



True Blue Rx (HMO)
True Blue Rx Essentials (HMO)
True Blue Rx Extend (HMO)
True Blue Rx Gem (HMO)
True Blue Rx Option I (HMO)
True Blue Option II (HMO)
True Blue Rx Preferred (HMO)

2025 Connected Performance Plus Formulary
(List of Covered Drugs)

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

FORMULARY ID: 00025370 V16

This formulary was updated on 06/01/2025.

For more recent information or other questions, please contact Blue Cross of Idaho Care Plus, Inc. Customer Service at 1-855-479-3661 (TTY users should call 711), 24 hours a day, seven days a week, or visit [**bcidaho.com/DrugList**](https://bcidaho.com/DrugList).

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

H1350_OP25136_C
06/01/2025

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

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Blue Cross of Idaho Care Plus, Inc. When it refers to “plan” or “our plan,” it means True Blue Rx, True Blue Rx Essentials, True Blue Rx Extend, True Blue Rx Gem, True Blue Rx Option I, True Blue Rx Option II or True Blue Rx Preferred.

This document includes a Drug List (Formulary) for our plan which is current as of 06/01/2025. For an updated Drug List (Formulary), please contact us. Our contact information, along with the date we last updated the Drug List (Formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the True Blue Rx, True Blue Rx Essentials, True Blue Rx Extend, True Blue Rx Gem, True Blue Rx Option I, True Blue Rx Option II, and True Blue Rx Preferred formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a True Blue Rx, True Blue Rx Essentials, True Blue Rx Extend, True Blue Rx Gem, True Blue Rx Option I, True Blue Rx Option II, and True Blue Rx Preferred network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [*Plan sponsors should insert URL showing website address with most recent version of the formulary.*]

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.
- We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).
- If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.
- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the True Blue Rx, True Blue Rx Essentials, True Blue Rx Extend, True Blue Rx Gem, True Blue Rx Option I, True Blue Rx Option II, and True Blue Rx Preferred Formulary?”
- Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”
- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we will immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name

drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost sharing tier or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

- o If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the True Blue Rx, True Blue Rx Essentials, True Blue Rx Extend, True Blue Rx Gem, True Blue Rx Option I, True Blue Rx Option II, and True Blue Rx Preferred Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 06/01/2025. 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. We will send you a notice in the event of a mid-year non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. We list any formulary updates on our website along with the most current formulary.

How do I use the Formulary?

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

Medical Condition

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

We cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes

available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter [MA-PD insert <5>] [PDP insert <3>], Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”]

Are there any restrictions on my coverage?

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

- **Prior Authorization:** We require you or your prescriber 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, we limit the amount of the drug that we will cover. For example, we provide 30 pills per prescription

for Januvia 100 MG. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page ten. 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 True Blue Rx, True Blue Rx Essentials, True Blue Rx Extend, True Blue Rx Gem, True Blue Rx Option I, True Blue Rx Option II, and True Blue Rx Preferred formulary?” on the next page 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 Customer Service 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 Customer Service for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor

and ask them to prescribe a similar drug that is covered by us.

- 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 True Blue Rx, True Blue Rx Essentials, True Blue Rx Extend, True Blue Rx Gem, True Blue Rx Option I, True Blue Rx Option II, and True Blue Rx Preferred 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, the plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level, unless the drug is on the specialty tier.

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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision

within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we your prescriber's supporting statement.

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

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

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

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

When you have a change in your level of care, like admission to a long-term care facility, you may

need more medication. Requests for more medication may be denied if you ask for a refill too soon. If this happens, your pharmacy can ask us to override the denial in order to refill your prescription.

For more information

For more detailed information about your True Blue Rx, True Blue Rx Essentials, True Blue Rx Extend, True Blue Rx Gem, True Blue Rx Option I, True Blue Rx Option II, and True Blue Rx Preferred prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, True Blue Rx Essentials, and True Blue Rx | St. Luke's Health Partners, 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>.

True Blue Rx, True Blue Rx Essentials, True Blue Rx Extend, True Blue Rx Gem, True Blue Rx Option I, True Blue Rx Option II, and True Blue Rx Preferred Formulary

The formulary that begins on page nine provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index in the back of the formulary.

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

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

Connected Performance Plus (List of Covered Drugs)

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LEGEND

B/D PA: Covered under Medicare B or D. This drug may be covered under Medicare Part B or D depending upon circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-855-479-3661, 24 hours a day, 7 days a week TTY/TDD users should call 711.

NEDS: Some drugs cannot be filled for more than a 30-day supply. Or, there is a dispensing limit that does not allow multiple fills at one time.

NM: Not available for Mail Order

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

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

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

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS AND ANTI-INFLAMMATORY AGENTS		
<i>acetaminophen-codeine oral solution</i>	3	QL (900 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet</i>	3	QL (180 per 30 days); NEDS
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>buprenorphine transdermal</i>	4	PA; QL (4 per 28 days); NEDS
<i>butorphanol tartrate nasal</i>	4	QL (5 per 30 days); NEDS
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	1	QL (30 per 30 days)
<i>colchicine oral</i>	2	
<i>colchicine-probenecid</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	4	QL (300 per 30 days)
<i>diclofenac sodium oral</i>	2	
<i>diflunisal oral</i>	3	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	QL (180 per 30 days); NEDS
ENDOCET ORAL TABLET 2.5-325 MG	4	QL (180 per 30 days); NEDS
<i>etodolac er</i>	2	
<i>etodolac oral</i>	2	
<i>febuxostat</i>	3	
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; QL (120 per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 75 mcg/hr</i>	4	PA; QL (15 per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr</i>	3	PA; QL (15 per 30 days); NEDS
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	4	QL (2700 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (180 per 30 days); NEDS
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	4	QL (50 per 10 days); NEDS

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	QL (50 per 10 days); NEDS
<i>hydromorphone hcl oral tablet</i>	3	QL (180 per 30 days); NEDS
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	4	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	PA
<i>ketorolac tromethamine oral</i>	4	PA
<i>lidocaine external ointment 5 %</i>	4	PA; QL (150 per 30 days)
<i>lidocaine external patch 5 %</i>	3	PA; QL (90 per 30 days)
<i>lidocaine hcl external solution</i>	2	PA; QL (300 per 30 days)
<i>lidocaine hcl mouth/throat</i>	4	PA; QL (300 per 30 days)
<i>lidocaine viscous hcl</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	QL (30 per 30 days)
<i>meclofenamate sodium oral</i>	4	
<i>meloxicam oral tablet</i>	1	
<i>methadone hcl oral solution</i>	3	QL (900 per 30 days); NEDS
<i>methadone hcl oral tablet</i>	3	PA; QL (180 per 30 days); NEDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	3	QL (180 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	4	PA; QL (60 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	3	PA; QL (90 per 30 days); NEDS
<i>morphine sulfate oral solution</i>	3	QL (900 per 30 days); NEDS
<i>morphine sulfate oral tablet</i>	4	QL (180 per 30 days); NEDS
<i>nabumetone oral</i>	2	
<i>naproxen dr oral tablet delayed release 500 mg</i>	2	
<i>naproxen oral suspension</i>	4	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet delayed release</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>oxycodone hcl oral capsule</i>	4	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	4	QL (180 per 30 days); NEDS
<i>oxycodone hcl oral solution</i>	4	QL (900 per 30 days); NEDS
<i>oxycodone hcl oral tablet</i>	3	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	4	QL (180 per 30 days); NEDS
<i>piroxicam oral</i>	2	
<i>probenecid oral</i>	2	
<i>sulindac oral</i>	2	
<i>tramadol hcl oral tablet 50 mg</i>	3	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	3	QL (40 per 5 days); NEDS
ANTINEOPLASTICS		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; QL (120 per 30 days); NM
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; QL (60 per 30 days); NM
ABIRTEGA	4	PA; QL (120 per 30 days); NM
AKEEGA	5	PA; QL (60 per 30 days); NM
ALECENSA	5	PA; QL (240 per 30 days); NM; LA
ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 per 30 days); NM; LA
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 per 30 days); NM; LA
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days); NM; LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days); NM; LA
<i>anastrozole oral</i>	1	QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 per 30 days); NM
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days); NM
AYVAKIT	5	PA; QL (30 per 30 days); NM; LA
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days); NM; LA
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days); NM; LA
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days); NM; LA
BESREMI	5	PA; NM; LA
<i>bexarotene oral</i>	5	PA; QL (300 per 30 days); NM
<i>bicalutamide</i>	2	QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 per 30 days); NM; LA

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 per 30 days); NM; LA
BOSULIF ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); NM
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days); NM
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days); NM; LA
BRUKINSA	5	PA; QL (120 per 30 days); NM; LA
CABOMETYX	5	PA; QL (30 per 30 days); NM; LA
CALQUENCE	5	PA; QL (60 per 30 days); NM; LA
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); NM; LA
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days); NM; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days); NM; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days); NM; LA
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days); NM; LA
COPIKTRA	5	PA; QL (60 per 30 days); NM; LA
COTELLIC	5	PA; QL (90 per 30 days); NM; LA
<i>cyclophosphamide oral capsule</i>	3	B/D PA; NM
DANZITEN	5	PA; QL (112 per 28 days); NM
<i>dasatinib</i>	5	PA; QL (30 per 30 days); NM
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM; LA
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); NM; LA
ERIVEDGE	5	PA; QL (30 per 30 days); NM; LA
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 per 30 days); NM; LA
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days); NM; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 per 30 days); NM
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 per 30 days); NM
EULEXIN	5	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; NM
<i>everolimus oral tablet soluble</i>	5	PA; NM
<i>exemestane</i>	3	QL (60 per 30 days)
FIRMAGON (240 MG DOSE)	5	PA; NM
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FOTIVDA	5	PA; QL (21 per 28 days); NM
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); NM; LA
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); NM; LA
GAVRETO	5	PA; QL (120 per 30 days); NM; LA
<i>gefitinib</i>	5	PA; QL (60 per 30 days); NM
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 2 gm/20ml, 200 mg/2ml</i>	4	B/D PA; NM
GILOTRIF	5	PA; QL (30 per 30 days); NM; LA
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	PA; NM
GLEOSTINE ORAL CAPSULE 100 MG	5	PA; NM
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (240 per 30 days); NM
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (120 per 30 days); NM
GOMEKLI ORAL TABLET SOLUBLE	5	PA; QL (240 per 30 days); NM
<i>hydroxyurea oral</i>	2	
IBRANCE	5	PA; QL (21 per 28 days); NM; LA
ICLUSIG	5	PA; QL (30 per 30 days); NM; LA
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM; LA
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days); NM; LA
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (90 per 30 days); NM
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 per 30 days); NM
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); NM; LA
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); NM; LA
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 per 27 days); NM; LA
IMBRUVICA ORAL TABLET 280 MG, 420 MG	5	PA; QL (30 per 30 days); NM; LA
<i>imkeldi</i>	5	PA; QL (280 per 28 days); NM
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days); NM; LA
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days); NM; LA
INQOVI	5	PA; QL (5 per 28 days); NM; LA
INREBIC	5	PA; QL (120 per 30 days); NM; LA
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (56 per 28 days); NM
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (28 per 28 days); NM
IWILFIN	5	PA; QL (240 per 30 days); NM
JAKAFI	5	PA; QL (60 per 30 days); NM; LA

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days); NM
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); NM
KISQALI (200 MG DOSE)	5	PA; QL (21 per 28 days); NM
KISQALI (400 MG DOSE)	5	PA; QL (42 per 28 days); NM
KISQALI (600 MG DOSE)	5	PA; QL (63 per 28 days); NM
KISQALI FEMARA (200 MG DOSE)	5	PA; QL (49 per 28 days); NM
KISQALI FEMARA (400 MG DOSE)	5	PA; QL (70 per 28 days); NM
KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 per 28 days); NM
KRAZATI	5	PA; QL (180 per 30 days); NM
<i>lapatinib ditosylate</i>	5	PA; QL (180 per 30 days); NM
LAZCLUZE ORAL TABLET 240 MG	5	PA; QL (30 per 30 days); NM
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 per 30 days); NM
<i>lenalidomide oral capsule 10 mg</i>	5	PA; QL (60 per 30 days); NM; LA
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	5	PA; QL (30 per 30 days); NM; LA
<i>lenalidomide oral capsule 5 mg</i>	5	PA; QL (150 per 30 days); NM; LA
LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days); NM; LA
LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM; LA
LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM; LA
LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM; LA
LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM; LA
LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM; LA
LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days); NM; LA
LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM; LA
<i>letrozole oral</i>	1	QL (30 per 30 days)
<i>leucovorin calcium oral tablet 10 mg, 25 mg</i>	3	
<i>leucovorin calcium oral tablet 15 mg, 5 mg</i>	2	
LEUKERAN	5	
<i>leuprolide acetate (3 month)</i>	4	PA; NM
<i>leuprolide acetate injection</i>	2	PA; NM
LONSURF	5	PA; NM
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM; LA
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days); NM; LA

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days); NM; LA
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120 per 30 days); NM
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days); NM
LUPRON DEPOT (1-MONTH)	5	PA; QL (1 per 28 days); NM
LUPRON DEPOT (3-MONTH)	5	PA; QL (1 per 84 days); NM
LUPRON DEPOT (4-MONTH)	5	PA; QL (1 per 112 days); NM
LUPRON DEPOT (6-MONTH)	5	PA; QL (1 per 168 days); NM
LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days); NM; LA
LYSODREN	5	NM
LYTGOBI (12 MG DAILY DOSE)	5	PA; NM
LYTGOBI (16 MG DAILY DOSE)	5	PA; NM
LYTGOBI (20 MG DAILY DOSE)	5	PA; NM
MATULANE	5	NM; LA
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	4	PA
<i>megestrol acetate oral tablet</i>	3	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA; QL (1200 per 30 days); NM
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days); NM; LA
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days); NM; LA
MEKTOVI	5	PA; QL (180 per 30 days); NM; LA
<i>mercaptopurine oral suspension</i>	5	PA; NM
<i>mercaptopurine oral tablet</i>	2	
<i>mesna oral</i>	5	
NERLYNX	5	PA; QL (180 per 30 days); NM; LA
<i>nilutamide</i>	5	QL (30 per 30 days)
NINLARO	5	PA; QL (3 per 28 days); NM
NUBEQA	5	PA; QL (120 per 30 days); NM; LA
ODOMZO	5	PA; QL (30 per 30 days); NM; LA
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days); NM
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days); NM
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA; QL (96 per 28 days); NM
OJEMDA ORAL TABLET	5	PA; QL (24 per 28 days); NM
OJJAARA	5	PA; QL (30 per 30 days); NM; LA

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ONUREG	5	PA; QL (14 per 28 days); NM; LA
ORGOVYX	5	PA; QL (30 per 28 days); NM; LA
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); NM
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days); NM
<i>pazopanib hcl</i>	5	PA; QL (120 per 30 days); NM
PEMAZYRE	5	PA; QL (30 per 30 days); NM; LA
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days); NM
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days); NM
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days); NM
POMALYST	5	PA; QL (21 per 28 days); NM; LA
PURIXAN	5	PA; NM
QINLOCK	5	PA; QL (90 per 30 days); NM
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (180 per 30 days); NM
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (120 per 30 days); NM
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60 per 30 days); NM
RETEVMO ORAL TABLET 40 MG	5	PA; QL (180 per 30 days); NM
RETEVMO ORAL TABLET 80 MG	5	PA; QL (120 per 30 days); NM
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days); NM
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days); NM
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (180 per 30 days); NM
REZLIDHIA	5	PA; QL (60 per 30 days); NM; LA
ROMVIMZA	5	PA; QL (8 per 28 days); NM
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days); NM; LA
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); NM; LA
ROZLYTREK ORAL PACKET	5	PA; QL (360 per 30 days); NM; LA
RUBRACA	5	PA; QL (120 per 30 days); NM; LA
RYDAPT	5	PA; QL (240 per 30 days); NM
RYLAZE	5	PA; NM
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days); NM
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days); NM
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days); NM
SOLTAMOX	4	
<i>sorafenib tosylate</i>	5	PA; QL (120 per 30 days); NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
STIVARGA	5	PA; QL (84 per 28 days); NM; LA
<i>sunitinib malate</i>	5	PA; QL (30 per 30 days); NM
TABLOID	4	
TABRECTA	5	PA; QL (120 per 30 days); NM
TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days); NM; LA
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days); NM
TAGRISSE	5	PA; QL (30 per 30 days); NM; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; QL (30 per 30 days); NM
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days); NM; LA
<i>tamoxifen citrate oral</i>	2	
TASIGNA	5	PA; QL (112 per 28 days); NM
TAZVERIK	5	PA; QL (240 per 30 days); NM; LA
TECVAYLI	5	PA; NM
TEPMETKO	5	PA; QL (60 per 30 days); NM; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (30 per 30 days); NM
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (60 per 30 days); NM
TIBSOVO	5	PA; QL (60 per 30 days); NM; LA
<i>toremifene citrate</i>	4	QL (30 per 30 days); NM
TRELSTAR MIXJECT	4	PA; NM
<i>tretinoin oral</i>	5	
TRUQAP	5	PA; QL (64 per 28 days); NM
TUKYSA	5	PA; QL (120 per 30 days); NM; LA
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 per 30 days); NM; LA
VANFLYTA	5	PA; QL (56 per 28 days); NM
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); NM; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); NM; LA
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); NM; LA
VENCLEXTA STARTING PACK	5	PA; NM; LA
VERZENIO	5	PA; QL (56 per 28 days); NM; LA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days); NM; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days); NM; LA
VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days); NM; LA

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VIZIMPRO	5	PA; QL (30 per 30 days); NM; LA
VONJO	5	PA; QL (120 per 30 days); NM; LA
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days); NM
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days); NM
WELIREG	5	PA; QL (90 per 30 days); NM; LA
XALKORI ORAL CAPSULE	5	PA; QL (120 per 30 days); NM; LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 per 30 days); NM; LA
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 per 30 days); NM; LA
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 per 30 days); NM; LA
XOSPATA	5	PA; QL (90 per 30 days); NM; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days); NM; LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 per 28 days); NM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days); NM; LA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); NM; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days); NM; LA
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 per 28 days); NM; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); NM; LA
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 per 28 days); NM; LA
XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days); NM; LA
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days); NM
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days); NM
ZEJULA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); NM
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; QL (30 per 30 days); NM
ZELBORAF	5	PA; QL (240 per 30 days); NM; LA
ZOLINZA	5	PA; QL (120 per 30 days); NM
ZYDELIG	5	PA; QL (60 per 30 days); NM; LA
ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days); NM; LA
BLOOD PRODUCTS AND MODIFIERS		
<i>anagrelide hcl</i>	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; NM
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML	4	PA; NM
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML	5	PA; NM
<i>aspirin-dipyridamole er</i>	4	ST; QL (60 per 30 days)
BRILINTA	3	QL (60 per 30 days)
<i>cilostazol</i>	2	
CINRYZE	5	PA; NM; LA
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days)
<i>dabigatran etexilate mesylate</i>	4	QL (60 per 30 days)
<i>dipyridamole oral tablet 25 mg</i>	2	PA
<i>dipyridamole oral tablet 50 mg, 75 mg</i>	3	PA
DROXIA	4	
ELIQUIS	3	QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (56 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	QL (33.6 per 28 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (18 per 30 days)
FULPHILA	5	PA; QL (1.2 per 28 days); NM
GRANIX	5	PA; NM
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	B/D PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	3	B/D PA
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	5	PA; NM
<i>jantoven</i>	1	
<i>l-glutamine oral packet</i>	5	PA; NM
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 per 28 days); NM
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NM
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA; NM
NIVESTYM INJECTION SOLUTION 300 MCG/ML	5	PA; NM
<i>pentoxifylline er</i>	2	
<i>plerixafor</i>	4	PA; NM
PRADAXA ORAL CAPSULE 110 MG	4	QL (60 per 30 days)
<i>prasugrel hcl</i>	3	QL (30 per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; NM
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA; NM
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (360 per 30 days); NM; LA
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 per 30 days); NM; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 per 30 days); NM; LA
PROMACTA ORAL TABLET 50 MG	5	PA; QL (90 per 30 days); NM; LA

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PROMACTA ORAL TABLET 75 MG	5	PA; QL (60 per 30 days); NM; LA
<i>tranexamic acid oral</i>	3	
<i>warfarin sodium oral</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
XARELTO STARTER PACK	3	
ZARXIO	5	PA; NM
CARDIOVASCULAR AGENTS		
<i>acebutolol hcl oral</i>	2	
<i>acetazolamide oral</i>	2	
<i>aliskiren fumarate</i>	1	
<i>amiloride hcl oral</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	2	
<i>amiodarone hcl oral tablet 400 mg</i>	3	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	6	QL (30 per 30 days)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	6	QL (60 per 30 days)
<i>amlodipine besylate oral</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	6	QL (30 per 30 days)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	6	QL (60 per 30 days)
<i>amlodipine-atorvastatin</i>	6	QL (30 per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i>	6	QL (30 per 30 days)
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	6	QL (60 per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	6	QL (30 per 30 days)
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	6	QL (60 per 30 days)
<i>atenolol oral</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>atenolol-chlorthalidone</i>	1	
<i>atorvastatin calcium oral</i>	6	QL (30 per 30 days)
<i>benazepril hcl oral</i>	6	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg</i>	6	QL (60 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	6	QL (30 per 30 days)
<i>betaxolol hcl oral</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	4	
<i>bumetanide oral</i>	2	
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	6	QL (60 per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	6	QL (30 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	6	QL (60 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	6	QL (30 per 30 days)
<i>captopril oral tablet 100 mg</i>	6	QL (120 per 30 days)
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	6	QL (180 per 30 days)
CARTIA XT	2	
<i>carvedilol</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>cholestyramine light</i>	2	
<i>cholestyramine oral</i>	2	
<i>clonidine hcl oral</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	2	QL (12 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	2	QL (4 per 28 days)
<i>colesevelam hcl oral tablet</i>	3	
<i>colestipol hcl oral packet</i>	2	
<i>colestipol hcl oral tablet</i>	2	
CORLANOR ORAL SOLUTION	4	PA; QL (560 per 28 days)
<i>digox oral tablet 125 mcg</i>	2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>digox oral tablet 250 mcg</i>	2	PA; QL (60 per 30 days)
<i>digoxin oral solution</i>	4	
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg</i>	2	PA; QL (60 per 30 days)
<i>digoxin oral tablet 62.5 mcg</i>	3	QL (30 per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	1	
<i>dilt-xr</i>	2	
<i>disopyramide phosphate oral</i>	4	PA
<i>dofetilide</i>	4	NM
<i>doxazosin mesylate oral</i>	2	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90 per 30 days); NM
<i>droxidopa oral capsule 200 mg</i>	4	PA; QL (180 per 30 days); NM
<i>droxidopa oral capsule 300 mg</i>	5	PA; QL (180 per 30 days); NM
<i>enalapril maleate oral tablet</i>	6	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	6	QL (60 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	QL (120 per 30 days)
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (240 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>eplerenone oral tablet 25 mg</i>	2	
<i>eplerenone oral tablet 50 mg</i>	3	
<i>ezetimibe</i>	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	1	PA; QL (30 per 30 days)
<i>felodipine er</i>	2	
<i>fenofibrate micronized oral capsule 130 mg</i>	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release</i>	2	
<i>flecainide acetate</i>	2	
<i>fluvastatin sodium</i>	1	QL (60 per 30 days)
<i>fosinopril sodium</i>	6	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	6	QL (60 per 30 days)
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	6	QL (120 per 30 days)
<i>furosemide injection</i>	4	
<i>furosemide oral solution 10 mg/ml</i>	4	
<i>furosemide oral solution 8 mg/ml</i>	1	
<i>furosemide oral tablet</i>	1	
<i>gemfibrozil oral</i>	1	
<i>guanfacine hcl oral</i>	2	PA
<i>hydralazine hcl oral</i>	1	
<i>hydrochlorothiazide oral</i>	1	
<i>icosapent ethyl</i>	4	
<i>indapamide oral</i>	1	
<i>irbesartan</i>	6	QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	6	QL (60 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	6	QL (30 per 30 days)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	3	QL (180 per 30 days)
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>isosorbide mononitrate oral tablet 20 mg</i>	1	
<i>isradipine</i>	2	
<i>ivabradine hcl</i>	4	PA; QL (60 per 30 days)
<i>labetalol hcl oral</i>	2	
<i>lisinopril oral</i>	6	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	6	QL (30 per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	6	QL (120 per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	6	QL (60 per 30 days)
<i>losartan potassium oral tablet 100 mg</i>	6	QL (30 per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	6	QL (60 per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	6	QL (30 per 30 days)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	6	QL (60 per 30 days)
<i>lovastatin oral</i>	6	QL (60 per 30 days)
MATZIM LA	2	
<i>metolazone</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	NM
<i>mexiletine hcl oral</i>	3	
<i>midodrine hcl oral tablet 10 mg</i>	4	
<i>midodrine hcl oral tablet 2.5 mg, 5 mg</i>	2	
<i>minoxidil oral</i>	2	
<i>moexipril hcl</i>	6	
MULTAQ	4	QL (60 per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl</i>	4	
NEXLETOL	3	PA; QL (30 per 30 days)
NEXLIZET	3	PA; QL (30 per 30 days)
<i>niacin (antihyperlipidemic)</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg</i>	4	
<i>niacin er (antihyperlipidemic) oral tablet extended release 750 mg</i>	3	
<i>niacor</i>	4	
<i>nicardipine hcl oral</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine oral capsule</i>	4	
NITRO-BID	4	
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	3	
NITROSTAT	3	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	6	QL (60 per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	6	QL (60 per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	6	QL (30 per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	6	QL (60 per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	6	QL (30 per 30 days)
<i>omega-3-acid ethyl esters</i>	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>perindopril erbumine</i>	6	
<i>pindolol</i>	2	
<i>pravastatin sodium</i>	6	QL (30 per 30 days)
<i>prazosin hcl oral</i>	2	
<i>prevalite</i>	2	
<i>propafenone hcl</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl oral</i>	2	
<i>quinapril hcl</i>	6	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quinapril-hydrochlorothiazide</i>	6	QL (60 per 30 days)
<i>quinidine sulfate oral</i>	2	
<i>ramipril</i>	6	
<i>ranolazine er</i>	3	PA; QL (60 per 30 days)
REPATHA	3	PA; QL (3 per 28 days); NM
REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 per 28 days); NM
REPATHA SURECLICK	3	PA; QL (3 per 28 days); NM
<i>rosuvastatin calcium oral</i>	6	QL (30 per 30 days)
<i>simvastatin oral tablet</i>	6	QL (30 per 30 days)
<i>sotalol hcl (af)</i>	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	2	
<i>sotalol hcl oral tablet 80 mg</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolactone-hctz</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days)
<i>telmisartan oral tablet 80 mg</i>	6	QL (60 per 30 days)
<i>telmisartan-amlodipine</i>	6	QL (30 per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg</i>	6	QL (60 per 30 days)
<i>telmisartan-hctz oral tablet 80-25 mg</i>	6	QL (30 per 30 days)
<i>terazosin hcl oral</i>	1	
TIADYLT ER	2	
<i>timolol maleate oral</i>	2	
<i>torsemide oral</i>	1	
<i>trandolapril</i>	6	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	6	QL (30 per 30 days)
<i>trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</i>	1	QL (30 per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
<i>valsartan oral tablet 160 mg</i>	6	QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	6	QL (30 per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	6	QL (90 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	6	QL (60 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	6	QL (30 per 30 days)
VASCEPA	4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	4	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	2	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral</i>	1	
VERQUVO	4	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 per 28 days)
<i>acamprosate calcium</i>	3	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 per 28 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 per 28 days)
<i>alprazolam oral tablet</i>	1	QL (120 per 30 days)
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	2	
<i>amitriptyline hcl oral</i>	2	
<i>amoxapine oral tablet 100 mg, 50 mg</i>	4	PA
<i>amoxapine oral tablet 150 mg, 25 mg</i>	2	PA
<i>amphetamine-dextroamphet er</i>	3	PA; QL (30 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg</i>	3	PA; QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	3	PA; QL (60 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 7.5 mg</i>	2	PA; QL (90 per 30 days)
APTIOM	5	
<i>aripiprazole oral solution</i>	4	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	3	
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	3	QL (30 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	4	QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	QL (60 per 30 days)
ARISTADA INITIO	5	QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 per 60 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	3	PA; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (60 per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	QL (60 per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	4	QL (240 per 30 days)
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	4	QL (120 per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	3	QL (30 per 30 days)
AUSTEDO	5	PA; QL (120 per 30 days); NM
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	5	PA; QL (60 per 30 days); NM
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 per 30 days); NM

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUSTEDO XR PATIENT TITRATION	5	PA; NM
AUVELITY	5	PA; QL (60 per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 per 28 days); NM
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 per 28 days); NM
BAC (BUTALBITAL-ACETAMIN-CAFF)	3	PA; QL (180 per 30 days)
<i>baclofen oral tablet 10 mg, 15 mg, 5 mg</i>	2	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>benztropine mesylate oral</i>	2	PA
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days); NM
BRIVIACT ORAL SOLUTION	5	QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	QL (60 per 30 days)
<i>bromocriptine mesylate oral capsule</i>	4	
<i>bromocriptine mesylate oral tablet</i>	3	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	2	QL (240 per 30 days); NEDS
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	2	QL (60 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	QL (60 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	2	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	2	QL (240 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	2	QL (120 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (120 per 30 days); NEDS
<i>bupropion hcl er (smoking det)</i>	2	QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	2	QL (120 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	2	QL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	2	QL (180 per 30 days)
<i>buspirone hcl oral</i>	2	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	3	PA; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral capsule</i>	4	PA; QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	PA; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	3	PA; QL (180 per 30 days)
CAPLYTA	5	QL (30 per 30 days)
<i>carbamazepine er</i>	3	
<i>carbamazepine oral suspension</i>	4	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet chewable</i>	2	
<i>carbidopa oral</i>	4	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet dispersible</i>	4	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>chlordiazepoxide hcl</i>	3	QL (120 per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	2	PA
<i>chlorpromazine hcl oral</i>	4	
<i>citalopram hydrobromide oral solution</i>	4	QL (600 per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 per 30 days)
<i>clobazam oral suspension 2.5 mg/ml</i>	4	PA; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60 per 30 days)
<i>clomipramine hcl oral</i>	4	PA
<i>clonazepam oral tablet 0.5 mg</i>	1	QL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1	QL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	4	QL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	4	QL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	4	QL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	4	QL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	4	QL (300 per 30 days)
<i>clorazepate dipotassium</i>	3	
<i>clozapine oral tablet 100 mg</i>	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	3	QL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	2	QL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	QL (540 per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	4	QL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	QL (2160 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	4	QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	QL (120 per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	4	QL (1080 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	5	PA; QL (60 per 30 days)
COBENFY ORAL CAPSULE 50-20 MG	4	PA; QL (60 per 30 days)
COBENFY STARTER PACK	5	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	PA
<i>dalfampridine er</i>	3	PA; QL (60 per 30 days); NM
<i>dantrolene sodium oral</i>	2	
<i>desipramine hcl oral</i>	3	PA
<i>desvenlafaxine succinate er</i>	3	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	3	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	3	QL (90 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (360 per 30 days); NM; LA
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 per 30 days); NM; LA
DIACOMIT ORAL PACKET 250 MG	5	PA; QL (360 per 30 days); NM; LA

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DIACOMIT ORAL PACKET 500 MG	5	PA; QL (180 per 30 days); NM; LA
DIAZEPAM INTENSOL	4	QL (240 per 30 days)
<i>diazepam oral concentrate</i>	4	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	4	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>diazepam rectal</i>	4	
<i>dihydroergotamine mesylate nasal</i>	5	PA; QL (8 per 28 days)
DILANTIN ORAL CAPSULE 30 MG	4	PA
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	5	PA; QL (14 per 7 days); NM
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	5	PA; QL (60 per 30 days); NM
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	5	PA; NM
<i>disulfiram oral tablet 250 mg</i>	2	
<i>disulfiram oral tablet 500 mg</i>	3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	
<i>divalproex sodium oral tablet delayed release</i>	2	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	4	QL (30 per 30 days)
<i>doxepin hcl oral capsule</i>	2	PA
<i>doxepin hcl oral concentrate</i>	2	PA
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (30 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	2	QL (180 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (120 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	3	QL (90 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	2	QL (60 per 30 days)
EMGALITY	3	PA; QL (2 per 28 days)
EMGALITY (300 MG DOSE)	3	PA; QL (3 per 28 days)
EMSAM	5	PA; QL (30 per 30 days)
<i>entacapone</i>	3	
EPIDIOLEX	5	PA; NM; LA
EPITOL	2	
EPRONTIA	4	PA
<i>ergotamine-caffeine</i>	3	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	4	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (120 per 30 days)
<i>eszopiclone</i>	4	QL (30 per 30 days)
<i>ethosuximide oral capsule</i>	3	
<i>ethosuximide oral solution</i>	4	
FANAPT ORAL TABLET 1 MG	5	PA; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	5	PA; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	5	PA; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	5	PA; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	5	PA; QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	5	PA; QL (90 per 30 days)
FANAPT TITRATION PACK	4	PA
<i>felbamate</i>	4	
FETZIMA	4	PA; QL (30 per 30 days)
FETZIMA TITRATION	4	PA
<i>fingolimod hcl</i>	4	PA; QL (30 per 30 days); NM
FINTEPLA	5	PA; NM; LA
<i>fluoxetine hcl oral capsule 10 mg</i>	1	
<i>fluoxetine hcl oral capsule 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine hcl oral capsule 40 mg</i>	1	QL (60 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluoxetine hcl oral capsule delayed release</i>	4	QL (4 per 28 days)
<i>fluoxetine hcl oral solution</i>	4	QL (600 per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	2	
<i>fluoxetine hcl oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral</i>	4	
<i>fluvoxamine maleate oral tablet 100 mg</i>	2	QL (90 per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	2	
FYCOMPA ORAL SUSPENSION	5	PA; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	PA; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA; QL (30 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	1	QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 per 30 days)
<i>gabapentin oral solution</i>	4	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	3	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	3	QL (120 per 30 days)
<i>galantamine hydrobromide er</i>	2	QL (30 per 30 days)
<i>galantamine hydrobromide oral solution</i>	4	QL (200 per 30 days)
<i>galantamine hydrobromide oral tablet</i>	2	QL (60 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days); NM
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days); NM
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days); NM
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days); NM
<i>guanfacine hcl er</i>	4	QL (30 per 30 days)
<i>haloperidol decanoate intramuscular</i>	4	
<i>haloperidol lactate injection</i>	4	
<i>haloperidol lactate oral</i>	2	

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on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>haloperidol oral</i>	2	
<i>imipramine hcl oral</i>	2	PA
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 per 84 days)
<i>lacosamide oral solution</i>	4	QL (1200 per 30 days)
<i>lacosamide oral tablet</i>	4	QL (60 per 30 days)
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet chewable</i>	4	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	2	QL (180 per 30 days)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	2	QL (120 per 30 days)
<i>levetiracetam oral solution</i>	4	
<i>levetiracetam oral tablet</i>	2	
LIBERVANT	4	QL (10 per 30 days)
<i>lithium</i>	4	

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on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lithium carbonate er</i>	2	
<i>lithium carbonate oral</i>	1	
LORAZEPAM INTENSOL	3	QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	3	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	1	QL (120 per 30 days)
<i>lorazepam oral tablet 1 mg</i>	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 per 30 days)
<i>loxapine succinate oral</i>	2	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	4	QL (60 per 30 days)
MARPLAN	4	
<i>memantine hcl er</i>	3	PA; QL (30 per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA; QL (300 per 30 days)
<i>memantine hcl oral tablet 10 mg</i>	2	PA; QL (60 per 30 days)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	3	PA; QL (60 per 30 days)
<i>memantine hcl oral tablet 5 mg</i>	2	PA; QL (90 per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	3	
<i>methsuximide</i>	4	
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	4	PA; QL (90 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	3	PA; QL (90 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	3	PA; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	3	PA; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet</i>	3	PA; QL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	1	
<i>mirtazapine oral tablet 45 mg</i>	1	QL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	2	
<i>mirtazapine oral tablet dispersible</i>	4	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	3	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; QL (60 per 30 days)
<i>molindone hcl</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe</i>	2	
<i>naloxone hcl nasal</i>	3	
<i>naltrexone hcl oral</i>	2	
<i>naratriptan hcl</i>	2	QL (9 per 30 days)
NAYZILAM	4	PA
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg</i>	3	
<i>nefazodone hcl oral tablet 250 mg, 50 mg</i>	4	
NICOTROL NS	4	QL (120 per 30 days)
<i>nortriptyline hcl oral capsule</i>	2	
<i>nortriptyline hcl oral solution</i>	4	
NUDEXTA	5	PA; QL (60 per 30 days)
NUPLAZID ORAL CAPSULE	5	PA; QL (30 per 30 days); NM; LA
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 per 30 days); NM; LA
NURTEC	3	PA; QL (16 per 30 days)
<i>olanzapine intramuscular</i>	4	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	
<i>olanzapine oral tablet 20 mg</i>	3	QL (30 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	4	
<i>olanzapine oral tablet dispersible 20 mg</i>	4	QL (30 per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	2	QL (30 per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	2	QL (90 per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; QL (30 per 30 days)
<i>oxazepam</i>	4	QL (120 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	2	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	4	QL (30 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i>	4	QL (60 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	3	QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	2	QL (45 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	2	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (60 per 30 days)
<i>perphenazine oral</i>	2	
<i>perphenazine-amitriptyline</i>	4	PA
PERSERIS	5	QL (1 per 28 days)
<i>phenelzine sulfate oral</i>	2	
<i>phenobarbital oral elixir</i>	4	PA; QL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA; QL (120 per 30 days)
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	2	PA; QL (210 per 30 days)
PHENYTEK	4	
PHENYTOIN INFATABS	4	
<i>phenytoin oral</i>	4	
<i>phenytoin sodium extended</i>	2	
<i>pimozide</i>	4	
<i>pramipexole dihydrochloride</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>pregabalin oral capsule 200 mg</i>	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 per 30 days)
<i>pregabalin oral solution</i>	4	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>protriptyline hcl</i>	4	PA
<i>pyridostigmine bromide er</i>	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pyridostigmine bromide oral solution</i>	4	
<i>pyridostigmine bromide oral tablet 30 mg</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg</i>	2	QL (30 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	4	QL (30 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	4	QL (60 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	2	QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg</i>	2	QL (240 per 30 days)
<i>quetiapine fumarate oral tablet 150 mg</i>	2	QL (150 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	2	QL (120 per 30 days)
<i>quetiapine fumarate oral tablet 25 mg</i>	2	QL (960 per 30 days)
<i>quetiapine fumarate oral tablet 300 mg</i>	2	QL (80 per 30 days)
<i>quetiapine fumarate oral tablet 400 mg</i>	2	QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 50 mg</i>	2	QL (480 per 30 days)
QULIPTA	3	PA; QL (30 per 30 days)
RALDESY	5	
<i>ramelteon</i>	3	QL (30 per 30 days)
<i>rasagiline mesylate oral</i>	4	
REXULTI	5	QL (30 per 30 days)
<i>riluzole</i>	3	NM
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	4	QL (2 per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	5	QL (2 per 28 days)
<i>risperidone oral solution</i>	4	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	QL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	QL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	QL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	QL (240 per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>risperidone oral tablet dispersible 0.25 mg</i>	4	QL (1920 per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	4	QL (960 per 30 days)
<i>risperidone oral tablet dispersible 1 mg</i>	4	QL (480 per 30 days)
<i>risperidone oral tablet dispersible 2 mg</i>	4	QL (240 per 30 days)
<i>risperidone oral tablet dispersible 3 mg</i>	4	QL (150 per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	4	QL (120 per 30 days)
<i>rivastigmine</i>	4	QL (30 per 30 days)
<i>rivastigmine tartrate</i>	3	QL (60 per 30 days)
<i>rizatriptan benzoate oral tablet</i>	2	QL (12 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	4	QL (12 per 30 days)
<i>ropinirole hcl</i>	2	
<i>ropinirole hcl er</i>	4	
ROWEEPRA ORAL TABLET 500 MG	2	
<i>rufinamide oral suspension</i>	5	PA; QL (2400 per 30 days)
<i>rufinamide oral tablet 200 mg</i>	4	PA; QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i>	4	PA; QL (240 per 30 days)
RYKINDO	5	QL (2 per 28 days)
RYTARY	4	ST
SECUADO	5	QL (30 per 30 days)
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	4	
<i>sertraline hcl oral concentrate</i>	4	QL (300 per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 per 30 days)
<i>sertraline hcl oral tablet 25 mg</i>	1	QL (240 per 30 days)
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	PA; QL (60 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PA; QL (120 per 30 days)
<i>sumatriptan nasal</i>	3	
<i>sumatriptan succinate oral</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	3	QL (6 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	3	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	3	QL (6 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	5	PA; QL (30 per 30 days)
<i>tasimelteon</i>	5	PA; QL (30 per 30 days); NM
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)
TENCON ORAL TABLET 50-325 MG	4	PA; QL (180 per 30 days)
<i>teriflunomide</i>	5	PA; QL (30 per 30 days); NM
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240 per 30 days); NM
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 per 30 days); NM
<i>thioridazine hcl oral</i>	2	
<i>thiothixene oral</i>	2	
<i>tiagabine hcl</i>	4	
<i>tizanidine hcl oral tablet</i>	1	
<i>tolcapone</i>	5	PA; QL (180 per 30 days)
<i>topiramate oral capsule sprinkle</i>	2	
<i>topiramate oral tablet</i>	1	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
<i>trifluoperazine hcl oral</i>	2	
<i>trihexyphenidyl hcl oral solution</i>	2	PA
<i>trihexyphenidyl hcl oral tablet</i>	2	
<i>trimipramine maleate oral</i>	3	
TRINTELLIX	4	QL (30 per 30 days)
UBRELVY ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
UBRELVY ORAL TABLET 50 MG	3	PA; QL (20 per 30 days)
<i>valproic acid oral capsule</i>	2	
<i>valproic acid oral solution</i>	4	
VALTOCO 10 MG DOSE	4	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	4	
VALTOCO 5 MG DOSE	4	
<i>varenicline tartrate (starter)</i>	4	PA
<i>varenicline tartrate oral tablet 0.5 mg</i>	4	PA; QL (60 per 30 days)
<i>varenicline tartrate oral tablet 1 mg, 1 mg (56 pack)</i>	4	PA; QL (56 per 28 days)
<i>varenicline tartrate(continue)</i>	4	PA; QL (56 per 28 days)
<i>venlafaxine hcl</i>	2	QL (90 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	2	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	2	QL (180 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	2	QL (90 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	3	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	4	QL (30 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg</i>	3	QL (30 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	3	QL (90 per 30 days)
VERSACLOZ	4	QL (600 per 30 days)
<i>vigabatrin oral packet</i>	5	PA; QL (150 per 25 days); NM; LA
<i>vigabatrin oral tablet</i>	5	PA; QL (180 per 30 days); NM; LA
VIGADRONE ORAL PACKET	5	PA; QL (150 per 25 days); NM; LA
VIGADRONE ORAL TABLET	5	PA; QL (180 per 30 days); NM
VIGPODER	5	PA; QL (150 per 25 days); NM
<i>vilazodone hcl</i>	4	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	QL (30 per 30 days)
WAKIX	5	PA; QL (60 per 30 days); NM
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	PA; QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA; QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	PA; QL (56 per 365 days)
<i>zaleplon oral capsule 10 mg</i>	2	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	QL (30 per 30 days)
ZENZEDI ORAL TABLET 10 MG	3	QL (180 per 30 days)
ZENZEDI ORAL TABLET 5 MG	3	QL (90 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	2	QL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	2	QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	2	QL (60 per 30 days)
<i>ziprasidone mesylate</i>	3	QL (6 per 3 days)
<i>zolpidem tartrate oral tablet</i>	2	QL (30 per 30 days)
ZONISADE	5	PA
<i>zonisamide oral</i>	2	
ZTALMY	5	QL (1100 per 30 days); NM
ZURZUVAE	5	NM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	QL (2 per 28 days); NM
DERMATOLOGICAL AGENTS		
AC CUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	4	
<i>acitretin</i>	4	PA
<i>acyclovir external ointment</i>	3	PA; QL (30 per 30 days)
<i>adapalene external cream</i>	4	PA
<i>adapalene external gel 0.1 %</i>	4	PA
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate</i>	2	
<i>ammonium lactate external</i>	2	
AMNESTEEM	4	
<i>benzoyl peroxide-erythromycin</i>	3	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	3	
<i>betamethasone dipropionate aug external lotion</i>	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>betamethasone dipropionate aug external ointment</i>	3	
<i>betamethasone dipropionate external</i>	3	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external lotion</i>	3	
<i>betamethasone valerate external ointment</i>	3	
<i>bexarotene external</i>	5	PA; QL (60 per 30 days); NM
<i>calcipotriene external cream</i>	3	QL (120 per 30 days)
<i>calcipotriene external ointment</i>	3	QL (120 per 30 days)
<i>calcipotriene external solution</i>	3	QL (60 per 30 days)
<i>cevimeline hcl</i>	4	
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>ciclopirox external gel</i>	1	
<i>ciclopirox external shampoo</i>	1	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external cream</i>	2	QL (90 per 30 days)
<i>ciclopirox olamine external suspension</i>	2	
CLARAVIS	4	
CLINDACIN-P	4	
<i>clindamycin phos (once-daily)</i>	2	
<i>clindamycin phos (twice-daily)</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	3	
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	QL (120 per 30 days)
<i>clindamycin phosphate external solution</i>	2	QL (120 per 30 days)
<i>clindamycin phosphate external swab</i>	4	
<i>clobetasol propionate e</i>	2	QL (120 per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	2	QL (120 per 30 days)
<i>clobetasol propionate external foam</i>	3	QL (100 per 30 days)
<i>clobetasol propionate external gel</i>	2	QL (60 per 30 days)
<i>clobetasol propionate external ointment</i>	2	QL (120 per 30 days)
<i>clobetasol propionate external shampoo</i>	3	
<i>clobetasol propionate external solution</i>	2	QL (50 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CLODAN EXTERNAL SHAMPOO	3	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	QL (150 per 30 days)
<i>clotrimazole-betamethasone external cream</i>	2	QL (120 per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	3	QL (120 per 30 days)
<i>desonide external cream</i>	2	
<i>desonide external lotion</i>	4	
<i>desonide external ointment</i>	3	
<i>desoximetasone external cream</i>	4	QL (100 per 30 days)
<i>desoximetasone external gel</i>	4	
<i>desoximetasone external ointment 0.25 %</i>	4	
<i>diclofenac sodium external gel 3 %</i>	4	PA; QL (100 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 per 28 days); NM
<i>econazole nitrate external</i>	2	QL (90 per 30 days)
<i>ery</i>	4	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
<i>fluocinolone acetonide body</i>	4	QL (120 per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	2	QL (120 per 30 days)
<i>fluocinolone acetonide external solution</i>	4	QL (120 per 30 days)
<i>fluocinolone acetonide scalp</i>	4	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	2	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	2	QL (240 per 30 days)
<i>fluocinonide external gel</i>	2	QL (240 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluocinonide external ointment</i>	2	QL (240 per 30 days)
<i>fluocinonide external solution</i>	2	QL (240 per 30 days)
<i>fluorouracil external cream 5 %</i>	3	QL (40 per 28 days)
<i>fluorouracil external solution</i>	4	QL (10 per 28 days)
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>gentamicin sulfate external</i>	2	QL (30 per 30 days)
<i>halobetasol propionate external cream</i>	2	
<i>halobetasol propionate external ointment</i>	3	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone butyrate external cream</i>	4	
<i>hydrocortisone butyrate external ointment</i>	2	
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone external cream 1 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	3	
<i>imiquimod external cream 5 %</i>	2	QL (24 per 28 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	4	
<i>isotretinoin oral capsule 25 mg</i>	5	
<i>ketoconazole external cream</i>	2	QL (120 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	2	QL (120 per 30 days)
KLAYESTA	2	
KOURZEQ	2	
<i>malathion external</i>	4	
<i>methoxsalen rapid</i>	5	NM
<i>metronidazole external cream</i>	3	
<i>metronidazole external gel 0.75 %</i>	2	
<i>metronidazole external gel 1 %</i>	4	
<i>metronidazole external lotion</i>	3	
<i>mometasone furoate external</i>	2	
<i>mupirocin calcium</i>	3	QL (30 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mupirocin external</i>	2	QL (120 per 30 days)
<i>nitroglycerin rectal</i>	4	QL (30 per 30 days)
NYAMYC	2	
<i>nystatin external</i>	2	
<i>nystatin mouth/throat</i>	2	
<i>nystatin-triamcinolone</i>	2	QL (120 per 30 days)
NYSTOP	2	
PANRETIN	5	NM
PERIOGARD	1	
<i>permethrin external cream</i>	2	
<i>pilocarpine hcl oral</i>	2	
<i>pimecrolimus</i>	4	PA; QL (100 per 30 days)
<i>podofilox external solution</i>	2	
PROCTO-MED HC EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
RECTIV	4	QL (30 per 30 days)
SANTYL	4	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	2	
<i>silver sulfadiazine external</i>	2	
<i>sodium fluoride 5000 ppm dental gel</i>	2	
SSD (SILVER SULFADIAZINE)	2	
<i>sulfacetamide sodium (acne)</i>	2	
<i>tacrolimus external ointment</i>	4	PA; QL (100 per 30 days)
<i>tazarotene external cream</i>	4	PA
<i>tazarotene external gel</i>	4	PA
<i>tretinoin external cream</i>	3	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	3	PA; QL (45 per 30 days)
<i>triamcinolone acetonide external cream</i>	2	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide mouth/throat</i>	2	

You can find information on what the symbols and abbreviations
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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRIDERM EXTERNAL CREAM 0.5 %	2	QL (454 per 30 days)
VALCHLOR	5	PA; NM; LA
ZENATANE	4	
ELECTROLYTES / MINERALS / METALS / VITAMINS		
<i>carglumic acid oral tablet soluble</i>	5	PA; NM; LA
CLINIMIX E/DEXTROSE (2.75/5)	4	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	4	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	4	B/D PA
CLINIMIX E/DEXTROSE (5/15)	4	B/D PA
CLINIMIX E/DEXTROSE (5/20)	4	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	4	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	4	B/D PA
CLINIMIX/DEXTROSE (5/15)	4	B/D PA
CLINIMIX/DEXTROSE (5/20)	4	B/D PA
CLINISOL SF	4	B/D PA
<i>dextrose intravenous solution 10 %, 5 %</i>	4	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	4	
INTRALIPID INTRAVENOUS EMULSION 20 %	4	B/D PA
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	4	
<i>kcl-lactated ringers-d5w</i>	4	
KLOR-CON 10	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON ORAL PACKET 20 MEQ	4	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	
<i>levocarnitine oral solution</i>	4	B/D PA
<i>levocarnitine oral tablet</i>	2	B/D PA
<i>levocarnitine sf</i>	4	B/D PA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	4	
NUTRILIPID	4	B/D PA
PLENAMINE	4	B/D PA
<i>potassium chloride crys er</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%</i>	4	
<i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	4	
<i>potassium chloride oral packet</i>	4	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%)</i>	4	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	1	
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l</i>	2	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	4	
<i>prenatal oral tablet 27-1 mg</i>	3	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	4	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	
TRAVASOL	4	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D PA
ENDOCRINE AND METABOLIC DISORDER AGENTS		
<i>acarbose oral</i>	2	QL (90 per 30 days)
<i>alendronate sodium oral solution</i>	3	QL (300 per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	6	QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	6	QL (4 per 28 days)
<i>calcitonin (salmon) nasal</i>	2	QL (4 per 30 days)
<i>calcitriol oral capsule</i>	2	B/D PA
<i>calcitriol oral solution</i>	4	B/D PA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	B/D PA; QL (60 per 30 days); NM
<i>cinacalcet hcl oral tablet 90 mg</i>	5	B/D PA; QL (120 per 30 days); NM
CYCLOSET	4	ST; QL (180 per 30 days)
<i>deferasirox oral tablet 90 mg</i>	3	PA; NM
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA; NM
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA; NM
<i>diazoxide oral</i>	4	
<i>doxercalciferol oral</i>	4	B/D PA
FARXIGA	3	QL (30 per 30 days)
FIASP FLEXTOUCH	3	
FIASP INJECTION	3	
FIASP PENFILL	3	
FIASP PUMPCART	3	
<i>glimepiride oral tablet 1 mg</i>	6	QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	6	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	6	QL (240 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	6	QL (120 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	
<i>glipizide oral tablet 5 mg</i>	6	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	6	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 per 30 days)
<i>glucagon emergency injection kit</i>	3	
<i>glyburide micronized oral tablet 1.5 mg</i>	6	QL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	6	QL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	6	QL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	6	QL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	6	QL (240 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glyburide oral tablet 5 mg</i>	6	QL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	6	QL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 per 30 days)
GLYXAMBI	3	QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	
<i>ibandronate sodium oral</i>	6	QL (1 per 28 days)
<i>insulin asp prot & asp flexpen</i>	3	
<i>insulin aspart flexpen</i>	3	
<i>insulin aspart injection</i>	3	
<i>insulin aspart penfill</i>	3	
<i>insulin aspart prot & aspart</i>	3	
INVOKAMET	4	QL (60 per 30 days)
INVOKAMET XR	4	QL (60 per 30 days)
INVOKANA	4	QL (30 per 30 days)
JANUMET	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA	3	QL (30 per 30 days)
JARDIANCE	3	QL (30 per 30 days)
JENTADUETO	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days)
KERENDIA	3	QL (30 per 30 days)
KIONEX COMBINATION	2	
LANTUS	3	QL (30 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	6	QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	6	QL (60 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	6	QL (60 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	6	QL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	6	QL (90 per 30 days)
<i>miglitol</i>	4	QL (90 per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	6	QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	6	QL (180 per 30 days)
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
NOVOLOG INJECTION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days)
<i>paricalcitol oral</i>	3	B/D PA
<i>pioglitazone hcl oral tablet 15 mg</i>	6	QL (90 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pioglitazone hcl oral tablet 30 mg</i>	6	QL (45 per 30 days)
<i>pioglitazone hcl oral tablet 45 mg</i>	6	QL (30 per 30 days)
<i>pioglitazone hcl-glimepiride</i>	2	QL (30 per 30 days)
<i>pioglitazone hcl-metformin hcl</i>	6	QL (90 per 30 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 180 days); NM
<i>repaglinide oral tablet 0.5 mg</i>	6	QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	6	QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>	2	ST; QL (1 per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	3	ST; QL (30 per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	ST; QL (4 per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	3	ST; QL (4 per 28 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG	3	PA; QL (60 per 365 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 per 365 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
SOLQUA	3	QL (15 per 25 days)
SPS (SODIUM POLYSTYRENE SULF)	2	
SYNJARDY	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 per 30 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml</i>	5	PA; QL (3 per 28 days); NM
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60 per 30 days); NM
TOUJEO MAX SOLOSTAR	3	QL (12 per 30 days)
TOUJEO SOLOSTAR	3	QL (13.5 per 30 days)
TRADJENTA	3	QL (30 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRESIBA	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	QL (18 per 30 days)
<i>trientine hcl</i>	5	PA; NM
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)
TYMLOS	5	PA; QL (1.56 per 28 days); NM
VELTASSA ORAL PACKET 1 GM	4	QL (240 per 30 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	4	QL (30 per 30 days)
VELTASSA ORAL PACKET 8.4 GM	4	QL (90 per 30 days)
XGEVA	5	PA; QL (5.1 per 28 days); NM
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days)
GASTROINTESTINAL AGENTS		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	PA; QL (60 per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	5	PA; QL (60 per 30 days)
<i>aprepitant oral</i>	4	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 125 mg</i>	5	B/D PA; QL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	4	B/D PA; QL (1 per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	4	B/D PA; QL (10 per 30 days)
<i>balsalazide disodium</i>	3	
<i>budesonide er oral tablet extended release 24 hour</i>	4	PA
<i>budesonide oral</i>	4	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	4	
<i>cimetidine oral</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMPRO	3	
<i>constulose</i>	2	
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	4	
<i>dicyclomine hcl oral tablet</i>	2	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
<i>dronabinol</i>	4	B/D PA; QL (120 per 30 days)
<i>enulose</i>	2	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	3	QL (30 per 30 days)
<i>famotidine oral suspension reconstituted</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
GATTEX	5	PA; NM; LA
GAVILYTE-C	2	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
<i>generlac</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>granisetron hcl oral</i>	3	B/D PA; QL (30 per 30 days)
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone rectal enema</i>	3	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution</i>	2	
<i>lansoprazole oral capsule delayed release 15 mg</i>	2	
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	QL (30 per 30 days)
LINZESS	4	QL (30 per 30 days)
<i>loperamide hcl oral capsule</i>	2	
<i>lubiprostone</i>	3	QL (60 per 30 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine er</i>	4	
<i>mesalamine oral</i>	4	
<i>mesalamine rectal</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methscopolamine bromide oral</i>	3	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	1	
<i>misoprostol oral</i>	3	
MOVANTIK	3	QL (30 per 30 days)
<i>nizatidine oral capsule 150 mg</i>	4	
<i>nizatidine oral capsule 300 mg</i>	2	
<i>omeprazole oral capsule delayed release</i>	1	
<i>ondansetron hcl injection solution prefilled syringe</i>	4	
<i>ondansetron hcl oral solution</i>	2	B/D PA; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	4	B/D PA; QL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; QL (90 per 30 days)
<i>ondansetron oral tablet dispersible 16 mg</i>	4	B/D PA; QL (30 per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	4	B/D PA; QL (90 per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	4	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	4	
<i>prochlorperazine</i>	3	
<i>prochlorperazine maleate oral</i>	2	
<i>promethazine hcl oral solution</i>	4	
<i>promethazine hcl oral tablet</i>	2	
<i>scopolamine</i>	4	QL (10 per 28 days)
<i>sucralfate oral suspension</i>	4	
<i>sucralfate oral tablet</i>	2	
<i>sulfasalazine oral</i>	2	
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet</i>	3	
VOWST	5	PA; QL (12 per 30 days); NM
XERMELO	5	PA; QL (90 per 30 days); NM; LA

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CREON	3	
<i>cromolyn sodium oral</i>	4	
CYSTAGON	4	PA; NM; LA
JAVYGTOR ORAL TABLET	5	PA; NM
<i>miglustat</i>	5	PA; NM; LA
<i>nitisinone</i>	5	PA; NM
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; NM; LA
<i>sapropterin dihydrochloride oral tablet</i>	5	PA; NM
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA; NM
<i>sodium phenylbutyrate oral tablet</i>	5	PA; NM
SUCRAID	5	PA; NM; LA
YARGESA	5	PA; NM
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000- 24000 UNIT	4	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	5	
GENITOURINARY AGENTS		
<i>alfuzosin hcl er</i>	1	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	2	
<i>bethanechol chloride oral tablet 50 mg</i>	4	
<i>clindamycin phosphate vaginal</i>	2	
<i>dutasteride oral</i>	2	QL (30 per 30 days)
<i>dutasteride-tamsulosin hcl</i>	3	QL (30 per 30 days)
<i>fesoterodine fumarate er</i>	3	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	
GEMTESA	4	QL (30 per 30 days)
<i>metronidazole vaginal</i>	2	
<i>miconazole 3 vaginal suppository</i>	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	4	QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	2	QL (60 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	2	QL (30 per 30 days)
<i>oxybutynin chloride oral solution</i>	2	QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	2	QL (90 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	2	QL (120 per 30 days)
<i>penicillamine oral tablet</i>	5	NM
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg)</i>	3	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>	2	
<i>solifenacin succinate</i>	2	QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	4	PA; QL (30 per 30 days)
<i>tamsulosin hcl</i>	1	
<i>terconazole</i>	2	
<i>tolterodine tartrate</i>	2	QL (60 per 30 days)
<i>tolterodine tartrate er</i>	2	QL (30 per 30 days)
<i>trospium chloride</i>	2	QL (60 per 30 days)
<i>trospium chloride er</i>	3	QL (30 per 30 days)
VANDAZOLE	2	
HORMONAL AGENTS		
ALTAVERA	3	
<i>alyacen 1/35</i>	3	
AMETHIA	3	
APRI	3	
ARANELLE	3	
ASHLYNA	3	
AUBRA EQ	3	
AVIANE	3	
BALZIVA	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BIJUVA	3	PA
BLISOVI 24 FE	3	
BLISOVI FE 1.5/30	3	
<i>briellyn</i>	3	
<i>cabergoline</i>	3	
CAMILA	3	
CHARLOTTE 24 FE	2	
CRYSELLE-28	3	
CYRED EQ	3	
<i>danazol oral</i>	3	
DEBLITANE	3	
DEPO-ESTRADIOL	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	2	PA
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	2	
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate oral</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15- 0.02/0.01 mg (21/5)</i>	3	
<i>dexamethasone oral solution</i>	4	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg</i>	1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
DOLISHALE	3	
<i>drospirenone-ethinyl estradiol</i>	3	
DUAVEE	4	PA; QL (30 per 30 days)
EGRIFTA SV	5	PA; NM; LA
ELINEST	3	
ELURYNG	2	
EMZAHH	3	
ENILLORING	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENPRESSE-28	3	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	3	
ERRIN	3	
ESTARYLLA	3	
<i>estradiol oral</i>	2	
<i>estradiol transdermal patch twice weekly</i>	2	PA; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	3	PA; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	3	
<i>estradiol valerate intramuscular oil 10 mg/ml</i>	4	
<i>estradiol-norethindrone acet</i>	4	PA
<i>ethynodiol diac-eth estradiol</i>	3	
<i>etonogestrel-ethinyl estradiol</i>	4	
EUTHYROX	1	
FALMINA	3	
FEIRZA 1.5/30	3	
FEIRZA 1/20	3	
<i>fludrocortisone acetate oral</i>	2	
FYAVOLV	3	PA
GALLIFREY	2	
HAILEY 24 FE	3	
HALOETTE	2	
ICLEVIA	3	
IMVEXXY MAINTENANCE PACK	4	QL (18 per 28 days)
IMVEXXY STARTER PACK	4	QL (18 per 28 days)
INCASSIA	3	
INCRELEX	5	PA; NM; LA
INTROVALE	3	
ISIBLOOM	3	
JASMIEL	3	
JINTELI	3	PA
JULEBER	3	
JUNEL 1.5/30	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
JUNEL 1/20	3	
JUNEL FE 1.5/30	3	
JUNEL FE 1/20	3	
JUNEL FE 24	3	
KARIVA	3	
KELNOR 1/35	3	
KELNOR 1/50	3	
KORLYM	5	PA; NM; LA
KURVELO	3	
LARIN 1.5/30	3	
LARIN 1/20	3	
LARIN FE 1.5/30	3	
LARIN FE 1/20	3	
LEENA	3	
LESSINA	3	
LEVONEST	3	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	3	
<i>levonorgestrel-ethinyl estrad</i>	3	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
LEVORA 0.15/30 (28)	3	
<i>levo-t</i>	1	
<i>levothyroxine sodium oral tablet</i>	1	
LEVOXYL	1	
<i>liothyronine sodium oral</i>	2	
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30	3	
LOESTRIN FE 1/20	3	
LORYNA	3	
LOW-OGESTREL	3	
LUTERA	3	
LYLEQ	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LYLLANA	2	PA; QL (8 per 28 days)
LYZA	3	
<i>marlissa</i>	3	
<i>medroxyprogesterone acetate intramuscular</i>	3	
<i>medroxyprogesterone acetate oral</i>	1	
MENEST	4	PA
<i>methimazole oral</i>	1	
<i>methylprednisolone oral</i>	3	
MIBELAS 24 FE	2	
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
MICROGESTIN 24 FE	4	
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
<i>mifepristone oral tablet 300 mg</i>	5	PA; NM; LA
MILI	3	
MIMVEY	4	PA
NECON 0.5/35 (28)	3	
NEXPLANON	3	NM
NIKKI	3	
NORA-BE	3	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; NM
<i>norelgestromin-eth estradiol</i>	3	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg- mcg</i>	3	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	
<i>norethindrone acetate oral</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	3	
<i>norethindrone oral</i>	3	
<i>norethindrone-eth estradiol</i>	3	PA
<i>norethindron-ethinyl estrad-fe</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	3	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	3	
<i>norgestim-eth estrad triphasic</i>	3	
NORTREL 0.5/35 (28)	3	
NORTREL 1/35 (21)	3	
NORTREL 1/35 (28)	3	
NORTREL 7/7/7	3	
NYLIA 1/35	4	
NYLIA 7/7/7	3	
OCELLA	3	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; NM
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; NM; LA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; NM; LA
ORSYTHIA	3	
<i>oxandrolone oral tablet 10 mg</i>	4	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; QL (240 per 30 days)
PIMTREA	3	
PORTIA-28	3	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	4	
<i>prednisone oral solution</i>	3	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	2	
PREMARIN ORAL	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PREMARIN VAGINAL	3	
PREMPHASE	3	PA
PREMPRO	3	PA
<i>progesterone oral</i>	2	
<i>propylthiouracil oral</i>	2	
<i>raloxifene hcl</i>	2	QL (30 per 30 days)
RECLIPSEN	3	
SETLAKIN	3	
SHAROBEL	3	
SIGNIFOR	5	PA; NM; LA
SKYLA	3	NM
SOMAVERT	5	PA; NM; LA
SPRINTEC 28	3	
SRONYX	3	
SYEDA	3	
SYNAREL	5	PA; NM
SYNTHROID	3	
TARINA 24 FE	3	
TARINA FE 1/20 EQ	3	
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	2	PA
<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular solution</i>	4	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	4	PA; QL (150 per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	3	PA; QL (300 per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	4	PA; QL (112.5 per 30 days)
TILIA FE	3	
TRI-ESTARYLLA	3	
TRI-LEGEST FE	3	
TRI-LO-ESTARYLLA	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRI-LO-SPRINTEC	3	
TRI-MILI	3	
TRI-NYMYO	3	
TRI-SPRINTEC	3	
TRIVORA (28)	3	
TRI-VYLIBRA	3	
TRI-VYLIBRA LO	3	
TURQOZ	3	
UNITHROID	1	
VALTYA 1/50	3	
VELIVET	3	
VIENVA	3	
VYFEMLA	3	
VYLIBRA	3	
WYMZYA FE	3	
XARAH FE	3	
XELRIA FE	3	
XULANE	4	
<i>yuvafem</i>	3	
ZAFEMY	4	
ZOVIA 1/35 (28)	3	
IMMUNOLOGICAL AGENTS		
ABRYSVO	3	
ACTHIB	3	
ACTIMMUNE	5	PA; NM; LA
ADACEL	3	
ARCALYST	5	PA; NM
AREXVY	3	
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; NM
<i>bcg vaccine injection solution reconstituted</i>	3	
BENLYSTA SUBCUTANEOUS	5	PA; NM
BEXSERO	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
COSENTYX (300 MG DOSE)	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SENSOREADY PEN	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2 per 28 days); NM
COSENTYX UNOREADY	5	PA; QL (8 per 28 days); NM
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	3	B/D PA; NM
<i>cyclosporine modified oral capsule 50 mg</i>	2	B/D PA; NM
<i>cyclosporine modified oral solution</i>	4	B/D PA; NM
<i>cyclosporine oral capsule 100 mg</i>	4	B/D PA; NM
<i>cyclosporine oral capsule 25 mg</i>	3	B/D PA; NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
<i>diphtheria-tetanus toxoids dt</i>	3	
ENBREL MINI	5	PA; QL (8 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 per 28 days); NM
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 per 28 days); NM
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	3	B/D PA
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	B/D PA
ENVARUSUS XR	4	B/D PA; NM
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	4	B/D PA; NM
<i>everolimus oral tablet 1 mg</i>	5	B/D PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA; NM
GARDASIL 9	3	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	3	B/D PA; NM
GENGRAF ORAL SOLUTION	4	B/D PA; NM
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	3	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D PA
HIBERIX INJECTION	3	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (2 per 28 days); NM
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; QL (2 per 28 days); NM
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (8 per 365 days); NM
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days); NM
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 per 365 days); NM
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
INFANRIX	3	
IPOL	3	
IXCHIQ	3	
IXIARO	3	
JYLAMVO	4	ST; NM
JYNNEOS	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>leflunomide oral</i>	3	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	4	
MENVEO	3	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	NM
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	NM
<i>methotrexate sodium oral</i>	2	
M-M-R II INJECTION	3	
MRESVIA	3	
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; NM
<i>mycophenolate mofetil oral suspension reconstituted</i>	4	B/D PA; NM
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; NM
<i>mycophenolate sodium</i>	4	B/D PA; NM
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	4	B/D PA; NM
MYHIBBIN	5	B/D PA; NM
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA; NM
OTEZLA ORAL TABLET	5	PA; QL (60 per 30 days); NM
OTEZLA ORAL TABLET THERAPY PACK	5	PA; NM
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	NM
PENBRAYA	3	
PENTACEL	3	
PRIORIX	4	
PROGRAF ORAL PACKET	4	B/D PA; NM
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
QUADRACEL	3	
RABAVERT	4	
RECOMBIVAX HB	3	B/D PA
REZUROCK	5	PA; NM; LA
RIDAURA	5	
RINVOQ	5	PA; QL (30 per 30 days); NM
RINVOQ LQ	5	PA; QL (360 per 30 days); NM
ROTARIX ORAL SUSPENSION	3	
ROTATEQ ORAL SOLUTION	3	
SANDIMMUNE ORAL SOLUTION	4	B/D PA; NM
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NM
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
SIMLANDI (1 PEN)	5	PA; QL (4 per 28 days); NM
SIMLANDI (1 SYRINGE)	5	PA; QL (4 per 28 days); NM
SIMLANDI (2 PEN)	5	PA; QL (4 per 28 days); NM
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	5	PA; QL (2 per 28 days); NM
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; QL (4 per 28 days); NM
<i>sirolimus oral</i>	4	B/D PA; NM
SKYRIZI PEN	5	PA; QL (6 per 365 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 per 56 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 per 56 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 per 365 days); NM
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (1 per 28 days); NM; LA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1 per 28 days); NM
<i>tacrolimus oral</i>	3	B/D PA; NM
TENIVAC	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TICOVAC	3	
TREMFYA CROHNS INDUCTION	5	PA; QL (4 per 28 days); NM
TREMFYA ONE-PRESS	5	PA; QL (2 per 28 days); NM
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	QL (2 per 28 days); NM
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA; QL (2 per 28 days); NM
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (2 per 28 days); NM
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2 per 28 days); NM
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
VIMKUNYA	3	
VIVOTIF	3	
XATMEP	4	ST; NM
XELJANZ ORAL SOLUTION	5	PA; QL (240 per 24 days); NM
XELJANZ ORAL TABLET	5	PA; QL (60 per 30 days); NM
XELJANZ XR	5	PA; QL (30 per 30 days); NM
YF-VAX	3	
INFECTIOUS DISEASE AGENTS		
<i>abacavir sulfate oral solution</i>	4	QL (960 per 30 days); NM
<i>abacavir sulfate oral tablet</i>	4	QL (60 per 30 days); NM
<i>abacavir sulfate-lamivudine</i>	4	QL (30 per 30 days); NM
ABELCET	4	B/D PA
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension</i>	4	
<i>acyclovir oral tablet</i>	1	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>adefovir dipivoxil</i>	4	PA; NM
<i>albendazole oral</i>	4	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg</i>	2	
<i>amoxicillin oral tablet chewable 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	4	
<i>amoxicillin-pot clavulanate oral tablet</i>	2	
<i>amphotericin b intravenous</i>	4	B/D PA
<i>amphotericin b liposome</i>	5	B/D PA
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	4	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 3 (2-1) gm</i>	4	
APTIVUS ORAL CAPSULE	5	QL (120 per 30 days); NM
ARIKAYCE	5	NM; LA
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (60 per 30 days); NM
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 per 30 days); NM
<i>atovaquone oral</i>	4	PA
<i>atovaquone-proguanil hcl</i>	3	
<i>azithromycin intravenous</i>	4	
<i>azithromycin oral packet</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	4	
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	2	
<i>aztreonam</i>	4	
BARACLUDE ORAL SOLUTION	5	PA; NM
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days); NM
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	5	QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	5	QL (6 per 28 days)
<i>cefaclor oral capsule 250 mg</i>	2	
<i>cefaclor oral capsule 500 mg</i>	3	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	4	
<i>cefadroxil oral tablet</i>	3	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 3 gm, 500 mg</i>	4	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	4	
<i>cefdinir</i>	2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	4	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	
<i>cefixime oral capsule</i>	3	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium intravenous</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cefpodoxime proxetil oral suspension reconstituted</i>	4	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	4	
<i>ceftazidime intravenous</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	4	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted</i>	2	
<i>cephalexin oral tablet</i>	1	
<i>chloroquine phosphate oral tablet 250 mg</i>	4	
<i>chloroquine phosphate oral tablet 500 mg</i>	2	
CIMDUO	5	QL (30 per 30 days); NM
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	
<i>clarithromycin er</i>	3	
<i>clarithromycin oral suspension reconstituted</i>	4	
<i>clarithromycin oral tablet</i>	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate injection solution 600 mg/4ml, 900 mg/6ml</i>	4	
COARTEM	4	
<i>colistimethate sodium (cba)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COMPLERA	5	QL (30 per 30 days); NM
<i>dapsone oral</i>	2	
<i>daptomycin</i>	5	
<i>darunavir oral tablet 600 mg</i>	4	QL (60 per 30 days); NM
<i>darunavir oral tablet 800 mg</i>	5	QL (60 per 30 days); NM
DELSTRIGO	5	QL (30 per 30 days); NM
<i>demeclocycline hcl oral</i>	4	
DESCOVY	5	QL (30 per 30 days); NM
<i>dicloxacillin sodium</i>	2	
DIFICID	5	PA
DOVATO	5	QL (30 per 30 days); NM
DOXY 100	4	
<i>doxycycline hyclate oral capsule</i>	3	
<i>doxycycline hyclate oral tablet 100 mg</i>	3	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	3	
EDURANT	5	QL (30 per 30 days); NM
<i>efavirenz oral tablet</i>	4	QL (30 per 30 days); NM
<i>efavirenz-emtricitabine-tenofovir df</i>	4	QL (30 per 30 days); NM
<i>efavirenz-lamivudine-tenofovir</i>	4	QL (30 per 30 days); NM
<i>emtricitabine</i>	4	QL (30 per 30 days); NM
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	4	QL (30 per 30 days); NM
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	5	QL (30 per 30 days); NM
EMTRIVA ORAL SOLUTION	4	QL (850 per 30 days); NM
<i>entecavir</i>	4	PA; NM
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (30 per 30 days); NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (60 per 30 days); NM
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (60 per 30 days); NM
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (30 per 30 days); NM
<i>ertapenem sodium</i>	4	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 500 MG	3	
ERY-TAB ORAL TABLET DELAYED RELEASE 333 MG	4	
<i>erythromycin base oral tablet</i>	4	
<i>erythromycin base oral tablet delayed release 250 mg, 500 mg</i>	3	
<i>erythromycin base oral tablet delayed release 333 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin oral tablet delayed release 250 mg, 500 mg</i>	3	
<i>erythromycin oral tablet delayed release 333 mg</i>	4	
<i>ethambutol hcl oral</i>	2	
<i>etravirine oral tablet 100 mg</i>	4	QL (120 per 30 days); NM
<i>etravirine oral tablet 200 mg</i>	4	QL (60 per 30 days); NM
EVOTAZ	5	QL (30 per 30 days); NM
<i>famciclovir oral tablet 125 mg</i>	2	QL (60 per 30 days)
<i>famciclovir oral tablet 250 mg</i>	3	QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	3	QL (21 per 7 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	4	
<i>fluconazole oral suspension reconstituted</i>	4	
<i>fluconazole oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 200 mg</i>	2	
<i>flucytosine oral</i>	5	
<i>fosamprenavir calcium</i>	4	QL (120 per 30 days); NM
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 per 30 days); NM

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	4	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	4	
GENVOYA	5	QL (30 per 30 days); NM
<i>griseofulvin microsize oral</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
HARVONI ORAL PACKET	5	PA; QL (28 per 28 days); NM
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (28 per 28 days); NM
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
<i>imipenem-cilastatin</i>	4	
INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days); NM
ISENTRESS HD	5	QL (60 per 30 days); NM
ISENTRESS ORAL PACKET	5	QL (180 per 30 days); NM
ISENTRESS ORAL TABLET	5	QL (120 per 30 days); NM
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	QL (180 per 30 days); NM
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (720 per 30 days); NM
<i>isoniazid oral syrup</i>	4	
<i>isoniazid oral tablet</i>	1	
<i>itraconazole oral capsule</i>	4	PA
<i>ivermectin oral</i>	2	PA
JULUCA	5	QL (30 per 30 days); NM
<i>ketoconazole oral</i>	2	
LAGEVRIO	5	QL (40 per 90 days)
<i>lamivudine oral solution</i>	4	QL (960 per 30 days); NM
<i>lamivudine oral tablet 100 mg</i>	3	NM
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 per 30 days); NM
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 per 30 days); NM
<i>lamivudine-zidovudine</i>	3	QL (60 per 30 days); NM
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin intravenous</i>	4	
<i>levofloxacin oral solution</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levofloxacin oral tablet</i>	1	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted</i>	5	PA; QL (1800 per 30 days)
<i>linezolid oral tablet</i>	3	PA; QL (56 per 28 days)
LIVTENCITY	5	PA; NM
<i>lopinavir-ritonavir oral solution</i>	4	QL (480 per 30 days); NM
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300 per 30 days); NM
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 per 30 days); NM
<i>maraviroc</i>	4	QL (120 per 30 days); NM
MAVYRET ORAL PACKET	5	PA; QL (180 per 30 days); NM
MAVYRET ORAL TABLET	5	PA; QL (90 per 30 days); NM
<i>mefloquine hcl</i>	4	
<i>meropenem intravenous solution reconstituted 1 gm</i>	4	
<i>meropenem intravenous solution reconstituted 500 mg</i>	3	
<i>methenamine hippurate</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	4	
<i>metronidazole oral capsule</i>	3	
<i>metronidazole oral tablet</i>	1	
<i>micafungin sodium</i>	5	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	3	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
<i>moxifloxacin hcl in nacl</i>	4	
<i>moxifloxacin hcl oral</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	5	
<i>neomycin sulfate oral</i>	2	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	3	QL (30 per 30 days); NM

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nevirapine oral suspension</i>	4	QL (1200 per 30 days); NM
<i>nevirapine oral tablet</i>	2	QL (60 per 30 days); NM
<i>nitazoxanide oral</i>	4	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	
NORVIR ORAL PACKET	4	QL (360 per 30 days); NM
<i>nystatin oral tablet</i>	2	
ODEFSEY	5	QL (30 per 30 days); NM
<i>ofloxacin oral tablet 400 mg</i>	3	
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	2	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	4	QL (1080 per 365 days)
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
PAXLOVID (150/100)	2	QL (20 per 90 days)
PAXLOVID (300/100)	2	QL (30 per 90 days)
PAXLOVID ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	2	QL (11 per 90 days)
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml</i>	3	
<i>penicillin g pot in dextrose intravenous solution 60000 unit/ml</i>	4	
<i>penicillin g potassium</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium oral solution reconstituted</i>	4	
<i>penicillin v potassium oral tablet</i>	1	
<i>pentamidine isethionate inhalation</i>	3	B/D PA; NM
<i>pentamidine isethionate injection</i>	4	NM
PIFELTRO	5	QL (30 per 30 days); NM
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>polymyxin b sulfate injection</i>	4	
<i>posaconazole oral</i>	5	PA
<i>praziquantel oral</i>	4	
PREVYMIS ORAL PACKET	5	PA; QL (120 per 30 days); NM
PREVYMIS ORAL TABLET	5	PA; QL (30 per 30 days); NM
PREZCOBIX	5	QL (30 per 30 days); NM
PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days); NM
PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days); NM
PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days); NM
PRIFTIN	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	
<i>pyrazinamide oral</i>	3	
<i>pyrimethamine oral</i>	5	PA
<i>quinine sulfate oral</i>	4	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
RETROVIR INTRAVENOUS	4	NM
REYATAZ ORAL PACKET	4	QL (240 per 30 days); NM
<i>ribavirin oral capsule</i>	3	NM
<i>ribavirin oral tablet 200 mg</i>	3	NM
<i>rifabutin</i>	4	
<i>rifampin intravenous</i>	4	
<i>rifampin oral</i>	2	
<i>rimantadine hcl</i>	3	
<i>ritonavir</i>	3	QL (360 per 30 days); NM
RUKOBIA	5	QL (60 per 30 days)
SELZENTRY ORAL SOLUTION	3	QL (1840 per 30 days); NM
SELZENTRY ORAL TABLET 25 MG	4	QL (240 per 30 days); NM
SELZENTRY ORAL TABLET 75 MG	5	QL (60 per 30 days); NM
SIRTURO	5	PA; NM; LA
<i>streptomycin sulfate intramuscular</i>	5	
STRIBILD	5	QL (30 per 30 days); NM
<i>sulfadiazine oral</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL TABLET	5	
SUNLENCA ORAL TABLET THERAPY PACK	5	LA
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days)
SYMITUZA	5	QL (30 per 30 days); NM
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	4	
TEFLARO	5	
<i>tenofovir disoproxil fumarate</i>	2	QL (30 per 30 days); NM
<i>terbinafine hcl oral</i>	1	
<i>tetracycline hcl oral capsule 250 mg</i>	3	
<i>tetracycline hcl oral capsule 500 mg</i>	4	
<i>tigecycline</i>	5	
<i>tinidazole oral</i>	4	
TIVICAY ORAL TABLET 10 MG	4	QL (120 per 30 days); NM
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 per 30 days); NM
TIVICAY PD	5	QL (360 per 30 days); NM
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	
TRECTOR	4	
<i>trifluridine ophthalmic</i>	3	
<i>trimethoprim oral</i>	2	
TRIUMEQ	5	QL (30 per 30 days); NM
TRIUMEQ PD	5	QL (180 per 30 days); NM
TYBOST	3	QL (30 per 30 days); NM
<i>valacyclovir hcl oral tablet 1 gm</i>	2	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	2	QL (60 per 30 days)
<i>valganciclovir hcl oral tablet</i>	3	NM
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg</i>	4	
<i>vancomycin hcl oral capsule</i>	4	PA; QL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VEMLIDY	5	PA; QL (30 per 30 days); NM
VIRACEPT ORAL TABLET 250 MG	5	QL (300 per 30 days); NM
VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days); NM
VIREAD ORAL POWDER	5	QL (240 per 30 days); NM
VIREAD ORAL TABLET 150 MG, 250 MG	5	QL (30 per 30 days); NM
VIREAD ORAL TABLET 200 MG	4	QL (30 per 30 days); NM
<i>voriconazole intravenous</i>	4	PA
<i>voriconazole oral suspension reconstituted</i>	5	PA; QL (300 per 30 days)
<i>voriconazole oral tablet 200 mg</i>	5	PA; QL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	PA; QL (120 per 30 days)
VOSEVI	5	PA; QL (30 per 30 days); NM
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days)
<i>zidovudine oral capsule</i>	2	QL (180 per 30 days); NM
<i>zidovudine oral syrup</i>	4	QL (1920 per 30 days); NM
<i>zidovudine oral tablet</i>	2	QL (60 per 30 days); NM
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine intravenous</i>	4	
ALCOHOL SWABS	1	
GAUZE STERILE PADS 2	1	
IGALMI	4	QL (30 per 30 days)
INSULIN PEN NEEDLE	1	QL (200 per 30 days)
INSULIN SYRINGE	1	QL (200 per 30 days)
KOSELUGO	5	PA; NM
OMNIPOD 5 DEXG7G6 INTRO GEN 5	4	
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	
OMNIPOD 5 G7 INTRO (GEN 5)	4	
OMNIPOD 5 G7 PODS (GEN 5)	4	
OMNIPOD 5 LIBRE2 PLUS G6	4	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	
OMNIPOD CLASSIC PODS (GEN 3)	4	
OMNIPOD DASH INTRO (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
<i>sodium chloride irrigation solution 0.9 %</i>	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OPHTHALMIC AGENTS		
<i>acetazolamide er</i>	3	
<i>apraclonidine hcl</i>	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	3	
<i>azelastine hcl ophthalmic</i>	3	
<i>bacitracin ophthalmic</i>	3	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
<i>bepotastine besilate</i>	4	
<i>betaxolol hcl ophthalmic</i>	2	
BETOPTIC-S	4	
<i>bimatoprost ophthalmic</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>brimonidine tartrate-timolol</i>	3	
<i>brinzolamide</i>	4	
<i>bromfenac sodium (once-daily)</i>	3	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	3	
<i>carteolol hcl</i>	2	
<i>ciprofloxacin hcl ophthalmic</i>	2	
<i>cromolyn sodium ophthalmic</i>	2	
CYSTARAN	5	NM; LA
<i>dexamethasone sodium phosphate ophthalmic</i>	2	
<i>diclofenac sodium ophthalmic</i>	2	
<i>difluprednate</i>	3	
<i>dorzolamide hcl ophthalmic</i>	2	
<i>dorzolamide hcl-timolol mal</i>	2	
<i>epinastine hcl</i>	2	
<i>erythromycin ophthalmic</i>	2	QL (3.5 per 30 days)
<i>fluorometholone ophthalmic</i>	2	
<i>flurbiprofen sodium</i>	4	
<i>gatifloxacin ophthalmic</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gentamicin sulfate ophthalmic solution</i>	2	
ILEVRO	4	
<i>ketorolac tromethamine ophthalmic</i>	2	
<i>latanoprost ophthalmic</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %</i>	4	
<i>levofloxacin ophthalmic solution 1.5 %</i>	2	
LUMIGAN OPTHALMIC SOLUTION 0.01 %	3	
<i>methazolamide oral tablet 25 mg</i>	3	
<i>methazolamide oral tablet 50 mg</i>	4	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyx</i>	2	
<i>neomycin-polymyxin-dexameth</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	4	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	3	
NEO-POLYCIN	3	
NEO-POLYCIN HC	2	
<i>ofloxacin ophthalmic</i>	2	
<i>olopatadine hcl ophthalmic</i>	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
POLYCIN	2	
<i>polymyxin b-trimethoprim</i>	1	
<i>prednisolone acetate ophthalmic</i>	4	
RESTASIS	3	QL (60 per 30 days)
RESTASIS MULTIDOSE OPTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days)
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	3	
<i>sulfacetamide sodium ophthalmic ointment</i>	3	
<i>sulfacetamide sodium ophthalmic solution</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>timolol maleate (once-daily)</i>	2	
<i>timolol maleate ophthalmic gel forming solution</i>	2	
<i>timolol maleate ophthalmic solution</i>	1	
TOBRADEX OPTHALMIC OINTMENT	4	
<i>tobramycin ophthalmic</i>	2	
<i>tobramycin-dexamethasone</i>	2	
<i>travoprost (bak free)</i>	3	
VYZULTA	4	
XDEMVI	5	NM; LA
OTIC AGENTS		
<i>acetic acid otic</i>	2	
<i>ciprofloxacin-dexamethasone</i>	3	
FLAC	2	
<i>fluocinolone acetonide otic</i>	2	
<i>hydrocortisone-acetic acid</i>	3	
<i>neomycin-polymyxin-hc otic</i>	2	
<i>ofloxacin otic</i>	2	
RESPIRATORY TRACT/PULMONARY AGENTS		
<i>acetylcysteine inhalation</i>	2	B/D PA
ADEMPAS	5	PA; QL (90 per 30 days); NM; LA
ADVAIR HFA	3	QL (12 per 30 days)
<i>albuterol sulfate hfa</i>	2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D PA; QL (360 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	3	
<i>ambrisentan</i>	5	PA; QL (30 per 30 days); NM; LA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 per 30 days)
<i>arformoterol tartrate</i>	4	B/D PA; QL (120 per 30 days)
ARNUITY ELLIPTA	3	QL (30 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ATROVENT HFA	4	QL (26 per 30 days)
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	3	QL (30 per 25 days)
<i>bosentan</i>	5	PA; QL (60 per 30 days); NM; LA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 per 30 days)
<i>breyana</i>	4	QL (30.9 per 30 days)
BREZTRI AEROSPHERE	3	QL (10.7 per 30 days)
BRONCHITOL	5	PA; NM; LA
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	4	B/D PA; QL (120 per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	4	B/D PA; QL (60 per 30 days)
<i>budesonide-formoterol fumarate</i>	4	QL (30.6 per 30 days)
CAYSTON	5	PA; NM; LA
<i>clemastine fumarate oral tablet 2.68 mg</i>	4	PA
COMBIVENT RESPIMAT	4	QL (8 per 30 days)
<i>cromolyn sodium inhalation</i>	3	B/D PA
<i>cyproheptadine hcl oral syrup</i>	3	PA
<i>cyproheptadine hcl oral tablet</i>	3	
<i>desloratadine</i>	2	
ELIXOPHYLLIN	4	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	QL (2 per 28 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QL (2 per 28 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (75 per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	4	QL (60 per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	4	QL (240 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	4	QL (12 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	4	QL (24 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	4	QL (11 per 30 days)
<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (60 per 30 days)
<i>formoterol fumarate inhalation</i>	4	B/D PA; QL (120 per 30 days)
<i>hydroxyzine hcl oral syrup</i>	4	QL (2880 per 28 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	2	QL (120 per 30 days)
<i>hydroxyzine hcl oral tablet 50 mg</i>	2	QL (240 per 30 days)
<i>hydroxyzine pamoate oral</i>	3	QL (120 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA
<i>ipratropium bromide nasal</i>	2	QL (30 per 30 days)
<i>ipratropium-albuterol</i>	2	B/D PA; QL (540 per 30 days)
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days); NM
<i>levocetirizine dihydrochloride oral solution</i>	4	QL (300 per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	1	QL (30 per 30 days)
<i>mometasone furoate nasal</i>	2	
<i>montelukast sodium oral packet</i>	4	
<i>montelukast sodium oral tablet</i>	1	
<i>montelukast sodium oral tablet chewable</i>	2	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 per 28 days); NM; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 per 28 days); NM; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 per 28 days); NM; LA
OFEV	5	PA; QL (60 per 30 days); NM
OPSUMIT	5	PA; QL (30 per 30 days); NM; LA
ORKAMBI ORAL TABLET	5	PA; QL (120 per 30 days); NM
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 per 30 days); NM
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; QL (90 per 30 days); NM
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA; NM
<i>roflumilast</i>	4	PA; QL (30 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (360 per 30 days); NM
SPIRIVA HANDIHALER	3	QL (30 per 30 days)
SPIRIVA RESPIMAT	3	QL (4 per 30 days)
STIOLTO RESPIMAT	3	QL (4 per 30 days)
<i>terbutaline sulfate oral</i>	4	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	4	
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour</i>	2	
<i>theophylline oral</i>	4	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D PA; QL (280 per 28 days); NM
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 per 30 days)
VENTAVIS	5	PA; QL (270 per 30 days); NM
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (4 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (4 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days); NM; LA
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If you need these services, contact Blue Cross of Idaho Civil Rights Coordinator at 1-800-627-1188 (TTY: 711).

ATTENTION: If you speak Arabic, Bantu, Chinese, Farsi, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, appropriate auxiliary aids and language assistance services are available free of charge. Call 1-800-627-1188 (TTY: 711).

Arabic: انتبه: إذا كنت تتحدث اللغة العربية ، فإن خدمات المساعدة اللغوية متاحة لك مجاناً اتصل على 1-800-627-1188 (الصم والبكم: 711).

Bantu: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 711).

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-627-1188 (TTY: 711)。

Farsi: توجه: اگر به زبان فارسی صحبت می کنید، خدمات رایگان پشتیبانی زبان، در دسترس شما است. شماره تماس 1-800-627-1188 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 711).

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-627-1188 (TTY: 711) まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-627-1188 (TTY: 711)번으로 전화해 주십시오.

If you believe that Blue Cross of Idaho has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance at:

Civil Rights Coordinator
3000 E. Pine Ave., Meridian, ID 83642
Telephone: 1-800-274-4018
Fax: 208-331-7493
Email: grievancesandappeals@bcidaho.com
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Nepali: ध्यान दनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको नमिति भाषा सहायता सेवाहरू नै: शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टिचि: 711) ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-627-1188 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-627-1188 (TTY: 711).



3000 East Pine Avenue | Meridian, Idaho | 83642-5995
Mailing Address: PO Box 8406 | Boise, Idaho | 83707-2406
1-888-494-2583 | TTY 711

This formulary was updated on 06/01/2025.

For more recent information or other questions, please contact Blue Cross of Idaho Care Plus, Inc. Customer Service at 1-855-479-3661 (TTY users should call 711), 24 hours a day, seven days a week, or visit ***bcidaho.com/DrugList***.

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