mg	1	MO
XEOMIN	3	PA LA MO; ACS
ZANAFLEX TABLET	3	MO
ZANAFLEX CAPSULE 2MG, 4MG	3	MO
ZANAFLEX CAPSULE 6MG	4	MO
NARCOLEPSY/CATAPLEXY		
armodafinil tablet 150mg, 200mg, 250mg	1	QL (30 EA per 30 days) PA MO
armodafinil tablet 50mg	1	QL (60 EA per 30 days) PA MO
LUMRYZ	4	QL (30 EA per 30 days) PA LA
modafinil tablet 100mg	1	QL (30 EA per 30 days) PA MO
modafinil tablet 200mg	1	QL (60 EA per 30 days) PA MO
NUVIGIL TABLET 50MG	3	QL (60 EA per 30 days) PA MO
NUVIGIL TABLET 150MG, 200MG, 250MG	4	QL (30 EA per 30 days) PA MO
PROVIGIL TABLET 100MG	4	QL (30 EA per 30 days) PA MO
PROVIGIL TABLET 200MG	4	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	4	QL (540 ML per 30 days) PA LA MO
SUNOSI TABLET 150MG	3	QL (30 EA per 30 days) PA MO
SUNOSI TABLET 75MG	4	QL (30 EA per 30 days) PA MO
WAKIX	4	QL (60 EA per 30 days) PA LA; ACS
XYREM	4	QL (540 ML per 30 days) PA LA MO

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

Drug name	Drug tier	Requirements/Limits
XYWAV	4	QL (540 ML per 30 days) PA LA MO
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium dr	1	MO
buprenorphine hcl/naloxone hcl sublingual tablet	1	QL (90 EA per 30 days) MO
buprenorphine hcl tablet sublingual 2mg, 8mg	1	QL (90 EA per 30 days) PA MO
buprenorphine hydrochloride/ naloxone hydrochloride film 12mg; 3mg	1	QL (60 EA per 30 days) MO
buprenorphine hydrochloride/ naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	1	QL (90 EA per 30 days) MO
bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg	1	QL (60 EA per 30 days) MO
disulfiram tablet	1	MO
KLOXXADO	3	MO
LUCEMYRA	4	QL (224 EA per 14 days) PA MO
naloxone hcl injection 2mg/2ml	1	
naloxone hcl injection 4mg/10ml	1	MO
naloxone hydrochloride nasal spray	1	MO
naloxone hydrochloride cartridge inj 0.4mg/ml	1	
naloxone hydrochloride vial inj 0.4mg/ml	1	MO
naltrexone hcl tablet	1	MO
NARCAN	3	MO
NICOTROL INHALER	3	MO
NICOTROL NASAL SPRAY	3	QL (360 ML per 365 days) MO
SUBLOCADE	4	QL (1.5 ML per 30 days) PA LA MO; ACS
SUBOXONE FILM 12MG; 3MG	3	QL (60 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	3	QL (90 EA per 30 days) MO
VARENICLINE STARTING MONTH BOX	3	PA MO

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

Drug name	Drug tier	Requirements/Limits
VARENICLINE TARTRATE	3	PA MO
VIVITROL	4	MO; ACS
ZIMHI	3	
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL (30 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	QL (60 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG	3	QL (90 EA per 30 days) MO
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM	3	QL (30 EA per 30 days) PA MO
ANDROGEL PUMP	4	QL (150 GM per 30 days) PA MO
AVEED	3	LA; ACS
DEPO-TESTOSTERONE	3	PA
FORTESTA	3	QL (120 GM per 30 days) PA MO
JATENZO CAPSULE 158MG, 198MG	3	QL (120 EA per 30 days) PA MO
JATENZO CAPSULE 237MG	4	QL (60 EA per 30 days) PA MO
METHITEST	3	PA
methyltestosterone capsule	4	PA MO
NATESTO	3	QL (21.96 GM per 30 days) PA MO
oxandrolone tablet 2.5mg	1	QL (120 EA per 30 days) PA MO
oxandrolone tablet 10mg	1	QL (60 EA per 30 days) PA MO
TESTIM	3	QL (300 GM per 30 days) PA MO
TESTOPEL	3	PA MO; ACS
testosterone cypionate injection	1	MO
testosterone enanthate injection	1	PA MO
testosterone pump gel 1.62%	1	QL (150 GM per 30 days) MO
testosterone pump gel 1%	1	QL (300 GM per 30 days) MO
testosterone pump gel 2% (10mg/act)	1	QL (120 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
testosterone gel 1.62% (20.25mg/1.25gm, 40.5mg/2.5gm)	1	QL (150 GM per 30 days) MO
testosterone gel 1% (25mg/2.5gm, 50mg/5gm)	1	QL (300 GM per 30 days) MO
testosterone topical solution	1	QL (180 ML per 30 days) MO
TLANDO	3	QL (120 EA per 30 days) PA MO
VOGELXO	3	QL (300 GM per 30 days) PA MO
VOGELXO PUMP	3	QL (300 GM per 30 days) PA MO
XYOSTED	3	PA MO
ANTIDIABETICS, INSULINS		
ADMELOG	2	MO
ADMELOG SOLOSTAR	2	MO
AFREZZA	3	MO
BD ALCOHOL SWABS	2	MO
APIDRA	3	ST MO
APIDRA SOLOSTAR	3	ST MO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16”	2	MO
BASAGLAR KWIKPEN	2	MO
BASAGLAR TEMPO PEN	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2”	2	MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2”	2	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16”	2	MO
BD/NOVO PEN NEEDLE ULTRA-FINE	2	MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64”	2	MO
CEQUR SIMPLICITY 2U	3	MO
CEQUR SIMPLICITY INSERTER	3	MO
CURITY GAUZE PADS 2”X2” 12 PLY	2	MO
FIASP	2	MO

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

Drug name	Drug tier	Requirements/Limits
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
HUMALOG	3	ST MO
HUMALOG JUNIOR KWIKPEN	3	ST MO
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	ST MO
HUMALOG KWIKPEN INJECTION 200UNIT/ML	4	ST MO
HUMALOG MIX 50/50	4	ST MO
HUMALOG MIX 50/50 KWIKPEN	3	ST MO
HUMALOG MIX 75/25	3	ST MO
HUMALOG MIX 75/25 KWIKPEN	3	ST MO
HUMALOG TEMPO PEN	3	ST
HUMULIN 70/30	3	ST MO
HUMULIN 70/30 KWIKPEN	3	ST MO
HUMULIN N	3	ST MO
HUMULIN N KWIKPEN	3	ST MO
HUMULIN R	3	ST MO
HUMULIN R U-500 (CONCENTRATED)	4	B/D MO
HUMULIN R U-500 KWIKPEN	4	MO
INSULIN ASPART	3	ST MO
INSULIN ASPART FLEXPEN	3	ST MO
INSULIN ASPART PENFILL	3	ST MO
INSULIN ASPART PROTAMINE/ INSULIN ASPART	3	ST MO
INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN	3	ST MO
INSULIN DEGLUDEC	3	ST MO
INSULIN DEGLUDEC FLEXTOUCH	3	ST MO
INSULIN GLARGINE SOLOSTAR	3	ST
INSULIN GLARGINE INJECTION 100UNIT/ML	3	ST
INSULIN LISPRO	3	ST MO
INSULIN LISPRO JUNIOR KWIKPEN	3	ST MO
INSULIN LISPRO KWIKPEN	3	ST MO

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

Drug name	Drug tier	Requirements/Limits
INSULIN LISPRO PROTAMINE/ INSULIN LISPRO KWIKPEN	3	ST MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LEVEMIR	3	ST MO
LEVEMIR FLEXPEN	3	ST MO
LEVEMIR FLEXTOUCH	3	ST MO
LYUMJEV	3	ST MO
LYUMJEV KWIKPEN	3	ST MO
LYUMJEV TEMPO PEN	3	ST MO
MYXREDLIN	3	ST
NOVOLIN 70/30	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN 70/30 FLEXPEN RELION	3	ST MO
NOVOLIN 70/30 RELION	3	ST MO
NOVOLIN N	2	MO
NOVOLIN N FLEXPEN	2	MO
NOVOLIN N FLEXPEN RELION	3	ST MO
NOVOLIN N RELION	3	ST MO
NOVOLIN R	2	MO
NOVOLIN R FLEXPEN	2	MO
NOVOLIN R FLEXPEN RELION	3	ST MO
NOVOLIN R RELION	3	ST MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG FLEXPEN RELION	3	ST MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	ST MO
NOVOLOG MIX 70/30 RELION	3	ST MO
NOVOLOG PENFILL	2	MO
NOVOLOG RELION	3	ST MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	MO
OMNIPOD 5 G6 PODS (GEN 5)	3	MO

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

Drug name	Drug tier	Requirements/Limits
OMNIPOD CLASSIC PODS (GEN 3)	3	MO
OMNIPOD DASH INTRO KIT (GEN 4)	3	MO
OMNIPOD DASH PODS (GEN 4)	3	MO
OMNIPOD GO 10 UNITS/DAY	3	
OMNIPOD GO 15 UNITS/DAY	3	
OMNIPOD GO 20 UNITS/DAY	3	MO
OMNIPOD GO 25 UNITS/DAY	3	
OMNIPOD GO 30 UNITS/DAY	3	MO
OMNIPOD GO 35 UNITS/DAY	3	
OMNIPOD GO 40 UNITS/DAY	3	MO
OMNIPOD POD PALS	3	
REZVOGLAR KWIKPEN	3	ST MO
SEMGLEE	3	ST MO
SOLIQUA 100/33	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
V-GO 20	3	QL (30 EA per 30 days) MO
V-GO 30	3	QL (30 EA per 30 days) MO
V-GO 40	3	QL (30 EA per 30 days) MO
XULTOPHY 100/3.6	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
acarbose tablet	1	QL (90 EA per 30 days) MO
ACTOPLUS MET	3	QL (90 EA per 30 days) MO
ACTOS	3	QL (30 EA per 30 days) MO
ALOGLIPTIN	3	QL (30 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HCL TABLET 12.5MG; 500MG	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HYDROCHLORIDE TABLET 12.5MG; 1000MG	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 15MG	3	QL (30 EA per 30 days) ST

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

Drug name	Drug tier	Requirements/Limits
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 12.5MG; 45MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	QL (30 EA per 30 days) ST MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) PA MO
BYETTA INJECTION 5MCG/0.02ML	3	QL (1.2 ML per 30 days) PA MO
BYETTA INJECTION 10MCG/0.04ML	3	QL (2.4 ML per 30 days) PA MO
CYCLOSET	3	QL (180 EA per 30 days) PA MO
DUETACT	3	QL (30 EA per 30 days) MO
FARXIGA	2	QL (30 EA per 30 days) MO
glimepiride tablet 4mg	1	QL (60 EA per 30 days) MO
glimepiride tablet 1mg, 2mg	1	QL (90 EA per 30 days) MO
glipizide er tablet extended release 24 hour 10mg	1	QL (60 EA per 30 days) MO
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL (90 EA per 30 days) MO
glipizide xl tablet extended release 24 hour 10mg	1	QL (60 EA per 30 days) MO
glipizide xl tablet extended release 24 hour 2.5mg, 5mg	1	QL (90 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL (120 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL (240 EA per 30 days) MO
glipizide tablet 10mg	1	QL (120 EA per 30 days) MO
glipizide tablet 5mg	1	QL (240 EA per 30 days) MO
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10MG	3	QL (60 EA per 30 days) MO
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 2.5MG, 5MG	3	QL (90 EA per 30 days) MO
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	4	QL (120 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	4	QL (60 EA per 30 days) PA MO
glyburide tablet	1	PA MO
glyburide micronized tablet	1	PA MO
glyburide/metformin hydrochloride	1	PA MO
GLYNASE	3	PA MO
GLYXAMBI	2	QL (30 EA per 30 days) MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKAMET TABLET 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET TABLET 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKANA TABLET 300MG	3	QL (30 EA per 30 days) ST MO
INVOKANA TABLET 100MG	3	QL (60 EA per 30 days) ST MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE	2	QL (30 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
KAZANO	3	QL (60 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	3	QL (30 EA per 30 days) ST MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	3	QL (60 EA per 30 days) ST MO
metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg	1	QL (120 EA per 30 days) MO
metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg	1	QL (120 EA per 30 days) PA MO
metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg	1	QL (60 EA per 30 days) MO
metformin hydrochloride er tablet extended release 24 hour 1000mg	4	QL (60 EA per 30 days) PA MO
metformin hydrochloride solution	1	MO
METFORMIN HYDROCHLORIDE TABLET 625MG	4	QL (120 EA per 30 days) PA MO
metformin hydrochloride tablet 500mg	1	QL (150 EA per 30 days) MO
metformin hydrochloride tablet 1000mg	1	QL (75 EA per 30 days) MO
metformin hydrochloride tablet 850mg	1	QL (90 EA per 30 days) MO
miglitol	1	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	3	QL (4 ML per 365 days) PA MO
nateglinide	1	QL (90 EA per 30 days) MO
NESINA	3	QL (30 EA per 30 days) ST MO
ONGLYZA	3	QL (30 EA per 30 days) ST MO
OSENI	3	QL (30 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
OZEMPIC INJECTION 2MG/1.5ML	2	QL (1.5 ML per 28 days) PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	2	QL (3 ML per 28 days) PA MO
pioglitazone hcl tablet 45mg	1	QL (30 EA per 30 days) MO
pioglitazone hcl-glimepiride	1	QL (30 EA per 30 days) MO
pioglitazone hcl/metformin hcl	1	QL (90 EA per 30 days) MO
pioglitazone hydrochloride tablet 15mg, 30mg	1	QL (30 EA per 30 days) MO
QTERN	3	QL (30 EA per 30 days) MO
repaglinide tablet 0.5mg, 1mg	1	QL (120 EA per 30 days) MO
repaglinide tablet 2mg	1	QL (240 EA per 30 days) MO
RIOMET	3	MO
RYBELSUS	2	QL (30 EA per 30 days) PA MO
saxagliptin hydrochloride	1	QL (30 EA per 30 days) ST
saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg	1	QL (30 EA per 30 days) ST
saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg	1	QL (60 EA per 30 days) ST
SEGLUROMET TABLET 2.5MG; 500MG	3	QL (120 EA per 30 days) ST MO
SEGLUROMET TABLET 2.5MG; 1000MG, 7.5MG; 1000MG, 7.5MG; 500MG	3	QL (60 EA per 30 days) ST MO
STEGLATRO	3	QL (30 EA per 30 days) ST MO
STEGLUJAN	3	QL (30 EA per 30 days) MO
SYMLINPEN 120	4	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	4	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) PA MO
TZIELD	4	PA LA MO
VICTOZA	3	QL (9 ML per 30 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
ACTONEL TABLET 150MG	3	QL (1 EA per 28 days) ST MO
ACTONEL TABLET 35MG	3	QL (4 EA per 28 days) ST MO
alendronate sodium solution	1	MO
alendronate sodium tablet 10mg	1	QL (120 EA per 30 days) MO
alendronate sodium tablet 35mg, 70mg	1	QL (4 EA per 28 days) MO
ATELVIA	3	QL (4 EA per 28 days) ST MO
BINOSTO	3	QL (4 EA per 28 days) ST MO
calcitonin salmon injection	4	PA MO
calcitonin-salmon nasal spray	1	MO

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

Drug name	Drug tier	Requirements/Limits
EVENITY	4	QL (2.34 ML per 28 days) PA; ACS
FORTEO	4	PA; ACS
FOSAMAX	3	QL (4 EA per 28 days) ST MO
FOSAMAX PLUS D	3	QL (4 EA per 28 days) ST MO
ibandronate sodium tablet	1	QL (1 EA per 30 days) MO
ibandronate sodium injection	1	QL (3 ML per 90 days) MO
MIACALCIN	4	PA MO
NATPARA	4	PA LA; ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
pamidronate disodium injection 30mg/10ml, 90mg/10ml	1	
PROLIA	3	QL (1 ML per 180 days); ACS
RECLAST	3	ACS
risedronate sodium dr tablet 35mg	1	QL (4 EA per 28 days) MO
risedronate sodium tablet 150mg	1	QL (1 EA per 28 days) MO
risedronate sodium tablet 30mg, 5mg	1	QL (30 EA per 30 days) MO
risedronate sodium tablet 35mg	1	QL (4 EA per 28 days) MO
TERIPARATIDE	4	PA; ACS
TYMLOS	4	PA; ACS
XGEVA	4	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS
zoledronic acid injection 4mg/5ml, 5mg/100ml	1	ACS
CHELATING AGENTS		
CHEMET	3	MO
CUPRIMINE	4	ACS
CUVRIOR	4	PA LA MO
deferasirox packet	4	PA; ACS
deferasirox tablet soluble 125mg	1	PA; ACS
deferasirox tablet soluble 250mg, 500mg	4	PA; ACS
deferasirox tablet 180mg, 90mg	1	PA; ACS
deferasirox tablet 360mg	4	PA; ACS
deferiprone	4	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
deferoxamine mesylate	1	B/D; ACS
DEPEN TITRATABS	4	ACS
DESFERAL	4	B/D; ACS
EXJADE	4	PA LA; ACS
FERRIPROX	4	PA LA MO
FERRIPROX TWICE-A-DAY	4	PA LA MO
JADENU	4	PA LA; ACS
JADENU SPRINKLE PACKET 90MG	3	PA LA; ACS
JADENU SPRINKLE PACKET 180MG, 360MG	4	PA LA; ACS
LOKELMA PACKET 10GM	2	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	2	QL (96 EA per 30 days) MO
penicillamine capsule, tablet	4	ACS
sodium polystyrene sulfonate oral powder	1	MO
sps oral suspension 15gm/60ml	1	MO
SYPRINE	4	PA; ACS
trientine hydrochloride	4	PA; ACS
VELTASSA PACKET 16.8GM, 25.2GM	2	QL (30 EA per 30 days) MO
VELTASSA PACKET 8.4GM	2	QL (90 EA per 30 days) MO
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	MO
alyacen 7/7/7	1	
amethia	1	
amethyst	1	
ANNOVERA	3	QL (1 EA per 365 days) MO
apri	1	
aranelle	1	MO
ashlyna	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	

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

Drug name	Drug tier	Requirements/Limits
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
BALCOLTRA	3	MO
balziva	1	
BEYAZ	3	MO
blisovi 24 fe	1	MO
blisovi fe 1.5/30	1	MO
blisovi fe 1/20	1	
briellyn	1	
camila	1	MO
CAMRESE	2	
CAMRESE LO	2	
charlotte 24 fe	1	
chateal eq	1	
cryselle-28	1	MO
cyred	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane	1	
delyla	1	
DEPO-PROVERA CONTRACEPTIVE	3	MO
DEPO-SUBQ PROVERA 104	3	MO
desogestrel/ethinyl estradiol	1	MO
dolishale	1	
drospirenone/ethinyl estradiol	1	MO
drospirenone/ethinyl estradiol/levomefolate calcium	1	MO
elinest	1	
ELLA	2	MO
eluryng	1	
enpresse-28	1	
enskyce	1	MO
errin	1	MO

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

Drug name	Drug tier	Requirements/Limits
estarylla	1	MO
ethynodiol diacetate/ethinyl estradiol	1	MO
ETONOGESTREL/ETHINYL ESTRADIOL	3	MO
falmina	1	
fayosim	1	
femynor	1	
finzala	1	
gemmily	1	MO
GENERESS FE	3	MO
hailey 1.5/30	1	MO
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	
heather	1	
iclevia	1	
incassia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jencycla	1	
JOLESSA	2	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	MO
junel fe 1/20	1	MO
junel fe 24	1	
kaitlib fe	1	MO
kalliga	1	
kariva	1	
kelnor 1/35	1	MO
kelnor 1/50	1	MO
kurvelo	1	

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

Drug name	Drug tier	Requirements/Limits
KYLEENA	3	MO; ACS
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
LAYOLIS FE	3	
LEENA	2	
lessina	1	
levonest	1	
levonorgestrel and ethinyl estradiol	1	MO
levonorgestrel/ethinyl estradiol	1	MO
levora 0.15/30-28	1	
LILETTA	3	MO; ACS
LO LOESTRIN FE	3	MO
lo-zumandimine	1	MO
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
lojaimiess	1	MO
loryna	1	
LOSEASONIQUE	3	MO
low-ogestrel	1	
lutera	1	MO
lyleq	1	
lyza	1	
marlissa	1	MO
medroxyprogesterone acetate injection 150mg/ml	1	MO
merzee	1	MO
mibelas 24 fe	1	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
microgestin 24 fe	1	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	

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

Drug name	Drug tier	Requirements/Limits
mili	1	
MINASTRIN 24 FE	3	MO
MIRCETTE	3	MO
MIRENA	3	MO; ACS
mono-linyah	1	
NATAZIA	3	MO
necon 0.5/35-28	1	
NEXPLANON	3	MO; ACS
NEXTSTELLIS	3	MO
nikki	1	
NORA-BE	2	
norethindrone tablet 0.35mg	1	MO
norethindrone & ethinyl estradiol ferrous fumarate	1	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate	1	MO
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	1	MO
norethindrone/ethinyl estradiol/ ferrous fumarate	1	MO
norgestimate/ethinyl estradiol	1	MO
norlyda	1	
norlyroc	1	
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 28-day regimen	1	
nortrel 1/35 21-day regimen	1	MO
nortrel 7/7/7	1	
NUVARING	3	MO
nylia 1/35	1	
nylia 7/7/7	1	MO
nymyo	1	
OCELLA	2	
orsythia	1	
PHEXXI	3	MO
philith	1	
pimtrea	1	
pirmella 1/35	1	MO

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

Drug name	Drug tier	Requirements/Limits
pirmella 7/7/7	1	MO
portia-28	1	
QUARTETTE	3	MO
reclipsen	1	
RIVELSA	2	
SAFYRAL	3	MO
SEASONIQUE	3	MO
setlakin	1	
sharobel	1	
simliya	1	
simpesse	1	MO
SKYLA	3	MO; ACS
SLYND	2	MO
sprintec 28	1	
sronyx	1	MO
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
TAYTULLA	3	MO
TILIA FE	2	
tri femynor	1	
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	MO
tri-mili	1	
tri-nymyo	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
trivora-28	1	MO
TYBLUME	3	MO
tydemy	1	
velivet	1	MO
vestura	1	

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

Drug name	Drug tier	Requirements/Limits
vienva	1	
viorele	1	MO
volnea	1	MO
vyfemla	1	MO
vylibra	1	
wera	1	
wymzya fe	1	
xulane	1	MO
YASMIN 28	3	MO
YAZ	3	MO
zafemy	1	
zovia 1/35	1	
zumandimine	1	
ENDOMETRIOSIS		
danazol capsule	1	MO
ORILISSA TABLET 150MG	4	QL (28 EA per 28 days) PA MO
ORILISSA TABLET 200MG	4	QL (56 EA per 28 days) PA MO
SYNAREL	4	MO
ESTROGENS		
ACTIVELLA	3	MO
amabelz	1	MO
ANGELIQ	3	MO
BIJUVA	3	QL (30 EA per 30 days) MO
CLIMARA	3	QL (4 EA per 28 days) MO
CLIMARA PRO	3	QL (4 EA per 28 days) MO
COMBIPATCH	3	QL (8 EA per 28 days) MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DIVIGEL	3	MO
dotti	1	QL (8 EA per 28 days)
DUAVEE	3	MO
ELESTRIN	3	MO
ESTRACE	3	MO
estradiol valerate injection	1	MO
estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg	1	MO

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

Drug name	Drug tier	Requirements/Limits
estradiol vaginal cream, transdermal gel, oral tablet, vaginal tablet	1	MO
estradiol patch weekly	1	QL (4 EA per 28 days) MO
estradiol patch twice weekly	1	QL (8 EA per 28 days) MO
ESTRING	3	QL (1 EA per 90 days) MO
ESTROGEL	3	MO
EVAMIST	3	QL (16.2 ML per 30 days) MO
FEMRING	3	QL (1 EA per 90 days) MO
fyavolv	1	MO
IMVEXXY MAINTENANCE PACK	3	PA MO
IMVEXXY STARTER PACK	3	PA MO
jinteli	1	
lyllana	1	QL (8 EA per 28 days)
MENEST	3	MO
MENOSTAR	3	QL (4 EA per 28 days) MO
mimvey	1	
MINIVELLE	3	QL (8 EA per 28 days) MO
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg	1	MO
PREFEST	3	MO
PREMARIN	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	QL (8 EA per 28 days) MO
yuvafem	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE	4	PA LA MO; ACS
betamethasone sodium phosphate/betamethasone acetate injection	1	MO
CELESTONE-SOLUSPAN	3	MO
CORTEF	3	MO
CORTISONE ACETATE TABLET	3	
DEPO-MEDROL	3	B/D MO
DEXABLISS	3	

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

Drug name	Drug tier	Requirements/Limits
dexamethasone 10-day dose pack	1	
dexamethasone 13-day dose pack	1	MO
dexamethasone 6-day dose pack	1	MO
DEXAMETHASONE INTENSOL	3	MO
dexamethasone sodium phosphate injection vial 10mg/ml	1	
dexamethasone sodium phosphate injection vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml	1	MO
dexamethasone tablet, oral solution, oral elixir	1	MO
DXEVO 11-DAY	3	
EMFLAZA SUSPENSION	4	PA MO
EMFLAZA TABLET 18MG, 30MG, 6MG	4	PA
EMFLAZA TABLET 36MG	4	PA MO
fludrocortisone acetate tablet	1	MO
HEMADY	3	
HEXATRIONE	3	
hidex 6-day	1	
hydrocortisone tablet 10mg, 20mg, 5mg	1	MO
KENALOG-10	3	MO
KENALOG-40	3	MO
KENALOG-80	3	MO
MEDROL	3	B/D MO
MEDROL DOSEPAK	3	MO
methylprednisolone acetate injection	1	B/D MO
methylprednisolone dose pack	1	MO
methylprednisolone sodium succinate injection 500mg	1	B/D
methylprednisolone sodium succinate injection 1000mg	1	B/D MO

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

Drug name	Drug tier	Requirements/Limits
methylprednisolone sodium succinate injection 125mg, 40mg	1	B/D MO
methylprednisolone tablet	1	B/D MO
millipred	4	B/D
ORAPRED ODT	3	B/D MO
PEDIAPRED	3	B/D MO
prednisolone oral solution 15mg/5ml	1	B/D MO
prednisolone tablet	4	B/D MO
prednisolone sodium phosphate odt	1	B/D MO
prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	1	B/D MO
PREDNISONE INTENSOL	3	B/D MO
prednisone solution, tablet	1	B/D MO
prednisone tablet therapy pack	1	MO
RAYOS	4	B/D MO
SOLU-CORTEF	3	MO
SOLU-MEDROL INJECTION 2GM	3	B/D
SOLU-MEDROL INJECTION PRESERVATIVE FREE 1000MG, 125MG, 40MG, 500MG	3	B/D MO
taperdex 12-day	1	
taperdex 6-day	1	MO
taperdex 7-day	1	
triamcinolone acetonide injection 40mg/ml	1	MO
ZILRETTA	3	LA MO; ACS
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK	3	MO
BAQSIMI TWO PACK	3	MO
diazoxide oral suspension	4	MO
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	2	MO
GVOKE HYPOPEN 2-PACK	2	MO

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

Drug name	Drug tier	Requirements/Limits
GVOKE KIT	2	MO
GVOKE PFS	2	MO
PROGLYCEM	4	MO
ZEGALOGUE	3	MO
MISCELLANEOUS		
ACETADOTE	3	
acetylcysteine injection 200mg/ml	1	
ACTHAR	4	QL (1.5 ML per 1 days) PA LA; ACS
ALDURAZYME	4	PA LA; ACS
betaine anhydrous	4	LA MO
BUPHENYL	4	PA LA; ACS
cabergoline	1	MO
CARBAGLU	4	PA LA MO
carglumic acid	4	PA LA MO
CARNITOR	3	MO
CARNITOR SF	3	MO
CERDELGA	4	PA LA; ACS
CEREZYME	4	PA LA; ACS
CHORIONIC GONADOTROPIN INJECTION	3	PA; ACS
cinacalcet hydrochloride tablet 30mg	1	QL (60 EA per 30 days); ACS
cinacalcet hydrochloride tablet 90mg	4	QL (120 EA per 30 days); ACS
cinacalcet hydrochloride tablet 60mg	4	QL (60 EA per 30 days); ACS
CORTROPHIN	4	QL (1.5 ML per 1 days) PA LA; ACS
CRYSVITA	4	PA LA; ACS
CYSTADANE	4	LA MO
CYSTAGON	3	PA LA; ACS
DDAVP	4	MO
desmopressin acetate nasal solution, tablet	1	MO
desmopressin acetate injection 4mcg/ml	1	MO

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

Drug name	Drug tier	Requirements/Limits
desmopressin acetate injection 4mcg/ml	4	MO
DOJOLVI	4	PA LA; ACS
EGRIFTA SV	4	QL (30 EA per 30 days) PA LA; ACS
ELAPRASE	4	PA LA; ACS
ELELYSO	4	PA LA; ACS
ELFABRIO	4	PA LA
EVISTA	3	MO
FABRAZYME	4	PA LA; ACS
FENSOLVI	4	PA LA; ACS
fomepizole	4	
GALAFOLD	4	QL (14 EA per 28 days) PA LA
GENOTROPIN	4	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	2	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA; ACS
HUMATROPE	4	PA; ACS
INCRELEX	4	PA LA; ACS
ISTURISA TABLET 10MG	4	QL (180 EA per 30 days) PA LA MO
ISTURISA TABLET 1MG	4	QL (240 EA per 30 days) PA LA MO
ISTURISA TABLET 5MG	4	QL (60 EA per 30 days) PA LA MO
javygtor	4	PA LA
JYNARQUE TABLET	4	PA LA MO
JYNARQUE TABLET THERAPY PACK 45MG; 15MG, 60MG; 30MG, 90MG; 30MG	4	PA LA
JYNARQUE TABLET THERAPY PACK 30MG; 15MG, 15MG; 15MG	4	PA LA MO
KANUMA	4	PA LA; ACS
KORLYM	4	PA LA MO
KUVAN	4	PA LA; ACS
LAMZEDE	4	PA LA MO

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

Drug name	Drug tier	Requirements/Limits
LANREOTIDE ACETATE	4	PA; ACS
LEVOCARNITINE TABLET	3	MO
levocarnitine injection	1	
levocarnitine oral solution	1	MO
LUMIZYME	4	PA LA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	4	PA; ACS
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	4	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	4	PA; ACS
MEPSEVII	4	PA MO
methergine	1	
methylergonovine maleate tablet	4	MO
miglustat	4	QL (90 EA per 30 days) PA LA; ACS
MYALEPT	4	QL (30 EA per 30 days) PA LA MO
MYCAPSSA	4	QL (112 EA per 28 days) PA LA MO
MYFEMBREE	4	QL (28 EA per 28 days) PA MO
NAGLAZYME	4	PA LA; ACS
NEXVIAZYME	4	PA LA; ACS
NGENLA	4	PA LA; ACS
nitisinone	4	PA; ACS
NITYR	4	PA LA MO
NOCDURNA	3	QL (30 EA per 30 days) PA MO
NORDITROPIN FLEXPRO	4	PA; ACS
NOVAREL	3	PA; ACS
NULIBRY	4	PA MO
NUTROPIN AQ NUSPIN 10	4	PA LA; ACS
NUTROPIN AQ NUSPIN 20	4	PA LA; ACS
NUTROPIN AQ NUSPIN 5	4	PA LA; ACS
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	1	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
octreotide acetate injection 1000mcg/ml, 500mcg/ml	4	PA; ACS
OLPRUVA	4	PA LA; ACS
OMNITROPE	4	PA LA; ACS
ORFADIN	4	PA LA MO
ORIAHNN	4	QL (56 EA per 28 days) PA MO
OSPHENA	3	QL (30 EA per 30 days) PA MO
PALYNZIQ	4	PA LA; ACS
PHEBURANE	4	PA LA MO
PREGNYL INJECTION	3	PA; ACS
PROCYSBI PACKET	4	PA LA MO
PROCYSBI CAPSULE DELAYED RELEASE 25MG	4	QL (120 EA per 30 days) PA LA MO
PROCYSBI CAPSULE DELAYED RELEASE 75MG	4	QL (810 EA per 30 days) PA LA MO
raloxifene hydrochloride	1	MO
RAVICTI	4	PA LA; ACS
RECORLEV	4	QL (240 EA per 30 days) PA LA MO
REVCOVI	4	PA LA MO
SAIZEN	4	PA LA; ACS
SAIZENPREP RECONSTITUTIONKIT	4	PA LA; ACS
SAMSCA TABLET 15MG	4	QL (30 EA per 30 days) PA LA; ACS
SAMSCA TABLET 30MG	4	QL (60 EA per 30 days) PA LA; ACS
SANDOSTATIN	4	PA; ACS
SANDOSTATIN LAR DEPOT	4	PA; ACS
sapropterin dihydrochloride	4	PA; ACS
SENSIPAR TABLET 30MG	3	QL (60 EA per 30 days); ACS
SENSIPAR TABLET 90MG	4	QL (120 EA per 30 days); ACS
SENSIPAR TABLET 60MG	4	QL (60 EA per 30 days); ACS
SEROSTIM	4	PA LA; ACS
SIGNIFOR INJECTION	4	PA LA MO
SIGNIFOR LAR INJECTION	4	QL (1 EA per 28 days) PA LA MO
SKYTROFA	4	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
sodium phenylbutyrate tablet, oral powder	4	PA; ACS
SOGROYA	4	PA LA; ACS
SOMATULINE DEPOT	4	PA LA; ACS
SOMAVERT	4	PA LA; ACS
STRENSIQ	4	PA LA MO
TEPEZZA	4	PA LA; ACS
tolvaptan tablet 15mg	4	QL (30 EA per 30 days) PA LA; ACS
tolvaptan tablet 30mg	4	QL (60 EA per 30 days) PA LA; ACS
TRIPTODUR	4	PA MO
vasopressin	1	
VASOSTRICT	3	
VEOZAH	3	QL (30 EA per 30 days) PA MO
VIJOICE TABLET THERAPY PACK 125MG, 50MG	4	QL (28 EA per 28 days) PA LA; ACS
VIJOICE TABLET THERAPY PACK 250MG	4	QL (56 EA per 28 days) PA LA; ACS
VIMIZIM	4	PA LA; ACS
VISTOGARD	4	QL (20 EA per 166 days) MO
VOXZOGO	4	QL (30 EA per 30 days) PA LA; ACS
VPRIV	4	PA LA; ACS
XENPOZYME INJECTION 20MG	4	PA LA; ACS
XIAFLEX	4	PA; ACS
XURIDEN	4	QL (120 EA per 30 days) PA MO
ZAVESCA	4	QL (90 EA per 30 days) PA LA MO
ZOKINVY	4	QL (120 EA per 30 days) PA; ACS
ZOMACTON	3	PA; ACS
ZORBTIVE	4	PA; ACS
PHOSPHATE BINDER AGENTS		
AURYXIA	4	QL (360 EA per 30 days) PA MO
calcium acetate capsule, tablet 667mg	1	QL (360 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
FOSRENOL	4	MO
lanthanum carbonate	4	MO
PHOSLYRA	3	MO
RENAGEL	4	ST MO
RENVELA TABLET	4	QL (540 EA per 30 days) ST MO
RENVELA PACKET 2.4GM	4	QL (180 EA per 30 days) ST MO
RENVELA PACKET 0.8GM	4	QL (540 EA per 30 days) ST MO
sevelamer carbonate tablet 800mg	1	QL (540 EA per 30 days) MO
sevelamer carbonate packet 2.4gm	4	QL (180 EA per 30 days) MO
sevelamer carbonate packet 0.8gm	4	QL (540 EA per 30 days) MO
sevelamer hydrochloride tablet 400mg, 800mg	1	MO
VELPHORO	4	QL (180 EA per 30 days) MO
PROGESTINS		
AYGESTIN	3	MO
CRINONE	3	PA MO
hydroxyprogesterone caproate injection 250mg/ml	4	ACS
MAKENA	4	ACS
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	1	MO
megestrol acetate suspension 40mg/ml, 625mg/5ml	1	MO
norethindrone acetate tablet 5mg	1	MO
progesterone capsule, injection	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
THYROID AGENTS		
ADTHYZA	3	MO
ARMOUR THYROID	3	MO
CYTOMEL	3	MO
ERMEZA	3	MO

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

Drug name	Drug tier	Requirements/Limits
euthyrox	1	MO
levo-t	1	
LEVOTHYROXINE SODIUM CAPSULE	3	MO
levothyroxine sodium tablet	1	MO
LEVOTHYROXINE SODIUM INJECTION SOLUTION 100MCG/ML, 200MCG/5ML, 500MCG/5ML	3	
LEVOTHYROXINE SODIUM INJECTION SOLUTION 100MCG/5ML	4	
levothyroxine sodium injection powder 100mcg, 200mcg, 500mcg	4	MO
levoxyl	1	MO
liothyronine sodium tablet	1	MO
liothyronine sodium injection	4	
methimazole tablet	1	MO
np thyroid 120	1	MO
np thyroid 15	1	MO
np thyroid 30	1	MO
np thyroid 60	1	MO
np thyroid 90	1	MO
propylthiouracil tablet	1	MO
SYNTHROID	3	MO
THYQUIDITY	3	MO
TIROSINT-SOL SOLUTION 37.5MCG/ML, 44MCG/ML	3	
TIROSINT-SOL SOLUTION 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML	3	MO
TIROSINT CAPSULE 44MCG, 62.5MCG	3	

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

Drug name	Drug tier	Requirements/Limits
TIROSINT CAPSULE 100MCG, 112MCG, 125MCG, 137MCG, 13MCG, 150MCG, 175MCG, 200MCG, 25MCG, 37.5MCG, 50MCG, 75MCG, 88MCG	3	MO
TRIOSTAT	4	
unithroid	1	
VITAMIN D ANALOGS		
calcitriol capsule 0.25mcg, 0.5mcg	1	MO
calcitriol oral solution 1mcg/ml	1	MO
doxercalciferol injection	1	
doxercalciferol capsule	1	MO
HECTOROL	3	
paricalcitol	1	MO
RAYALDEE	4	MO
ROCALTROL	3	MO
ZEMPLAR CAPSULE	3	MO
ZEMPLAR INJECTION 2MCG/ML	3	MO
ZEMPLAR INJECTION 5MCG/ML	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO CAPSULE	3	QL (4 EA per 30 days) B/D
AKYNZEO INJECTION POWDER 235MG; 0.25MG	3	LA MO; ACS
AKYNZEO INJECTION SOLUTION 235MG/20ML; 0.25MG/20ML	4	LA MO; ACS
ANTIVERT	3	HRM
ANZEMET	3	B/D
APONVIE	3	
aprepitant capsule therapy pack, 40mg, 80mg	1	B/D MO
aprepitant capsule 125mg	4	B/D MO
BONJESTA	3	QL (60 EA per 30 days) MO; HRM
CINVANTI	3	PA
compro	1	MO; HRM

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

Drug name	Drug tier	Requirements/Limits
DICLEGIS	3	QL (120 EA per 30 days) MO; HRM
DIMENHYDRINATE INJECTION	3	
doxylamine succinate/pyridoxine hydrochloride	1	QL (120 EA per 30 days) MO; HRM
dronabinol	1	QL (60 EA per 30 days) PA MO
EMEND TRIPACK	3	B/D MO
EMEND CAPSULE	3	B/D MO
EMEND INJECTION	3	MO
EMEND ORAL SUSPENSION RECONSTITUTED	4	B/D
fosaprepitant dimeglumine	1	MO
GIMOTI	4	QL (9.8 ML per 28 days) PA
granisetron hcl injection	1	MO
granisetron hydrochloride tablet	1	QL (60 EA per 30 days) B/D MO
MARINOL	3	QL (60 EA per 30 days) PA MO
meclizine hcl tablet 12.5mg, 25mg	1	MO; HRM
meclizine hydrochloride	1	
metoclopramide hcl oral solution	1	MO
metoclopramide hydrochloride tablet, injection	1	MO
metoclopramide odt	1	MO
ondansetron hcl tablet 24mg	1	B/D
ondansetron hcl oral solution	1	QL (900 ML per 30 days) B/D MO
ondansetron hydrochloride tablet 4mg, 8mg	1	B/D MO
ondansetron hydrochloride injection	1	MO
ondansetron odt	1	B/D MO
PALONOSETRON HYDROCHLORIDE INJECTION 0.25MG/2ML	3	
palonosetron hydrochloride injection 0.25mg/5ml	1	
PHENERGAN	3	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
prochlorperazine edisylate injection	1	MO; HRM
prochlorperazine maleate tablet	1	MO; HRM
prochlorperazine rectal suppository	1	MO; HRM
promethazine hcl tablet 12.5mg, injection, suppository	1	PA MO; HRM
promethazine hcl plain oral syrup 6.25mg/5ml	1	PA MO; HRM
promethazine hydrochloride tablet 25mg, 50mg	1	PA MO; HRM
promethegan suppository 12.5mg, 50mg	1	PA MO; HRM
promethegan suppository 25mg	1	PA; HRM
REGLAN	3	MO
SANCUSO	4	QL (4 EA per 28 days) MO
scopolamine patch	1	QL (10 EA per 30 days) PA MO; HRM
SUSTOL	3	
SYNDROS	4	PA MO
TIGAN	4	PA MO
TRANSDERM-SCOP	3	QL (10 EA per 30 days) PA MO; HRM
trimethobenzamide hydrochloride capsule	1	PA MO
VARUBI	4	QL (4 EA per 30 days) B/D MO; ACS
ANTISPASMODICS		
ANASPAZ	3	PA MO; HRM
ATROPINE SULFATE INJECTION 0.25MG/5ML, 8MG/20ML	3	PA
ATROPINE SULFATE INJECTION 1MG/10ML	3	PA MO
atropine sulfate injection 0.4mg/ml, 0.5mg/5ml, 1mg/ml, 8mg/20ml intramuscular, intravenous, or subcutaneous	1	PA
atropine sulfate injection pf 0.4mg/ml	1	PA MO
BELLADONNA/OPIUM	3	PA MO

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

Drug name	Drug tier	Requirements/Limits
BENTYL	3	PA MO; HRM
CHLORDIAZEPOXIDE HCL/ CLIDINIUM BROMIDE CAPSULE 5MG; 2.5MG	4	QL (240 EA per 30 days) PA MO; HRM
CUVPOSA	3	QL (1350 ML per 30 days) MO
DARTISLA ODT	3	QL (120 EA per 30 days) MO
dicyclomine hcl oral solution	1	PA MO; HRM
dicyclomine hydrochloride capsule, tablet, injection	1	PA MO; HRM
GLYCATE	3	MO
glycopyrrolate oral solution	1	MO
glycopyrrolate injection 0.2mg/ml pf, 0.4mg/2ml, 0.6mg/3ml	1	
glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml	1	MO
GLYCOPYRROLATE TABLET 1.5MG	3	MO
glycopyrrolate tablet 1mg, 2mg	1	MO
hyoscyamine sulfate odt	1	PA MO; HRM
hyoscyamine sulfate oral elixir, tablet sublingual, immediate release tablet	1	PA MO; HRM
hyoscyamine sulfate solution	4	PA MO; HRM
LEVSIN	3	PA MO; HRM
LEVSIN/SL	3	PA MO; HRM
LIBRAX	4	QL (240 EA per 30 days) PA MO; HRM
methscopolamine bromide tablet	1	PA MO
nulev	1	PA MO; HRM
oscimin tablet sublingual	1	PA MO; HRM
oscimin tablet	1	PA; HRM
ROBINUL	3	MO
ROBINUL FORTE	3	MO
H2-RECEPTOR ANTAGONISTS		
cimetidine tablet	1	MO
famotidine premixed injection 20mg/50ml	1	
famotidine injection	1	

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

Drug name	Drug tier	Requirements/Limits
famotidine oral suspension reconstituted, tablet	1	MO
nizatidine	1	MO
PEPCID TABLET 20MG	3	MO
PEPCID TABLET 40MG	4	MO
INFLAMMATORY BOWEL DISEASE		
APRISO	3	QL (120 EA per 30 days) MO
ASACOL HD	4	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
balsalazide disodium	1	MO
budesonide er tablet extended release 24 hour 9mg	4	MO
budesonide capsule delayed release particles 3mg	1	MO
budesonide foam 2mg	1	QL (66.8 GM per 28 days) MO
CANASA	4	MO
COLAZAL	4	MO
CORTENEMA	3	MO
DELZICOL	3	MO
DIPENTUM	4	MO
hydrocortisone enema 100mg/60ml	1	MO
LIALDA	4	MO
mesalamine kit, suppository, enema	1	MO
mesalamine dr capsule delayed release 400mg, tablet delayed release 1.2gm, 800mg	1	MO
mesalamine er capsule extended release 24 hour 0.375gm	1	QL (120 EA per 30 days) MO
mesalamine er capsule extended release 500mg	4	QL (240 EA per 30 days) MO
ORTIKOS	4	MO
PENTASA CAPSULE EXTENDED RELEASE 500MG	4	QL (240 EA per 30 days) MO
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	QL (480 EA per 30 days) MO
ROWASA	4	MO

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

Drug name	Drug tier	Requirements/Limits
SFROWASA	4	QL (1680 ML per 28 days) MO
sulfasalazine tablet, delayed release tablet	1	MO
UCERIS FOAM	3	QL (66.8 GM per 28 days) MO
UCERIS TABLET EXTENDED RELEASE 24 HOUR	4	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	MO
constulose	1	
enulose	1	MO
gavilyte-c	1	MO
gavilyte-g	1	MO
generlac	1	
GOLYTELY	2	MO
KRISTALOSE	3	PA MO
LACTULOSE PACKET	4	PA MO
lactulose oral solution (constipation)	1	MO
MOVIPREP	3	MO
OSMOPREP	3	MO
peg-3350/electrolytes	1	MO
peg-3350/electrolytes/ascorbate	1	
peg-3350/nacl/na bicarbonate/ kcl	1	MO
PLENVU	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	MO
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	MO
SUTAB	3	MO
MISCELLANEOUS		
alosetron hydrochloride tablet 0.5mg	1	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
alosetron hydrochloride tablet 1mg	4	QL (60 EA per 30 days) PA MO
AMITIZA	3	QL (60 EA per 30 days) PA MO
bismuth subcitrate pot/ metronidazole/tetracycline hydrochloride	1	MO
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG	4	QL (1080 EA per 30 days) PA LA MO
BYLVAY (PELLETS) CAPSULE SPRINKLE 600MCG	4	QL (360 EA per 30 days) PA LA MO
BYLVAY CAPSULE 1200MCG	4	QL (180 EA per 30 days) PA LA MO
BYLVAY CAPSULE 400MCG	4	QL (540 EA per 30 days) PA LA MO
CARAFATE	3	MO
CHENODAL	4	PA MO
CHOLBAM	4	PA LA MO
cromolyn sodium oral concentrate 100mg/5ml	1	MO
CYTOTEC	3	MO
diphenoxylate hydrochloride/ atropine sulfate tablet	1	MO; HRM
diphenoxylate/atropine oral solution	1	MO; HRM
GASTROCROM	4	MO
GATTEX	4	PA LA; ACS
HELIDAC THERAPY	4	QL (448 EA per 365 days)
IBSRELA	4	PA MO
lansoprazole/amoxicillin/ clarithromycin	1	QL (224 EA per 365 days) MO
LINZESS	3	QL (30 EA per 30 days) MO
LIVMARLI	4	QL (90 ML per 30 days) PA LA MO
LOMOTIL	3	MO; HRM
loperamide hcl capsule	1	MO
LOTRONEX	4	QL (60 EA per 30 days) PA MO
LUBIPROSTONE	3	QL (60 EA per 30 days) PA MO
misoprostol tablet	1	MO
MOTEGRITY	3	QL (30 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
MOTOFEN	3	QL (240 EA per 30 days) ST MO; HRM
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO
MYTESI	4	PA MO; ACS
OCALIVA	4	QL (30 EA per 30 days) PA LA; ACS
OMECLAMOX-PAK	3	QL (160 EA per 365 days) MO
opium tincture	1	MO
PYLERA	4	MO
REBYOTA	4	PA LA MO
RELISTOR INJECTION	4	PA MO
RELISTOR TABLET	4	QL (90 EA per 30 days) PA MO
RELTONE	4	PA
SUCRAID	4	LA MO
SUCRALFATE SUSPENSION	3	MO
sucralfate tablet	1	MO
SYMPROIC	3	MO
TALICIA	3	QL (336 EA per 365 days) MO
TRULANCE	3	QL (30 EA per 30 days) MO
URSO 250	3	MO
URSO FORTE	3	MO
URSODIOL CAPSULE 200MG, 400MG	3	PA
ursodiol capsule 300mg	1	MO
ursodiol tablet	1	MO
VIBERZI	4	QL (60 EA per 30 days) PA MO
VOQUEZNA DUAL PAK	3	QL (224 EA per 365 days)
VOQUEZNA TRIPLE PAK	3	QL (224 EA per 365 days)
VOWST	4	PA LA MO
XERMELO	4	QL (84 EA per 28 days) PA LA MO
XIFAXAN TABLET 550MG	4	PA MO
PANCREATIC ENZYMES		
CREON	2	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 2600UNIT, 4200UNIT, 10500UNIT	3	MO

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

Drug name	Drug tier	Requirements/Limits
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 21000UNIT, 16800UNIT	4	MO
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000UNIT, 8000UNIT	3	MO
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000UNIT, 24000UNIT	4	MO
VIOKACE TABLET 10440UNIT	3	MO
VIOKACE TABLET 20880UNIT	4	MO
ZENPEP	3	MO
PROTON PUMP INHIBITORS		
ACIPHEX	3	QL (30 EA per 30 days) MO
DEXILANT	3	QL (30 EA per 30 days) MO
dexlansoprazole	1	QL (30 EA per 30 days) MO
esomeprazole magnesium capsule delayed release	1	QL (30 EA per 30 days) MO
esomeprazole sodium injection	1	
KONVOMEP	3	QL (600 ML per 30 days) PA
lansoprazole capsule delayed release 15mg	1	QL (30 EA per 30 days) MO
lansoprazole capsule delayed release 30mg	1	QL (42 EA per 30 days) MO
lansoprazole tablet delayed release disintegrating 15mg	1	QL (30 EA per 30 days) MO
lansoprazole tablet delayed release disintegrating 30mg	1	QL (42 EA per 30 days) MO
NEXIUM CAPSULE, PACKET	3	QL (30 EA per 30 days) MO
NEXIUM I.V. INJECTION	3	PA
omeprazole dr capsule delayed release 20mg, 40mg	1	QL (60 EA per 30 days) MO
omeprazole dr capsule delayed release 10mg	1	QL (30 EA per 30 days) MO
omeprazole/sodium bicarbonate	4	QL (30 EA per 30 days) MO
pantoprazole sodium injection	1	
pantoprazole sodium packet	1	QL (30 EA per 30 days) MO
pantoprazole sodium tablet delayed release 20mg	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
pantoprazole sodium tablet delayed release 40mg	1	QL (60 EA per 30 days) MO
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL (42 EA per 30 days) MO
PREVACID SOLUTAB TABLET DELAYED RELEASE DISINTEGRATING 15MG	3	QL (30 EA per 30 days) MO
PREVACID SOLUTAB TABLET DELAYED RELEASE DISINTEGRATING 30MG	3	QL (42 EA per 30 days) MO
PRILOSEC PACKET 10MG	3	QL (120 EA per 30 days) MO
PRILOSEC PACKET 2.5MG	3	QL (90 EA per 30 days) MO
PROTONIX INJECTION	3	
PROTONIX PACKET	3	QL (30 EA per 30 days) MO
PROTONIX TABLET DELAYED RELEASE 20MG	3	QL (30 EA per 30 days) MO
PROTONIX TABLET DELAYED RELEASE 40MG	3	QL (60 EA per 30 days) MO
rabeprazole sodium delayed release tablet 20mg	1	QL (30 EA per 30 days) MO
ZEGERID	4	QL (30 EA per 30 days) PA MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl er	1	QL (30 EA per 30 days) MO
AVODART	3	QL (30 EA per 30 days) MO
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8MG	3	QL (30 EA per 30 days) MO
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4MG	3	QL (60 EA per 30 days) MO
dutasteride	1	QL (30 EA per 30 days) MO
dutasteride/tamsulosin hydrochloride	1	QL (30 EA per 30 days) MO
ENTADFI	3	QL (30 EA per 30 days) PA
finasteride tablet 5mg	1	QL (30 EA per 30 days) MO
FLOMAX	3	QL (60 EA per 30 days) MO
PROSCAR	3	QL (30 EA per 30 days) MO
RAPAFLO	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
silodosin	1	QL (30 EA per 30 days) MO
tamsulosin hydrochloride	1	QL (60 EA per 30 days) MO
UROXATRAL	3	QL (30 EA per 30 days) MO
MISCELLANEOUS		
acetic acid 0.25% irrigation soln	1	MO
bethanechol chloride tablet	1	MO
ELMIRON	3	QL (90 EA per 30 days) MO
FILSPARI	4	QL (30 EA per 30 days) PA LA; ACS
flavoxate hcl	1	MO; HRM
INTRAROSA	3	QL (28 EA per 28 days) PA MO
LITHOSTAT	4	MO
neomycin sulfate/polymyxin b sulfate solution for irrigation	1	MO
ORACIT	3	MO
OXLUMO	4	PA LA MO
potassium citrate er	1	MO
potassium citrate/citric acid	1	MO
potassium citrate/sodium citrate/ citric acid	1	MO
RENACIDIN	3	MO
RIMSO-50	4	MO
sodium citrate/citric acid	1	MO
SORBITOL IRRIGATION SOLUTION	3	
TARPEYO	4	QL (120 EA per 30 days) PA LA MO
THIOLA	4	LA MO
THIOLA EC	4	LA MO
tiopronin	4	ACS
tricitrates	1	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
URINARY ANTISPASMODICS		
darifenacin hydrobromide er	1	QL (30 EA per 30 days) MO; HRM
DETROL	3	QL (60 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
DETROL LA	3	QL (30 EA per 30 days) MO; HRM
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 5MG	3	QL (30 EA per 30 days) MO; HRM
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10MG	3	QL (60 EA per 30 days) MO; HRM
fesoterodine fumarate er	1	QL (30 EA per 30 days) MO; HRM
GELNIQUE	3	QL (30 GM per 30 days) MO; HRM
GEMTESA	3	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 28 days) MO
oxybutynin chloride er tablet extended release 24 hour 5mg	1	QL (30 EA per 30 days) MO; HRM
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg	1	QL (60 EA per 30 days) MO; HRM
OXYBUTYNIN CHLORIDE SOLUTION	3	QL (600 ML per 30 days) PA; HRM
oxybutynin chloride syrup	1	QL (600 ML per 30 days) MO; HRM
OXYBUTYNIN CHLORIDE TABLET 2.5MG	3	QL (90 EA per 30 days) MO
oxybutynin chloride tablet 5mg	1	QL (120 EA per 30 days) MO; HRM
OXYTROL	3	QL (8 EA per 28 days) MO; HRM
solifenacin succinate	1	QL (30 EA per 30 days) MO; HRM
tolterodine tartrate	1	QL (60 EA per 30 days) MO; HRM
tolterodine tartrate er	1	QL (30 EA per 30 days) MO; HRM
TOVIAZ	3	QL (30 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
trospium chloride	1	QL (60 EA per 30 days) MO; HRM
trospium chloride er	1	QL (30 EA per 30 days) MO; HRM
VESICARE	3	QL (30 EA per 30 days) MO; HRM
VESICARE LS	3	QL (300 ML per 30 days); HRM
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREAM 2%	3	MO
CLEOCIN SUPPOSITORY 100MG	3	MO
clindamycin phosphate vaginal cream 2%	1	MO
CLINDESSE	3	QL (5 GM per 30 days) MO
GYNAZOLE-1	3	MO
metronidazole vaginal gel 0.75%	1	MO
miconazole 3 vaginal suppository	1	MO
NUVESSA	3	MO
terconazole vaginal cream, suppository	1	MO
VANDAZOLE	3	MO
XACIATO	3	
HEMATOLOGIC		
ANTICOAGULANTS		
argatroban	1	
ARIXTRA INJECTION 2.5MG/0.5ML	3	MO
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	4	MO
dabigatran etexilate	1	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (74 EA per 30 days) MO
enoxaparin sodium	1	MO
fondaparinux sodium injection 2.5mg/0.5ml	1	MO

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

Drug name	Drug tier	Requirements/Limits
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	4	MO
FRAGMIN INJECTION 10000UNIT/4ML	3	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	3	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	4	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	3	
HEPARIN SODIUM/DEXTROSE 25000UNIT/250ML (100UNIT/ML)	3	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHLORIDE 0.45%	2	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	2	
heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	1	MO
jantoven	1	MO
LOVENOX INJECTION 120MG/0.8ML, 300MG/3ML, 30MG/0.3ML	3	MO
LOVENOX INJECTION 100MG/ML, 150MG/ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	4	MO
PRADAXA CAPSULE 110MG	3	QL (120 EA per 30 days) MO
PRADAXA CAPSULE 150MG, 75MG	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
PRADAXA PACKET 110MG, 30MG, 40MG, 50MG	3	QL (120 EA per 30 days)
PRADAXA PACKET 150MG, 20MG	3	QL (60 EA per 30 days)
SAVAYSA	3	QL (30 EA per 30 days) ST MO
warfarin sodium	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	2	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE INJECTION 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 500MCG/ML	4	QL (1 ML per 21 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 150MCG/0.3ML	4	QL (1.2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 200MCG/0.4ML	4	QL (1.6 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML	4	QL (2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 300MCG/0.6ML	4	QL (2.4 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/ML, 200MCG/ML	4	QL (4 ML per 28 days) PA; ACS
EPOGEN	3	QL (12 ML per 28 days) PA; ACS
FULPHILA	4	PA; ACS
FYLNETRA	4	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
GRANIX INJECTION 480MCG/1.6ML	3	PA; ACS
GRANIX INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML	4	PA; ACS
LEUKINE	4	PA; ACS
MOZOBIL	4	PA LA; ACS
NEULASTA	4	PA; ACS
NEULASTA ONPRO KIT	4	PA; ACS
NEUPOGEN	4	PA; ACS
NIVESTYM	4	PA; ACS
NPLATE	4	PA; ACS
NYVEPRIA	4	PA; ACS
plerixafor	4	PA; ACS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	4	PA; ACS
RELEUKO	4	PA LA; ACS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
RETACRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	4	PA; ACS
ROLVEDON	4	PA LA; ACS
UDENYCA	4	PA; ACS
ZARXIO	4	PA; ACS
ZIEXTENZO	4	PA; ACS
MISCELLANEOUS		
ADAKVEO	4	PA; ACS
AGRYLIN	3	MO
AMICAR	4	MO
aminocaproic acid injection	1	
aminocaproic acid oral solution, tablet	4	MO
anagrelide hydrochloride	1	MO

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

Drug name	Drug tier	Requirements/Limits
BERINERT	4	QL (24 EA per 30 days) PA LA; ACS
CABLIVI	4	PA LA MO
cilostazol	1	MO
CINRYZE	4	QL (20 EA per 30 days) PA LA; ACS
CYKLOKAPRON	3	
DOPTELET	4	QL (60 EA per 30 days) PA LA; ACS
DROXIA	2	MO
EMPAVELI	4	QL (200 ML per 30 days) PA LA MO
ENDARI	4	PA LA; ACS
ENJAYMO	4	PA LA; ACS
FIRAZYR	4	QL (27 ML per 30 days) PA; ACS
GIVLAARI	4	PA LA MO
HAEGARDA INJECTION 3000UNIT	4	QL (20 EA per 30 days) PA LA; ACS
HAEGARDA INJECTION 2000UNIT	4	QL (30 EA per 30 days) PA LA; ACS
icatibant acetate	4	QL (27 ML per 30 days) PA; ACS
KALBITOR	4	QL (12 ML per 30 days) PA LA; ACS
MULPLETA	4	QL (14 EA per 365 days) PA; ACS
ORLADEYO	4	QL (28 EA per 28 days) PA LA MO
OXBRYTA TABLET SOLUBLE	4	QL (150 EA per 30 days) PA LA; ACS
OXBRYTA TABLET	4	QL (90 EA per 30 days) PA LA; ACS
pentoxifylline er	1	MO
PROMACTA PACKET 25MG	4	QL (180 EA per 30 days) PA LA; ACS
PROMACTA PACKET 12.5MG	4	QL (360 EA per 30 days) PA LA; ACS
PROMACTA TABLET 12.5MG, 25MG	4	QL (30 EA per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
PROMACTA TABLET 50MG, 75MG	4	QL (60 EA per 30 days) PA LA; ACS
PYRUKYND	4	QL (56 EA per 28 days) PA LA MO
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	4	QL (14 EA per 14 days) PA LA MO
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	4	QL (7 EA per 7 days) PA LA MO
REBLOZYL	4	PA LA; ACS
RUCONEST	4	QL (12 EA per 30 days) PA LA; ACS
sajazir	4	QL (27 ML per 30 days) PA LA
SIKLOS TABLET 100MG	3	PA MO
SIKLOS TABLET 1000MG	4	PA MO
SOLIRIS	4	PA LA; ACS
TAKHZYRO INJECTION 150MG/ML	4	QL (2 ML per 28 days) PA LA; ACS
TAKHZYRO INJECTION 300MG/2ML	4	QL (4 ML per 28 days) PA LA; ACS
TAVALISSE	4	QL (60 EA per 30 days) PA LA
TAVNEOS	4	QL (180 EA per 30 days) PA LA MO
tranexamic acid injection	1	
tranexamic acid tablet	1	MO
ULTOMIRIS	4	PA LA; ACS
PLATELET AGGREGATION INHIBITORS		
aspirin/dipyridamole er	1	QL (60 EA per 30 days) MO
BRILINTA	2	MO
clopidogrel tablet 300mg	1	QL (2 EA per 365 days) MO
clopidogrel tablet 75mg	1	QL (30 EA per 30 days) MO
dipyridamole tablet	1	PA MO
EFFIENT	3	MO
PLAVIX	3	QL (30 EA per 30 days) ST MO
prasugrel	1	MO
ZONTIVITY	3	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA ACTPEN	4	QL (3.6 ML per 28 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
ACTEMRA INJECTION 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA; ACS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	QL (40 ML per 28 days) PA LA; ACS
ADBRY	4	QL (56 ML per 365 days) PA LA; ACS
AMJEVITA INJECTION 20MG/0.4ML	4	QL (10.4 ML per 365 days) PA; ACS
AMJEVITA INJECTION 40MG/0.8ML	4	QL (44.8 ML per 365 days) PA; ACS
AMJEVITA INJECTION 10MG/0.2ML	4	QL (5.2 ML per 365 days) PA; ACS
AVSOLA	4	PA LA; ACS
CIBINQO	4	QL (30 EA per 30 days) PA; ACS
CIMZIA	4	QL (2 EA per 28 days) PA; ACS
CIMZIA STARTER KIT	4	QL (6 EA per 365 days) PA; ACS
COSENTYX SENSOREADY PEN	4	QL (32 ML per 365 days) PA LA; ACS
COSENTYX UNOREADY	4	QL (32 ML per 365 days) PA LA; ACS
COSENTYX INJECTION 150MG/ML	4	QL (32 ML per 365 days) PA LA; ACS
COSENTYX INJECTION 75MG/0.5ML	4	QL (8 ML per 365 days) PA LA; ACS
DUPIXENT INJECTION 100MG/0.67ML	4	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	4	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	4	QL (8 ML per 28 days) PA; ACS
ENBREL	4	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	4	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	4	QL (8 ML per 28 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
ENTYVIO	4	QL (8 EA per 365 days) PA LA; ACS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	4	PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	4	PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	4	PA; ACS
HUMIRA PEN-PS/UV STARTER	4	PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML	4	PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	4	QL (2 EA per 28 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	4	QL (6 EA per 28 days) PA; ACS
ILUMYA	4	PA LA; ACS
INFLECTRA	4	PA LA; ACS
INFLIXIMAB	4	PA LA; ACS
KEVZARA	4	QL (2.28 ML per 28 days) PA; ACS
KINERET	4	QL (18.76 ML per 28 days) PA MO
LITFULO	4	QL (28 EA per 28 days) PA LA
OLUMIANT	4	QL (30 EA per 30 days) PA LA; ACS
ORENCIA CLICKJECT	4	QL (4 ML per 28 days) PA; ACS
ORENCIA INJECTION 250MG	4	PA; ACS
ORENCIA INJECTION 50MG/0.4ML	4	QL (1.6 ML per 28 days) PA; ACS
ORENCIA INJECTION 87.5MG/0.7ML	4	QL (2.8 ML per 28 days) PA; ACS
ORENCIA INJECTION 125MG/ML	4	QL (4 ML per 28 days) PA; ACS
OTEZLA TABLET THERAPY PACK	4	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET	4	QL (60 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
REMICADE	4	PA LA; ACS
RENFLEXIS	4	PA LA; ACS
RINVOQ	4	QL (30 EA per 30 days) PA; ACS
SILIQ	4	QL (4.5 ML per 28 days) PA; ACS
SIMPONI ARIA	4	PA; ACS
SIMPONI INJECTION 50MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS
SIMPONI INJECTION 100MG/ML	4	QL (3 ML per 28 days) PA; ACS
SKYRIZI PEN	4	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	4	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	4	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	4	QL (60 ML per 365 days) PA; ACS
SOTYKTU	4	QL (30 EA per 30 days) PA LA; ACS
SPEVIGO	4	PA LA MO
STELARA INJECTION 45MG/0.5ML VIAL	4	QL (0.5 ML per 28 days) PA LA; ACS
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	4	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA LA; ACS
TALTZ	4	QL (3 ML per 28 days) PA LA; ACS
TREMFYA	4	QL (1 ML per 28 days) PA; ACS
XELJANZ XR	4	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	4	QL (480 ML per 24 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
XELJANZ TABLET	4	QL (60 EA per 30 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA	4	QL (30 EA per 30 days) MO
HYDROXYCHLOROQUINE SULFATE TABLET 100MG, 300MG, 400MG	3	MO
hydroxychloroquine sulfate tablet 200mg	1	MO
leflunomide	1	QL (30 EA per 30 days) MO
methotrexate sodium tablet 2.5mg	1	MO
OTREXUP	3	QL (1.6 ML per 28 days); ACS
PLAQUENIL	3	MO
RASUVO INJECTION 7.5MG/0.15ML	3	QL (0.6 ML per 28 days); ACS
RASUVO INJECTION 10MG/0.2ML	3	QL (0.8 ML per 28 days); ACS
RASUVO INJECTION 12.5MG/0.25ML	3	QL (1 ML per 28 days); ACS
RASUVO INJECTION 15MG/0.3ML	3	QL (1.2 ML per 28 days); ACS
RASUVO INJECTION 17.5MG/0.35ML	3	QL (1.4 ML per 28 days); ACS
RASUVO INJECTION 20MG/0.4ML	3	QL (1.6 ML per 28 days); ACS
RASUVO INJECTION 22.5MG/0.45ML	3	QL (1.8 ML per 28 days); ACS
RASUVO INJECTION 25MG/0.5ML	3	QL (2 ML per 28 days); ACS
RASUVO INJECTION 30MG/0.6ML	3	QL (2.4 ML per 28 days); ACS
REDITREX INJECTION 7.5MG/0.3ML	3	QL (1.2 ML per 28 days); ACS
REDITREX INJECTION 10MG/0.4ML	3	QL (1.6 ML per 28 days); ACS
REDITREX INJECTION 12.5MG/0.5ML	3	QL (2 ML per 28 days); ACS
REDITREX INJECTION 15MG/0.6ML	3	QL (2.4 ML per 28 days); ACS

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

Drug name	Drug tier	Requirements/Limits
REDITREX INJECTION 17.5MG/0.7ML	3	QL (2.8 ML per 28 days); ACS
REDITREX INJECTION 20MG/0.8ML	3	QL (3.2 ML per 28 days); ACS
REDITREX INJECTION 22.5MG/0.9ML	3	QL (3.6 ML per 28 days); ACS
REDITREX INJECTION 25MG/ML	3	QL (4 ML per 28 days); ACS
RIDAURA	4	MO
TREXALL	3	MO
XATMEP	3	MO
IMMUNOGLOBULINS		
ASCENIV	4	PA; ACS
BIVIGAM	4	PA LA; ACS
CUTAQUIG	4	PA LA; ACS
CUVITRU	4	PA LA; ACS
CYTOGAM	4	ACS
FLEBOGAMMA DIF	4	PA; ACS
GAMASTAN	2	B/D LA; ACS
GAMMAGARD LIQUID	4	PA; ACS
GAMMAGARD S/D INJ LESS THAN 1MCG/ML 5GM	4	PA; ACS
GAMMAKED	4	PA; ACS
GAMMAPLEX	4	PA LA; ACS
GAMUNEX-C	4	PA; ACS
HEPAGAM B	3	ACS
HIZENTRA	4	PA LA; ACS
HYPERHEP B	3	ACS
HYPERRAB INJECTION 300UNIT/ML	3	
HYPERRAB INJECTION 1500UNIT/5ML, 900UNIT/3ML	4	
HYPERRHO S/D	3	ACS
HYPERRHO S/D MINI-DOSE	3	ACS
HYPERTET	3	
HYQVIA	4	PA LA; ACS
IMOGAM RABIES-HT	3	
KEDRAB INJECTION 300UNIT/2ML	3	

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

Drug name	Drug tier	Requirements/Limits
KEDRAB INJECTION 1500UNIT/10ML	4	
MICRHOGAM ULTRA-FILTERED PLUS	3	ACS
NABI-HB	3	ACS
OCTAGAM	4	PA; ACS
PANZYGA	4	PA; ACS
PRIVIGEN	4	PA; ACS
RHOGAM ULTRA-FILTERED PLUS	3	ACS
RHOPHYLAC	3	ACS
VARIZIG	4	ACS
WINRHO SDF	3	ACS
XEMBIFY	4	PA LA; ACS
IMMUNOMODULATORS		
ACTIMMUNE	4	PA LA; ACS
ARCALYST	4	PA LA; ACS
BEYFORTUS	3	
GRASTEK	3	QL (30 EA per 30 days) PA MO
ILARIS	4	QL (2 ML per 28 days) PA LA; ACS
JOENJA	4	QL (60 EA per 30 days) PA LA MO
ODACTRA	3	QL (30 EA per 30 days) PA MO
ORALAIR	3	QL (30 EA per 30 days) PA LA MO; ACS
PALFORZIA INITIAL DOSE ESCALATION	3	QL (26 EA per 365 days) PA LA MO; ACS
PALFORZIA LEVEL 1	3	QL (90 EA per 365 days) PA LA MO; ACS
PALFORZIA LEVEL 10	3	QL (120 EA per 365 days) PA LA MO; ACS
PALFORZIA LEVEL 11 (MAINTENANCE)	3	QL (30 EA per 30 days) PA LA MO; ACS
PALFORZIA LEVEL 11 (TITRATION)	3	QL (30 EA per 365 days) PA LA MO; ACS
PALFORZIA LEVEL 2	3	QL (180 EA per 365 days) PA LA MO; ACS

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

Drug name	Drug tier	Requirements/Limits
PALFORZIA LEVEL 3	3	QL (90 EA per 365 days) PA LA MO; ACS
PALFORZIA LEVEL 4	3	QL (30 EA per 365 days) PA LA MO; ACS
PALFORZIA LEVEL 5	3	QL (60 EA per 365 days) PA LA MO; ACS
PALFORZIA LEVEL 6	3	QL (120 EA per 365 days) PA LA MO; ACS
PALFORZIA LEVEL 7	3	QL (60 EA per 365 days) PA LA MO; ACS
PALFORZIA LEVEL 8	3	QL (120 EA per 365 days) PA LA MO; ACS
PALFORZIA LEVEL 9	3	QL (60 EA per 365 days) PA LA MO; ACS
RAGWITEK	3	QL (30 EA per 30 days) PA MO
RYSTIGGO	4	QL (24 ML per 28 days) PA LA
SYNAGIS	4	ACS
VYVGART	4	QL (240 ML per 28 days) PA LA; ACS
VYVGART HYTRULO	4	QL (22.4 ML per 28 days) PA LA
ZINPLAVA	4	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	4	B/D MO
ATGAM	4	B/D
azasan	1	B/D
AZATHIOPRINE INJECTION	3	B/D
azathioprine tablet	1	B/D MO
BENLYSTA	4	PA LA; ACS
CELLCEPT	4	B/D MO
CELLCEPT IV SOLUTION	3	B/D
cyclosporine modified capsule, oral solution	1	B/D MO

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

Drug name	Drug tier	Requirements/Limits
cyclosporine capsule 100mg, 25mg	1	B/D MO
cyclosporine injection 50mg/ml	1	B/D MO
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D MO
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	4	B/D MO
everolimus tablet 0.25mg	1	B/D MO
everolimus tablet 0.5mg, 0.75mg, 1mg	4	B/D MO
gengraf capsule	1	B/D
gengraf solution	1	B/D MO
IMURAN	3	B/D MO
LUPKYNIS	4	QL (180 EA per 30 days) PA LA MO
mycophenolate mofetil capsule, injection, tablet	1	B/D MO
mycophenolate mofetil oral suspension reconstituted	4	B/D MO
mycophenolic acid dr	1	B/D MO
MYFORTIC TABLET DELAYED RELEASE 180MG	3	B/D MO
MYFORTIC TABLET DELAYED RELEASE 360MG	4	B/D MO
NEORAL	3	B/D MO
NULOJIX	4	B/D
PROGRAF INJECTION	3	B/D
PROGRAF GRANULES	3	B/D MO
PROGRAF CAPSULE 0.5MG, 1MG	3	B/D MO
PROGRAF CAPSULE 5MG	4	B/D MO
RAPAMUNE SOLUTION	4	B/D MO
RAPAMUNE TABLET 0.5MG	3	B/D MO
RAPAMUNE TABLET 1MG, 2MG	4	B/D MO
REZUROCK	4	QL (30 EA per 30 days) PA LA MO
SANDIMMUNE INJECTION	3	B/D
SANDIMMUNE ORAL SOLUTION	3	B/D MO

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

Drug name	Drug tier	Requirements/Limits
SANDIMMUNE CAPSULE 25MG	3	B/D MO
SANDIMMUNE CAPSULE 100MG	4	B/D MO
SAPHNELO	4	QL (2 ML per 28 days) PA LA; ACS
SIMULECT	4	B/D
sirolimus tablet	1	B/D MO
sirolimus solution	4	B/D MO
tacrolimus capsule 0.5mg, 1mg, 5mg	1	B/D MO
THYMOGLOBULIN	4	B/D
ZORTRESS	4	B/D MO
VACCINES		
ABRYSVO	2	
ACTHIB	1	
ADACEL	1	
AREXVY	2	
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL	1	
DENGVAXIA	1	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	1	
ENGERIX-B	1	B/D
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXIARO	1	
JYNNEOS	1	B/D
KINRIX	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	

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

Drug name	Drug tier	Requirements/Limits
PEDIARIX	1	
PEDVAX HIB	1	
PENTACEL	1	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA per 999 days)
TDVAX	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
CALCIUM GLUCONATE INJECTION SOLUTION 10%	3	
DEXTROSE 10%/NACL 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10%/NACL 0.2%	3	
DEXTROSE 2.5%/NACL 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS	3	
DEXTROSE 5%/NACL 0.2%	3	
dextrose 5%/nacl 0.3%	1	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/NACL 0.45%	3	
DEXTROSE 5%/NACL 0.9%	3	MO
DEXTROSE 5%/NACL 0.225%	3	

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

Drug name	Drug tier	Requirements/Limits
hyperlyte-cr	1	B/D
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D
ISOLYTE-S PH 7.4	3	B/D
KCL 0.075%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.2%	3	
KCL 0.15%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
lactated ringers	1	
magnesium sulfate in d5w injection 1gm/100ml	1	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%	1	
multiple electrolytes injection type 1	1	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
POTASSIUM ACETATE SOLUTION 100MEQ; 50ML	3	
POTASSIUM CHLORIDE/ DEXTROSE	3	
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS	3	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	3	
POTASSIUM CHLORIDE/ SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	3	
potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%	1	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	

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

Drug name	Drug tier	Requirements/Limits
potassium chloride injection 2meq/ml	1	MO
potassium phosphate solution 3mmol/ml	1	
RINGERS INJECTION	2	
SODIUM ACETATE INJECTION 2MEQ/ML	3	
sodium acetate injection 4meq/ml	1	
SODIUM BICARBONATE INJECTION 7.5%	3	
sodium bicarbonate injection 4.2%	1	
sodium bicarbonate injection 8.4%	1	MO
sodium chloride 0.45%	1	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	3	MO
sodium chloride injection 0.9%, 3%, 4meq/ml	1	MO
sodium phosphate i.v. solution 45mmol/15ml, 15mmol/5ml	1	
sodium phosphates i.v. solution 150mmol/50ml	1	
TPN ELECTROLYTES	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
adc/fluoride drops	1	MO
C-NATE DHA	2	MO
CITRANATAL 90 DHA	2	MO
CITRANATAL B-CALM	2	MO
CITRANATAL BLOOM	2	MO
CITRANATAL HARMONY	2	MO
CITRANATAL MEDLEY	2	MO
COMPLETENATE	2	MO
CONCEPT DHA	2	MO
CONCEPT OB	2	MO
DUET DHA 400	2	MO
DUET DHA BALANCED	2	MO

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

Drug name	Drug tier	Requirements/Limits
EFFER-K TABLET EFFERVESCENT 0.84GM; 1GM, 1.68GM; 2GM	3	MO
effer-k tablet effervescent 25meq	1	MO
ELITE-OB	2	MO
ENBRACE HR	2	MO
FLORIVA DROPS, CHEWABLE TABLET	3	MO
fluoride chewable tablet	1	MO
fluoritab drops	1	
FOLIVANE-OB	2	MO
K-TAB	3	MO
klor-con 10	1	
klor-con 8	1	
klor-con effervescent tablet	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con powder packet 20meq	1	
M-NATAL PLUS	2	MO
multi-vitamin/fluoride drops	1	MO
multi-vitamin/fluoride/iron drops	1	MO
multivitamin/fluoride chewable tablet 1mg, 0.5mg, 0.25mg	1	MO
NATACHEW	2	MO
NEONATAL 19	2	
NEONATAL COMPLETE	2	MO
NEONATAL FE	2	
NEONATAL PLUS	2	MO
NESTABS	2	MO
NESTABS ONE	2	MO
NIVA-PLUS	2	MO
OB COMPLETE	2	MO
OB COMPLETE ONE	2	MO
OB COMPLETE PETITE	2	MO
OB COMPLETE PREMIER	2	MO
OB COMPLETE/DHA	2	MO

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

Drug name	Drug tier	Requirements/Limits
PNV PRENATAL PLUS MULTIVITAMIN	2	MO
pnv-dha	1	MO
PNV-DHA+DOCUSATE	2	MO
PNV-OMEGA	2	MO
pnv-select	1	MO
POLY-VI-FLOR CHEWABLE TABLET, SUSPENSION	3	MO
POLY-VI-FLOR/IRON CHEWABLE TABLET, SUSPENSION	3	MO
potassium chloride er capsule extended release	1	MO
potassium chloride er tablet extended release 15meq	1	
potassium chloride er tablet extended release 10meq, 20meq, 8meq	1	MO
potassium chloride packet 20meq	1	MO
potassium chloride oral solution 10%, 20%	1	MO
PRENAISSANCE	2	MO
PRENAISSANCE PLUS	2	MO
PRENATAL	2	MO
PRENATAL PLUS	2	MO
PRENATE	2	MO
PRENATE AM	2	MO
PRENATE DHA	2	MO
PRENATE ELITE	2	MO
PRENATE ENHANCE	2	MO
PRENATE ESSENTIAL	2	MO
PRENATE MINI	2	MO
PRENATE PIXIE	2	MO
PRENATE RESTORE	2	MO
PRENATVITE COMPLETE	2	
PRENATVITE PLUS	2	
PRIMACARE	2	MO
PROVIDA OB	2	MO
QUFLORA FE PEDIATRIC LIQUID	3	

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

Drug name	Drug tier	Requirements/Limits
QUFLORA FE TABLET CHEWABLE	3	
QUFLORA PEDIATRIC TABLET CHEWABLE	3	MO
QUFLORA PEDIATRIC SOLUTION 0.5MG/ML	3	
QUFLORA PEDIATRIC SOLUTION 0.25 MG/ML	3	MO
SE-NATAL 19	2	MO
SELECT-OB CHEWABLE TABLET 29MG; 1MG	2	
SELECT-OB CHEWABLE TABLET 29MG; 0.6MG; 0.4MG	2	MO
sodium fluoride oral solution 0.5mg/ml	1	MO
sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg	1	MO
TARON-C DHA	2	MO
THRIVITE RX	2	MO
TRI-VI-FLOR	3	MO
tri-vite/fluoride	1	MO
TRICARE PRENATAL TABLET	2	MO
TRINATAL RX 1	2	MO
TRISTART DHA	2	MO
TRISTART FREE	2	
TRISTART ONE	2	
VIRT-NATE DHA	2	MO
VIRT-PN DHA	2	MO
VITAFOL GUMMIES	2	MO
VITAFOL STRIPS	2	
VITAFOL ULTRA	2	MO
VITAFOL-NANO	2	MO
VITAFOL-OB	2	MO
VITAFOL-ONE	2	MO
WESCAP-C DHA	2	MO
WESCAP-PN DHA	2	MO
WESNATE DHA	2	MO
WESTAB PLUS	2	MO
WESTGEL DHA	2	MO

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

Drug name	Drug tier	Requirements/Limits
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
clinisol sf 15%	1	B/D MO
CLINOLIPID	2	B/D
dextrose 10%	1	
DEXTROSE 25%	3	B/D
dextrose 5%	1	MO
DEXTROSE 50%	2	B/D
DEXTROSE 70%	2	B/D
HEPATAMINE	3	B/D
INTRALIPID INJECTION 20GM/100ML	2	B/D
INTRALIPID INJECTION 30GM/100ML	3	B/D
KABIVEN	3	B/D
NUTRILIPID	2	B/D
OMEGAVEN	4	B/D
PERIKABIVEN	3	B/D
plenamine	1	B/D
POTASSIUM PHOSPHATES	3	
PREMASOL	4	B/D

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

Drug name	Drug tier	Requirements/Limits
PROSOL	3	B/D
SMOFLIPID	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
MAXITROL	3	MO
neo-polycin hc ophthalmic ointment	1	
neomycin/polymyxin/bacitracin/ hydrocortisone	1	MO
neomycin/polymyxin/ dexamethasone ophthalmic suspension, ophthalmic ointment	1	MO
neomycin/polymyxin/ hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml	1	MO
sulfacetamide sodium/ prednisolone sodium phosphate	1	MO
TOBRADEX ST	2	MO
TOBRADEX OINTMENT	2	MO
TOBRADEX SUSPENSION	3	MO
tobramycin/dexamethasone	1	MO
ZYLET	2	MO
ANTI-INFECTIVES		
AZASITE	3	MO
bacitracin/polymyxin b ophthalmic ointment	1	MO
bacitracin ointment 500unit/gm	1	MO
BESIVANCE	2	MO
BETADINE OPHTHALMIC PREP	3	MO
CILOXAN OINTMENT	2	QL (42 GM per 30 days) MO
ciprofloxacin hydrochloride ophthalmic solution 0.3%	1	QL (30 ML per 30 days) MO
erythromycin ointment 5mg/gm	1	QL (42 GM per 30 days) MO
gatifloxacin ophthalmic solution	1	QL (20 ML per 30 days) MO
gentamicin sulfate ophthalmic solution 0.3%	1	QL (30 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
levofloxacin ophthalmic solution 1.5%	1	QL (20 ML per 30 days)
levofloxacin ophthalmic solution 0.5%	1	QL (30 ML per 30 days) MO
moxifloxacin hydrochloride ophthalmic solution 0.5%	1	QL (12 ML per 30 days) MO
NATACYN	3	MO
neo-polycin ophthalmic ointment	1	
neomycin/bacitracin/polymyxin ophthalmic ointment	1	MO
neomycin/polymyxin/gramicidin	1	MO
OCUFLOX	3	QL (60 ML per 30 days) MO
ofloxacin ophthalmic solution 0.3%	1	QL (60 ML per 30 days) MO
polycin	1	
polymyxin b sulfate/trimethoprim sulfate	1	MO
POLYTRIM	3	MO
sulfacetamide sodium ointment 10%	1	MO
sulfacetamide sodium ophthalmic solution 10%	1	QL (90 ML per 30 days) MO
tobramycin solution 0.3%	1	QL (30 ML per 30 days) MO
TOBREX	3	MO
trifluridine	1	MO
VIGAMOX	3	QL (12 ML per 30 days) MO
XDEMVY	4	QL (10 ML per 42 days) PA LA; ACS
ZIRGAN	3	MO
ZYMAXID	3	QL (20 ML per 30 days) MO
ANTI-INFLAMMATORIES		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL	3	MO
ALREX	2	MO
bromfenac ophthalmic solution	1	MO
BROMSITE	3	MO

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

Drug name	Drug tier	Requirements/Limits
dexamethasone sodium phosphate ophthalmic solution 0.1%	1	MO
DEXYCU	4	LA
diclofenac sodium ophthalmic solution 0.1%	1	QL (10 ML per 30 days) MO
difluprednate	1	MO
DUREZOL	3	MO
EYSUVIS	3	MO
FLAREX	3	MO
FLUOROMETHOLONE	2	MO
flurbiprofen sodium ophthalmic solution 0.03%	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
ILEVRO	3	MO
INVELTYS	3	MO
ketorolac tromethamine ophthalmic solution 0.4%, 0.5%	1	MO
LOTEMAX SM	2	MO
LOTEMAX OINTMENT	2	MO
LOTEMAX GEL, SUSPENSION	3	MO
loteprednol etabonate	1	MO
MAXIDEX	3	MO
NEVANAC	3	MO
OZURDEX	4	ACS
PRED FORTE	3	MO
PRED MILD	3	MO
prednisolone acetate ophthalmic suspension 1%	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
PROLENSA	2	MO
TRIESENCE	3	MO
XIPERE	4	PA LA MO
YUTIQ	4	LA MO
ANTIALLERGICS		
ALOCRIL	3	MO

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

Drug name	Drug tier	Requirements/Limits
ALOMIDE	3	MO
azelastine hcl ophthalmic solution 0.05%	1	MO
bepotastine besilate	1	MO
BEPREVE	3	MO
cromolyn sodium ophthalmic solution 4%	1	MO
epinastine hcl	1	MO
olopatadine hcl ophthalmic solution 0.1%	1	MO
olopatadine hydrochloride ophthalmic solution 0.2%	1	MO
ZERVIATE	3	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLUTION 0.1%	2	MO
ALPHAGAN P SOLUTION 0.15%	3	MO
apraclonidine	1	MO
AZOPT	3	MO
betaxolol hcl solution 0.5%	1	MO
BETIMOL	3	MO
BETOPTIC-S	2	MO
bimatoprost	1	MO
brimonidine tartrate/timolol maleate	1	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	2	MO
brimonidine tartrate solution 0.2%	1	MO
brinzolamide	1	MO
carteolol hcl	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT PF	3	MO
dorzolamide hcl/timolol maleate	1	MO
dorzolamide hydrochloride	1	MO
dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free	1	MO
DURYSTA	4	PA MO; ACS

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

Drug name	Drug tier	Requirements/Limits
IOPIDINE	4	MO
ISTALOL	3	MO
latanoprost ophthalmic solution	1	MO
levobunolol hcl	1	MO
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic solution	1	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
tafluprost	1	ST MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	3	MO
timolol maleate solution 0.25%, 0.5%	1	MO
TIMOPTIC	3	MO
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE	3	MO
TRAVATAN Z	3	MO
travoprost	1	MO
TRUSOPT	3	MO
VUITY	3	PA MO
VYZULTA	3	MO
XALATAN	3	MO
XELPROS	3	ST
ZIOPTAN	3	ST MO
MISCELLANEOUS		
ALCAINE	3	MO
atropine sulfate ointment 1%	1	MO
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	2	MO
BEOVU	4	PA LA; ACS
BYOOVIZ	4	PA LA; ACS
CEQUA	3	QL (60 EA per 30 days) PA MO
CIMERLI	4	PA LA; ACS
CYCLOGYL	3	MO

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

Drug name	Drug tier	Requirements/Limits
cyclopentolate hcl ophthalmic solution 1%	1	MO
cyclosporine emulsion 0.05%	1	QL (60 EA per 30 days) MO
CYSTADROPS	4	PA LA MO
CYSTARAN	4	PA LA MO
EYLEA	4	PA LA; ACS
ISOPTO ATROPINE	2	MO
LACRISERT	3	MO
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3MG/0.05ML	4	PA LA; ACS
LUCENTIS SOLUTION PREFILLED SYRINGE 0.5MG/0.05ML	4	PA; ACS
MIEBO	4	QL (12 ML per 30 days) PA
OXERVATE	4	QL (28 ML per 28 days) PA LA MO
PHENYLEPHRINE HCL OPHTHALMIC SOLUTION 10%, 2.5%	3	MO
proparacaine hcl	1	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
SUSVIMO	4	PA LA; ACS
SYFOVRE	4	PA LA MO
TETRACAINE HYDROCHLORIDE OPHTHALMIC SOLUTION 0.5%	3	MO
TYRVAYA	3	QL (8.4 ML per 30 days) MO
VABYSMO	4	PA LA; ACS
VERKAZIA	4	QL (120 EA per 30 days) PA MO
XIIDRA	2	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
acetic acid otic solution 0.25%	1	MO
CETRAXAL	3	MO
CIPRO HC	3	MO
CIPRODEX	3	MO

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

Drug name	Drug tier	Requirements/Limits
CIPROFLOXACIN OTIC SOLUTION 0.2%	2	MO
ciprofloxacin/dexamethasone	1	MO
CIPROFLOXACIN/ FLUOCINOLONE ACETONIDE PF	3	MO
CORTISPORIN-TC	3	MO
DERMOTIC	3	MO
flac otic oil	1	
fluocinolone acetonide otic oil 0.01%	1	MO
hydrocortisone/acetic acid otic solution	1	MO
neomycin/polymyxin/hc otic solution 1%	1	MO
neomycin/polymyxin/ hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	1	MO
ofloxacin otic solution 0.3%	1	MO
OTOVEL	3	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
DUAKLIR PRESSAIR	3	QL (1 EA per 30 days) ST MO
ipratropium bromide/albuterol sulfate nebulized solution	1	B/D MO
STIOLTO RESPIMAT	3	QL (4 GM per 30 days) MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
ipratropium bromide inhalation solution 0.02%	1	B/D MO
ipratropium bromide nasal solution 0.03%	1	QL (30 ML per 28 days) MO
ipratropium bromide nasal solution 0.06%	1	QL (45 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days) MO
YUPELRI	4	QL (90 ML per 30 days) PA MO
ANTIHISTAMINE COMBINATIONS		
azelastine hydrochloride/ fluticasone propionate	1	QL (23 GM per 30 days) MO
CLARINEX-D 12 HOUR	3	MO
DYMISTA	3	QL (23 GM per 30 days) MO
promethazine vc	1	PA MO; HRM
RYALTRIS	3	MO
ANTIHISTAMINES		
azelastine hcl nasal solution 0.1%	1	QL (30 ML per 25 days) MO
azelastine hcl nasal solution 0.15%	1	QL (30 ML per 25 days) MO
carbinoxamine maleate solution	1	PA MO
CARBINOXAMINE MALEATE TABLET 6MG	4	PA MO
carbinoxamine maleate tablet 4mg	1	PA MO
cetirizine hydrochloride oral solution 1mg/ml	1	QL (300 ML per 30 days) MO
CLARINEX	3	QL (30 EA per 30 days) MO
CLEMASTINE FUMARATE SYRUP	4	QL (1800 ML per 30 days) PA
clemastine fumarate tablet	1	PA MO
cyproheptadine hcl syrup	1	PA MO; HRM
cyproheptadine hydrochloride tablet	1	PA MO; HRM
desloratadine	1	QL (30 EA per 30 days) MO
desloratadine odt	1	QL (30 EA per 30 days) MO
diphenhydramine hcl injection	1	MO; HRM
diphenhydramine hcl elixir	1	PA; HRM
hydroxyzine hcl tablet	1	PA MO; HRM
hydroxyzine hydrochloride injection, syrup 10mg/5ml	1	PA MO; HRM
hydroxyzine pamoate capsule	1	PA MO; HRM
levocetirizine dihydrochloride solution	1	MO

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

Drug name	Drug tier	Requirements/Limits
levocetirizine dihydrochloride tablet	1	QL (30 EA per 30 days) MO
olopatadine hcl nasal solution 0.6%	1	QL (30.5 GM per 30 days) MO
QUZYTTIR	4	PA MO
ryclora	1	PA MO; HRM
RYVENT	3	PA MO
VISTARIL	3	PA MO; HRM
BETA AGONISTS		
albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act	1	QL (13.4 GM per 30 days) MO
albuterol sulfate hfa (generic ProAir HFA) aers 108mcg/act	1	QL (17 GM per 30 days) MO
albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act	1	QL (36 GM per 30 days) MO
albuterol sulfate nebulization solution	1	B/D MO
albuterol sulfate syrup, tablet	1	MO
ARFORMOTEROL TARTRATE	3	QL (120 ML per 30 days) PA MO
BROVANA	4	QL (120 ML per 30 days) PA MO
formoterol fumarate	4	QL (120 ML per 30 days) PA MO
levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 0.125mg/3ml	1	B/D MO
levalbuterol nebulization solution 1.25mg/0.5ml	1	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
PERFOROMIST	4	QL (120 ML per 30 days) PA MO
PROAIR DIGIHALER	3	QL (2 EA per 30 days) PA MO
PROAIR RESPICLICK	3	QL (2 EA per 30 days) MO
PROVENTIL HFA	3	QL (13.4 GM per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days) MO
terbutaline sulfate injection, tablet	1	MO

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

Drug name	Drug tier	Requirements/Limits
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
XOPENEX HFA	3	QL (30 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
ACCOLATE	3	QL (60 EA per 30 days) MO
montelukast sodium tablet chewable, tablet, packet	1	QL (30 EA per 30 days) MO
SINGULAIR	3	QL (30 EA per 30 days) ST MO
zafirlukast	1	QL (60 EA per 30 days) MO
zileuton er	4	QL (120 EA per 30 days) MO
ZYFLO	4	QL (120 EA per 30 days) MO
MISCELLANEOUS		
acetylcysteine inhalation solution 10%, 20%	1	B/D MO
aminophylline	1	
ARALAST NP	4	PA LA; ACS
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL (2 EA per 30 days) MO
AUVI-Q INJECTION 0.3MG/0.3ML	3	QL (2 EA per 30 days) ST MO
AUVI-Q INJECTION 0.15MG/0.15ML	4	QL (2 EA per 30 days) ST MO
BRONCHITOL	4	QL (560 EA per 28 days) PA LA; ACS
BRONCHITOL TOLERANCE TEST	4	QL (560 EA per 28 days) PA LA; ACS
CINQAIR	4	PA LA; ACS
COCAINE HYDROCHLORIDE	3	PA
cromolyn sodium nebulization solution 20mg/2ml	1	B/D MO
DALIRESP	3	MO
elixophyllin	1	
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	1	QL (2 EA per 30 days) MO
EPIPEN 2-PAK	3	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO
ESBRIET CAPSULE	4	QL (270 EA per 30 days) PA LA; ACS
ESBRIET TABLET 267MG	4	QL (270 EA per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
ESBRIET TABLET 801MG	4	QL (90 EA per 30 days) PA LA; ACS
FASENRA	4	QL (1 ML per 28 days) PA LA; ACS
FASENRA PEN	4	QL (1 ML per 28 days) PA LA; ACS
GLASSIA	4	PA LA; ACS
GOPRELTO	3	PA
KALYDECO PACKET	4	QL (56 EA per 28 days) PA LA MO
KALYDECO TABLET	4	QL (60 EA per 30 days) PA LA MO
NUCALA INJECTION 40MG/0.4ML	4	QL (0.4 ML per 28 days) PA LA; ACS
NUCALA INJECTION 100MG	4	QL (3 EA per 28 days) PA LA; ACS
NUCALA INJECTION 100MG/ML	4	QL (3 ML per 28 days) PA LA; ACS
NUMBRINO	3	PA
OFEV	4	QL (60 EA per 30 days) PA LA; ACS
ORKAMBI TABLET	4	QL (112 EA per 28 days) PA LA MO
ORKAMBI PACKET	4	QL (56 EA per 28 days) PA LA MO
pirfenidone capsule	4	QL (270 EA per 30 days) PA; ACS
pirfenidone tablet 267mg	4	QL (270 EA per 30 days) PA; ACS
pirfenidone tablet 534mg, 801mg	4	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	4	PA LA MO
PULMOZYME	4	PA; ACS
roflumilast	1	MO
SYMDEKO	4	QL (56 EA per 28 days) PA LA
SYMJEPI	3	QL (2 EA per 30 days) MO
TEZSPIRE	4	QL (1.91 ML per 28 days) PA LA; ACS
THEO-24	3	MO

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

Drug name	Drug tier	Requirements/Limits
theophylline oral solution, oral elixir	1	MO
theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 24 hour	1	MO
theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 12 hour 100mg, 200mg	1	
theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 12 hour 300mg, 450mg	1	MO
TRIKAFTA THERAPY PACK	4	QL (56 EA per 28 days) PA LA
TRIKAFTA TABLET THERAPY PACK	4	QL (84 EA per 28 days) PA LA MO
XOLAIR	4	PA LA; ACS
ZEMAIRA	4	PA LA; ACS
NASAL STEROIDS		
BECONASE AQ	3	QL (50 GM per 30 days) MO
flunisolide nasal spray 0.025%	1	QL (75 ML per 30 days) MO
fluticasone propionate suspension 50mcg/act	1	QL (16 GM per 30 days) MO
mometasone furoate suspension 50mcg/act	1	QL (34 GM per 30 days) MO
OMNARIS	3	QL (12.5 GM per 30 days) MO
QNASL	3	QL (10.6 GM per 30 days) MO
QNASL CHILDRENS	3	QL (6.8 GM per 30 days) MO
XHANCE	3	QL (32 ML per 30 days) PA MO
ZETONNA	3	QL (6.1 GM per 30 days) MO
STEROID INHALANTS		
ALVESCO	3	QL (12.2 GM per 30 days) ST MO
ARMONAIR DIGIHALER	3	QL (1 EA per 30 days) ST MO
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
ASMANEX HFA	3	QL (13 GM per 30 days) ST MO
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (2 EA per 28 days) ST MO
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) ST MO
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	1	B/D MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	2	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	2	QL (240 EA per 30 days) MO
FLOVENT HFA AEROSOL 44MCG/ACT	2	QL (21.2 GM per 30 days) MO
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days) MO
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL (21.2 GM per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) PA MO
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) ST MO
PULMICORT SUSPENSION 0.25MG/2ML, 0.5MG/2ML	3	B/D MO
PULMICORT SUSPENSION 1MG/2ML	4	B/D MO
QVAR REDIHALER	3	QL (21.2 GM per 30 days) ST MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 EA per 30 days) ST MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
AIRDUO DIGIHALER 113/14	3	QL (1 EA per 30 days) ST MO
AIRDUO DIGIHALER 232/14	3	QL (1 EA per 30 days) ST MO
AIRDUO DIGIHALER 55/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 113/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 232/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 55/14	3	QL (1 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
breyna	1	QL (10.3 GM per 30 days)
budesonide/formoterol fumarate dihydrate	1	QL (10.2 GM per 30 days) MO
DULERA	3	QL (13 GM per 30 days) MO
FLUTICASONE FUROATE/ VILANTEROL ELLIPTA	3	QL (60 EA per 30 days) PA MO
FLUTICASONE PROPIONATE/ SALMETEROL INHALATION POWDER	3	QL (1 EA per 30 days) ST MO
fluticasone propionate/ salmeterol diskus	1	QL (60 EA per 30 days) MO
fluticasone propionate/ salmeterol hfa	1	QL (12 GM per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) ST MO
wixela inhub	1	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
ABSORICA	4	PA
ABSORICA LD	4	
ACANYA	3	MO
accutane	1	PA
ACZONE	3	QL (90 GM per 30 days) MO
adapalene pump	1	QL (45 GM per 30 days) PA MO
ADAPALENE/BENZOYL PEROXIDE PAD	4	QL (28 EA per 28 days) PA
adapalene/benzoyl peroxide gel 0.1%; 2.5%	1	QL (45 GM per 30 days) PA MO
adapalene/benzoyl peroxide gel 0.3%; 2.5%	1	QL (70 GM per 30 days) PA MO
ADAPALENE SOLUTION	3	QL (120 ML per 30 days) PA
adapalene cream, gel	1	QL (45 GM per 30 days) PA MO
adapalene pad	4	QL (28 EA per 28 days) PA
AKLIEF	3	QL (45 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
ALTRENO	3	QL (45 GM per 30 days) PA MO
amnesteem	1	PA
AMZEEQ	3	QL (30 GM per 30 days) MO
ARAZLO	3	MO
ATRALIN	3	QL (45 GM per 30 days) PA MO
AVITA CREAM	3	QL (45 GM per 30 days) PA
AVITA GEL	3	QL (45 GM per 30 days) PA MO
AZELEX	3	QL (50 GM per 30 days) MO
BENZAMYCIN	3	MO
claravis	1	PA
CLEOCIN-T LOTION 1%	3	QL (60 ML per 30 days) MO
clindacin foam	1	QL (100 GM per 30 days)
clindacin etz pledgets	1	
clindacin-p	1	MO
CLINDAGEL	4	QL (75 ML per 30 days) MO
clindamycin phosphate/benzoyl peroxide gel 1.2;2.5%, 1.2%;5%	1	MO
clindamycin phosphate/tretinoin gel 1.2%; 0.025%	1	QL (60 GM per 30 days) PA MO
clindamycin phosphate foam 1%	1	QL (100 GM per 30 days) MO
clindamycin phosphate gel 1%	1	QL (75 GM per 30 days) MO
clindamycin phosphate lotion 1%	1	QL (60 ML per 30 days) MO
clindamycin phosphate external solution 1%	1	QL (60 ML per 30 days) MO
clindamycin phosphate swab 1%	1	MO
clindamycin/benzoyl peroxide gel 5%; 1%	1	MO
dapsone gel 5%, 7.5%	1	QL (90 GM per 30 days) MO
DIFFERIN LOTION	3	QL (118 ML per 30 days) PA MO
DIFFERIN CREAM, GEL	3	QL (45 GM per 30 days) PA MO
EPIDUO	3	QL (45 GM per 30 days) PA MO
EPIDUO FORTE	3	QL (70 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
EPSOLAY	3	QL (30 GM per 30 days) PA MO
ery pad 2%	1	MO
ERYGEL	3	QL (60 GM per 30 days) MO
erythromycin/benzoyl peroxide gel 5%; 3%	1	MO
erythromycin gel 2%	1	QL (60 GM per 30 days) MO
erythromycin solution 2%	1	QL (60 ML per 30 days) MO
EVOCLIN	3	QL (100 GM per 30 days) MO
FABIOR	3	QL (100 GM per 30 days) MO
isotretinoin	1	PA
KLARON	3	MO
neuac	1	
ONEXTON	3	MO
RETIN-A CREAM, GEL	3	QL (45 GM per 30 days) PA MO
RETIN-A MICRO PUMP GEL 0.04%	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO PUMP GEL 0.08%, 0.1%	4	QL (50 GM per 30 days) PA MO
RETIN-A MICRO GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO GEL 0.06%	4	QL (50 GM per 30 days) PA MO
SODIUM SULFACETAMIDE/ SULFUR CLEANSER IN UREA SUSPENSION 10%; 5%; 10%	3	QL (355 ML per 30 days) MO
sodium sulfacetamide/sulfur suspension 8%; 4%	1	QL (473 ML per 30 days) MO
sulfacetamide sodium lotion 10%	1	MO
sulfacleanse 8/4	1	QL (473 ML per 30 days) MO
TAZAROTENE FOAM 0.1%	3	QL (100 GM per 30 days) MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
tretinoin cream 0.025%, 0.05%, 0.1%	1	QL (45 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
tretinoin gel 0.01%, 0.025%, 0.05%	1	QL (45 GM per 30 days) PA MO
TWYNEO	3	QL (30 GM per 30 days) PA MO
VELTIN	3	QL (60 GM per 30 days) PA MO
WINLEVI	3	QL (60 GM per 30 days) PA MO
zenatane	1	PA
ZIANA	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	3	QL (30 GM per 30 days) MO
gentamicin sulfate cream 0.1%	1	QL (30 GM per 30 days) MO
gentamicin sulfate ointment 0.1%	1	QL (30 GM per 30 days) MO
mafenide acetate packet	1	MO
mupirocin ointment, cream	1	QL (30 GM per 30 days) MO
NEO-SYNALAR	3	QL (60 GM per 30 days) MO
SILVADENE	3	MO
silver sulfadiazine cream	1	MO
SSD	2	
SULFAMYLON CREAM 85MG/GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
ciclodan topical solution 8%	1	QL (6.6 ML per 30 days)
ciclopirox nail lacquer	1	QL (6.6 ML per 30 days) MO
ciclopirox olamine cream 0.77%	1	QL (90 GM per 30 days) MO
ciclopirox gel	1	QL (100 GM per 30 days) MO
ciclopirox shampoo	1	QL (120 ML per 30 days) MO
ciclopirox olamine suspension	1	QL (60 ML per 30 days) MO
clotrimazole/betamethasone dipropionate lotion	1	QL (30 ML per 30 days) MO
clotrimazole/betamethasone dipropionate cream	1	QL (45 GM per 30 days) MO
clotrimazole cream 1%	1	QL (45 GM per 30 days) MO
clotrimazole solution 1%	1	QL (30 ML per 30 days) MO
econazole nitrate cream	1	QL (85 GM per 30 days) MO
ERTACZO	4	QL (60 GM per 30 days) MO
EXELDERM SOLUTION	3	QL (30 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
EXELDERM CREAM	3	QL (60 GM per 30 days) MO
EXTINA	4	QL (100 GM per 30 days) MO
JUBLIA	4	QL (8 ML per 30 days) PA MO
KERYDIN	3	QL (10 ML per 30 days) PA MO
ketoconazole cream 2%	1	QL (60 GM per 30 days) MO
ketoconazole foam 2%	1	QL (100 GM per 30 days) MO
ketodan foam 2%	1	QL (100 GM per 30 days)
LOPROX SUSPENSION	3	QL (60 ML per 30 days) MO
LOPROX SHAMPOO	3	QL (120 ML per 30 days) MO
LULICONAZOLE	3	QL (60 GM per 30 days) ST MO
LUZU	3	QL (60 GM per 30 days) ST MO
MENTAX	4	QL (30 GM per 30 days) MO
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM	3	QL (50 GM per 30 days) PA MO
naftifine hcl cream 1%	1	QL (90 GM per 30 days) MO
naftifine hydrochloride cream, gel 2%	1	QL (60 GM per 30 days) MO
NAFTIN GEL 2%	3	QL (60 GM per 30 days) MO
NAFTIN GEL 1%	3	QL (90 GM per 30 days) MO
nyamyc powder	1	QL (60 GM per 30 days) MO
nystatin/triamcinolone cream, ointment	1	QL (60 GM per 30 days) MO
nystatin cream 100000unit/gm	1	QL (30 GM per 30 days) MO
nystatin ointment 100000unit/gm	1	QL (30 GM per 30 days) MO
nystatin powder 100000unit/gm	1	QL (60 GM per 30 days) MO
nystop powder	1	QL (60 GM per 30 days)
oxiconazole nitrate	4	QL (90 GM per 30 days) MO
OXISTAT LOTION	3	QL (60 ML per 30 days) MO
OXISTAT CREAM	3	QL (90 GM per 30 days) MO
tavaborole	1	QL (10 ML per 30 days) PA MO
VUSION	3	QL (50 GM per 30 days) PA MO
DERMATOLOGY, ANTIPSORIATICS		
acitretin	1	PA MO
CALCIPOTRIENE FOAM	3	QL (120 GM per 30 days) PA
calcipotriene cream, ointment	1	QL (120 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
calcipotriene solution	1	QL (60 ML per 30 days) PA MO
calcitrene	1	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
methoxsalen capsule	4	MO
SORILUX	4	QL (120 GM per 30 days) PA MO
tazarotene cream 0.1%	1	QL (60 GM per 30 days) PA MO
tazarotene gel 0.05%, 0.1%	1	QL (100 GM per 30 days) PA MO
TAZORAC GEL	3	QL (100 GM per 30 days) PA MO
TAZORAC CREAM	3	QL (60 GM per 30 days) PA MO
VECTICAL	4	QL (800 GM per 28 days) PA MO
VTAMA	4	QL (60 GM per 30 days) PA MO
ZORYVE	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	1	MO
selenium sulfide lotion	1	MO
selenium sulfide shampoo	1	QL (180 ML per 30 days) MO
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cream 1%	1	
ala-cort cream 2.5%	1	QL (30 GM per 30 days)
ALA-SCALP	3	MO
alclometasone dipropionate	1	MO
AMCINONIDE OINTMENT	3	QL (60 GM per 30 days) MO
amcinonide lotion	1	QL (60 ML per 30 days) MO
APEXICON E	4	QL (60 GM per 30 days) MO
betamethasone dipropionate cream, ointment, lotion	1	MO
betamethasone dipropionate augmented cream, gel, ointment	1	MO

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

Drug name	Drug tier	Requirements/Limits
betamethasone dipropionate augmented lotion	1	QL (120 ML per 30 days) MO
betamethasone valerate cream, lotion, ointment	1	MO
betamethasone valerate foam	1	QL (120 GM per 30 days) MO
BRYHALI	3	QL (100 GM per 30 days) MO
CALCIPOTRIENE/ BETAMETHASONE DIPROPIONATE SUSPENSION	4	QL (120 GM per 30 days) PA MO
calcipotriene/betamethasone dipropionate ointment	1	QL (400 GM per 28 days) PA MO
CAPEX	3	QL (120 ML per 30 days) MO
clobetasol propionate emollient cream 0.05%	1	QL (60 GM per 30 days) MO
clobetasol propionate emollient foam 0.05%	1	QL (100 GM per 30 days) MO
clobetasol propionate foam	1	QL (100 GM per 30 days) MO
clobetasol propionate lotion, shampoo	1	QL (118 ML per 30 days) MO
clobetasol propionate spray liquid	1	QL (125 ML per 30 days) MO
clobetasol propionate solution	1	QL (50 ML per 30 days) MO
clobetasol propionate cream, gel, ointment	1	QL (60 GM per 30 days) MO
CLOBEX LOTION, SHAMPOO	3	QL (118 ML per 30 days) MO
CLOBEX LIQUID	4	QL (125 ML per 30 days) MO
CLOCORTOLONE PIVALATE	3	QL (90 GM per 30 days) MO
clodan shampoo 0.05%	1	QL (118 ML per 30 days)
CLODERM	3	QL (90 GM per 30 days) MO
CORDRAN CREAM	3	QL (120 GM per 30 days) MO
CORDRAN TAPE	4	MO
CORDRAN LOTION	4	QL (120 ML per 30 days) MO
DERMA-SMOOTHE/FS BODY	3	QL (118.28 ML per 30 days) MO
DERMA-SMOOTHE/FS SCALP	3	QL (118.28 ML per 30 days) MO
desonide lotion	1	QL (118 ML per 30 days) MO
desonide cream, gel, ointment	1	QL (60 GM per 30 days) MO
DESOWEN	3	QL (60 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
desoximetasone cream, ointment	1	QL (100 GM per 30 days) MO
desoximetasone liquid	1	QL (100 ML per 30 days) MO
desoximetasone gel	1	QL (60 GM per 30 days) MO
desrx	1	QL (60 GM per 30 days)
diflorasone diacetate	1	QL (60 GM per 30 days) MO
DIPROLENE OINTMENT	3	MO
DUOBRII	3	QL (200 GM per 28 days) PA MO
ENSTILAR	4	QL (120 GM per 30 days) PA MO
EPIFOAM	3	QL (10 GM per 30 days) MO
fluocinolone acetonide body	1	QL (118.28 ML per 30 days) MO
fluocinolone acetonide scalp	1	QL (118.28 ML per 30 days) MO
fluocinolone acetonide cream 0.025%	1	QL (120 GM per 30 days) MO
fluocinolone acetonide cream 0.01%	1	QL (60 GM per 30 days) MO
fluocinolone acetonide ointment 0.025%	1	QL (120 GM per 30 days) MO
fluocinolone acetonide solution 0.01%	1	QL (90 ML per 30 days) MO
fluocinonide emulsified base cream 0.05%	1	QL (120 GM per 30 days) MO
fluocinonide cream 0.05%	1	QL (120 GM per 30 days) MO
fluocinonide cream 0.1%	4	QL (120 GM per 30 days) MO
fluocinonide gel, ointment	1	QL (60 GM per 30 days) MO
fluocinonide solution	1	QL (60 ML per 30 days) MO
flurandrenolide cream	1	QL (120 GM per 30 days) MO
flurandrenolide lotion	1	QL (120 ML per 30 days) MO
fluticasone propionate cream 0.05%	1	MO
fluticasone propionate lotion 0.05%	1	QL (120 ML per 30 days) MO
fluticasone propionate ointment 0.005%	1	MO
halcinonide	4	QL (60 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
HALOBETASOL PROPIONATE FOAM	4	QL (100 GM per 30 days) MO
halobetasol propionate cream, ointment	1	QL (50 GM per 30 days) MO
HALOG CREAM, OINTMENT	3	QL (60 GM per 30 days) MO
HALOG SOLUTION	4	QL (120 ML per 30 days) PA MO
hydrocortisone butyrate (lipophilic)	1	QL (60 GM per 30 days) MO
hydrocortisone butyrate lotion	1	QL (118 ML per 30 days) MO
hydrocortisone butyrate cream, ointment	1	QL (45 GM per 30 days) MO
hydrocortisone butyrate solution	1	QL (60 ML per 30 days) MO
hydrocortisone valerate cream, ointment	1	QL (60 GM per 30 days) MO
hydrocortisone cream 1%	1	MO
hydrocortisone cream 2.5%	1	QL (30 GM per 30 days) MO
hydrocortisone lotion 2.5%	1	MO
hydrocortisone ointment 1%, 2.5%	1	QL (30 GM per 30 days) MO
IMPEKLO	3	QL (68 GM per 30 days) MO
KENALOG	3	MO
LEXETTE	4	QL (100 GM per 30 days) MO
LOCOID LOTION	3	QL (118 ML per 30 days) MO
LOCOID LIPOCREAM	3	QL (60 GM per 30 days) MO
mometasone furoate cream 0.1%	1	MO
mometasone furoate ointment 0.1%	1	MO
mometasone furoate solution 0.1%	1	MO
OLUX	3	QL (100 GM per 30 days) MO
OLUX-E	4	QL (100 GM per 30 days) MO
PANDEL	4	QL (80 GM per 30 days) MO
prednicarbate ointment	1	QL (60 GM per 30 days) MO
proctosol hc cream 2.5%	1	
SERNIVO	4	QL (120 ML per 30 days) MO
SYNALAR CREAM, OINTMENT	3	QL (120 GM per 30 days) MO
SYNALAR SOLUTION	3	QL (90 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
TACLONEX SUSPENSION	4	QL (120 GM per 30 days) PA MO
TACLONEX OINTMENT	4	QL (400 GM per 28 days) PA MO
TEXACORT	3	MO
TOPICORT CREAM, OINTMENT	3	QL (100 GM per 30 days) MO
TOPICORT LIQUID	3	QL (100 ML per 30 days) MO
TOPICORT GEL	4	QL (60 GM per 30 days) MO
tovet	1	QL (100 GM per 30 days)
triamcinolone acetonide aerosol spray 0.147mg/gm	1	MO
triamcinolone acetonide cream 0.025%, 0.5%	1	MO
triamcinolone acetonide cream 0.1%	1	QL (454 GM per 30 days) MO
triamcinolone acetonide lotion 0.025%, 0.1%	1	MO
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	1	MO
triamcinolone acetonide ointment 0.05%	1	QL (430 GM per 30 days) MO
trianex	1	QL (430 GM per 30 days)
triderm cream 0.5%	1	
triderm cream 0.1%	1	QL (454 GM per 30 days)
tritocin	1	QL (430 GM per 30 days)
ULTRAVATE	4	QL (60 ML per 30 days) MO
VANOS	4	QL (120 GM per 30 days) MO
VERDESO	4	QL (100 GM per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
DERMACINRX LIDOGEL	4	QL (100 GM per 30 days) PA
glydo	1	QL (60 ML per 30 days) PA MO
lidocaine hcl prefilled syringe 2%	1	QL (60 ML per 30 days) PA MO
lidocaine hcl external solution 4%	1	QL (50 ML per 30 days) PA MO
lidocaine/prilocaine	1	QL (30 GM per 30 days) MO
lidocaine ointment	1	QL (35.44 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
lidocaine patch	1	QL (90 EA per 30 days) PA MO
LIDODERM	4	QL (90 EA per 30 days) PA MO
LIDOREX	4	QL (100 GM per 30 days) PA
PLIAGLIS	3	QL (30 GM per 30 days) PA
QUTENZA KIT 8% (1-PATCH)	4	QL (1 EA per 90 days) PA LA MO
QUTENZA KIT 8% (2-PATCH)	4	QL (2 EA per 90 days) PA LA MO
QUTENZA KIT 8% (4-PATCH)	4	QL (4 EA per 90 days) PA LA MO
SYNERA	3	QL (10 EA per 30 days) PA MO
ZTLIDO	3	QL (90 EA per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACYCLOVIR CREAM 5%	3	QL (5 GM per 30 days) MO
acyclovir ointment 5%	1	QL (30 GM per 30 days) MO
ammonium lactate cream, lotion	1	MO
ANUSOL-HC	3	MO
azelaic acid gel	1	QL (50 GM per 30 days) MO
BENSAL HP	4	QL (30 GM per 30 days) MO
bexarotene gel 1%	4	QL (60 GM per 30 days) PA; ACS
brimonidine tartrate gel 0.33%	1	MO
CARAC	4	QL (30 GM per 30 days) PA MO
CONDYLOX	3	QL (7 GM per 28 days) MO
CORTIFOAM	3	QL (15 GM per 30 days) MO
DENAVIR	3	QL (5 GM per 30 days) MO
DICLOFENAC EPOLAMINE	3	QL (60 EA per 30 days) PA MO
diclofenac sodium gel 3%	1	QL (100 GM per 30 days) PA MO
diclofenac sodium gel 1%	1	QL (1000 GM per 30 days) MO
diclofenac sodium external solution 1.5%	1	QL (300 ML per 28 days) PA MO
diclofenac sodium external solution 2%	4	QL (224 GM per 28 days) PA MO
DOXEPIN HYDROCHLORIDE CREAM 5%	3	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	3	QL (30 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
EFUDEX	3	QL (40 GM per 30 days) PA MO
ELIDEL	3	QL (100 GM per 30 days) ST MO
EUCRISA	3	QL (60 GM per 30 days) ST MO
FINACEA FOAM, GEL	3	QL (50 GM per 30 days) MO
FLECTOR	3	QL (60 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	4	QL (30 GM per 30 days) PA MO
fluorouracil cream 5%	1	QL (40 GM per 30 days) PA MO
fluorouracil external solution 2%, 5%	1	QL (10 ML per 30 days) MO
hydrocortisone acetate/ pramoxine	1	QL (30 GM per 30 days) MO
hydrocortisone perianal cream 1%	1	MO
HYFTOR	4	QL (20 GM per 25 days) PA LA MO; ACS
IMIQUIMOD PUMP	3	QL (15 GM per 28 days) MO
imiquimod cream 5%	1	QL (24 EA per 30 days) MO
imiquimod cream 3.75%	1	QL (28 EA per 28 days) MO
ivermectin cream 1%	1	QL (45 GM per 30 days) MO
KLISYRI	4	QL (5 EA per 30 days) PA MO
LEVULAN KERASTICK	3	QL (6 EA per 30 days)
LICART	4	PA MO
METROCREAM	3	MO
METROGEL	3	MO
METROLOTION	3	MO
metronidazole cream 0.75%	1	MO
metronidazole gel 0.75%, 1%	1	MO
metronidazole lotion 0.75%	1	MO
MIRVASO	3	MO
NORITATE	4	QL (60 GM per 30 days) MO
OPZELURA	4	QL (60 GM per 28 days) PA MO
ORACEA	3	QL (30 EA per 30 days) PA MO
PANRETIN	4	QL (60 GM per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
penciclovir	1	QL (5 GM per 30 days) MO
PENNSAID	4	QL (224 GM per 28 days) PA MO
pimecrolimus	1	QL (100 GM per 30 days) ST MO
PODOCON-25	3	QL (15 ML per 30 days)
podofilox	1	MO
procto-med hc	1	
PROCTOCORT	3	MO
PROCTOFOAM HC	3	QL (10 GM per 30 days) MO
proctozone-hc	1	
PRUDOXIN	3	QL (45 GM per 30 days) PA MO
QBREXZA	3	QL (30 EA per 30 days) PA MO
RECTIV	3	QL (30 GM per 30 days) MO
RHOFADE	3	QL (30 GM per 30 days) PA MO
salicylic acid wart remover 27.5%	1	QL (10 ML per 30 days) MO
SALICYLIC ACID OINTMENT	3	QL (30 GM per 30 days) MO
salicylic acid solution 26%	1	QL (10 ML per 30 days) MO
salicylic acid shampoo	1	QL (177 ML per 30 days) MO
SILVER NITRATE	3	QL (960 ML per 30 days) MO
SOOLANTRA	3	QL (45 GM per 30 days) MO
tacrolimus ointment 0.03%, 0.1%	1	QL (60 GM per 30 days) MO
TARGRETIN GEL 1%	4	QL (60 GM per 30 days) PA; ACS
TOLAK	3	QL (40 GM per 30 days) PA
VALCHLOR	4	QL (60 GM per 30 days) PA LA MO
VEREGEN	4	QL (30 GM per 28 days) MO
VIRASAL	3	QL (10 ML per 30 days) MO
XERESE	4	QL (5 GM per 30 days) MO
ZILXI	3	QL (30 GM per 30 days) PA MO
ZONALON	3	QL (45 GM per 30 days) PA MO
ZOVIRAX CREAM 5%	4	QL (5 GM per 30 days) MO
ZOVIRAX OINTMENT 5%	3	QL (30 GM per 30 days) MO
ZYCLARA	4	QL (28 EA per 28 days) MO

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

Drug name	Drug tier	Requirements/Limits
ZYCLARA PUMP CREAM 3.75%	4	QL (15 GM per 28 days) MO
ZYCLARA PUMP CREAM 2.5%	4	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan	4	QL (237 GM per 30 days)
lindane	1	MO
malathion	1	MO
NATROBA	3	QL (120 ML per 30 days) MO
OVIDE	3	MO
permethrin cream 5%	1	MO
SPINOSAD	3	QL (120 ML per 30 days) MO
DERMATOLOGY, WOUND CARE AGENTS		
LACTATED RINGERS IRRIGATION	3	
PHYSIOLYTE	3	
REGRANEX	4	QL (30 GM per 30 days) PA MO
RINGERS IRRIGATION	3	
SANTYL	3	MO
sodium chloride 0.9% irrigation soln	1	MO
sterile water for irrigation	1	MO
TIS-U-SOL	3	
VYJUVEK	4	QL (10 ML per 28 days) PA LA
MOUTH/THROAT/DENTAL AGENTS		
ARESTIN	4	PA MO; ACS
cevimeline hydrochloride	1	MO
chlorhexidine gluconate oral rinse 0.12%	1	MO
clinpro 5000	1	MO
clotrimazole troche 10mg	1	MO
denta 5000 plus crea 1.1% (2-pack)	1	QL (51 GM per 30 days)
denta 5000 plus cream 1.1%	1	QL (51 GM per 30 days) MO
dentagel	1	MO
EVOXAC	3	MO
fluoridex daily defense	1	
fluoridex sensitivity relief/sls free	1	
fluorimax 5000	1	
fluorimax 5000 sensitive	1	

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

Drug name	Drug tier	Requirements/Limits
just right 5000	1	
lidocaine hcl mouth/throat solution 4%	1	
lidocaine hydrochloride viscous solution 2%	1	MO
nystatin suspension 100000unit/ml	1	MO
oralone dental paste	1	
periogard	1	
pilocarpine hydrochloride tablet	1	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	MO
PREVIDENT 5000 ENAMEL PROTECT	3	MO
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	QL (51 GM per 30 days) MO
PREVIDENT FLUORIDE	3	MO
PREVIDENT RINSE	3	MO
SALAGEN	3	MO
sf 5000 plus	1	QL (51 GM per 30 days) MO
sf gel 1.1%	1	MO
sodium fluoride 5000 plus	1	QL (51 GM per 30 days)
sodium fluoride 5000 ppm dry mouth gel	1	MO
sodium fluoride 5000 ppm sensitive	1	MO
sodium fluoride 5000 ppm paste	1	MO
sodium fluoride 5000 ppm cream	1	QL (51 GM per 30 days)
sodium fluoride gel 1.1%	1	MO
sodium fluoride mouth/throat solution 0.2%	1	MO
triamcinolone acetonide dental paste	1	MO

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

Index of Drugs

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

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

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

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

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Other Pharmacies are available in our network. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at **1-866-241-0357**, 24 hours a day, 7 days a week. TTY users call 711.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-241-0357. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-241-0357. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-241-0357。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-866-241-0357。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-241-0357. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-241-0357. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-241-0357 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-241-0357. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-241-0357번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-241-0357. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-241-0357. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-241-0357 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-241-0357. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-241-0357. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-241-0357. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-241-0357. Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-241-0357にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ōlelo kā mākou i mea e pane ʻia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ōlelo, e kelepona mai iā mākou ma 1-866-241-0357. E hiki ana i kekahi mea ōlelo Pelekānia/Ōlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

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The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

This formulary was updated on 10/01/2023. For more recent information or other questions, please contact Aetna® Medicare Member Services at **1-866-241-0357** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com** choose "Manage your prescription drugs."

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AetnaRetireePlans.com

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