



Network Health Medicare Advantage Plans
Network Platinum*Select* (PPO)
Network Platinum*Choice* (PPO)
Network Platinum*Plus* Pharmacy (PPO)
Network Platinum*Premier* Pharmacy (PPO)
Network Health Medicare Go (PPO)
Network Health Medicare Anywhere (PPO)
2023 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 23429, Version Number 29

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Network Health Medicare Advantage Plans customer service at 800-316-3107 (TTY users should call 800-899-2114), 24 hours a day, seven days a week, or visit networkhealth.com

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 member experience 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.

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 Network Health Insurance Corporation. When it refers to “plan” or “our plan,” it means Network Health Medicare Advantage Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Network Health Medicare Advantage Formulary?

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

For a complete listing of all prescription drugs covered by our plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Network Health Medicare Advantage Plan’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Network Health Medicare Advantage Plan’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2023. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. Network Health Medicare Advantage Plans will update the printed formulary document with mid-year, non-maintenance changes on a quarterly basis. However, these types of changes will be available on our website at networkhealth.com 60 days prior to the change. Additionally, if you are taking a medication that is affected by one of these changes you will receive notification in your monthly Part D Explanation of Benefits (EOB) and a separate letter will be mailed to you notifying you of the change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular, Hypertension/Lipids. If you know what your drug is used for, look for the category name in the list that begins on 165. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 165. 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?

Network Health Medicare Advantage Plans covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Network Health Medicare Advantage Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Network Health Medicare Advantage Plans limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per prescription for pioglitazone. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Network Health Medicare Advantage Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Network Health Medicare Advantage Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Network Health Medicare Advantage Plan's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask customer service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Network Health Medicare Advantage Plan's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Network Health Medicare Advantage Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

If you experience a level of care change (for example, if you are admitted to or discharged from a hospital or long-term care facility), you may need additional supplies of medications. If this occurs, your pharmacy can get an override for this situation to allow for early refills. We will not limit your access to appropriate and necessary Part D medication refills if you experience a level of care change.

For more information

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

If you have questions about Network Health Medicare Advantage Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Network Health Medicare Advantage Plans Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 165.

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

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

Legend

PA	Prior Authorization
QL	Quantity Limit
Part B vs D Determination	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
LA	Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call customer service at 800-316-3107, 24 hours a day, seven days a week. TTY users should call 800-899-2114.
\$35	\$35 per month supply of insulin
\$0	\$0 Part D Vaccine

Network Platinum^{Plus} Pharmacy

This table defines the standard copayment structure during the initial coverage phase, which is what you pay after your deductible is met. * Depending on your income level, your actual cost share may be less. For more information, consult your *Evidence of Coverage*.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$5	\$12
Tier 2	\$8	\$20	\$15	\$37
Tier 3*	\$42	\$105	\$47	\$117
Tier 4*	\$95	\$237	\$100	\$250
Tier 5*	29%	N/A	29%	N/A

*During the deductible stage, you pay the full cost of drugs in Tier 3, Tier 4 and Tier 5 until you have paid \$260.

Network Platinum^{Premier} Pharmacy and Network Platinum^{Choice}

This table defines the standard copayment structure during the initial coverage phase, which is what you pay after your deductible is met. * Depending on your income level, your actual cost share may be less. For more information, consult your *Evidence of Coverage*.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$5	\$12
Tier 2	\$8	\$20	\$15	\$37
Tier 3	\$42	\$105	\$47	\$117
Tier 4*	\$95	\$237	\$100	\$250
Tier 5*	29%	N/A	29%	N/A

*During the deductible stage, you pay the full cost of drugs in Tier 4 and Tier 5 until you have paid \$260.

Network PlatinumSelect

This table defines the standard copayment structure during the initial coverage phase, which is what you pay after your deductible is met. * Depending on your income level, your actual cost share may be less. For more information, consult your *Evidence of Coverage*.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$5	\$12
Tier 2	\$8	\$20	\$15	\$37
Tier 3	\$42	\$105	\$47	\$117
Tier 4*	\$95	\$237	\$100	\$250
Tier 5*	26%	N/A	26%	N/A

*During the deductible stage, you pay the full cost of drugs in Tier 4 and Tier 5 until you have paid \$395.

Network Health Medicare Go

This table defines the standard copayment structure during the initial coverage phase, which is what you pay after your deductible is met. * Depending on your income level, your actual cost share may be less. For more information, consult your *Evidence of Coverage*.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$5	\$12
Tier 2	\$8	\$20	\$15	\$37
Tier 3*	\$42	\$105	\$47	\$117
Tier 4*	\$95	\$237	\$100	\$250
Tier 5*	30%	N/A	30%	N/A

*During the deductible stage, you pay the full cost of drugs in Tier 3, Tier 4 and Tier 5 until you have paid \$195.

Network Health Medicare Anywhere

This table defines the standard copayment structure during the initial coverage phase, which is what you pay after your deductible is met.* Depending on your income level, your actual cost share may be less. For more information, consult your *Evidence of Coverage*.

	Initial Coverage Phase			
	PREFERRED PHARMACY		STANDARD PHARMACY	
DRUG TIER	One Month	Three Months	One Month	Three Months
Tier 1	\$2	\$5	\$5	\$12
Tier 2	\$8	\$20	\$15	\$37
Tier 3	\$42	\$105	\$47	\$117
Tier 4*	\$95	\$237	\$100	\$250
Tier 5*	29%	N/A	29%	N/A
*During the deductible stage, you pay the full cost of drugs in Tier 4 and Tier 5 until you have paid \$250.				

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	PA
AMBISOME	5	PA
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA
ANCOBON	5	
CANCIDAS	5	
casposfungin acetate 50 MG VIAL	5	
casposfungin acetate 70 MG VIAL	4	
clotrimazole 10 MG TROCHE	2	
CRESEMBA 186 MG CAPSULE, 372 MG VIAL	5	
DIFLUCAN	4	
ERAXIS (WATER DILUENT) ERAXIS(WATER DIL) 100 MG VIAL	5	
ERAXIS (WATER DILUENT) ERAXIS(WATER DIL) 50 MG VIAL	4	
<i>fluconazole</i>	2	
<i>fluconazole in dextrose</i>	2	
<i>fluconazole in saline</i>	2	
<i>fluconazole-nacl</i>	2	
<i>flucytosine</i>	5	
griseofulvin 125 MG/5 ML SUSP	2	
griseofulvin MICRO 500 MG TAB	3	
<i>griseofulvin ultramicrosize</i>	4	
itraconazole 10 MG/ML SOLUTION, 100 MG/10 ML CUP	4	PA
itraconazole 100 MG CAPSULE	2	PA
ketoconazole 200 MG TABLET	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>micafungin</i>	5	
MYCAMINE	5	
NOXAFIL 300 MG/16.7 ML VIAL	5	
NOXAFIL 40 MG/ML SUSPENSION	5	QL (600 PER 30 DAYS)
NOXAFIL DR 100 MG TABLET	5	QL (240 PER 30 DAYS)
nystatin 100,000 UNIT/ML SUSP, 500,000 UNIT ORAL TAB, 500,000 UNIT/5 ML CUP	2	
posaconazole 200 MG/5 ML SUSP	5	QL (600 PER 30 DAYS)
posaconazole DR 100 MG TABLET, 300 MG/16.7 ML VL	5	
SPORANOX 10 MG/ML SOLUTION	4	PA
SPORANOX 100 MG CAPSULE	5	PA
<i>terbinafine hcl</i>	2	
VFEND 40 MG/ML SUSPENSION	5	
VFEND 50 MG TABLET, 200 MG TABLET	4	
VFEND IV	4	PA
VIVJOA	4	
voriconazole 200 MG VIAL	2	PA
voriconazole 40 MG/ML SUSP	5	
voriconazole 50 MG TABLET, 200 MG TABLET	4	
ANTIVIRALS		
<i>abacavir</i>	2	
<i>abacavir-lamivudine</i>	4	
<i>abacavir-lamivudine-zidovudine</i>	5	
acyclovir 200 MG CAPSULE, 400 MG TABLET, 800 MG TABLET	2	
acyclovir 200 MG/5 ML SUSP	3	
acyclovir sodium 500 MG/10 ML VIAL, 1,000 MG/20 ML VIAL	2	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>adefovir dipivoxil</i>	5	
<i>amantadine</i>	2	
APTIVUS	5	
<i>atazanavir sulfate</i>	4	
ATRIPLA	5	
BARACLUDE 0.05 MG/ML SOLUTION	4	
BARACLUDE 0.5 MG TABLET, 1 MG TABLET	5	
BIKTARVY	5	
CABENUVA	5	
<i>cidofovir</i>	5	PA
CIMDUO	5	
COMBIVIR	5	
COMPLERA	5	
CRIXIVAN	3	
<i>darunavir</i>	5	
DELSTRIGO	5	
DESCOVY	5	
DOVATO	5	
EDURANT	5	
efavirenz 200 MG CAPSULE, 600 MG TABLET	4	
efavirenz 50 MG CAPSULE	3	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	5	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	
<i>emtricitabine</i>	3	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	5	
EMTRIVA	4	
<i>entecavir</i>	4	
EPCLUSA	5	PA, QL (28 PER 28 DAYS)
EPIVIR	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPZICOM	5	
<i>etravirine</i>	5	
EVOTAZ	5	
famciclovir 125 MG TABLET	2	QL (10 PER 5 OVER TIME)
famciclovir 250 MG TABLET	2	QL (60 PER 30 OVER TIME)
famciclovir 500 MG TABLET	2	QL (30 PER 10 OVER TIME)
FLUMADINE	4	
<i>fosamprenavir calcium</i>	5	QL (180 PER 30 DAYS)
<i>foscarnet sodium</i>	5	PA
FUZEON	5	
<i>ganciclovir sodium</i>	2	
GENVOYA	5	
HARVONI 33.75-150 MG PELLE PK, 90-400 MG TABLET	5	PA, QL (28 PER 28 DAYS)
HARVONI 45-200 MG PELLE PACKT, 45-200 MG TABLET	5	PA, QL (56 PER 28 DAYS)
HEPSERA	5	
INTELENCE 100 MG TABLET, 200 MG TABLET	5	
INTELENCE 25 MG TABLET	3	
INVIRASE	5	
ISENTRESS 100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET	5	
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS HD	5	
JULUCA	5	
KALETRA 100-25 MG TABLET	4	
KALETRA 80 MG-20 MG/ML SOLN, 200-50 MG TABLET	5	
LAGEVRIO (EUA)	3	QL (40 PER 180 OVER TIME)
<i>lamivudine</i>	2	
<i>lamivudine hbv</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine-zidovudine</i>	2	
<i>ledipasvir-sofosbuvir</i>	5	PA, QL (28 PER 28 DAYS)
LEXIVA 50 MG/ML SUSPENSION	3	
LEXIVA 700 MG TABLET	5	QL (180 PER 30 DAYS)
LIVTENCITY	5	PA, LA
lopinavir-ritonavir -RITONAVIR 80-20MG/ML, -RITONAVR 100-25MG TB	4	
lopinavir-ritonavir -RITONAVR 200-50MG TB	5	
<i>maraviroc</i>	5	
MAVYRET 100-40 MG TABLET	5	PA, QL (84 PER 28 DAYS)
MAVYRET 50-20 MG PELLETT PACKET	5	PA, QL (140 PER 28 DAYS)
<i>nevirapine</i>	2	
<i>nevirapine er</i>	4	
NORVIR	4	
ODEFSEY	5	
<i>oseltamivir phosphate</i>	2	
PAXLOVID (EUA)	3	QL (30 PER 180 OVER TIME)
PIFELTRO	5	
PREVYMIS	5	
PREZCOBIX	5	
PREZISTA 100 MG/ML SUSPENSION, 600 MG TABLET, 800 MG TABLET	5	
PREZISTA 75 MG TABLET, 150 MG TABLET	4	
RELENZA	4	
RETROVIR 10 MG/ML SYRUP, 100 MG CAPSULE	4	
RETROVIR 200 MG/20 ML VIAL	3	
REYATAZ	5	
ribavirin 200 MG CAPSULE, 200 MG TABLET	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rimantadine hcl</i>	2	
<i>ritonavir</i>	3	
RUKOBIA	5	
SELZENTRY 20 MG/ML ORAL SOLN, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET	5	
SELZENTRY 25 MG TABLET	4	
<i>sofosbuvir-velpatasvir</i>	5	PA, QL (28 PER 28 DAYS)
SOVALDI 150 MG PELLET PACKET, 400 MG TABLET	5	PA, QL (28 PER 28 DAYS)
SOVALDI 200 MG PELLET PACKET, 200 MG TABLET	5	PA, QL (56 PER 28 DAYS)
<i>stavudine</i>	2	
STRIBILD	5	
SUNLENCA	5	
SUSTIVA	4	
SYMFI	5	
SYMFI LO	5	
SYMTUZA	5	
TAMIFLU	4	
TEMIXYS	5	
<i>tenofovir disoproxil fumarate</i>	3	
TIVICAY 10 MG TABLET	4	
TIVICAY 25 MG TABLET, 50 MG TABLET	5	
TIVICAY PD	5	
TRIUMEQ	5	
TRIUMEQ PD	5	
TRIZIVIR	5	
TROGARZO	5	
TRUVADA	5	
TYBOST	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
valacyclovir HCL 1 GRAM TABLET	2	QL (120 PER 30 DAYS)
valacyclovir HCL 500 MG TABLET	2	QL (60 PER 30 DAYS)
VALCYTE 450 MG TABLET	5	QL (120 PER 30 DAYS)
VALCYTE 50 MG/ML SOLUTION	5	QL (1080 PER 30 DAYS)
valganciclovir hcl 450 MG TABLET	3	QL (120 PER 30 DAYS)
valganciclovir hcl 50 MG/ML	5	QL (1080 PER 30 DAYS)
VALTREX 1 GM CAPLET	4	QL (120 PER 30 DAYS)
VALTREX 500 MG CAPLET	4	QL (60 PER 30 DAYS)
VEKLURY	5	
VEMLIDY	5	QL (30 PER 30 DAYS)
VIDEX	4	
VIEKIRA PAK	5	PA
VIRACEPT	5	
VIRAMUNE	4	
VIRAMUNE XR	4	
VIREAD	5	
VOSEVI	5	PA, QL (28 PER 28 DAYS)
XOFLUZA	3	
ZEPATIER	5	PA
ZIAGEN	4	
<i>zidovudine</i>	2	
CEPHALOSPORINS		
AVYCAZ	5	
<i>cefaclor</i>	2	
<i>cefaclor er</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium</i>	3	
cefazolin sodium-dextrose 1 G/50 ML, 2 G/50 ML	3	
cefazolin sodium-dextrose 2 G/100 ML	4	
<i>cefdinir</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefepime</i>	3	
<i>cefepime hcl</i>	3	
<i>cefepime-dextrose</i>	3	
<i>cefixime</i>	2	
CEFOTAN	4	
<i>cefotaxime sodium</i>	3	
<i>cefotetan</i>	2	
<i>cefotetan & dextrose</i>	2	
<i>cefoxitin</i>	3	
<i>cefoxitin sodium</i>	3	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	3	
<i>ceftriaxone</i>	3	
<i>cefuroxime</i>	2	
<i>cefuroxime sodium</i>	3	
cephalexin 125 MG/5 ML SUSP, 250 MG CAPSULE, 250 MG TABLET, 250 MG/5 ML SUSP, 500 MG CAPSULE, 500 MG TABLET	2	
CLAFORAN 10 GM VIAL	4	
FETROJA	5	
MAXIPIME	4	
SUPRAX	4	
TAZICEF	4	
TEFLARO	5	
ZERBAXA	5	
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin 1 GM PWD PACKET, 100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 500 MG TABLET, 600 MG TABLET	2	
azithromycin 500 MG ADD-VAN VL, I.V. 500 MG VIAL	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clarithromycin</i>	2	
<i>clarithromycin er</i>	3	
DIFICID 200 MG TABLET	5	PA, QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	5	PA, QL (136 PER 10 OVER TIME)
E.E.S. 200	4	
E.E.S. 400	3	
ERY-TAB -DR 333 MG LET	3	
ERY-TAB -TAB DR 250 MG TABLET, -TAB DR 500 MG TABLET	4	
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN LACTOBIONATE 500 MG ADDVAN VIAL, LACT 500 MG VIAL	4	
ERYTHROCIN STEARATE	3	
erythromycin 250 MG TABLET, DR 250 MG CAP, DR 250 MG TABLET, DR 333 MG TABLET, 500 MG TABLET, DR 500 MG TABLET	3	
<i>erythromycin ethylsuccinate</i>	3	
<i>erythromycin lactobionate</i>	4	
ZITHROMAX	4	
ZITHROMAX TRI-PAK	4	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	4	
<i>albendazole</i>	5	
ALBENZA	5	
ALINIA 100 MG/5 ML SUSPENSION	5	
<i>amikacin sulfate</i>	3	
ARIKAYCE	5	PA, LA
<i>atovaquone</i>	5	
<i>atovaquone-proguanil hcl</i>	2	
AZACTAM	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AZACTAM-ISO-OSMOTIC DEXTROSE	4	
<i>aztreonam</i>	3	
bacitracin 50,000 UNIT VIAL	2	
<i>benznidazole</i>	3	
BETHKIS	5	PA, QL (224 PER 28 DAYS)
BILTRICIDE	4	
CAYSTON	5	LA
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate</i>	2	
CLEOCIN HCL	4	
CLEOCIN PEDIATRIC	4	
<i>clindamycin (pediatric)</i>	2	
<i>clindamycin hcl</i>	2	
clindamycin phosphate 9 G/60 ML VIAL, 300 MG/2 ML VL, 600 MG/4 ML VL, 900 MG/6 ML VL	3	
<i>clindamycin phosphate-d5w</i>	3	
<i>clindamycin-0.9% nacl</i>	3	
COARTEM	3	
<i>colistimethate</i>	4	
COLY-MYCIN M PARENTERAL	4	
CUBICIN	5	
CUBICIN RF	5	
<i>cycloserine</i>	4	
DALVANCE	5	
dapsone 25 MG TABLET, 100 MG TABLET	3	
<i>daptomycin</i>	5	
<i>daptomycin-0.9% nacl</i>	4	
EMVERM	5	
<i>ertapenem</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ethambutol hcl</i>	2	
FLAGYL 375 CAPSULE	4	
gentamicin sulfate in ns ISO 100 MG/100 ML, ISO 120 MG/100 ML, ISOTON 60 MG/50 ML, ISOTON 80 MG/100 ML, ISOTON 80 MG/50 ML, ISOTON 100 MG/50 ML	3	
gentamicin sulfate PED 20 MG/2 ML VIAL, 80 MG/2 ML VIAL, 800 MG/20 ML VIAL	3	
hydroxychloroquine sulfate 100 MG TAB, 300 MG TAB, 400 MG TAB	3	
hydroxychloroquine sulfate 200 MG TAB	2	
<i>imipenem-cilastatin sodium</i>	3	
IMPAVIDO	5	PA
INVANZ 1 GM VIAL	4	
<i>isoniazid</i>	2	
ivermectin 3 MG TABLET	2	PA
KIMYRSA	5	
KITABIS PAK	5	PA, QL (280 PER 28 DAYS)
KRINTAFEL	4	
LAMPIT	4	
LINCOCIN 300 MG/ML VIAL, 3,000 MG/10 ML VIAL	4	
<i>lincomycin hcl</i>	2	
linezolid 100 MG/5 ML SUSP	5	
linezolid 600 MG TABLET	4	
<i>linezolid-0.9% nacl</i>	4	
<i>linezolid-d5w</i>	4	
MALARONE	4	
<i>mefloquine hcl</i>	2	
MEPRON	5	
<i>meropenem</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meropenem-0.9% nacl</i>	4	
MERREM	4	
METRO IV	4	
metronidazole 250 MG TABLET, 375 MG CAPSULE, 500 MG TABLET	2	
metronidazole 500 MG/100 ML	4	
MYAMBUTOL	4	
MYCOBUTIN	3	
NEBUPENT	4	PA
<i>neomycin sulfate</i>	2	
<i>nitazoxanide</i>	5	
ORBACTIV	5	
<i>paromomycin sulfate</i>	4	
PENTAM 300	4	
pentamidine isethionate 300 MG INHAL POWDR	3	PA
pentamidine isethionate 300 MG INJECT VIAL	3	
PLAQUENIL	4	
<i>polymyxin b sulfate</i>	2	
<i>praziquantel</i>	3	
<i>pretomanid</i>	4	
PRIFTIN	3	
<i>primaquine</i>	4	
PRIMAXIN	4	
<i>pyrazinamide</i>	2	
<i>pyrimethamine</i>	5	
QUALAQUIN	4	
<i>quinine sulfate</i>	2	
RECARBRIO	5	
<i>rifabutin</i>	4	
RIFADIN IV 600 MG VIAL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rifampin</i>	2	
RIMSO-50	4	
SIRTURO	5	LA
SIVEXTRO	5	
SOLOSEC	4	
<i>streptomycin sulfate</i>	4	
STROMEKTOL	4	
SYNERCID	5	
<i>tigecycline</i>	5	
<i>tinidazole</i>	2	
TOBI	5	PA, QL (280 PER 28 DAYS)
TOBI PODHALER	5	QL (224 PER 28 DAYS)
tobramycin 300 MG/4 ML AMPULE	5	PA, QL (224 PER 28 DAYS)
tobramycin 300 MG/5 ML AMPULE	5	PA, QL (280 PER 28 DAYS)
<i>tobramycin sulfate</i>	4	
TRECTOR	4	
TYGACIL	5	
VABOMERE	4	
XENLETA 600 MG TABLET	5	
XIFAXAN 200 MG TABLET	3	QL (9 PER 3 OVER TIME)
XIFAXAN 550 MG TABLET	5	QL (60 PER 30 DAYS)
ZEMDRI	5	
ZYVOX 100 MG/5 ML SUSPENSION	5	
ZYVOX 200 MG/100 ML, 600 MG/300 ML	4	
ZYVOX 600 MG TABLET	5	QL (60 PER 30 DAYS)
PENICILLINS		
<i>amoxicillin</i>	2	
<i>amoxicillin-clavulanate pot er</i>	2	
<i>amoxicillin-clavulanate potass</i>	2	
<i>ampicillin sodium</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ampicillin trihydrate</i>	2	
<i>ampicillin-sulbactam</i>	3	
AUGMENTIN	4	
AUGMENTIN ES-600	4	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin</i>	4	
nafcillin sodium 1 GM ADD-VAN VIAL, 1 GM VIAL, 2 GM ADD- VANT VIAL, 2 GM VIAL	4	
nafcillin sodium 10 GM BULK VIAL	5	
<i>oxacillin</i>	4	
oxacillin sodium 1 GM VIAL, 2 GM VIAL, 10 GM VIAL	4	
<i>penicillin g potassium</i>	3	
<i>penicillin g procaine</i>	3	
<i>penicillin g sodium</i>	3	
<i>penicillin gk-iso-osm dextrose</i>	3	
<i>penicillin v potassium</i>	2	
PFIZERPEN	3	
<i>piperacillin-tazobactam</i>	3	
UNASYN	4	
ZOSYN 2.25 GM/50 ML GALAXY BAG, 2.25 GRAM VIAL, 3.375 GRAM VIAL, 4.5 GM/100 ML GALAXY BAG, 4.5 GRAM VIAL, 40.5 GRAM BULK VIAL	4	
QUINOLONES		
AVELOX IV	4	
BAXDELA	5	
CIPRO	4	
<i>ciprofloxacin er</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ciprofloxacin hcl 100 MG TAB, 250 MG TAB, 500 MG TAB, 750 MG TAB	2	
<i>ciprofloxacin-d5w</i>	3	
levofloxacin 25 MG/ML SOLUTION, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET	2	
<i>levofloxacin-d5w</i>	3	
moxifloxacin 400 MG/250 ML BAG	4	
<i>moxifloxacin hcl</i>	2	
ofloxacin 300 MG TABLET, 400 MG TABLET	2	
SULFA'S / RELATED AGENTS		
BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim</i>	2	
TETRACYCLINES		
<i>demeclocycline hcl</i>	4	
DOXY 100	2	
doxycycline hyclate 20 MG TAB, 50 MG CAP, 100 MG CAP, 100 MG TAB, 100 MG VL	2	
doxycycline monohydrate 25 MG/5 ML SUSP, MONO 50 MG CAP, MONO 50 MG TABLET, MONO 75 MG TABLET, MONO 100 MG CAP, MONO 100 MG TABLET, MONO 150 MG TABLET	2	
MINOCIN	4	
<i>minocycline hcl</i>	2	
MORGIDOX 50 MG CAPSULE, 100 MG CAPSULE	4	
NUZYRA	5	
OKEBO	4	
ORACEA	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tetracycline hcl 250 MG CAPSULE	2	
tetracycline hcl 500 MG CAPSULE	4	
VIBRAMYCIN	4	
XERAVA	5	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	2	
FURADANTIN	4	
HIPREX	4	
MACROBID	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
nitrofurantoin 25 MG CAP, 50 MG CAP, 100 MG CAP	2	
nitrofurantoin 25 MG/5 ML SUSP	3	
<i>nitrofurantoin mono-macro</i>	2	
<i>trimethoprim</i>	2	
VANCOMYCIN		
VANCOCIN HCL 125 MG CAPSULE	4	
VANCOCIN HCL 250 MG CAPSULE	5	
vancomycin 750 MG/150 ML BAG	3	
vancomycin hcl 1 GM ADD-VAN VIAL, 1 GM VIAL, HCL 1G/200 ML BAG, HCL 1.5 GRAM VIAL, HCL 5 GM VIAL, HCL 10 GM VIAL, 25 MG/ML ORAL SOLN, 50 MG/ML ORAL SOLN, HCL 100 GM SMARTPAK, 250 MG/5ML ORAL SOL, 500 MG ADD-VAN VIAL, 500 MG VIAL, 750 MG ADD-VAN VIAL, HCL 750 MG VIAL	3	
vancomycin hcl 1.25 GM/250 ML BAG, HCL 1.25 GRAM VIAL, 1.75 GM/350 ML BAG, HCL 125 MG CAPSULE, HCL 250 MG CAPSULE, HCL 250 MG VIAL	4	
vancomycin hcl-0.9% nacl 750 MG/250 ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
vancomycin hcl-0.9% nacl VANCO 500 MG/100 ML, VANCO 750 MG/150 ML, VANCOMYCIN 1 G/200ML	3	
vancomycin hcl-d5w -500 MG/100 ML	3	
vancomycin hcl-d5w 1.25 GRAM/250ML	4	
VIBATIV	4	

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>dexrazoxane</i>	5	
ELITEK	5	
FUSILEV	5	
KEPIVANCE 6.25 MG VIAL	5	
KHAPZORY	5	
<i>leucovorin calcium</i>	2	
<i>levoleucovorin calcium</i>	5	
<i>mesna</i>	2	
MESNEX 1 GRAM/10 ML VIAL	4	
MESNEX 400 MG TABLET	5	
XGEVA	5	PA
<i>abiraterone acetate</i>	5	PA, QL (120 PER 30 DAYS)
ABRAXANE	5	
ADRIAMYCIN 50 MG VIAL	4	
ADRUCIL 5 GRAM/100 ML VIAL	2	
AFINITOR	5	PA
AFINITOR DISPERZ	5	PA
AKEEGA	5	PA, LA, QL (60 PER 30 DAYS)
ALECENSA	5	PA, QL (240 PER 30 DAYS)
ALIMTA	5	
ALIQOPA	5	LA
ALKERAN 2 MG TABLET	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALKERAN 50 MG VIAL	5	
ALUNBRIG 30 MG TABLET	5	PA, QL (180 PER 30 DAYS)
ALUNBRIG 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ALYMSYS	5	
<i>anastrozole</i>	1	
ARIMIDEX	5	
AROMASIN	5	
ARRANON	5	
arsenic trioxide 12 MG/6 ML VL	5	PA
ARZERRA	5	
ASTAGRAF XL	4	PA
AVASTIN	5	PA
AYVAKIT	5	PA
<i>azacitidine</i>	5	
AZASAN	3	PA
azathioprine 50 MG TABLET	2	PA
azathioprine 75 MG TABLET, 100 MG TABLET	3	PA
<i>azathioprine sodium</i>	2	PA
BALVERSA	5	PA, LA
BAVENCIO	5	
BELEODAQ	5	
bendamustine hcl 25 MG VIAL, 100 MG VIAL	5	
BENDEKA	5	
BESPONSA	5	
bexarotene 1% GEL	5	PA
bexarotene 75 MG CAPSULE	5	
<i>bicalutamide</i>	2	
BICNU	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BLENREP	5	PA
<i>bleomycin sulfate</i>	2	
BLINCYTO 35MCG VL W-STABILIZER	5	
<i>bortezomib</i>	5	
BOSULIF 100 MG TABLET	5	PA, QL (180 PER 30 DAYS)
BOSULIF 400 MG TABLET, 500 MG TABLET	5	PA, QL (30 PER 30 DAYS)
BRAFTOVI	5	PA
BRUKINSA	5	PA
<i>busulfan</i>	5	
BUSULFEX	5	
BYNFEZIA	5	PA
CABOMETYX 20 MG TABLET, 60 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
CABOMETYX 40 MG TABLET	5	PA, LA, QL (60 PER 30 DAYS)
CALQUENCE	5	PA, LA, QL (60 PER 30 DAYS)
CAMPATH	4	
CAMPTOSAR	4	
CAPRELSA	5	PA, LA
carboplatin 50 MG/5 ML VIAL, 150 MG/15 ML VIAL, 450 MG/45 ML VIAL, 600 MG/60 ML VIAL	2	
carmustine 100 MG VIAL	5	
CASODEX	4	
CELLCEPT 200 MG/ML ORAL SUSP, 500 MG TABLET	5	PA
CELLCEPT 250 MG CAPSULE, 500 MG VIAL	4	PA
<i>cisplatin</i>	2	
<i>cladribine</i>	5	
<i>clofarabine</i>	5	
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL (56 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL (84 PER 28 DAYS)
COPIKTRA	5	PA, LA, QL (60 PER 30 DAYS)
COSMEGEN	5	
COTELLIC	5	PA, LA, QL (63 PER 21 DAYS)
cyclophosphamide 1 GM VIAL, 2 GM VIAL, 500 MG VIAL	2	PA
cyclophosphamide 1 GM/5 ML VL, 2 GM/10 ML VL, 25 MG CAPSULE, 25 MG TABLET, 50 MG CAPSULE, 50 MG TABLET, 500 MG/2.5 ML	4	PA
cyclosporine 25 MG CAPSULE, 100 MG CAPSULE, 250 MG/5 ML AMPUL	2	PA
<i>cyclosporine modified</i>	2	PA
CYRAMZA	5	
<i>cytarabine</i>	2	
<i>dacarbazine</i>	2	
DACOGEN	5	
<i>dactinomycin</i>	5	
DANYELZA	5	
DARZALEX	5	LA
DARZALEX FASPRO	5	
<i>daunorubicin hcl</i>	2	
DAURISMO 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>decitabine</i>	5	
docetaxel 20 MG/2 ML VIAL, 20 MG/ML VIAL, 80 MG/4 ML VIAL, 80 MG/8 ML VIAL, 160 MG/16 ML VIAL, 160 MG/8 ML VIAL	5	
DOXIL	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
doxorubicin hcl 10 MG/5 ML VIAL, 20 MG/10 ML VIAL, 50 MG VIAL, 50 MG/25 ML VIAL, 150 MG/75 ML VIAL, 200 MG/100 ML VIAL	2	
<i>doxorubicin hcl liposome</i>	5	
DROXIA	3	
ELIGARD 45 MG SYRINGE B, 45 MG SYRINGE KIT	4	
ELIGARD 7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT	3	
ELLENCE	5	
ELREXFIO	5	PA
EMCYT	3	
EMPLICITI	5	
ENHERTU	5	
ENSPRYNG	5	PA
ENVARBUS XR	4	PA
epirubicin hcl 50 MG/25 ML VIAL, 200 MG/100 ML VIAL	2	
EPKINLY	5	PA
ERBITUX	5	
ERIVEDGE	5	PA, QL (28 PER 28 DAYS)
ERLEADA	5	PA
erlotinib hcl 100 MG TABLET, 150 MG TABLET	5	PA, QL (30 PER 30 DAYS)
erlotinib hcl 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
ETOPOPHOS	3	
etoposide 100 MG/5 ML VIAL, 500 MG/25 ML VIAL, 1,000 MG/50 ML VIAL	2	
EULEXIN	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
everolimus 0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET, 2 MG TAB FOR SUSP, 2.5 MG TABLET, 3 MG TAB FOR SUSP, 5 MG TAB FOR SUSP, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	5	PA
EVOMELA	5	
<i>exemestane</i>	2	
EXKIVITY	5	PA, LA
FARESTON	5	
FASLODEX	5	
FEMARA	4	
FENSOLVI	5	
FIRMAGON	4	
<i>floxuridine</i>	2	
<i>fludarabine phosphate</i>	2	
fluorouracil 1 GRAM/20 ML VIAL, 2.5 GRAM/50 ML VL, 5 GRAM/100 ML VL, 500 MG/10 ML VIAL	2	
<i>flutamide</i>	2	
FOLOTYN	5	
FOTIVDA	5	PA, LA
<i>fulvestrant</i>	5	
FYARRO	5	PA
GAVRETO	5	PA, LA
GAZYVA	5	
<i>gefitinib</i>	5	PA, QL (60 PER 30 DAYS)
<i>gemcitabine hcl</i>	5	
GENGRAF 100 MG CAPSULE, 100 MG/ML SOLUTION	4	PA
GENGRAF 25 MG CAPSULE	2	PA
GILOTRIF	5	PA
GLEEVEC	5	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLEOSTINE 10 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
GLEOSTINE 40 MG CAPSULE, 100 MG CAPSULE	5	PA
HALAVEN	5	
HERCEPTIN 150 MG VIAL	5	
HERCEPTIN HYLECTA	5	
HERZUMA 150 MG VIAL	5	
HERZUMA 420 MG VIAL	5	PA
HYCAMTIN 4 MG VIAL	5	
HYDREA	4	
<i>hydroxyurea</i>	2	
IBRANCE	5	PA, QL (30 PER 30 DAYS)
ICLUSIG	5	PA, QL (30 PER 30 DAYS)
IDAMYCIN PFS	5	
<i>idarubicin hcl</i>	2	
IDHIFA	5	PA, LA, QL (30 PER 30 DAYS)
IFEX	4	
<i>ifosfamide</i>	2	
<i>imatinib mesylate</i>	5	PA, QL (90 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 280 MG TABLET	5	PA, QL (60 PER 30 DAYS)
IMBRUVICA 420 MG TABLET	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (216 PER 30 DAYS)
IMFINZI	5	LA
IMJUDO	5	PA
IMURAN	4	PA
INFUGEM	5	
INLYTA	5	PA, QL (120 PER 30 DAYS)
INQOVI	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INREBIC	5	PA
IRESSA	5	PA, QL (60 PER 30 DAYS)
<i>irinotecan hcl</i>	2	
ISTODAX	5	
IXEMPRA	5	
JAKAFI	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA	5	PA
JEMPERLI	5	PA
JEVTANA	5	
KADCYLA	5	
KANJINTI 150 MG VIAL, 420 MG VIAL	5	
KEYTRUDA	5	
KIMMTRAK	5	PA
KISQALI	5	PA, QL (63 PER 28 DAYS)
KISQALI FEMARA CO-PACK 200 MG	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA CO-PACK 400 MG	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA CO-PACK 600 MG	5	PA, QL (91 PER 28 DAYS)
KLISYRI	5	
KOSELUGO	5	PA
KRAZATI	5	PA
KYPROLIS	5	
<i>lanreotide acetate</i>	5	PA
<i>lapatinib</i>	5	PA
<i>lenalidomide</i>	5	PA, LA, QL (28 PER 28 DAYS)
LENVIMA	5	PA
<i>letrozole</i>	2	
LEUKERAN	3	
<i>leuprolide acetate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>leuprolide depot</i>	3	
LIBTAYO	5	
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (300 PER 30 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (240 PER 30 DAYS)
LORBRENA 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS	5	PA
LUMOXITI	5	PA
LUNSUMIO	5	PA
LUPKYNIS	5	PA
LUPRON DEPOT	5	
LUPRON DEPOT (LUPANETA)	5	
LUPRON DEPOT-PED	5	
LYNPARZA	5	PA, QL (120 PER 30 DAYS)
LYSODREN	5	
LYTGOBI	5	PA, LA
MARGENZA	5	PA, LA
MARQIBO	4	
MATULANE	5	
<i>megestrol acetate</i>	2	
MEKINIST	5	PA
MEKTOVI	5	PA, LA
<i>melphalan</i>	3	PA
<i>melphalan hcl</i>	5	
<i>mercaptopurine</i>	2	
<i>methotrexate</i>	2	PA
<i>methotrexate sodium</i>	2	PA
mitomycin 5 MG VIAL, 20 MG VIAL, 40 MG VIAL	2	
<i>mitoxantrone hcl</i>	2	
MONJUVI	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MUTAMYCIN	4	
MVASI	5	
MYCAPSSA	5	PA
mycophenolate mofetil 200 MG/ML SUSP	5	PA
mycophenolate mofetil 250 MG CAPSULE, 500 MG TABLET, 500 MG VIAL	2	PA
<i>mycophenolic acid</i>	3	PA
MYFORTIC	4	PA
MYLOTARG	5	
<i>nelarabine</i>	5	
NEORAL	4	PA
NERLYNX	5	PA, LA, QL (240 PER 30 DAYS)
NEXAVAR	5	PA, LA
NILANDRON	5	
<i>nilutamide</i>	5	
NINLARO	5	PA, QL (3 PER 28 DAYS)
NIPENT	5	
NUBEQA	5	PA
octreotide acetate ACET 0.05 MG/ML VL, ACET 50 MCG/ML AMP, ACET 50 MCG/ML SYR, ACET 50 MCG/ML VIAL, ACET 100 MCG/ML AMP, ACET 100 MCG/ML SYR, ACET 100 MCG/ML VL, ACET 200 MCG/ML VL, 1,000 MCG/5 ML VIAL	2	PA
octreotide acetate ACET 500 MCG/ML AMP, ACET 500 MCG/ML SYR, ACET 500 MCG/ML VL, 1,000 MCG/ML VIAL, 5,000 MCG/5 ML VIAL	5	PA
ODOMZO	5	PA, LA, QL (30 PER 30 DAYS)
OGIVRI	5	
OJJAARA	5	PA, QL (30 PER 30 DAYS)
ONCASPAR	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ONIVYDE	4	
ONTRUZANT	5	
ONUREG	5	QL (14 PER 14 DAYS)
OPDIVO	5	
OPDUALAG	5	PA
ORGOVYX	5	PA, LA
ORSERDU	5	PA, LA
<i>oxaliplatin</i>	3	
<i>paclitaxel</i>	2	
PADCEV	5	
PEMAZYRE	5	PA, LA, QL (21 PER 28 DAYS)
pemetrexed 100 MG VIAL, 500 MG VIAL	5	
<i>pemetrexed disodium</i>	5	
PERJETA	5	
PHEGO	5	PA
PIQRAY	5	PA
POLIVY	5	PA
POMALYST	5	PA, QL (90 PER 30 DAYS)
PORTRAZZA	5	
POTELIGEO	5	PA
PROGRAF	4	PA
PURIXAN	5	
QINLOCK	5	PA, LA
RAPAMUNE 0.5 MG TABLET	3	PA
RAPAMUNE 1 MG TABLET, 2 MG TABLET	5	PA
RAPAMUNE 1 MG/ML ORAL SOLN	4	PA
RETEVMO	5	PA, LA
REVLIMID	5	PA, LA, QL (28 PER 28 DAYS)
REZLIDHIA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REZUROCK	5	PA, LA
RIABNI	5	PA
RITUXAN	5	PA
RITUXAN HYCELA	5	
<i>romidepsin</i>	5	
ROZLYTREK 100 MG CAPSULE, 200 MG CAPSULE	5	PA
RUBRACA	5	PA, QL (120 PER 30 DAYS)
RUXIENCE	5	PA
RYBREVA	5	PA
RYDAPT	5	PA, QL (240 PER 30 DAYS)
RYLAZE	5	PA
SANDIMMUNE	4	PA
SANDOSTATIN 0.05 MG/ML AMPUL, 0.5 MG/ML AMPUL	4	PA
SANDOSTATIN 0.1 MG/ML AMPUL	5	PA
SANDOSTATIN LAR DEPOT	5	PA
SARCLISA	5	PA, LA
SCEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	5	PA, QL (300 PER 30 DAYS)
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SIKLOS	5	
SIMULECT	3	PA
sirolimus 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET	3	PA
sirolimus 1 MG/ML SOLUTION	4	PA
SOLTAMOX	5	
SOMATULINE DEPOT	5	PA
<i>sorafenib</i>	5	PA
SPRYCEL 20 MG TABLET, 50 MG TABLET	5	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPRYCEL 70 MG TABLET, 100 MG TABLET, 140 MG TABLET	5	PA, QL (30 PER 30 DAYS)
SPRYCEL 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
STIVARGA	5	PA, QL (112 PER 28 DAYS)
sunitinib malate 12.5 MG CAP, 25 MG CAPSULE, 50 MG CAPSULE	5	PA, QL (28 PER 28 DAYS)
sunitinib malate 37.5 MG CAP	5	PA, QL (56 PER 28 DAYS)
SUTENT 12.5 MG CAPSULE, 25 MG CAPSULE, 50 MG CAPSULE	5	PA, QL (28 PER 28 DAYS)
SUTENT 37.5 MG CAPSULE	5	PA, QL (56 PER 28 DAYS)
SYLVANT	5	
SYNRIBO	5	
TABLOID	3	
TABRECTA	5	PA
tacrolimus 0.5 MG CAPSULE, 0.5 MG CAPSULE (IR), 1 MG CAPSULE, 1 MG CAPSULE (IR), 5 MG CAPSULE, 5 MG CAPSULE (IR)	2	PA
TAFINLAR	5	PA
TAGRISSO	5	PA, LA, QL (30 PER 30 DAYS)
TALVEY 3 MG/1.5 ML VIAL	5	PA
TALZENNA	5	PA, QL (30 PER 30 DAYS)
<i>tamoxifen citrate</i>	2	
TARGRETIN 1% GEL	5	PA
TARGRETIN 75 MG CAPSULE	5	
TASIGNA	5	PA, QL (120 PER 30 DAYS)
TAZVERIK	5	PA, LA
TECENTRIQ	5	LA
TECVAYLI	5	PA
TEMODAR 100 MG VIAL	5	
TEPADINA	5	
TEPMETKO	5	PA, LA
THALOMID	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>thiotepa</i>	5	
TIBSOVO	5	PA
TIVDAK	5	PA
TOPOSAR	2	
topotecan hcl 4 MG VIAL, 4 MG/4 ML VIAL	5	
<i>toremifene citrate</i>	5	
TORISEL	5	
TRAZIMERA	5	
TREANDA	5	
TRELSTAR	5	
tretinoin 10 MG CAPSULE	5	
TREXALL	3	
TRISENOX	5	PA
TRODELVY	5	PA, LA
TRUXIMA	5	PA
TUKYSA	5	PA, LA
TURALIO	5	PA
TYKERB	5	PA, LA
UKONIQ	5	PA, LA
UNITUXIN	5	
<i>valrubicin</i>	3	
VALSTAR	4	
VANFLYTA	5	PA
VECTIBIX	5	
VEGZELMA	5	
VELCADE	5	
VENCLEXTA 10 MG TAB (10MG X 2), 10 MG TABLET	4	PA, LA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA, LA, QL (120 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENCLEXTA STARTING PACK	5	PA, LA, QL (180 PER 30 DAYS)
VERZENIO	5	PA, LA, QL (60 PER 30 DAYS)
VIDAZA	5	
VIJOICE	5	PA
<i>vinblastine sulfate</i>	2	
VINCASAR PFS 1 MG/ML VIAL	2	
<i>vincristine sulfate</i>	2	
<i>vinorelbine tartrate</i>	2	
VITRAKVI 100 MG CAPSULE	5	PA, LA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA, LA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	5	PA, LA, QL (180 PER 30 DAYS)
VIZIMPRO	5	PA, QL (30 PER 30 DAYS)
VONJO	5	PA
VOTRIENT	5	PA, QL (120 PER 30 DAYS)
VYXEOS	5	
WELIREG	5	PA, LA
XALKORI 200 MG CAPSULE, 250 MG CAPSULE	5	PA
XATMEP	4	PA
XERMELO	5	
XOSPATA	5	PA, LA
XPOVIO	5	PA, LA
XTANDI 40 MG CAPSULE, 40 MG TABLET	5	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
YERVOY	5	
YONDELIS	5	
YONSA	5	
ZALTRAP	5	
ZANOSAR	3	
ZEJULA 100 MG CAPSULE	5	PA, LA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZEJULA 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
ZELBORAF	5	PA, QL (240 PER 30 DAYS)
ZEPZELCA	5	
ZIRABEV	5	
ZOLINZA	5	PA
ZORTRESS	5	PA
ZYDELIG	5	PA, QL (60 PER 30 DAYS)
ZYKADIA	5	PA, QL (150 PER 30 DAYS)
ZYNLONTA	5	PA, LA
ZYNYZ	5	PA
ZYTIGA	5	PA, QL (120 PER 30 DAYS)

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APTOM 200 MG TABLET, 400 MG TABLET	5	PA, QL (30 PER 30 DAYS)
APTOM 600 MG TABLET, 800 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BANZEL	5	PA
BRIVIACT 10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	5	PA, QL (600 PER 30 DAYS)
BRIVIACT 50 MG/5 ML VIAL	4	QL (600 PER 30 DAYS)
<i>carbamazepine</i>	2	
<i>carbamazepine er</i>	2	
CARBATROL	4	PA
CELONTIN	3	PA
CEREBYX	4	
clobazam 10 MG TABLET, 20 MG TABLET	3	QL (60 PER 30 DAYS)
clobazam 2.5 MG/ML SUSPENSION	3	QL (480 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clonazepam 0.125 MG DIS TAB, 0.125 MG ODT, 0.25 MG ODT, 0.5 MG DIS TABLET, 0.5 MG ODT, 1 MG DIS TABLET, 1 MG ODT, 2 MG ODT	3	
clonazepam 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET	2	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLE	4	PA
DIACOMIT	5	PA, LA
DIASTAT	4	
DIASTAT ACUDIAL	4	
diazepam 2.5 MG GEL SYS, 10 MG GEL SYST, 20 MG GEL SYST	3	
DILANTIN	3	PA
DILANTIN-125	3	PA
<i>divalproex sodium</i>	2	
<i>divalproex sodium er</i>	2	
EPIDIOLEX	5	PA, LA
EPITOL	2	
EPRONTIA	4	PA
EQUETRO	4	PA
<i>ethosuximide</i>	2	
<i>felbamate</i>	4	
FELBATOL	5	PA
FINTEPLA	5	PA, QL (360 PER 30 DAYS)
<i>fosphenytoin sodium</i>	2	
FYCOMPA 0.5 MG/ML ORAL SUSP	5	PA, QL (720 PER 30 DAYS)
FYCOMPA 2 MG TABLET	4	PA, QL (30 PER 30 DAYS)
FYCOMPA 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	5	PA, QL (30 PER 30 DAYS)
<i>gabapentin</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GRALISE ER 300 MG TABLET, ER 450 MG TABLET, ER 600 MG TABLET, ER 750 MG TABLET, ER 900 MG TABLET	4	
KEPPRA 100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET	4	PA
KEPPRA 500 MG/5 ML VIAL	4	
KEPPRA XR	4	PA
KLONOPIN	4	
<i>lacosamide</i>	4	
LAMICTAL (BLUE)	4	PA
LAMICTAL (GREEN)	5	PA
LAMICTAL (ORANGE)	4	PA
LAMICTAL 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	5	PA
LAMICTAL 5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET	4	PA
LAMICTAL ODT (BLUE)	5	PA
LAMICTAL ODT (GREEN)	5	PA
LAMICTAL ODT (ORANGE)	5	PA
LAMICTAL ODT ODT 100 MG TABLET, ODT 200 MG TABLET	5	PA
LAMICTAL ODT ODT 25 MG TABLET, ODT 50 MG TABLET	4	PA
LAMICTAL XR (BLUE)	4	PA
LAMICTAL XR (GREEN)	5	PA
LAMICTAL XR (ORANGE)	4	PA
LAMICTAL XR 25 MG TABLET	4	PA
LAMICTAL XR 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET	5	PA
<i>lamotrigine</i>	2	
<i>lamotrigine (blue)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine (green)</i>	2	
<i>lamotrigine (orange)</i>	2	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>levetiracetam</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam-nacl</i>	4	
LYRICA 20 MG/ML ORAL SOLUTION	4	QL (900 PER 30 DAYS)
LYRICA 225 MG CAPSULE, 300 MG CAPSULE	4	QL (60 PER 30 DAYS)
LYRICA 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	4	QL (120 PER 30 DAYS)
LYRICA CR	4	PA, QL (30 PER 30 DAYS)
<i>methsuximide</i>	3	PA
NAYZILAM	5	
NEURONTIN	4	PA
ONFI 10 MG TABLET, 20 MG TABLET	5	QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	5	QL (480 PER 30 DAYS)
<i>oxcarbazepine</i>	2	
OXTELLAR XR	4	PA
PEGANONE	3	
<i>phenobarbital</i>	3	
<i>phenobarbital sodium</i>	3	
PHENYTEK	4	PA
<i>phenytoin</i>	2	
phenytoin sodium 100 MG/2 ML VIAL, 250 MG/5 ML VIAL	2	
<i>phenytoin sodium extended</i>	2	
pregabalin 20 MG/ML SOLUTION	2	QL (900 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pregabalin 225 MG CAPSULE, 300 MG CAPSULE	2	QL (60 PER 30 DAYS)
pregabalin 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	2	QL (120 PER 30 DAYS)
<i>pregabalin er</i>	4	PA, QL (30 PER 30 DAYS)
primidone 125 MG TABLET	4	
primidone 50 MG TABLET, 250 MG TABLET	2	
ROWEEPR 500 MG TABLET	2	
rufinamide 200 MG TABLET	4	PA
rufinamide 40 MG/ML SUSPENSION, 400 MG TABLET	5	PA
SABRIL	5	LA, QL (180 PER 30 DAYS)
SEZABY	4	
SPRITAM	4	PA
SYMPAZAN	5	QL (60 PER 30 DAYS)
TEGRETOL	4	PA
TEGRETOL XR	4	PA
<i>tiagabine hcl</i>	3	
TOPAMAX	4	
<i>topiramate</i>	2	
TRILEPTAL	4	PA
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
VALTOCO	5	
<i>vigabatrin</i>	5	LA, QL (180 PER 30 DAYS)
VIGADRONE 500 MG POWDER PACKET	5	LA, QL (180 PER 30 DAYS)
VIMPAT 10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	4	PA
VIMPAT 200 MG/20 ML VIAL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI 12.5-25 MG TITRATION PK	4	PA
XCOPRI 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK	5	PA
ZARONTIN	4	PA
ZONEGRAN	5	
ZONISADE	5	PA
<i>zonisamide</i>	2	
ZTALMY	5	PA, LA
ANTIPARKINSONISM AGENTS		
APOKYN	5	LA
<i>apomorphine hcl</i>	5	
AZILECT	4	
<i>benztropine mesylate</i>	2	
bromocriptine mesylate 2.5 MG TABLET	2	
bromocriptine mesylate 5 MG CAPSULE	4	
<i>carbidopa</i>	4	
carbidopa-levodopa -10-100 MG ODT, -25-100 MG ODT, -25-250 MG ODT	2	
carbidopa-levodopa -10-100 TAB, -25-100 TAB, -25-250 TAB	1	
<i>carbidopa-levodopa er</i>	2	
<i>carbidopa-levodopa-entacapone</i>	4	
COMTAN	4	
DUOPA	5	PA
<i>entacapone</i>	2	
INBRIJA	5	
LODOSYN	5	
MIRAPEX	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MIRAPEX ER	4	
NEUPRO	4	
NOURIANZ	5	LA
ONGENTYS	4	
OSMOLEX ER	4	
PARLODEL	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole er</i>	3	
<i>rasagiline mesylate</i>	3	
REQUIP XL 6 MG TABLET, 12 MG TABLET	4	
ropinirole er ER 2 MG TABLET, ER 4 MG TABLET, ER 6 MG TABLET, ER 8 MG TABLET	2	
ropinirole er HCL 12 MG TABLET	4	
<i>ropinirole hcl</i>	2	
RYTARY	4	
<i>selegiline hcl</i>	2	
SINEMET 10-100	4	
SINEMET 25-100	4	
SINEMET 25-250	4	
STALEVO 100	4	
STALEVO 125	4	
STALEVO 150	4	
STALEVO 200	4	
STALEVO 75	4	
TASMAR	5	
<i>tolcapone</i>	5	
<i>trihexyphenidyl hcl</i>	3	
XADAGO	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR 140 MG/ML	3	PA, QL (1 PER 30 DAYS)
AIMOVIG AUTOINJECTOR 70 MG/ML	3	PA, QL (2 PER 30 DAYS)
AJOVY AUTOINJECTOR	3	PA, QL (1.5 PER 30 DAYS)
AJOVY SYRINGE	3	PA, QL (1.5 PER 30 DAYS)
<i>almotriptan malate</i>	2	QL (9 PER 30 DAYS)
AMERGE	4	PA, QL (9 PER 30 DAYS)
D.H.E.45	4	
dihydroergotamine mesylate 1 MG/ML AMP	2	
dihydroergotamine mesylate 4 MG/ML SPRY	5	QL (8 PER 28 DAYS)
<i>eletriptan hbr</i>	2	QL (9 PER 30 DAYS)
EMGALITY PEN	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE 100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR)	3	PA, QL (3 PER 30 DAYS)
EMGALITY SYRINGE 120 MG/ML	3	PA, QL (2 PER 30 DAYS)
ERGOMAR	4	
<i>ergotamine-caffeine</i>	3	
FROVA	4	PA, QL (27 PER 28 DAYS)
<i>frovatriptan succinate</i>	2	QL (27 PER 28 DAYS)
IMITREX 20 MG NASAL SPRAY	4	PA, QL (12 PER 30 DAYS)
IMITREX 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	4	PA, QL (9 PER 30 DAYS)
IMITREX 4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT, 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT	4	PA, QL (8 PER 28 DAYS)
IMITREX 5 MG NASAL SPRAY	4	PA, QL (36 PER 30 DAYS)
MAXALT	4	PA, QL (36 PER 28 DAYS)
MAXALT MLT 10 MG TABLET	4	PA, QL (36 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MIGERGOT	3	
MIGRANAL	5	QL (8 PER 28 DAYS)
<i>naratriptan</i>	2	QL (9 PER 30 DAYS)
<i>naratriptan hcl</i>	2	QL (9 PER 30 DAYS)
NURTEC ODT	5	PA, QL (16 PER 30 DAYS)
ONZETRA XSAIL	4	PA, QL (32 PER 28 DAYS)
QULIPTA	5	PA, QL (30 PER 30 DAYS)
RELPAK	4	PA, QL (9 PER 30 DAYS)
REYVOW	4	PA, QL (8 PER 30 DAYS)
<i>rizatriptan</i>	2	QL (36 PER 28 DAYS)
sumatriptan 20 MG NASAL SPRAY	4	QL (12 PER 30 DAYS)
sumatriptan 5 MG NASAL SPRAY	4	QL (36 PER 30 DAYS)
<i>sumatriptan succ-naproxen sod</i>	2	QL (18 PER 30 DAYS)
sumatriptan succinate 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	2	QL (9 PER 30 DAYS)
sumatriptan succinate 4 MG/0.5 ML CART, 4 MG/0.5 ML INJECT, 6 MG/0.5 ML CART, 6 MG/0.5 ML VIAL, 6 MG/0.5ML AUTOINJ	3	QL (8 PER 28 DAYS)
TOSYMRA	4	PA, QL (24 PER 28 DAYS)
TREXIMET	4	PA, QL (18 PER 28 DAYS)
TRUDHESA	5	QL (8 PER 28 DAYS)
UBRELVY	5	PA, QL (20 PER 30 DAYS)
ZEMBRACE SYMTOUCH	5	PA
zolmitriptan 2.5 MG SPRY, 5 MG SPRAY	4	PA, QL (18 PER 28 DAYS)
zolmitriptan 2.5 MG TABLET, 5 MG TABLET	2	QL (9 PER 30 DAYS)
<i>zolmitriptan odt</i>	2	QL (9 PER 30 DAYS)
ZOMIG 2.5 MG SPRAY, 5 MG SPRAY	4	PA, QL (18 PER 28 DAYS)
ZOMIG 2.5 MG TABLET, 5 MG TABLET	4	PA, QL (9 PER 30 DAYS)
ZOMIG ZMT	4	PA, QL (9 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	4	
AMPYRA	5	PA, LA, QL (60 PER 30 DAYS)
AMVUTTRA	5	PA
ARICEPT	4	
AUBAGIO	5	PA, QL (30 PER 30 DAYS)
AUSTEDO	5	PA, LA
AUSTEDO XR	5	PA, LA
AUSTEDO XR TITRATION KT(WK1-4)	5	PA, QL (42 PER 30 DAYS)
BAFIERTAM	5	QL (120 PER 30 DAYS)
COPAXONE	5	PA
<i>dalfampridine er</i>	3	PA, QL (60 PER 30 DAYS)
DAYBUE	5	PA
<i>dichlorphenamide</i>	5	PA
<i>dimethyl fumarate</i>	5	
donepezil hcl 23 MG TABLET	4	
donepezil hcl 5 MG TABLET, 10 MG TABLET	1	
<i>donepezil hcl odt</i>	1	
EVRYSDI	5	PA, LA
EXELON	4	
<i>fingolimod</i>	5	QL (30 PER 30 DAYS)
FIRDAPSE	5	PA
<i>galantamine er</i>	2	
<i>galantamine hbr</i>	2	
<i>galantamine hydrobromide</i>	2	
GILENYA	5	QL (30 PER 30 DAYS)
<i>glatiramer acetate</i>	5	
GLATOPA	5	
HORIZANT	4	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INGREZZA	5	PA, LA, QL (30 PER 30 DAYS)
INGREZZA INITIATION PACK	5	PA, LA, QL (28 PER 28 DAYS)
KESIMPTA PEN	5	
KEVEYIS	5	PA
LUCEMYRA	5	PA
MAVENCLAD	5	PA, LA
MAYZENT 0.25 MG TABLET, 0.25MG START-2MG MAINT, 1 MG TABLET, 2 MG TABLET	5	PA
MAYZENT 0.25MG START-1MG MAINT	4	PA
memantine hcl 2 MG/ML SOLUTION	3	PA
memantine hcl 5 MG TABLET, 10 MG TABLET	2	
memantine hcl 5-10 MG TITRATION PK	4	PA
<i>memantine hcl er</i>	3	PA
NAMENDA	4	PA
NAMENDA XR 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE	4	PA
NAMZARIC	4	PA
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)
PONVORY 14-DAY STARTER PACK	5	QL (14 PER 30 DAYS)
PONVORY 20 MG TABLET	5	QL (30 PER 30 DAYS)
RADICAVA ORS	5	PA
RELYVRIO	5	PA
<i>rivastigmine</i>	2	
RYSTIGGO	5	PA
SKYCLARYS	5	PA, LA
TASCENSO ODT	5	QL (30 PER 30 DAYS)
TECFIDERA	5	
TEGSEDI	5	PA, LA

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>teriflunomide</i>	5	PA, QL (30 PER 30 DAYS)
tetrabenazine 12.5 MG TABLET	5	PA, QL (90 PER 30 DAYS)
tetrabenazine 25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
VUMERITY	5	
VYVGART HYTRULO	5	PA
XENAZINE 12.5 MG TABLET	5	PA, LA, QL (90 PER 30 DAYS)
XENAZINE 25 MG TABLET	5	PA, LA, QL (120 PER 30 DAYS)
ZEPOSIA 0.92 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
ZEPOSIA STARTER KIT (28-DAY)	5	PA, QL (28 PER 28 DAYS)
ZEPOSIA STARTER PACK (7-DAY)	5	PA, QL (7 PER 30 DAYS)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

baclofen 10 MG TABLET, 20 MG TABLET	2	
baclofen 10 MG/20 ML VIAL, 40 MG/20 ML VIAL, 20,000 MCG/20 ML VIAL	4	
baclofen 5 MG TABLET	3	
BLOXIVERZ	4	
<i>carisoprodol</i>	3	PA
chlorzoxazone 375 MG TABLET, 500 MG TABLET, 750 MG TABLET	3	PA
cyclobenzaprine hcl 5 MG TABLET, 10 MG TABLET	2	
cyclobenzaprine hcl 7.5 MG TABLET	3	
DANTRIUM 20 MG VIAL, 25 MG CAPSULE	4	
<i>dantrolene sodium</i>	2	
FEXMID	4	
LIORESAL INTRATHECAL	4	
LORZONE	4	PA
MESTINON	5	
METAXALL	3	PA
<i>metaxalone</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methocarbamol 500 MG TABLET, 750 MG TABLET, 1,000 MG/10 ML	3	PA
neostigmine methylsulfate 3 MG/3 ML VIAL, 5 MG/5 ML VIAL, 10 MG/10 ML VIAL	4	
neostigmine methylsulfate 5 MG/10 ML VIAL	2	
<i>orphenadrine citrate</i>	3	PA
<i>orphenadrine citrate er</i>	3	PA
pyridostigmine bromide 30 MG TABLET	4	
pyridostigmine bromide 60 MG TABLET	3	
pyridostigmine bromide 60 MG/5 ML CUP, 60 MG/5 ML SOLN	5	
<i>pyridostigmine bromide er</i>	3	
REGONOL	2	
REVONTO	2	
ROBAXIN	4	PA
SOMA	4	PA
tizanidine hcl 2 MG TABLET, 4 MG TABLET	2	
NARCOTIC ANALGESICS		
acetamin-caff-dihydrocodeine ACETAMN--DIHYDRCODEIN 320.5	2	QL (300 PER 30 OVER TIME)
acetaminophen-codeine -#2 TABLET, -#3 TABLET	2	QL (360 PER 30 OVER TIME)
acetaminophen-codeine -#4 TABLET	2	QL (180 PER 30 OVER TIME)
acetaminophen-codeine ACETAMIN-CODEIN 300-30 MG/12.5, ACETAMINOP-CODEINE 120-12 MG/5	2	QL (4500 PER 30 OVER TIME)
ALLZITAL	4	QL (360 PER 30 DAYS)
<i>asa-butalb-caffeine-codeine</i>	3	QL (360 PER 30 DAYS)
ASCOMP WITH CODEINE	3	QL (360 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BELBUCA	4	QL (60 PER 30 OVER TIME)
BUPAP	4	QL (180 PER 30 DAYS)
BUPRENEX	4	QL (266 PER 30 OVER TIME)
<i>buprenorphine</i>	3	QL (4 PER 28 OVER TIME)
buprenorphine hcl 0.3 MG/ML CRPJCT, 0.3 MG/ML VIAL	2	QL (266 PER 30 OVER TIME)
buprenorphine hcl 2 MG TABLET, 8 MG TABLET	2	
<i>butalb-acetaminoph-caff-codein</i>	3	QL (180 PER 30 OVER TIME)
<i>butalbital compound-codeine</i>	3	QL (360 PER 30 DAYS)
butalbital-acetaminophen - ACETAMINOPHN 50-325	3	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophen-caffe</i>	3	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine</i>	3	QL (180 PER 30 DAYS)
BUTRANS	4	QL (4 PER 28 OVER TIME)
<i>codeine sulfate</i>	2	QL (180 PER 30 OVER TIME)
DILAUDID 2 MG TABLET, 4 MG TABLET	4	QL (180 PER 30 OVER TIME)
DILAUDID 5 MG/5 ML ORAL LIQUID	4	QL (1500 PER 30 OVER TIME)
DILAUDID 8 MG TABLET	4	
ENDOCET	2	QL (360 PER 30 OVER TIME)
ESGIC	4	QL (180 PER 30 DAYS)
fentanyl 12 MCG/HR PATCH, 25 MCG/HR PATCH, 50 MCG/HR PATCH, 75 MCG/HR PATCH, 100 MCG/HR PATCH	3	QL (10 PER 30 OVER TIME)
fentanyl 37.5 MCG/HR PATCH, 62.5 MCG/HR PATCH	4	QL (10 PER 30 OVER TIME)
fentanyl 87.5 MCG/HR PATCH	5	QL (10 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fentanyl citrate 50 MCG/ML VIAL, 100 MCG/2 ML AMPUL, 100 MCG/2 ML CARPUJCT, 100 MCG/2 ML SYRINGE, 100 MCG/2 ML VIAL, 250 MCG/5 ML AMPUL, 250 MCG/5 ML VIAL, 500 MCG/10 ML VIAL, 1,000 MCG/20 ML VIAL, 2,500 MCG/50 ML VIAL	2	QL (400 PER 30 OVER TIME)
fentanyl citrate CIT 1,200 MCG, CIT 1,600 MCG, CITRATE 400 MCG, CITRATE 600 MCG, CITRATE 800 MCG	5	PA, QL (120 PER 30 OVER TIME)
fentanyl citrate OTFC 200 MCG	4	PA, QL (120 PER 30 OVER TIME)
FIORICET	4	QL (180 PER 30 DAYS)
FIORICET WITH CODEINE	4	QL (180 PER 30 OVER TIME)
hydrocodone bitartrate er ER 10 MG CAPSULE, ER 15 MG CAPSULE, ER 20 MG CAPSULE, ER 30 MG CAPSULE, ER 40 MG CAPSULE, ER 50 MG CAPSULE	4	QL (90 PER 30 OVER TIME)
hydrocodone bitartrate er ER 100 MG TABLET, ER 120 MG TABLET	5	QL (60 PER 30 OVER TIME)
hydrocodone bitartrate er ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET, ER 80 MG TABLET	4	QL (60 PER 30 OVER TIME)
hydrocodone-acetaminophen -5-300 MG, -10-300 MG, -7.5-300	2	QL (390 PER 30 OVER TIME)
hydrocodone-acetaminophen -5-325 MG, -10-325 MG, -7.5-325	2	QL (360 PER 30 OVER TIME)
hydrocodone-acetaminophen - ACETAMIN 2.5-108/5, -ACETAMIN 5-217/10, -ACETAMIN 10-325/15, -ACETAMN 7.5-325/15	2	QL (5550 PER 30 OVER TIME)
<i>hydrocodone-ibuprofen</i>	2	QL (50 PER 30 OVER TIME)
<i>hydromorphone er</i>	4	QL (60 PER 30 OVER TIME)
hydromorphone hcl 0.5 MG/0.5 ML	4	QL (300 PER 30 OVER TIME)
hydromorphone hcl 1 MG/ML CARPUJCT, 1 MG/ML SYRINGE, HCL 1 MG/ML AMP	2	QL (300 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydromorphone hcl 1 MG/ML SOLUTION, 5 MG/5 ML SOLN	2	QL (2400 PER 30 OVER TIME)
hydromorphone hcl 1 MG/ML VIAL	4	QL (2400 PER 30 OVER TIME)
hydromorphone hcl 10 MG/ML AMPULE, 10 MG/ML VIAL, 50 MG/5 ML AMP, 50 MG/5 ML VIAL, 500 MG/50 ML VL	2	QL (240 PER 30 OVER TIME)
hydromorphone hcl 2 MG TABLET, 4 MG TABLET	2	QL (180 PER 30 OVER TIME)
hydromorphone hcl 2 MG/ML CARPUJCT, 2 MG/ML ISECURE, 2 MG/ML SYRINGE	2	QL (1200 PER 30 OVER TIME)
hydromorphone hcl 2 MG/ML VIAL	2	QL (150 PER 30 OVER TIME)
hydromorphone hcl 4 MG/ML CARPUJCT, 4 MG/ML VIAL	2	QL (75 PER 30 OVER TIME)
hydromorphone hcl 8 MG TABLET	2	
HYSINGLA ER 20 MG TABLET	4	QL (150 PER 30 OVER TIME)
HYSINGLA ER ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET	4	QL (60 PER 30 OVER TIME)
HYSINGLA ER ER 80 MG TABLET, ER 100 MG TABLET, ER 120 MG TABLET	5	QL (60 PER 30 OVER TIME)
INFUMORPH 200 MG/20 ML AMPUL	4	QL (200 PER 30 OVER TIME)
INFUMORPH 500 MG/20 ML AMPUL	4	QL (80 PER 30 OVER TIME)
LORTAB	4	QL (6000 PER 30 OVER TIME)
methadone hcl 10 MG/5 ML SOLUTION	2	QL (600 PER 30 OVER TIME)
methadone hcl 10 MG/ML ORAL CONC, HCL 10 MG TABLET	2	QL (120 PER 30 OVER TIME)
methadone hcl 10 MG/ML SYRINGE, 10 MG/ML VIAL, 200 MG/20 ML VL	2	QL (150 PER 30 OVER TIME)
methadone hcl 5 MG TABLET	2	QL (240 PER 30 OVER TIME)
methadone hcl 5 MG/5 ML SOLUTION	2	QL (1200 PER 30 OVER TIME)
METHADONE INTENSOL	2	QL (120 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MITIGO 200 MG/20 ML VIAL	4	QL (200 PER 30 OVER TIME)
MITIGO 500 MG/20 ML VIAL	4	QL (80 PER 30 OVER TIME)
morphine sulfate 10 MG/5 ML SOLN, 20 MG/5 ML SOLN, 100 MG/5 ML CONC	2	QL (900 PER 30 OVER TIME)
morphine sulfate 10 MG/ML CARPUJECT, 10 MG/ML SYRINGE	4	QL (200 PER 30 OVER TIME)
morphine sulfate 10 MG/ML VIAL	2	QL (200 PER 30 OVER TIME)
morphine sulfate 2 MG/ML CARPUJECT, 2 MG/ML SYRINGE	2	QL (1000 PER 30 OVER TIME)
morphine sulfate 2 MG/ML VIAL	4	QL (1000 PER 30 OVER TIME)
morphine sulfate 4 MG/ML CARPUJECT, 4 MG/ML SYRINGE	2	QL (500 PER 30 OVER TIME)
morphine sulfate 4 MG/ML VIAL	4	QL (500 PER 30 OVER TIME)
morphine sulfate 5 MG/10 ML VIAL	2	QL (4000 PER 30 OVER TIME)
morphine sulfate 5 MG/ML VIAL	4	QL (400 PER 30 OVER TIME)
morphine sulfate 8 MG/ML CARPUJECT, SULFATE 8 MG/ML VIAL	4	QL (250 PER 30 OVER TIME)
morphine sulfate er ER 10 MG CAP, ER 20 MG CAP, ER 30 MG CAP, ER 50 MG CAP, ER 60 MG CAP, ER 80 MG CAP, ER 100 MG CAP	3	QL (90 PER 30 OVER TIME)
morphine sulfate er ER 15 MG TABLET, ER 30 MG TABLET, ER 60 MG TABLET, ER 200 MG TABLET	3	QL (120 PER 30 OVER TIME)
morphine sulfate er ER 45 MG CAP, ER 75 MG CAP	4	QL (60 PER 30 OVER TIME)
morphine sulfate er SULF ER 100 MG TABLET, SULFATE ER 90 MG CAP, SULFATE ER 120 MG CAP	3	QL (60 PER 30 OVER TIME)
morphine sulfate IR 15 MG TAB, IR 30 MG TAB	2	QL (180 PER 30 OVER TIME)
morphine sulfate SULFATE 1 MG/ML VIAL, 10 MG/10 ML VIAL, 30 MG/30 ML PCA VIAL	2	QL (2000 PER 30 OVER TIME)
MS CONTIN	4	QL (120 PER 30 OVER TIME)
nalbuphine hcl 10 MG/ML AMPUL, 100 MG/10 ML VIAL	2	QL (200 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nalbuphine hcl 20 MG/ML AMPUL, 200 MG/10 ML VIAL	2	QL (100 PER 30 OVER TIME)
OXAYDO	4	QL (360 PER 30 OVER TIME)
oxycodone hcl (IR) 10 MG TAB, (IR) 15 MG TAB, (IR) 20 MG TAB, (IR) 30 MG TAB, 100 MG/5 ML CONC	2	QL (180 PER 30 OVER TIME)
oxycodone hcl (IR) 5 MG CAP, (IR) 5 MG TABLET, 5 MG TABLET	2	QL (360 PER 30 OVER TIME)
oxycodone hcl 5 MG/5 ML CUP, 5 MG/5 ML SOLN	4	QL (1200 PER 30 OVER TIME)
oxycodone hcl er 10 MG TABLET	3	QL (90 PER 30 OVER TIME)
oxycodone hcl er 20 MG TABLET	3	QL (90 PER 30 DAYS)
oxycodone-acetaminophen - ACETAMINOPHEN 5-325, - ACETAMINOPHEN 10-325, - ACETAMINOPHN 2.5-325, - ACETAMINOPHN 7.5-325	2	QL (360 PER 30 OVER TIME)
OXYCONTIN ER 10 MG TABLET, ER 15 MG TABLET, ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET	4	QL (90 PER 30 OVER TIME)
OXYCONTIN ER 80 MG TABLET	4	QL (60 PER 30 OVER TIME)
oxymorphone hcl 10 MG TABLET	4	QL (360 PER 30 OVER TIME)
oxymorphone hcl 5 MG TABLET	4	QL (180 PER 30 OVER TIME)
<i>oxymorphone hcl er</i>	4	QL (90 PER 30 OVER TIME)
ROXICODONE	4	QL (180 PER 30 OVER TIME)
TENCON	2	QL (180 PER 30 DAYS)
TREZIX	4	QL (300 PER 30 OVER TIME)
XTAMPZA ER	4	QL (90 PER 30 OVER TIME)
NON-NARCOTIC ANALGESICS		
ARTHROTEC 50	4	
ARTHROTEC 75	4	
buprenorphine-naloxone -12-3MG FLM	2	QL (60 PER 30 OVER TIME)
buprenorphine-naloxone -2-FM, -2-TB	2	QL (360 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
buprenorphine-naloxone BUPRENORPHIN-NALOXON 8-2 MG SL, BUPRENORPHINE-NALOX 4-1MG FILM, BUPRENORPHINE- NALOX 8-2 MG TAB, BUPRENORPHINE-NALOX 8-2MG FILM	2	QL (90 PER 30 OVER TIME)
butorphanol tartrate 1 MG/ML VIAL	2	QL (857 PER 30 OVER TIME)
butorphanol tartrate 10 MG/ML SPRAY	2	QL (5 PER 28 OVER TIME)
butorphanol tartrate 2 MG/ML VIAL, 4 MG/2 ML VIAL	2	QL (428 PER 30 OVER TIME)
CALDOLOR 800 MG/200 ML BAG	4	
CAMBIA	4	QL (9 PER 30 DAYS)
CELEBREX	4	
<i>celecoxib</i>	2	
clonidine hcl 5,000 MCG/10 ML VIAL	2	
CONZIP	4	QL (30 PER 30 OVER TIME)
DAYPRO	4	
<i>diclofenac epolamine</i>	4	PA
diclofenac potassium 50 MG POWDR PKT	4	QL (9 PER 30 DAYS)
diclofenac potassium 50 MG TABLET	2	
diclofenac sodium 1.5% TOPICAL SOLN	4	QL (300 PER 28 DAYS)
<i>diclofenac sodium er</i>	2	
diclofenac sodium SOD DR 25 MG TAB, SOD DR 50 MG TAB, SOD DR 75 MG TAB, SOD EC 25 MG TAB, SOD EC 50 MG TAB, SOD EC 75 MG TAB, SODIUM 1% GEL	2	
<i>diclofenac sodium-misoprostol</i>	3	
<i>diflunisal</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
FELDENE	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FLECTOR	4	PA
<i>flurbiprofen</i>	2	
IBU	2	
<i>ibuprofen</i>	2	
<i>ibuprofen lysine</i>	2	
INDOCIN 25 MG/5 ML SUSPENSION	4	PA
INDOCIN 50 MG SUPPOSITORY	5	PA
indomethacin 1 MG VIAL	2	PA
indomethacin 25 MG CAPSULE, 50 MG CAPSULE	3	PA
<i>indomethacin er</i>	3	PA
KLOXXADO	3	
LODINE	4	
meclofenamate sodium 100 MG CAPSULE	4	
meclofenamate sodium 50 MG CAPSULE	2	
<i>mefenamic acid</i>	2	
meloxicam 7.5 MG TABLET, 15 MG TABLET	1	
MOBIC	4	
<i>nabumetone</i>	2	
<i>nalmefene hcl</i>	3	
<i>naloxone hcl</i>	2	
<i>naltrexone hcl</i>	2	
NAPRELAN	4	
naproxen 250 MG TABLET, 375 MG TABLET, 500 MG KIT, 500 MG TABLET	2	
<i>naproxen sodium</i>	2	
NARCAN	4	
NEOPROFEN	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUCYNTA 100 MG TABLET	4	QL (181 PER 30 OVER TIME)
NUCYNTA 50 MG TABLET	4	QL (362 PER 30 OVER TIME)
NUCYNTA 75 MG TABLET	4	QL (242 PER 30 OVER TIME)
NUCYNTA ER	4	QL (60 PER 30 OVER TIME)
OPVEE	3	
<i>oxaprozin</i>	2	
<i>pentazocine-naloxone hcl</i>	3	QL (325 PER 30 DAYS)
<i>piroxicam</i>	2	
PRIALT	3	
RELAFEN DS	5	
<i>salsalate</i>	2	
SUBOXONE 12 MG-3 MG SL FILM	4	QL (60 PER 30 OVER TIME)
SUBOXONE 2 MG-0.5 MG SL FILM	4	QL (360 PER 30 OVER TIME)
SUBOXONE 4 MG-1 MG FILM, 8 MG-2 MG FILM	4	QL (90 PER 30 OVER TIME)
<i>sulindac</i>	2	
tolmetin sodium 200 MG TAB, 400 MG CAP	2	
tramadol hcl 100 MG TABLET	4	QL (120 PER 30 OVER TIME)
tramadol hcl 50 MG TABLET	2	QL (240 PER 30 OVER TIME)
tramadol hcl er ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE	4	QL (30 PER 30 OVER TIME)
tramadol hcl er ER 100 MG TABLET, ER 200 MG TABLET, ER 300 MG TABLET, HCL ER 100 MG TABLET, HCL ER 200 MG TABLET, HCL ER 300 MG TABLET	2	QL (30 PER 30 OVER TIME)
<i>tramadol hcl-acetaminophen</i>	2	QL (240 PER 30 OVER TIME)
ULTRACET	4	QL (240 PER 30 OVER TIME)
ULTRAM	4	QL (240 PER 30 OVER TIME)
VIVITROL	5	
VOLTAREN-XR	4	
ZIMHI	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZUBSOLV 0.7-0.18 MG TABLET, 2.9-0.71 MG TABLET, 11.4-2.9 MG TABLET	4	QL (30 PER 30 OVER TIME)
ZUBSOLV 1.4-0.36 MG TABLET, 5.7-1.4 MG TABLET	4	QL (90 PER 30 OVER TIME)
ZUBSOLV 8.6-2.1 MG TABLET SL	4	QL (60 PER 30 OVER TIME)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY	5	PA, QL (30 PER 30 DAYS)
ABILIFY ASIMTUFII	5	
ABILIFY MAINTENA	5	
ADDERALL	4	
ADDERALL XR	4	
ADZENYS XR-ODT	4	
<i>alprazolam</i>	2	
<i>alprazolam er</i>	3	
ALPRAZOLAM INTENSOL	3	
<i>alprazolam odt</i>	3	
<i>alprazolam xr</i>	3	
AMBIEN	4	
AMBIEN CR	4	
<i>amitriptyline hcl</i>	3	
<i>amoxapine</i>	2	
<i>amphetamine sulfate</i>	3	PA
AMYTAL SODIUM	4	
ANAFRANIL	4	
APTENSIO XR	4	
aripiprazole 1 MG/ML SOLUTION	2	QL (750 PER 30 DAYS)
aripiprazole 2 MG TABLET, 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET	2	QL (30 PER 30 DAYS)
<i>aripiprazole odt</i>	2	QL (60 PER 30 DAYS)
ARISTADA	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA INITIO	5	
<i>armodafinil</i>	3	PA
<i>asenapine maleate</i>	4	PA
<i>atomoxetine hcl</i>	2	
AUVELITY	5	QL (60 PER 30 DAYS)
AZSTARYS	4	
BELSOMRA	4	QL (30 PER 30 DAYS)
BRISDELLE	4	
<i>bupropion hcl</i>	2	
<i>bupropion hcl sr</i>	1	
bupropion xl 150 MG TABLET, 300 MG TABLET	2	
bupropion xl HCL 450 MG TABLET	4	
<i>buspirone hcl</i>	2	
CAPLYTA	5	PA
CELEXA	4	
<i>chlordiazepoxide hcl</i>	3	
<i>chlordiazepoxide-amitriptyline</i>	3	
chlorpromazine hcl 10 MG TABLET, 25 MG TABLET, 30 MG/ML CONC, 50 MG TABLET, 100 MG TABLET, 100 MG/ML CONC, 200 MG TABLET	3	
chlorpromazine hcl 25 MG/ML AMP, 25 MG/ML AMPULE, 50 MG/2 ML AMP	4	
citalopram hbr 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	1	
citalopram hbr 10 MG/5 ML SOLN, 20 MG/10 ML CUP	2	
clomipramine hcl 25 MG CAPSULE, 50 MG CAPSULE	3	
clomipramine hcl 75 MG CAPSULE	4	
<i>clonidine hcl er</i>	2	
<i>clorazepate dipotassium</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clozapine</i>	2	
<i>clozapine odt</i>	4	
CONCERTA CONCTA 36 MG TABLET	4	QL (60 PER 30 DAYS)
CONCERTA ER 18 MG TABLET, ER 27 MG TABLET, ER 54 MG TABLET	4	QL (30 PER 30 DAYS)
COTEMPLA XR-ODT	4	
CYMBALTA	4	
DAYTRANA	4	
DAYVIGO	4	QL (30 PER 30 DAYS)
<i>desipramine hcl</i>	2	
DESOXYN	4	PA
<i>desvenlafaxine er</i>	4	
<i>desvenlafaxine succinate er</i>	2	
DEXEDRINE	4	
<i>dexmethylphenidate hcl</i>	2	
dexmethylphenidate hcl er ER 15 MG, ER 25 MG, ER 30 MG, ER 35 MG, ER 40 MG	2	
dexmethylphenidate hcl er ER 5 MG CAP, ER 10 MG CP, ER 20 MG CP	4	
<i>dextroamphetamine sulfate</i>	2	
dextroamphetamine sulfate er 5 MG CAP	2	
dextroamphetamine sulfate er ER 10 MG CAP, ER 15 MG CAP	4	
dextroamphetamine-amphet er -ER 5 MG CAP, -ER 10 MG CAP, -ER 15 MG CAP, -ER 20 MG CAP, -ER 25 MG CAP, -ER 30 MG CAP	2	
<i>dextroamphetamine-amphetamine</i>	2	
diazepam 2 MG TABLET, 5 MG TABLET, 10 MG TABLET	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diazepam 5 MG/5 ML ORAL CUP, 5 MG/5 ML SOLUTION, 5 MG/ML ORAL CONC, 10 MG/2 ML CARPUJECT, 10 MG/2 ML SYRINGE, 25 MG/5 ML ORAL CONC, 50 MG/10 ML VIAL	3	
DOPRAM	4	
doxepin hcl HCL 3 MG TABLET, HCL 6 MG TABLET, 10 MG CAPSULE, 10 MG/ML ORAL CONC, 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE	3	
<i>duloxetine hcl</i>	2	
DYANAVEL XR	4	
EDLUAR	4	
EFFEXOR XR	4	
EMSAM	5	QL (30 PER 30 DAYS)
<i>ergoloid mesylates</i>	2	
escitalopram oxalate 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	1	
escitalopram oxalate 5 MG/5 ML	2	
<i>estazolam</i>	3	
<i>eszopiclone</i>	3	
EVEKEO	4	PA
EVEKEO ODT	4	PA
FANAPT 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, TITRATION PACK	4	PA
FANAPT 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	5	PA
FAZACLO	4	
FETZIMA	4	
<i>flumazenil</i>	2	
<i>fluoxetine dr</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluoxetine hcl 10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE	1	
fluoxetine hcl HCL 10 MG TABLET, 20 MG/5 ML SOLUTION, HCL 20 MG TABLET	2	
<i>fluphenazine decanoate</i>	2	
<i>fluphenazine hcl</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	
FOCALIN	4	
FOCALIN XR	4	
FORFIVO XL	4	
GEODON 20 MG CAPSULE	4	PA
GEODON 20 MG/ML VIAL	4	
GEODON 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE	5	PA
<i>guanfacine hcl er</i>	3	
<i>guanidine hcl</i>	2	
HALCION	4	
HALDOL	4	PA
HALDOL DECANOATE 100	4	PA
HALDOL DECANOATE 50	4	PA
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol decanoate 100</i>	2	
haloperidol lactate 2 MG/ML CONC, 5 MG/ML AMPUL, 5 MG/ML VIAL, 10 MG/5 ML CUP, 50 MG/10 ML VL	2	
HETLIOZ	5	PA, QL (30 PER 30 DAYS)
HETLIOZ LQ	5	PA, QL (158 PER 30 DAYS)
<i>imipramine hcl</i>	3	
<i>imipramine pamoate</i>	4	
INTUNIV	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA ER 3 MG TABLET, ER 9 MG TABLET	5	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	5	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA	5	
INVEGA SUSTENNA 39 MG/0.25 ML	4	
INVEGA SUSTENNA 78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML	5	
INVEGA TRINZA	5	
JORNAY PM	4	
KAPVAY	4	
LATUDA	5	PA, QL (30 PER 30 DAYS)
LEXAPRO	4	
<i>lisdexamfetamine dimesylate</i>	3	
<i>lithium</i>	2	
<i>lithium carbonate</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium citrate</i>	2	
LITHOBID	4	
lorazepam 0.5 MG TABLET, 1 MG TABLET	2	
lorazepam 2 MG TABLET, 2 MG/ML CARPUJECT, 2 MG/ML ORAL CONCENT, 2 MG/ML SYRINGE, 2 MG/ML VIAL, 4 MG/ML CARPUJECT, 4 MG/ML VIAL, 20 MG/10 ML VIAL, 40 MG/10 ML VIAL	3	
LORAZEPAM INTENSOL	3	
<i>loxapine</i>	2	
LUMRYZ	5	PA, QL (30 PER 30 DAYS)
LUNESTA	4	
<i>lurasidone hcl</i>	5	PA, QL (30 PER 30 DAYS)
LYBALVI	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MARPLAN	3	
<i>methamphetamine hcl</i>	2	PA
METHYLIN	4	
<i>methylphenidate</i>	4	
<i>methylphenidate er (la)</i>	2	
methylphenidate er 36 MG TAB	2	QL (60 PER 30 DAYS)
methylphenidate er ER 10 MG CAP, ER 10 MG TAB, ER 15 MG CAP, ER 20 MG CAP, ER 20 MG TAB, ER 30 MG CAP, ER 40 MG CAP, ER 45 MG TAB, ER 50 MG CAP, ER 60 MG CAP, ER 63 MG TAB, ER 72 MG TAB	4	
methylphenidate er ER 18 MG TAB, ER 27 MG TAB, ER 54 MG TAB	2	QL (30 PER 30 DAYS)
methylphenidate hcl 10 MG/5 ML SOL	4	
methylphenidate hcl 2.5 MG CHEW TB, 5 MG CHEW TAB, 5 MG TABLET, 5 MG/5 ML SOLN, 10 MG CHEW TAB, 10 MG TABLET, 20 MG TABLET	2	
<i>methylphenidate hcl cd</i>	2	
<i>methylphenidate hcl er (cd)</i>	2	
<i>methylphenidate la</i>	2	
midazolam hcl 5 MG/ML, 10 MG/2 ML	4	
midazolam hcl HCL 1 MG/ML VIAL, 2 MG/2 ML CARPUJECT, 2 MG/2 ML ISECURE, 2 MG/2 ML SYRINGE, HCL 2 MG/2 ML VIAL, HCL 2 MG/ML SYRUP, 5 MG/ML CARPUJECT, HCL 5 MG/2.5 ML CUP, HCL 5 MG/5 ML VIAL, HCL 5 MG/ML VIAL, HCL 10 MG/10 ML VIAL, HCL 10 MG/2 ML VIAL, HCL 25 MG/5 ML VIAL, HCL 50 MG/10 ML VIAL	3	
mirtazapine 15 MG ODT, 30 MG ODT, 45 MG ODT	2	
mirtazapine 7.5 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>modafinil</i>	3	PA
<i>molindone hcl</i>	2	
MYDAYIS	4	
NARDIL	4	
<i>nefazodone hcl</i>	2	
NEMBUTAL SODIUM	4	
NORPRAMIN	4	
nortriptyline hcl 10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP	1	
nortriptyline hcl 10 MG/5 ML SOLN	2	
NUPLAZID 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
NUPLAZID 34 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
NUVIGIL	4	PA
olanzapine 10 MG VIAL	2	
olanzapine 2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET	2	QL (30 PER 30 DAYS)
<i>olanzapine odt</i>	3	QL (30 PER 30 DAYS)
<i>olanzapine-fluoxetine hcl</i>	4	PA
<i>oxazepam</i>	3	
paliperidone er 6 MG TABLET	4	PA, QL (60 PER 30 DAYS)
paliperidone er ER 1.5 MG TABLET, ER 3 MG TABLET, ER 9 MG TABLET	4	PA, QL (30 PER 30 DAYS)
PAMELOR	4	
PARNATE	4	
<i>paroxetine cr</i>	2	
<i>paroxetine er</i>	2	
paroxetine hcl 10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET	1	
paroxetine hcl 10 MG/5 ML SUSP	3	
<i>paroxetine mesylate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PAXIL	4	
PAXIL CR	4	
<i>pentobarbital sodium</i>	2	
<i>perphenazine</i>	2	
<i>perphenazine-amitriptyline</i>	3	
PERSERIS	5	PA
<i>phenelzine sulfate</i>	2	
<i>pimozide</i>	2	
PRISTIQ	4	
PROCENTRA	2	
<i>protriptyline hcl</i>	3	
PROVIGIL	5	PA
PROZAC	4	
QELBREE	4	QL (60 PER 30 DAYS)
quetiapine fumarate 150 MG TABLET	4	QL (60 PER 30 DAYS)
quetiapine fumarate 25 MG TAB	2	QL (120 PER 30 DAYS)
quetiapine fumarate 300 MG TAB, 400 MG TAB	2	QL (60 PER 30 DAYS)
quetiapine fumarate 50 MG TAB, 100 MG TAB, 200 MG TAB	2	QL (90 PER 30 DAYS)
quetiapine fumarate er ER 150 MG TABLET, ER 200 MG TABLET	2	PA, QL (30 PER 30 DAYS)
quetiapine fumarate er ER 50 MG TABLET, ER 300 MG TABLET, ER 400 MG TABLET	2	PA, QL (60 PER 30 DAYS)
QUILLICHEW ER	4	
QUILLIVANT XR	4	
QUVIVIQ	4	QL (30 PER 30 DAYS)
<i>ramelteon</i>	3	
RELEXXII ER 45 MG TABLET, ER 63 MG TABLET, ER 72 MG TABLET	4	
REMERON	4	
RESTORIL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REXULTI 0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET	5	PA, QL (30 PER 30 DAYS)
RISPERDAL	4	PA
RISPERDAL CONSTA 12.5 MG VIAL, 25 MG VIAL	3	
RISPERDAL CONSTA 37.5 MG VIAL, 50 MG VIAL	5	
<i>risperidone</i>	2	
risperidone odt 0.25 MG ODT, 0.5 MG ODT, 1 MG ODT, 2 MG ODT	2	
risperidone odt 3 MG ODT, 4 MG ODT	4	
RITALIN	4	
RITALIN LA	4	
ROZEREM	4	
SAPHRIS	4	PA
SECUADO	5	PA, QL (30 PER 30 DAYS)
SEROQUEL 25 MG TABLET	4	PA, QL (120 PER 30 DAYS)
SEROQUEL 300 MG TABLET, 400 MG TABLET	4	PA, QL (60 PER 30 DAYS)
SEROQUEL 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	4	PA, QL (90 PER 30 DAYS)
SEROQUEL XR 150 MG TABLET, 200 MG TABLET	4	PA, QL (30 PER 30 DAYS)
SEROQUEL XR 50 MG TABLET, 300 MG TABLET, 400 MG TABLET	4	PA, QL (60 PER 30 DAYS)
sertraline hcl 20 MG/ML ORAL CONC	2	
sertraline hcl 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	1	
SILENOR	4	
<i>sodium oxybate</i>	5	PA, LA, QL (540 PER 30 DAYS)
STRATTERA	4	
SUNOSI	4	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SURMONTIL	4	
SYMBYAX 3-25 MG CAPSULE, 6-25 MG CAPSULE	4	PA
<i>tasimelteon</i>	5	PA, QL (30 PER 30 DAYS)
<i>temazepam</i>	3	
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
TRANXENE T-TAB	4	
<i>tranilcypromine sulfate</i>	4	
<i>trazodone hcl</i>	1	
<i>triazolam</i>	3	
<i>trifluoperazine hcl</i>	2	
<i>trimipramine maleate</i>	3	
TRINTELLIX	3	
UZEDY	5	
VALIUM	4	
<i>venlafaxine besylate er</i>	4	
<i>venlafaxine hcl</i>	2	
venlafaxine hcl er ER 37.5 MG CAP, ER 75 MG CAP, ER 150 MG CAP	2	
VERSACLOZ	5	PA
VIIBRYD	3	
<i>vilazodone hcl</i>	3	
VRAYLAR 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	4	PA
VYVANSE	3	
WAKIX	5	PA, LA
WELLBUTRIN SR	4	
WELLBUTRIN XL	5	
XELSTRYM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XYREM	5	PA, LA, QL (540 PER 30 DAYS)
XYWAV	5	PA, LA, QL (540 PER 30 DAYS)
<i>zaleplon</i>	3	
ZENZEDI 2.5 MG TABLET, 7.5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET	4	
ZENZEDI 5 MG TABLET, 10 MG TABLET	2	
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	
ZOLOFT	4	
zolpidem tartrate 1.75 MG TAB, 3.5 MG TABLET	3	PA, QL (20 PER 30 DAYS)
zolpidem tartrate 5 MG TABLET, 10 MG TABLET	2	
<i>zolpidem tartrate er</i>	3	
ZOLPIMIST	4	
ZYPREXA 10 MG VIAL	4	
ZYPREXA 15 MG TABLET, 20 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ZYPREXA 2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ZYPREXA RELPREVV 210 MG VIAL, 210 MG VL KIT	3	
ZYPREXA RELPREVV 300 MG VL KIT, 405 MG VL KIT	5	
ZYPREXA ZYDIS 15 MG TABLET, 20 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ZYPREXA ZYDIS 5 MG TABLET, 10 MG TABLET	4	PA, QL (30 PER 30 DAYS)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

adenosine 6 MG/2 ML SYRINGE, 6 MG/2 ML VIAL, 12 MG/4 ML SYRINGE, 12 MG/4 ML VIAL	2
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You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amiodarone hcl</i>	2	
BETAPACE 80 MG TABLET, 120 MG TABLET, 160 MG TABLET	4	
BETAPACE AF	4	
CORVERT	3	
<i>disopyramide phosphate</i>	3	
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	2	
<i>ibutilide fumarate</i>	2	
lidocaine hcl HCL 1% ABBOJECT, HCL 1% SYRINGE, HCL 2% ABBOJECT, HCL 2% LUER-JET, HCL 2% SYRINGE, HCL 2% VIAL, 100 MG/5 ML (2%) SYR	2	
<i>lidocaine hcl in 5% dextrose</i>	2	
<i>lidocaine hcl in 7.5% dextrose</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
NEXTERONE	4	
NORPACE	4	
NORPACE CR	4	
PACERONE	2	
procainamide hcl 1 GRAM/10 ML VIAL, 1 GRAM/2 ML VIAL, 1,000 MG/10 ML VL, 1,000 MG/2 ML VL	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine gluconate</i>	2	
<i>quinidine sulfate</i>	2	
RYTHMOL SR	4	
SORINE	2	
<i>sotalol</i>	2	
SOTALOL AF	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOTYLIZE	4	
TIKOSYN	4	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol hcl</i>	2	
ALDACTAZIDE	4	
ALDACTONE	4	
<i>aliskiren</i>	4	
ALTACE	4	
<i>amiloride hcl</i>	2	
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate-benazepril</i>	2	
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan</i>	2	
amlodipine-valsartan-hctz --10-160-12.5MG, --10-160-25 MG, --10-320-25 MG	4	
amlodipine-valsartan-hctz --5-160-12.5 MG, --5-160-25 MG	2	
ATACAND	4	
ATACAND HCT	4	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	4	
AVAPRO	4	
AZOR	4	
<i>benazepril hcl</i>	1	
<i>benazepril-hydrochlorothiazide</i>	2	
BENICAR	4	
BENICAR HCT	4	
betaxolol hcl 10 MG TABLET, 20 MG TABLET	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BIDIL	3	
<i>bisoprolol fumarate</i>	2	
<i>bisoprolol-hydrochlorothiazide</i>	2	
BREVIBLOC	4	
<i>bumetanide</i>	2	
BYSTOLIC	4	
<i>candesartan cilexetil</i>	1	
<i>candesartan-hydrochlorothiazid</i>	2	
<i>captopril</i>	1	
CARDENE I.V. -20 MG/200 ML SOLN, -40 MG/200 ML IV	4	
CARDIZEM	4	
CARDIZEM CD	4	
CARDIZEM LA	4	
CARDURA	4	
CARDURA XL	4	
CAROSPIR	4	
CARTIA XT	2	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	3	
CATAPRES-TTS 1	4	
CATAPRES-TTS 2	4	
CATAPRES-TTS 3	4	
<i>chlorothiazide</i>	2	
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone</i>	1	
CLEVIPREX	4	
clonidine 0.1 MG/DAY PATCH, 0.2 MG/DAY PATCH	2	
clonidine 0.3 MG/DAY PATCH	4	
clonidine hcl 0.1 MG TABLET, 0.2 MG TABLET, 0.3 MG TABLET	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clonidine hcl 1,000 MCG/10 ML VIAL	2	
COREG 25 MG TABLET	4	
COREG CR	4	
CORGARD	4	
COZAAR	4	
DEMSER	5	
DIBENZYLINE	5	
DILT-XR	2	
<i>diltiazem 12hr er</i>	2	
<i>diltiazem 24hr er</i>	2	
<i>diltiazem 24hr er (cd)</i>	2	
<i>diltiazem 24hr er (la)</i>	2	
<i>diltiazem 24hr er (xr)</i>	2	
<i>diltiazem hcl</i>	2	
DIOVAN	4	
DIOVAN HCT	4	
DIURIL	4	
<i>doxazosin mesylate</i>	2	
DYAZIDE	4	
DYRENIUM 100 MG CAPSULE	3	
DYRENIUM 50 MG CAPSULE	4	
EDARBI	4	
EDARBYCLOR	4	
EDECRIN	5	
enalapril maleate 1 MG/ML ORAL SOLN	3	
enalapril maleate 2.5 MG TAB, 5 MG TABLET, 10 MG TAB, 20 MG TAB	1	
<i>enalapril-hydrochlorothiazide</i>	2	
<i>enalaprilat</i>	2	
<i>eplerenone</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
esmolol hcl 100 MG/10 ML VIAL	2	
<i>esmolol hcl-sodium chloride</i>	2	
<i>ethacrynate sodium</i>	5	
<i>ethacrynic acid</i>	4	
EXFORGE	4	
EXFORGE HCT	4	
<i>felodipine er</i>	2	
<i>fosinopril sodium</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	2	
furosemide 10 MG/ML SOLUTION, 20 MG/2 ML VIAL, 40 MG/4 ML SYRINGE, 40 MG/4 ML VIAL, 40 MG/5 ML SOLN, 100 MG/10 ML SYRING, 100 MG/10 ML VIAL	2	
furosemide 20 MG TABLET, 40 MG TABLET, 80 MG TABLET	1	
<i>guanfacine hcl</i>	3	
<i>hydralazine hcl</i>	2	
<i>hydrochlorothiazide</i>	1	
HYZAAR	4	
<i>indapamide</i>	2	
INSpra	4	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide dinit-hydralazine</i>	3	
<i>isradipine</i>	2	
KERENDIA	4	PA, QL (30 PER 30 DAYS)
labetalol hcl 10 MG/2 ML SYRNG, 20 MG/4 ML CRPJT, 20 MG/4 ML SYRNG, 20 MG/4 ML VIAL, 100 MG TABLET, 100 MG/20 ML VL, 200 MG TABLET, 200 MG/40 ML VL, 300 MG TABLET	2	
LASIX	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levamlodipine maleate</i>	4	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR	4	
<i>losartan potassium</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN	4	
LOTENSIN HCT	4	
LOTREL	4	
mannitol 20% (100 GM/500 ML), 25% (12.5 GM/50 ML)	2	
MATZIM LA	2	
MAXZIDE	4	
MAXZIDE-25 MG	4	
<i>methyclothiazide</i>	2	
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	
metoprolol tartrate 25 MG TAB, 50 MG TAB, 100 MG TAB	1	
metoprolol tartrate TART 5 MG/5 ML AMP, TART 5 MG/5 ML VIAL, TARTRATE 37.5 MG TB, TARTRATE 75 MG TAB	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metirosine</i>	5	
MICARDIS	4	
MICARDIS HCT	4	
MINIPRESS	4	
<i>minoxidil</i>	2	
<i>moexipril hcl</i>	1	
nadolol 20 MG TABLET, 40 MG TABLET	2	
nadolol 80 MG TABLET	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nebivolol hcl</i>	1	
nicardipine hcl 20 MG CAPSULE, 25 MG/10 ML AMPULE, 25 MG/10 ML VIAL, 30 MG CAPSULE	3	
nicardipine hcl-0.9% nacl 20MG/200ML, 40MG/200ML	4	
<i>nifedipine er</i>	2	
<i>nimodipine</i>	4	
nisoldipine ER 20 MG TABLET	4	
nisoldipine ER 8.5 MG TABLET, ER 17 MG TABLET, ER 25.5 MG TABLET, ER 30 MG TABLET, ER 34 MG TABLET, ER 40 MG TABLET	2	
NORVASC	4	
NYMALIZE 30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN, 60 MG/10 ML SOLUTION, 60 MG/20 ML SOLUTION	5	
<i>olmesartan medoxomil</i>	1	
<i>olmesartan-amlodipine-hctz</i>	2	
<i>olmesartan-hydrochlorothiazide</i>	2	
ORENITRAM ER 0.125 MG TABLET	4	
ORENITRAM ER ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET	5	
ORENITRAM MONTH 1 TITRATION KT	5	
ORENITRAM MONTH 2 TITRATION KT	5	
ORENITRAM MONTH 3 TITRATION KT	5	
OSMITROL 10% (50 GM/500 ML)	3	
OSMITROL 15% (75 GM/500 ML), 20% (100 GM/500 ML), 20% (50 GM/250 ML)	2	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine hcl</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phentolamine mesylate</i>	2	
<i>pindolol</i>	2	
<i>prazosin hcl</i>	2	
PRINIVIL	4	
PROCARDIA XL	4	
<i>propranolol hcl</i>	2	
<i>propranolol hcl er</i>	2	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
SODIUM EDECRIN	5	
<i>sodium nitroprusside</i>	2	
spironolactone 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	1	
<i>spironolactone-hctz</i>	2	
SULAR	4	
TAZTIA XT	2	
TEKTRNA	4	
TEKTRNA HCT 300-12.5 MG TAB, 300-25 MG TABLET	4	
telmisartan 20 MG TABLET	2	
telmisartan 40 MG TABLET, 80 MG TABLET	1	
<i>telmisartan-amlodipine</i>	2	
<i>telmisartan-hydrochlorothiazid</i>	2	
TENORETIC 100	4	
TENORETIC 50	4	
TENORMIN	4	
<i>terazosin hcl</i>	2	
THALITONE	4	
TIADYLT ER	2	
TIAZAC	4	
timolol maleate 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOPROL XL	4	
<i>torseamide</i>	2	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil er</i>	2	
<i>triamterene</i>	3	
<i>triamterene-hydrochlorothiazid</i>	1	
TRIBENZOR	4	
TWYNSTA	4	
UPTRAVI 1,800 MCG VIAL	5	PA, LA
UPTRAVI 200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET	5	LA
valsartan 320 MG TABLET	2	
valsartan 40 MG TABLET, 80 MG TABLET, 160 MG TABLET	1	
<i>valsartan-hydrochlorothiazide</i>	2	
VASERETIC	4	
VASOTEC	4	
<i>verapamil er</i>	2	
<i>verapamil er pm</i>	3	
<i>verapamil hcl</i>	2	
<i>verapamil sr</i>	2	
VERELAN	4	
VERELAN PM	4	
ZESTORETIC	4	
ZESTRIL	4	
ZIAC	4	
CARDIAC GLYCOSIDES		
DIGITEK	2	
DIGOX	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
digoxin 0.05 MG/ML SOLUTION, 0.125 MG TABLET, 0.25 MG TABLET, 0.25 MG/ML SYRINGE, 125 MCG TABLET, 250 MCG TABLET, 500 MCG/2 ML AMPULE	2	
digoxin 62.5 MCG TABLET	3	
LANOXIN 125 MCG TABLET, 250 MCG TABLET, 500 MCG/2 ML AMPULE, 500 MCG/2 ML VIAL	4	
LANOXIN 62.5 MCG TABLET	3	
LANOXIN PEDIATRIC	3	
COAGULATION THERAPY		
AGGRENOX	4	
<i>aminocaproic acid</i>	2	
ANDEXXA	5	
<i>argatroban</i>	5	
<i>argatroban-0.9% nacl</i>	5	
<i>argatroban-sodium chloride</i>	5	
ARIXTRA 2.5 MG/0.5 ML SYRINGE	4	QL (15 PER 30 DAYS)
ARIXTRA 5 MG/0.4 ML SYRINGE, 7.5 MG/0.6 ML SYRINGE, 10 MG/0.8 ML SYRINGE	5	
<i>aspirin-dipyridamole er</i>	3	
BRILINTA	3	
CABLIVI	5	PA
CEPROTIN	4	
<i>cilostazol</i>	2	
clopidogrel 300 MG TABLET	2	
clopidogrel 75 MG TABLET	1	
<i>dabigatran etexilate</i>	3	
dipyridamole 25 MG TABLET, 50 MG TABLET, 75 MG TABLET	3	
dipyridamole 5 MG/ML VIAL	2	
DOPTELET	5	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EFFIENT	4	
ELIQUIS	3	
<i>enoxaparin sodium</i>	4	
fondaparinux sodium 2.5 MG/0.5 ML SYR	2	QL (15 PER 30 DAYS)
fondaparinux sodium 5 MG/0.4 ML, 7.5 MG/0.6 ML, 10 MG/0.8 ML	5	
FRAGMIN 10,000 UNIT/4 ML VIAL, 10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL	5	
FRAGMIN 2,500 UNIT/0.2 ML SYR	4	QL (6 PER 30 DAYS)
FRAGMIN 5,000 UNIT/0.2 ML SYR	4	
FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL (9 PER 30 DAYS)
<i>heparin sodium</i>	2	
<i>heparin sodium in 0.45% nacl</i>	2	
<i>heparin sodium-0.45% nacl</i>	2	
heparin sodium-0.9% nacl 1,000 UNIT/500 ML, 2,000 UNIT/1,000 ML	2	
<i>heparin sodium-d5w</i>	2	
JANTOVEN	1	
LOVENOX 100 MG/ML SYRINGE, 300 MG/3 ML VIAL	5	
LOVENOX 30 MG/0.3 ML SYRINGE, 40 MG/0.4 ML SYRINGE, 60 MG/0.6 ML SYRINGE, 80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE, 150 MG/ML SYRINGE	4	
MULPLETA	5	PA
NPLATE	5	
<i>pentoxifylline</i>	2	
PLAVIX	4	
PRADAXA 75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE	4	
<i>prasugrel hcl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRAXBIND	5	
PROMACTA	5	PA, LA
<i>protamine sulfate</i>	2	
TAVALISSE	5	PA, LA, QL (60 PER 30 DAYS)
THROMBATE III	4	
<i>warfarin sodium</i>	1	
XARELTO 1 MG/ML SUSPENSION	5	
XARELTO 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D	3	
ZONTIVITY	4	

LIPID/CHOLESTEROL LOWERING AGENTS

<i>amlodipine-atorvastatin</i>	4	
ANTARA	4	
<i>atorvastatin calcium</i>	1	
CADUET	4	
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
<i>colesevelam hcl</i>	3	
COLESTID	4	
<i>colestipol hcl</i>	2	
CRESTOR	4	
<i>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	2	
fenofibrate 40 MG TABLET, 50 MG CAPSULE, 90 MG CAPSULE, 130 MG CAPSULE, 150 MG CAPSULE	4	
fenofibrate 43 MG CAPSULE, 48 MG TABLET, 54 MG TABLET, 67 MG CAPSULE, 134 MG CAPSULE, 145 MG TABLET, 160 MG TABLET, 200 MG CAPSULE	2	
<i>fenofibric acid</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FENOGLIDE	4	
FIBRICOR	4	
FLOLIPID	4	
<i>fluvastatin er</i>	2	
<i>fluvastatin sodium</i>	2	
<i>gemfibrozil</i>	2	
<i>icosapent ethyl</i>	3	
LEQVIO	5	PA, QL (1.5 PER 90 DAYS)
LESCOL XL	4	
LIPITOR	4	
LIPOFEN	4	
LIVALO	4	
LOPID	4	
<i>lovastatin</i>	1	
LOVAZA	4	
NEXLETOL	4	PA, QL (30 PER 30 DAYS)
NEXLIZET	4	PA, QL (30 PER 30 DAYS)
<i>niacin er</i>	2	
NIASPAN	4	
<i>omega-3 acid ethyl esters</i>	2	
PRALUENT PEN 150 MG/ML	3	PA, QL (2 PER 28 DAYS)
PRALUENT PEN 75 MG/ML	3	PA, QL (4 PER 28 DAYS)
PRAVACHOL 80 MG TABLET	4	
<i>pravastatin sodium</i>	1	
PREVALITE	2	
QUESTRAN	4	
QUESTRAN LIGHT	4	
REPATHA PUSHTRONEX	3	PA, QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	3	PA, QL (3 PER 30 DAYS)
REPATHA SYRINGE	3	PA, QL (3 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
TRICOR	4	
TRILIPIX	4	
VASCEPA	4	
WELCHOL	4	
ZETIA	4	
ZOCOR 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	4	
ZYPITAMAG	4	QL (30 PER 30 DAYS)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE	4	
CAMZYOS	5	PA, QL (30 PER 30 DAYS)
<i>cardioplegic</i>	2	
CORLANOR 5 MG TABLET, 7.5 MG TABLET	4	QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	4	QL (450 PER 30 DAYS)
<i>dobutamine hcl</i>	2	
<i>dobutamine hcl-d5w</i>	2	
dopamine hcl 200 MG/5 ML VIAL, 400 MG/10 ML VIAL	2	
<i>dopamine hcl in 5% dextrose</i>	2	
ENTRESTO	3	
FILSPARI	5	PA
ISUPREL	3	
LEVOPHED	4	
<i>milrinone in 5% dextrose</i>	2	
<i>milrinone lactate</i>	2	
<i>norepinephrine bitartrate</i>	2	
NYMALIZE 30 MG/10 ML SOLUTION	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PLEGISOL	4	
<i>ranolazine er</i>	3	
VECAMYL	5	
VERQUVO	4	
VYNDAMAX	5	PA
VYNDAQEL	5	PA

NITRATES

GONITRO	4	
ISORDIL	4	
ISORDIL TITRADOSE	4	
isosorbide dinitrate 5 MG TAB, 10 MG TAB, 20 MG TAB, 30 MG TAB	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	2	
NITRO-DUR	4	
<i>nitroglycerin</i>	2	
nitroglycerin in d5w 0.2 MG/ML, 25 MG/250 ML, 100 MG/250 ML	2	
<i>nitroglycerin patch</i>	2	
NITROLINGUAL	4	
NITROSTAT	4	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	4	
ADBRY	5	PA
ANALPRAM HC 2.5%-1% LOTION	4	
calcipotriene 0.005% CREAM	4	
calcipotriene 0.005% OINTMENT, 0.005% SOLUTION	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>calcipotriene-betamethasone</i>	4	
calcitriol 3 MCG/G OINTMENT	4	
COSENTYX (2 SYRINGES)	5	PA, QL (10 PER 28 DAYS)
COSENTYX SENSOREADY (2 PENS)	5	PA, QL (10 PER 28 DAYS)
COSENTYX SENSOREADY PEN	5	PA, QL (10 PER 28 DAYS)
COSENTYX SYRINGE 150 MG/ML	5	PA, QL (10 PER 28 DAYS)
COSENTYX SYRINGE 75 MG/0.5 ML	5	PA, QL (2.5 PER 28 DAYS)
COSENTYX UNOREADY PEN	5	PA, QL (10 PER 28 DAYS)
DUPIXENT PEN 300 MG/2 ML	5	PA, QL (8 PER 28 DAYS)
DUPIXENT SYRINGE 100 MG/0.67 ML	5	PA, QL (1.34 PER 28 DAYS)
DUPIXENT SYRINGE 300 MG/2 ML	5	PA, QL (8 PER 28 DAYS)
ENSTILAR	5	
EPIFOAM	4	
ILUMYA	5	PA, QL (2 PER 28 DAYS)
PRAMOSONE 1% LOTION, 1%-1% CREAM, 2.5%-1% LOTION	4	
selenium sulfide 2.5% LOTION	2	
SILIQ	5	PA, QL (6 PER 28 DAYS)
SKYRIZI (2 SYRINGES) KIT	5	PA, QL (1 PER 28 DAYS)
SKYRIZI 150 MG/ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
SKYRIZI PEN	5	PA, QL (1 PER 28 DAYS)
SOTYKTU	5	PA, QL (30 PER 30 DAYS)
STELARA 45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL	5	PA, QL (0.5 PER 28 DAYS)
STELARA 90 MG/ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
TACLONEX	4	
TALTZ AUTOINJECTOR	5	PA, QL (2 PER 28 DAYS)
TALTZ AUTOINJECTOR (2 PACK)	5	PA, QL (2 PER 28 DAYS)
TALTZ AUTOINJECTOR (3 PACK)	5	PA, QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TALTZ SYRINGE	5	PA, QL (2 PER 28 DAYS)
TREMFYA	5	PA, QL (2 PER 28 DAYS)
VECTICAL	4	
VTAMA	5	PA
ZORYVE	4	
MISCELLANEOUS DERMATOLOGICALS		
ALDARA	4	
<i>ammonium lactate</i>	2	
ARTISS	4	
CIBINQO	5	PA, QL (30 PER 30 DAYS)
CONDYLOX	4	
diclofenac sodium 3% GEL	4	PA, QL (100 PER 30 DAYS)
doxepin hcl 5% CREAM	5	PA
EFUDEX	4	
ELIDEL	4	
EUCRISA	4	
FLUOROPLEX	5	
fluorouracil 0.5% CREAM	5	
fluorouracil 2% TOPICAL SOLN, 5% CREAM, 5% TOPICAL SOLN	2	
HYFTOR	5	PA
imiquimod 5% CREAM PACKET	3	
<i>methoxsalen</i>	5	
OPZELURA	5	PA, QL (240 PER 28 DAYS)
OXSORALEN-ULTRA	5	
PANRETIN	5	PA
<i>pimecrolimus</i>	3	
<i>podofilox</i>	2	
PRUDOXIN	4	PA
REGRANEX	5	
SOLARAZE	5	PA, QL (100 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tacrolimus 0.03%, 0.1%	3	
TOLAK	4	
VALCHLOR	5	
ZONALON	4	PA
THERAPY FOR ACNE		
ACANYA	4	
ACZONE	4	
adapalene 0.1% CREAM, 0.1% GEL	2	PA
adapalene 0.1% SOLUTION	5	PA
adapalene 0.1% SWAB	3	PA
adapalene 0.3% GEL, 0.3% GEL PUMP	4	PA
adapalene-benzoyl peroxide -BNZYL 0.1-2.5%	3	PA
AKLIEF	4	PA
ALTRENO	4	PA
AMNESTEEM 20 MG CAPSULE	4	
ARAZLO	4	PA
ATRALIN	4	PA
<i>azelaic acid</i>	3	
AZELEX	4	
BENZACLIN	4	
BENZAMYCIN	4	
brimonidine tartrate 0.33% GEL PUMP	4	PA
CLARAVIS 10 MG CAPSULE, 30 MG CAPSULE	2	
CLARAVIS 20 MG CAPSULE, 40 MG CAPSULE	4	
CLEOCIN T 1% GEL	4	QL (120 PER 30 DAYS)
CLEOCIN T 1% LOION, 1% PLEDGES, 1% SOLUION	4	
CLINDACIN ETZ 1% PLEDGET	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLINDACIN P	4	
<i>clindamycin phos-benzoyl perox</i>	2	
<i>clindamycin phos-tretinoin</i>	2	PA
clindamycin phosphate 1% FOAM	4	
clindamycin phosphate PH 1% GEL, PHOSPHATE 1% GEL	2	QL (120 PER 30 DAYS)
clindamycin phosphate PH 1% SOLUTION, PHOS 1% PLEDGET, PHOSP 1% LOTION	2	
<i>clindamycin-benzoyl peroxide</i>	4	
CLINDESSE	4	
dapsone 5% GEL, 7.5% GEL PUMP	4	
DIFFERIN	4	PA
ERY	2	
ERYGEL	2	
erythromycin 2% GEL, 2% PLEDGETS, 2% SOLUTION	2	
<i>erythromycin-benzoyl peroxide</i>	2	
FABIOR	4	PA
FINACEA	3	
isotretinoin 10 MG CAPSULE	4	
isotretinoin 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE	2	
ivermectin 1% CREAM	3	
METROCREAM	4	
METROGEL	4	
METROLOTION	4	
metronidazole 0.75% CREAM, 0.75% LOTION, TOP 1% GEL PUMP, TOPICAL 0.75% GL, TOPICAL 1% GEL	2	
MIRVASO	4	PA
NEUAC GEL	2	
NORITATE	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ONEXTON	4	
RETIN-A	4	PA
RETIN-A MICRO	4	PA
RETIN-A MICRO PUMP	4	PA
RHOFADE	4	PA
ROSADAN 0.75% CREAM, 0.75% GEL	2	
SOOLANTRA	4	
tazarotene 0.05% GEL, 0.1% CREAM, 0.1% GEL	3	PA
TAZORAC 0.05% CREAM, 0.05% GEL, 0.1% GEL	3	PA
TAZORAC 0.1% CREAM	4	PA
tretinoin 0.01% GEL, 0.025% CREAM, 0.025% GEL, 0.05% CREAM, 0.05% GEL, 0.1% CREAM	2	PA
<i>tretinoin microsphere</i>	4	PA
ZENATANE 10 MG CAPSULE	4	
ZENATANE 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE	2	
ZIANA	4	PA
TOPICAL ANESTHETICS		
CARBOCAINE 1% VIAL, 2% VIAL	4	
CARBOCAINE 1.5% VIAL	2	
<i>chloroprocaine hcl</i>	2	
CITANEST PLAIN DENTAL	4	
GLYDO	2	
lidocaine 5% OINTMENT	4	QL (110 PER 30 DAYS)
lidocaine 5% PATCH	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lidocaine hcl 0.5% VIAL, 1% 100 MG/10 ML, 1% 20 MG/2 ML, 1% 20 MG/2 ML VL, 1% 300 MG/30 ML, 1% 50 MG/5 ML, 1% 50 MG/5 ML VL, 1% AMPUL, 1% VIAL, 1.5% AMPUL, 2% 100 MG/5 ML, 2% 200 MG/10 ML, 2% 40 MG/2 ML, 2% 40 MG/2 ML VL, 2% JEL UROJET AC, 2% JELLY, 2% JELLY URO-JET, 4% AMPUL, 4% SOLUTION	2	
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine hcl-epinephrine</i>	2	
<i>lidocaine-prilocaine</i>	2	
NESACAINE	4	
NESACAINE-MPF	4	
POLOCAINE 1% VIAL, 2% VIAL	4	
POLOCAINE-MPF	2	
XYLOCAINE 1% VIAL, 2% VIAL	4	
XYLOCAINE DENTAL-EPINEPHRINE	2	
XYLOCAINE WITH EPINEPHRINE	4	
XYLOCAINE-MPF	4	
XYLOCAINE-MPF WITH EPINEPHRINE	4	
TOPICAL ANTIBACTERIALS		
ALTABAX	4	
gentamicin sulfate 0.1% CREAM, 0.1% OINTMENT	2	
KLARON	4	
<i>mafenide acetate</i>	4	
mupirocin 2% CREAM	3	
mupirocin 2% OINTMENT	2	
NEO-SYNALAR -0.5%-0.025% CREAM	4	
SILVADENE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>silver sulfadiazine</i>	2	
SSD	2	
sulfacetamide sodium SOD 10% TOP SUSP, SODIUM 10% LOTN	2	
SULFAMYLON	4	
TOPICAL ANTIFUNGALS		
CICLODAN 8% SOLUTION	2	
ciclopirox 0.77% CREAM, 0.77% GEL, 0.77% TOPICAL SUSP, 1% SHAMPOO, 8% SOLUTION	2	
clotrimazole 1% SOLUTION, 1% TOPICAL CREAM	2	
<i>clotrimazole-betamethasone</i>	2	
<i>econazole nitrate</i>	4	
ERTACZO	4	
JUBLIA	4	
KERYDIN	5	
ketoconazole 2% CREAM, 2% SHAMPOO	2	
LOPROX 0.77% TOPICAL SUSP, 1% SHAMPOO	4	
LOTRISONE	4	
LUZU	4	
naftifine hcl 1%, 2%	4	
NAFTIN 1% GEL, 2% GEL	4	
NIZORAL	4	
NYAMYC	2	
nystatin UNIT/GM CREAM, UNIT/GM OINT, UNIT/GM POWD	2	
<i>nystatin-triamcinolone</i>	2	
NYSTOP	2	
PENLAC	4	
<i>tavaborole</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VUSION	4	
TOPICAL ANTIVIRALS		
acyclovir 5% CREAM	4	QL (5 PER 30 DAYS)
acyclovir 5% OINTMENT	4	QL (30 PER 30 DAYS)
DENAVIR	5	QL (5 PER 30 DAYS)
<i>penciclovir</i>	4	QL (5 PER 30 DAYS)
XERESE	5	
ZOVIRAX 5% CREAM	4	QL (5 PER 30 DAYS)
ZOVIRAX 5% OINTMENT	4	QL (30 PER 30 DAYS)
TOPICAL CORTICOSTEROIDS		
ALA-CORT	2	
ALA-SCALP	4	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	4	
APEXICON E	3	QL (120 PER 30 DAYS)
BESER	4	
<i>betamethasone diprop augmented</i>	2	
<i>betamethasone dipropionate</i>	2	
betamethasone valerate 0.12% FOAM	4	
betamethasone valerate VA 0.1% CREAM, VA 0.1% LOTION, VALER 0.1% OINTM	2	
BRYHALI	4	
CAPEX SHAMPOO	4	
clobetasol emollient 0.05% CRM	2	
clobetasol emollient EMOLLNT 0.05% FOAM	4	
<i>clobetasol emulsion</i>	4	
clobetasol propionate 0.05% CREAM, 0.05% GEL, 0.05% SOLUTION, PROP 0.05% SPRAY	2	
clobetasol propionate 0.05% OINTMENT, 0.05% SHAMPOO, 0.05% TOPICAL LOTN, PROP 0.05% FOAM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CLOBEX	4	
CLODAN 0.05% SHAMPOO	4	
CORDRAN 0.05% CREAM, 0.05% LOTION	4	
CUTIVATE 0.05% CREAM	4	
DERMA-SMOOTHIE-FS	4	
desonide 0.05% CREAM, 0.05% LOTION	4	
desonide 0.05% OINTMENT	2	
DESOWEN	4	
desoximetasone 0.05% CREAM, 0.05% OINTMENT, 0.25% OINTMENT	4	
desoximetasone 0.05% GEL, 0.25% CREAM, 0.25% SPRAY	2	
<i>diflorasone diacetate</i>	4	QL (120 PER 30 DAYS)
DIPROLENE	4	
DUOBRII	4	PA
<i>fluocinolone acetonide</i>	3	
fluocinonide 0.05% CREAM, 0.05% GEL, 0.05% OINTMENT, 0.05% SOLUTION	2	
fluocinonide 0.1% CREAM	3	
<i>fluocinonide-e</i>	2	
flurandrenolide 0.05% CREAM, 0.05% LOTION	2	QL (120 PER 30 DAYS)
flurandrenolide 0.05% OINTMENT	3	QL (120 PER 30 DAYS)
fluticasone propionate 0.005% OINT, 0.05% CREAM	2	
fluticasone propionate 0.05% LOTION	4	
<i>halcinonide</i>	3	
halobetasol propionate 0.05% CREAM, 0.05% OINTMNT	3	
HALOG	4	
hydrocortisone 1% CREAM, 1% OINTMENT, 2.5% CREAM, 2.5% LOTION, 2.5% OINTMENT	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydrocortisone butyrate 0.1% LOTN	3	
hydrocortisone butyrate 0.1% OINT, 0.1% SOLN	2	
hydrocortisone butyrate HYDROCORT 0.1% LIPID CRM, HYDROCORT 0.1% LIPO CREAM, HYDROCORTISONE 0.1% CREAM	4	
<i>hydrocortisone valerate</i>	2	
KENALOG	4	QL (126 PER 28 DAYS)
LOCOID 0.1% CREAM, 0.1% LOTION	4	
LOCOID LIPOCREAM	4	
mometasone furoate 0.1% CREAM, 0.1% OINT, 0.1% SOLN	2	
NOLIX 0.05% CREAM	4	QL (120 PER 30 DAYS)
NOLIX 0.05% LOTION	2	QL (120 PER 30 DAYS)
PANDEL	4	
<i>prednicarbate</i>	2	
SERNIVO	5	
TEMOVATE	4	
TEXACORT	4	
TOPICORT	4	
triamcinolone acetonide 0.025% CREAM, 0.025% LOTION, 0.025% OINT, 0.05% OINTMENT, 0.1% CREAM, 0.1% LOTION, 0.1% OINTMENT, 0.5% CREAM, 0.5% OINTMENT	2	
triamcinolone acetonide 0.147 MG/G SPRAY	2	QL (126 PER 28 DAYS)
TRIANEX	3	
TRIDERM	2	
ULTRAVATE 0.05% LOTION	4	
VANOS	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOPICAL ENZYMES		
SANTYL	4	
TOPICAL SCABICIDES / PEDICULICIDES		
CROTAN	5	
EURAX	3	
<i>lindane</i>	2	
<i>malathion</i>	2	
NATROBA	4	
OVIDE	4	
<i>permethrin</i>	2	
<i>spinosad</i>	4	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine 6 GRAM/30 ML VL	3	
PROTOPAM CHLORIDE	3	
IRRIGATING SOLUTIONS		
lactated ringers IRRIGATION	2	
<i>neomycin-polymyxin b</i>	2	
PHYSIOLYTE	4	
PHYSIOSOL	4	
<i>ringers irrigation</i>	2	
<i>sorbitol</i>	4	
TIS-U-SOL PENTALYTE	2	
MISCELLANEOUS AGENTS		
<i>acamprosate calcium</i>	2	
acetic acid 0.25% IRRIG SOLN	2	
AGRYLIN	4	
AMMONUL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>anagrelide hcl</i>	2	
ARALAST NP	5	PA, LA
AURYXIA	5	PA
BUPHENYL	5	
<i>bupivacaine-dextrose</i>	2	
CAFCIT	3	
<i>caffeine citrate</i>	2	
CARBAGLU	5	LA
<i>carglumic acid</i>	5	LA
CARNITOR	4	
CARNITOR SF	4	
<i>cevimeline hcl</i>	2	
CHEMET	3	
CLOVIQUE	5	QL (240 PER 30 DAYS)
CRYSVITA	5	PA
deferasirox 90 MG GRANULE PKT, 125 MG TB FOR SUSP, 180 MG GRANULE PKT, 180 MG TABLET, 250 MG TB FOR SUSP, 360 MG GRANULE PKT, 360 MG TABLET, 500 MG TB FOR SUSP	5	
deferasirox 90 MG TABLET	4	
<i>deferiprone</i>	5	
<i>deferiprone (3 times a day)</i>	5	
<i>deferoxamine mesylate</i>	2	
DESFERAL	4	
DESFERAL MESYLATE	4	
<i>dextrose 10%-0.2% nacl</i>	2	
<i>dextrose 10%-0.45% nacl</i>	2	
<i>dextrose 2.5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.2% nacl</i>	2	
<i>dextrose 5%-0.225% nacl</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextrose 5%-0.3% nacl</i>	2	
<i>dextrose 5%-0.33% nacl</i>	2	
<i>dextrose 5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.9% nacl</i>	2	
<i>dextrose in lactated ringers</i>	2	
dextrose in water 5%-100 ML, 5%-50 ML, 5%-IV SOLN, 5%-VIAL, 10%-IV SOLUTION, 25%-SYRINGE, 50%-ABBOJECT, 50%-SYRINGE, 50%-VIAL, 70%-IV SOLN	2	
<i>disulfiram</i>	2	
droxidopa 100 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
droxidopa 200 MG CAPSULE, 300 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
EMPAVELI	5	PA, LA
ENDARI	5	PA
EVOXAC	4	
EXJADE	5	LA
EXSERVAN	5	PA
FERRIPROX	5	
FERRIPROX (2 TIMES A DAY)	5	
FERRIPROX (3 TIMES A DAY)	5	
FOSRENOL	5	
GALAFOLD	5	PA, LA
GLASSIA	5	PA, LA
<i>glucose in water</i>	2	
INCRELEX	5	LA
ISTURISA	5	PA, LA
JADENU	5	
JADENU SPRINKLE	5	
JOENJA	5	PA
<i>lanthanum carbonate</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levocarnitine 1 G/10 ML SOLN, 330 MG TABLET	2	
<i>levocarnitine sf</i>	2	
LITFULO	5	PA
LITHOSTAT	4	
LOKELMA	4	
MARCAINE SPINAL	4	
<i>midodrine hcl</i>	2	
<i>nitisinone</i>	5	
NITYR	5	
NOCDURNA	4	QL (30 PER 30 DAYS)
ORFADIN	5	LA
OXBRYTA 300 MG TABLET FOR SUSP	5	LA
OXBRYTA 300 MG TABLET, 500 MG TABLET	5	
PALYNZIQ	5	PA, LA
PANHEMATIN	5	
PHEBURANE	5	PA, LA
pilocarpine hcl 5 MG TABLET, 7.5 MG TABLET	2	
PROLASTIN C	5	PA, LA
PYRUKYND	5	PA, LA
RAVICTI	5	QL (525 PER 30 DAYS)
RECLAST	4	
RENAGEL	4	
REVELA 0.8 GM POWDER PACKET, 2.4 GM POWDER PACKET	5	
REVCovi	5	PA
RILUTEK	5	PA
<i>riluzole</i>	3	PA
risedronate sodium 30 MG TAB	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SALAGEN	4	
sevelamer carbonate 0.8 GM PACKET, 2.4 GM PACKET	5	
sevelamer carbonate 800 MG TAB	2	
<i>sevelamer hcl</i>	3	
sodium chloride 0.9% 100 ML, 0.9% 1,000 ML, 0.9% 50 ML, 0.9% 500 ML, 0.9% AMPULE, 0.9% IRRIG., 0.9% PRCSS SOL, 0.9% SOL-EXCEL, 0.9% SOLN, 0.9% SOLUTION, 0.9% VIAL	2	
<i>sodium chloride-water</i>	2	
<i>sodium phenylacet-sod benzoate</i>	3	
<i>sodium phenylbutyrate</i>	5	
sodium polystyrene sulfonate POWDER	2	
SPS	2	
SURVANTA	4	
SYPRINE	5	QL (240 PER 30 DAYS)
TAVNEOS	5	PA, LA
THIOLA	5	
THIOLA EC	5	
THROMBIN-JMI -5,000 UNIT EPIST	4	
TIGLUTIK	5	PA
<i>tiopronin</i>	5	
trientine hcl 250 MG CAPSULE	5	QL (240 PER 30 DAYS)
VELPHORO	5	
VELTASSA	5	
VISTOGARD	5	
VOXZOGO	5	PA
water STERILE FOR IRRIGATION	2	
XURIDEN	5	
ZEMAIRA	5	PA, LA
ZOKINVY	5	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zoledronic acid 5 MG/100 ML	2	
SMOKING DETERRENTS		
NICOTROL	3	
NICOTROL NS	3	
<i>varenicline tartrate</i>	3	
ZYBAN	4	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN	4	
azelastine hcl 0.1% (137 MCG) SPRY	2	QL (60 PER 30 DAYS)
<i>chlorhexidine gluconate</i>	2	
CLINPRO 5000	4	
DENTA 5000 PLUS	2	
DENTAGEL	2	
FLUORIDEX	4	
FLUORIDEX SENSITIVITY RELIEF	4	
ipratropium bromide 0.03% SPRAY	2	QL (60 PER 30 DAYS)
ipratropium bromide 0.06% SPRAY	2	QL (45 PER 30 DAYS)
JUST RIGHT 5000	4	
olopatadine hcl 665 MCG NASAL SPRY	2	QL (30.5 PER 30 DAYS)
ORALONE	2	
PAROEX	2	
PERIOGARD	2	
PREVIDENT	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 ORTHO DEFENSE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	4	
SF	2	
SF 5000 PLUS	2	
sodium fluoride 0.2% RINSE, 1.1% CREAM, 1.1% GEL, 5000 PPM CREAM, 5000 PPM PASTE	2	
SODIUM FLUORIDE 5000 DRY MOUTH	2	
SODIUM FLUORIDE 5000 PLUS	2	
<i>sodium fluoride enamel protect</i>	2	
<i>sodium fluoride sensitive</i>	2	
triamcinolone acetonide 0.1% PASTE	2	
XHANCE	4	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid 2% EAR SOLUTION	2	
CETRAXAL	4	
ciprofloxacin hcl 0.2% OTIC SOLN	2	
DERMOTIC	4	
FLAC OTIC OIL	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
ofloxacin 0.3% EAR DROPS	2	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
<i>ciprofloxacin hcl-fluocinolone</i>	4	
<i>ciprofloxacin-dexamethasone</i>	3	
neomycin-polymyxin-hc --EAR SUSP	2	
<i>neomycin-polymyxin-hydrocort</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>betamethasone sod phos-acetate</i>	2	
CELESTONE	4	
CORTEF	4	
<i>cortisone acetate</i>	2	
DEPO-MEDROL	4	
DEXABLISS	4	
dexamethasone 0.5 MG TABLET, 0.5 MG/5 ML ELX, 0.5 MG/5 ML LIQ, 0.75 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET	2	
DEXAMETHASONE INTENSOL	2	
dexamethasone sodium phosphate 10 MG/ML SYRING	4	
dexamethasone sodium phosphate 4 MG/ML SYRINGE, 4 MG/ML VIAL, 10 MG/ML VIAL, 20 MG/5 ML VIAL, 100 MG/10 ML VL, 120 MG/30 ML VL	2	
DEXPAK	4	
DXEVO	4	
<i>fludrocortisone acetate</i>	2	
HEMADY	4	
hydrocortisone 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	2	
KENALOG-10	4	
KENALOG-40	4	
KENALOG-80	4	
MEDROL	4	
<i>methylprednisolone</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methylprednisolone acetate 40 MG/ML VL, 80 MG/ML VL, 200 MG/5 ML, 400 MG/10ML, 400 MG/5 ML, 800 MG/10ML	2	
<i>methylprednisolone sodium succ</i>	2	
MILLIPRED	4	
ORAPRED ODT	4	
prednisolone 15 MG/5 ML SOLN, 15 MG/5 ML SYRUP	2	
prednisolone 5 MG TABLET	4	
prednisolone sodium phos odt 10 MG TABLET	4	
prednisolone sodium phos odt ODT 15 MG TABLET, ODT 30 MG TABLET	2	
prednisolone sodium phosphate 5 MG/5 ML SOLN, 10 MG/5 ML SOLN, 15MG/5ML SOLN CUP, 20 MG/5 ML SOLN, SOD PH 25 MG/5 ML	2	
prednisone 1 MG TABLET, 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 50 MG TABLET	1	
prednisone 5 MG TAB DOSE PACK, 5 MG/5 ML SOLUTION, 10 MG TAB DOSE PACK	2	
PREDNISONE INTENSOL	2	
SOLU-CORTEF	4	
SOLU-MEDROL	4	
TAPERDEX 7 DAY 1.5 MG TAB PACK	4	
TARPEYO	5	PA
triamcinolone acetonide 40 MG/ML VL, 40MG/ML VL, 50MG/5ML VL, 200 MG/5 ML, 400 MG/10ML	2	
TRIESENCE	4	
VERIPRED 20	2	
XYOSTED	4	PA, QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZCORT	4	
ANTITHYROID AGENTS		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
DIABETES THERAPY		
acarbose 100 MG TABLET	2	QL (90 PER 30 DAYS)
acarbose 25 MG TABLET	2	QL (360 PER 30 DAYS)
acarbose 50 MG TABLET	2	QL (180 PER 30 DAYS)
ACTOPLUS MET	4	QL (90 PER 30 DAYS)
ACTOS	4	QL (30 PER 30 DAYS)
ADMELOG	4	PA, \$35
ADMELOG SOLOSTAR	4	PA, \$35
AFREZZA	4	\$35
<i>alogliptin</i>	4	PA, QL (30 PER 30 DAYS)
<i>alogliptin-metformin</i>	4	PA, QL (60 PER 30 DAYS)
<i>alogliptin-pioglitazone</i>	4	PA, QL (30 PER 30 DAYS)
APIDRA	4	PA, \$35
APIDRA SOLOSTAR	4	PA, \$35
BAQSIMI	3	
BASAGLAR KWIKPEN U-100	4	PA, \$35
BASAGLAR TEMPO PEN U-100	4	PA, \$35
BYDUREON BCISE	3	PA, QL (4 PER 28 DAYS)
BYETTA 10 MCG DOSE PEN INJ	3	PA, QL (2.4 PER 30 DAYS)
BYETTA 5 MCG DOSE PEN INJ	3	PA, QL (1.2 PER 30 DAYS)
<i>cequr simplicity</i>	4	PA
<i>cequr simplicity inserter</i>	4	PA
CYCLOSET	4	QL (180 PER 30 DAYS)
<i>diazoxide</i>	3	
DUETACT	4	QL (30 PER 30 DAYS)
FARXIGA 10 MG TABLET	4	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FARXIGA 5 MG TABLET	4	PA, QL (60 PER 30 DAYS)
FIASP	3	\$35
FIASP FLEXTOUCH	3	\$35
FIASP PENFILL	3	\$35
<i>gauze pads & dressings - pads 2 x 2</i>	3	
glimepiride 1 MG TABLET	1	QL (240 PER 30 DAYS)
glimepiride 2 MG TABLET	1	QL (120 PER 30 DAYS)
glimepiride 4 MG TABLET	1	QL (60 PER 30 DAYS)
glipizide 10 MG TABLET	1	QL (120 PER 30 DAYS)
glipizide 5 MG TABLET	1	QL (240 PER 30 DAYS)
glipizide er 10 MG TABLET	1	QL (60 PER 30 DAYS)
glipizide er 2.5 MG TABLET	1	QL (240 PER 30 DAYS)
glipizide er 5 MG TABLET	1	QL (120 PER 30 DAYS)
glipizide xl 10 MG TABLET	1	QL (60 PER 30 DAYS)
glipizide xl 2.5 MG TABLET	1	QL (240 PER 30 DAYS)
glipizide xl 5 MG TABLET	1	QL (120 PER 30 DAYS)
glipizide-metformin -2.5-250 MG	1	QL (240 PER 30 DAYS)
glipizide-metformin -2.5-500 MG, -5-500 MG	1	QL (120 PER 30 DAYS)
GLUCAGEN	4	
GLUCAGON EMERGENCY KIT	3	
GLUCOTROL XL 10 MG TABLET	4	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	4	QL (240 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	4	QL (120 PER 30 DAYS)
GLYSET 100 MG TABLET	4	QL (90 PER 30 DAYS)
GLYSET 25 MG TABLET	4	QL (360 PER 30 DAYS)
GLYSET 50 MG TABLET	4	QL (180 PER 30 DAYS)
GLYXAMBI	3	QL (30 PER 30 DAYS)
GVOKE	4	
GVOKE HYPOPEN 1-PACK	4	
GVOKE HYPOPEN 2-PACK	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GVOKE PFS 1-PACK SYRINGE	4	
GVOKE PFS 2-PACK SYRINGE	4	
HUMALOG	4	PA, \$35
HUMALOG JUNIOR KWIKPEN	4	PA, \$35
HUMALOG KWIKPEN U-100	4	PA, \$35
HUMALOG KWIKPEN U-200	4	PA, \$35
HUMALOG MIX 50-50	4	PA, \$35
HUMALOG MIX 50-50 KWIKPEN	4	PA, \$35
HUMALOG MIX 75-25	4	PA, \$35
HUMALOG MIX 75-25 KWIKPEN	4	PA, \$35
HUMALOG TEMPO PEN U-100	4	PA, \$35
HUMULIN 70-30	4	PA, \$35
HUMULIN 70/30 KWIKPEN	4	PA, \$35
HUMULIN N	4	PA, \$35
HUMULIN N KWIKPEN	4	PA, \$35
HUMULIN R	4	PA, \$35
HUMULIN R U-500	3	PA, \$35
HUMULIN R U-500 KWIKPEN	3	PA, \$35
<i>inpen (for humalog)</i>	4	
<i>inpen (for novolog or fiasp)</i>	4	
<i>insulin aspart</i>	3	\$35
<i>insulin aspart flexpen</i>	3	\$35
<i>insulin aspart penfill</i>	3	\$35
<i>insulin aspart prot mix 70-30</i>	3	\$35
<i>insulin glargine</i>	4	PA, \$35
<i>insulin glargine solostar</i>	4	PA, \$35
<i>insulin glargine-yfgn</i>	4	PA, \$35
<i>insulin lispro</i>	4	PA, \$35
<i>insulin lispro junior kwikpen</i>	4	PA, \$35
<i>insulin lispro kwikpen u-100</i>	4	PA, \$35

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>insulin lispro protamine mix</i>	4	PA, \$35
<i>insulin pen needle</i>	3	
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	
<i>insulin syringe (disp) u-100 1 ml</i>	3	
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	
<i>insulin syringe u-500</i>	3	
INVOKAMET 50-1,000 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET	3	QL (60 PER 30 DAYS)
INVOKAMET 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
INVOKAMET XR 50-1,000 MG TAB, 150-1,000 MG TAB, 150-500 MG TABLET	3	QL (60 PER 30 DAYS)
INVOKAMET XR 50-500 MG TABLET	3	QL (120 PER 30 DAYS)
INVOKANA 100 MG TABLET	3	QL (90 PER 30 DAYS)
INVOKANA 300 MG TABLET	3	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	
JANUMET	3	QL (60 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30 DAYS)
JANUMET XR 50-500 MG TABLET, 100-1,000 MG TABLET	3	QL (30 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 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
KAZANO	4	PA, QL (60 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	4	PA, QL (60 PER 30 DAYS)
KOMBIGLYZE XR 5-1,000 MG TAB, 5-500 MG TABLET	4	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LANTUS	3	\$35
LANTUS SOLOSTAR	3	\$35
LEVEMIR	4	PA, \$35
LEVEMIR FLEXPEN	4	PA, \$35
LEVEMIR FLEXTOUCH	4	PA, \$35
LYUMJEV	4	PA, \$35
LYUMJEV KWIKPEN U-100	4	PA, \$35
LYUMJEV KWIKPEN U-200	4	PA, \$35
LYUMJEV TEMPO PEN U-100	4	PA, \$35
metformin hcl 1,000 MG TABLET	1	QL (75 PER 30 DAYS)
metformin hcl 500 MG TABLET	1	QL (150 PER 30 DAYS)
metformin hcl 500 MG/5 ML CUP, 500 MG/5 ML SOLN, 850 MG/8.5ML CUP	3	QL (765 PER 30 DAYS)
metformin hcl 850 MG TABLET	1	QL (90 PER 30 DAYS)
metformin hcl er 500 MG TABLET	1	QL (120 PER 30 DAYS)
metformin hcl er 750 MG TABLET	1	QL (75 PER 30 DAYS)
miglitol 100 MG TABLET	2	QL (90 PER 30 DAYS)
miglitol 25 MG TABLET	2	QL (360 PER 30 DAYS)
miglitol 50 MG TABLET	2	QL (180 PER 30 DAYS)
MOUNJARO	3	PA, QL (2 PER 28 DAYS)
MYXREDLIN	4	\$35
nateglinide 120 MG TABLET	2	QL (90 PER 30 DAYS)
nateglinide 60 MG TABLET	2	QL (180 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	3	
NESINA	4	PA, QL (30 PER 30 DAYS)
NOVOLIN 70-30	3	\$35
NOVOLIN 70-30 FLEXPEN	3	\$35
NOVOLIN N	3	\$35
NOVOLIN N FLEXPEN	3	\$35
NOVOLIN R	3	\$35
NOVOLIN R FLEXPEN	3	\$35

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NOVOLOG	3	\$35
NOVOLOG FLEXPEN	3	\$35
NOVOLOG MIX 70-30	3	\$35
NOVOLOG MIX 70-30 FLEXPEN	3	\$35
NOVOLOG PENFILL	3	\$35
<i>novopen echo</i>	4	
<i>omnipod 5 g6 intro kit (gen 5)</i>	4	PA, QL (1 PER 720 DAYS)
<i>omnipod 5 g6 pods (gen 5)</i>	4	PA
<i>omnipod classic pods (gen 3)</i>	4	PA
<i>omnipod dash intro kit (gen 4)</i>	4	PA, QL (1 PER 720 DAYS)
<i>omnipod dash pods (gen 4)</i>	4	PA
<i>omnipod go pods</i>	4	PA
ONGLYZA	4	PA, QL (30 PER 30 DAYS)
OSENI	4	PA, QL (30 PER 30 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA, QL (3 PER 30 DAYS)
<i>pioglitazone hcl</i>	2	QL (30 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	4	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	2	QL (90 PER 30 DAYS)
PRECOSE 100 MG TABLET	4	QL (90 PER 30 DAYS)
PRECOSE 25 MG TABLET	4	QL (360 PER 30 DAYS)
PRECOSE 50 MG TABLET	4	QL (180 PER 30 DAYS)
PROGLYCEM	4	
QTERN	4	PA, QL (30 PER 30 DAYS)
repaglinide 0.5 MG TABLET	2	QL (960 PER 30 DAYS)
repaglinide 1 MG TABLET	2	QL (480 PER 30 DAYS)
repaglinide 2 MG TABLET	2	QL (240 PER 30 DAYS)
REZVOGLAR KWIKPEN	4	PA, \$35
RIOMET	4	QL (765 PER 30 DAYS)
RYBELSUS	3	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>saxagliptin hcl</i>	4	PA, QL (30 PER 30 DAYS)
saxagliptin-metformin er - METFORMIN ER 5-500, - METFORMN ER 5-1000	4	PA, QL (30 PER 30 DAYS)
saxagliptin-metformin er SAXAGLIPTN-2.5-1000	4	PA, QL (60 PER 30 DAYS)
SEGLUROMET 2.5-1,000 MG TABLET, 7.5-1,000 MG TABLET, 7.5- 500 MG TABLET	4	PA, QL (60 PER 30 DAYS)
SEGLUROMET 2.5-500 MG TABLET	4	PA, QL (120 PER 30 DAYS)
SEMGLEE	4	PA, \$35
SEMGLEE (YFGN)	4	PA, \$35
SEMGLEE (YFGN) PEN	4	PA, \$35
SEMGLEE PEN	4	PA, \$35
SOLQUA 100-33	3	QL (15 PER 25 DAYS), \$35
STEGLATRO 15 MG TABLET	4	PA, QL (30 PER 30 DAYS)
STEGLATRO 5 MG TABLET	4	PA, QL (60 PER 30 DAYS)
STEGLUJAN	4	PA, QL (30 PER 30 DAYS)
SYMLINPEN 120	5	QL (18.9 PER 30 DAYS)
SYMLINPEN 60	5	QL (10.5 PER 30 DAYS)
SYNJARDY 5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
TAPERDEX 6 1.5 MG TABLET, 12 1.5 MG TABLET	4	
tolazamide 500 MG TABLET	2	QL (60 PER 30 DAYS)
TOUJEO MAX SOLOSTAR	3	\$35
TOUJEO SOLOSTAR	3	\$35
TRADJENTA	3	QL (30 PER 30 DAYS)
TRESIBA	4	PA, \$35
TRESIBA FLEXTOUCH U-100	4	PA, \$35
TRESIBA FLEXTOUCH U-200	4	PA, \$35
TRIJARDY XR 10-5-MG TAB, 25-5- MG TAB	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIJARDY XR 5-2.5-MG TAB, 12.5-2.5-MG	3	QL (60 PER 30 DAYS)
TRULICITY	3	PA, QL (2 PER 28 DAYS)
<i>v-go 20</i>	4	
<i>v-go 30</i>	4	
<i>v-go 40</i>	4	
VICTOZA 2-PAK	3	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK	3	PA, QL (9 PER 30 DAYS)
XIGDUO XR 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET	4	PA, QL (30 PER 30 DAYS)
XIGDUO XR 2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET	4	PA, QL (60 PER 30 DAYS)
XULTOPHY 100-3.6	3	QL (15 PER 30 DAYS), \$35
ZEGALOGUE AUTOINJECTOR	4	
ZEGALOGUE SYRINGE	4	
MISCELLANEOUS HORMONES		
ANDROGEL 1.62% GEL PUMP, 1.62%(1.25G) GEL PCKT, 1.62%(2.5G) GEL PCKT	4	PA
<i>cabergoline</i>	3	
calcitonin-salmon -200 UNIT SPR	2	
calcitonin-salmon -400 UNIT/2ML	4	
calcitriol 0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML AMPUL, 1 MCG/ML SOLUTION	2	
CERDELGA	5	
CEREZYME	5	PA
chorionic gonadotropin 10,000 UNIT VL	4	PA
cinacalcet hcl 30 MG TABLET	4	PA, QL (60 PER 30 DAYS)
cinacalcet hcl 60 MG TABLET	5	PA, QL (60 PER 30 DAYS)
cinacalcet hcl 90 MG TABLET	5	PA, QL (120 PER 30 DAYS)
danazol 200 MG CAPSULE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
danazol 50 MG CAPSULE, 100 MG CAPSULE	2	
DDAVP 0.1 MG TABLET, 0.2 MG TABLET, 4 MCG/ML AMPUL, 40 MCG/10 ML VIAL	4	
DEPO-TESTOSTERONE	4	
desmopressin acetate 0.01% SOLUTION, 10 MCG/0.1 ML SPR	4	
desmopressin acetate AC 4 MCG/ML AMPUL, AC 4 MCG/ML VIAL, ACETATE 0.1 MG TB, ACETATE 0.2 MG TB, 40 MCG/10 ML VIAL	2	
doxercalciferol 0.5 MCG CAP	4	
doxercalciferol 1 MCG CAPSULE, 2.5 MCG CAP, 4 MCG/2 ML VL	2	
ELELYSO	5	PA
FORTESTA	4	PA
HECTOROL	4	
JATENZO 158 MG CAPSULE, 198 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
JATENZO 237 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
JAVYGTOR	5	PA
JYNARQUE	5	PA, LA
KORLYM	5	PA, QL (120 PER 30 DAYS)
KUVAN	5	PA
METHITEST	4	
<i>methyltestosterone</i>	2	
MIACALCIN	4	
<i>miglustat</i>	5	LA
MYALEPT	5	PA, LA
NATESTO	4	PA
NATPARA	5	PA, LA
NOVAREL 5,000 UNIT VIAL	4	PA
<i>pamidronate disodium</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
paricalcitol 1 MCG CAPSULE, 4 MCG CAPSULE	2	
paricalcitol 2 MCG CAPSULE, 2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL	4	
PREGNYL	4	PA
RAYALDEE	5	QL (60 PER 30 DAYS)
ROCALTROL	4	
SAMSCA	5	PA, QL (60 PER 30 DAYS)
<i>sapropterin dihydrochloride</i>	5	PA
SENSIPAR 30 MG TABLET	4	PA, QL (60 PER 30 DAYS)
SENSIPAR 60 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SENSIPAR 90 MG TABLET	5	PA, QL (120 PER 30 DAYS)
SOMAVERT	5	PA
STRENSIQ	5	PA, LA
STRIANT	4	PA
SYNAREL	5	
TESTIM	4	PA
testosterone 1% (25MG/2.5G) PK, 1% (50 MG/5 G) PK, 1.62% (2.5 G) PKT, 1.62% GEL PUMP, 1.62%(1.25 G) PKT, 30 MG/1.5 ML PUMP, 50 MG/5 GRAM GEL, 50 MG/5 GRAM PKT	3	PA
testosterone 10 MG GEL PUMP, 12.5 MG/1.25 GRAM	4	PA
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	
TLANDO	4	PA
<i>tolvaptan</i>	5	PA
VASOSTRICT 20 UNIT/ML VIAL, 200 UNIT/10 ML VIAL	4	
VOGELXO	4	PA
VPRIV	5	PA
ZAVESCA	5	LA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZEMPLAR	4	
zoledronic acid 4 MG/100 ML, 4 MG/5 ML VIAL	2	
THYROID HORMONES		
ARMOUR THYROID	3	
CYTOMEL	4	
EUTHYROX	1	
levothyroxine sodium 100 MCG VIAL	4	
levothyroxine sodium 200 MCG VIAL, 500 MCG VIAL	2	
levothyroxine sodium 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET	1	
LEVOXYL	2	
<i>liothyronine sodium</i>	2	
NP THYROID	2	
SYNTHROID	3	
TIROSINT 13 MCG CAPSULE, 25 MCG CAPSULE, 50 MCG CAPSULE, 75 MCG CAPSULE, 88 MCG CAPSULE, 100 MCG CAPSULE, 112 MCG CAPSULE, 125 MCG CAPSULE, 137 MCG CAPSULE, 150 MCG CAPSULE, 175 MCG CAPSULE, 200 MCG CAPSULE	4	
TIROSINT-SOL	4	
TRIOSTAT	4	
UNITHROID	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
atropine sulfate 0.25 MG/5 ML SYRINGE, 0.5 MG/5 ML ABBOJECT, 0.5 MG/5 ML SYRINGE, 1 MG/10 ML ABBOJECT, 1 MG/10 ML SYRINGE	2	
BENTYL	4	
CUVPOSA	4	
DARTISLA	4	
<i>dicyclomine hcl</i>	3	
<i>diphenoxylate-atropine</i>	2	
glycopyrrolate 0.2 MG/ML VIAL, 0.4 MG/2 ML VL, 1 MG TABLET, 1 MG/5 ML VIAL, 2 MG TABLET, 4 MG/20 ML VIAL	2	
glycopyrrolate 1 MG/5 ML SOLN	4	
LOMOTIL	4	
<i>loperamide</i>	2	
<i>methscopolamine bromide</i>	2	
MYTESI	4	
<i>opium tincture</i>	2	
<i>propantheline bromide</i>	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	4	
AKYNZEO 235-0.25 MG VIAL, 235-0.25 MG/20 ML VIAL	5	
<i>alosetron hcl</i>	5	
ALOXI	5	
AMITIZA	3	
ANUSOL-HC -2.5% CREAM	4	
ANZEMET	4	PA, QL (8 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
aprepitant 125 MG CAPSULE	3	PA, QL (4 PER 28 DAYS)
aprepitant 125-80-80 MG PACK	3	PA, QL (12 PER 28 DAYS)
aprepitant 40 MG CAPSULE	3	PA
aprepitant 80 MG CAPSULE	3	PA, QL (8 PER 28 DAYS)
APRISO	4	
ASACOL HD	4	
AVSOLA	5	PA
AZULFIDINE	4	
<i>balsalazide disodium</i>	2	
<i>betaine anhydrous</i>	5	
BONJESTA	4	
budesonide 2 MG RECTAL FOAM	4	
<i>budesonide dr</i>	3	
<i>budesonide ec</i>	3	
<i>budesonide er</i>	5	
BYLVAY	5	PA, LA
CANASA	5	
CHENODAL	5	LA
CHOLBAM	5	
CIMZIA	5	PA, QL (2 PER 28 DAYS)
CINVANTI	4	
CLENPIQ	4	
COLAZAL	4	
COMPAZINE 25 MG SUPPOSITORY	4	
COMPRO	2	
CONSTULOSE	2	
CORTENEMA	4	
CREON DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE	3	
CREON DR 36,000 UNIT CAPSULE	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cromolyn sodium 100 MG/5 ML ORAL CONC	4	
CYSTADANE	5	
DELZICOL	4	
<i>dimenhydrinate</i>	2	
DIPENTUM	5	
<i>dronabinol</i>	4	PA
<i>droperidol</i>	2	
EMEND 125 MG CAPSULE, 125 MG POWDER PACKET	4	PA, QL (4 PER 28 DAYS)
EMEND 150 MG VIAL	4	
EMEND 40 MG CAPSULE	4	PA
EMEND 80 MG CAPSULE	4	PA, QL (8 PER 28 DAYS)
EMEND TRIPACK	4	PA, QL (12 PER 28 DAYS)
ENTEREG	4	
ENTOCORT EC	5	
ENULOSE	2	
<i>fosaprepitant dimeglumine</i>	3	
GASTROCROM	4	
GATTEX	5	PA
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N	2	
GENERLAC	2	
GOLYTELY	4	
granisetron hcl 1 MG TABLET	2	PA, QL (56 PER 28 DAYS)
granisetron hcl 1 MG/ML VIAL, 4 MG/4 ML VIAL	2	
hydrocortisone 100 MG/60 ML	2	
hydrocortisone-pramoxine -1%-1% CRM	2	
IBSRELA	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INFLECTRA	5	PA
<i>infliximab</i>	5	PA
KRISTALOSE	4	
<i>lactulose</i>	2	
LIALDA	4	
LINZESS	3	
LIVMARLI	5	PA, LA
LOTRONEX	5	
<i>lubiprostone</i>	3	
MARINOL 2.5 MG CAPSULE	4	PA
MARINOL 5 MG CAPSULE, 10 MG CAPSULE	5	PA
meclizine hcl 12.5 MG TABLET, 25 MG TABLET	2	
mesalamine 800 MG DR TABLET	4	
<i>mesalamine dr</i>	2	
mesalamine DR 1.2 GM TABLET, 4 GM/60 ML ENEMA, 4 GM/60 ML KIT, 1,000 MG SUPP	2	
<i>mesalamine er</i>	2	
<i>metoclopramide hcl</i>	2	
<i>metoclopramide hcl odt</i>	2	
MOTEGRITY	4	QL (30 PER 30 DAYS)
MOVANTIK	4	
MOVIPREP	4	
NULYTELY WITH FLAVOR PACKS	4	
OICALIVA	5	PA
ondansetron hcl 4 MG/2 ML ISECURE, HCL 4 MG/2 ML SYR, HCL 4 MG/2 ML VIAL, 40 MG/20 ML VIAL	2	
ondansetron hcl 4 MG/5 ML SOLN CUP, 4 MG/5 ML SOLUTION, HCL 4 MG TABLET, HCL 8 MG TABLET, HCL 24 MG TABLET	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ondansetron odt</i>	2	PA
palonosetron hcl 0.25 MG/2 ML VIAL	5	
palonosetron hcl 0.25 MG/5 ML VIAL, HCL 0.25 MG/5 ML	4	
PANCREAZE DR 2,600 UNIT CAP, DR 4,200 UNIT CAP, DR 10,500 UNIT CAP, DR 16,800 UNIT CAP, DR 21,000 UNIT CAP	4	PA
PANCREAZE DR 37,000 UNIT CAP	5	PA
<i>peg 3350-electrolyte</i>	2	
<i>peg-3350 and electrolytes</i>	2	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	2	
PENTASA	4	
PERTZYE DR 16,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE	5	PA
PERTZYE DR 4,000 UNIT CAPSULE, DR 8,000 UNIT CAPSULE	4	PA
PLENVU	4	
PREPOPIK	4	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate</i>	2	
<i>prochlorperazine maleate</i>	2	
PROCTO-MED HC	2	
PROCTOCORT 1% CREAM	4	
PROCTOSOL-HC	2	
PROCTOZONE-HC	2	
RECTIV	3	
REGLAN	4	
RELISTOR	5	
RELTONE	5	
REMICADE	5	
RENFLEXIS	5	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROWASA 4 GM/60 ML ENEMA KIT	4	
SANCUSO	5	QL (4 PER 28 DAYS)
<i>scopolamine</i>	2	
SFROWASA	4	
SKYRIZI ON-BODY 180 MG/1.2 ML	5	PA, QL (1.2 PER 56 DAYS)
SKYRIZI ON-BODY 360 MG/2.4 ML	5	PA, QL (2.4 PER 56 DAYS)
<i>sod sulf-potass sulf-mag sulf</i>	2	
SUCRAID	5	
SUFLAVE	4	
<i>sulfasalazine</i>	2	
<i>sulfasalazine dr</i>	2	
SUPREP	4	
SUSTOL	5	
SUTAB	4	
SYMPROIC	4	
SYNDROS	5	PA
TRANSDERM-SCOP	4	
TRILYTE WITH FLAVOR PACKETS	2	
TRULANCE	4	
UCERIS 2 MG RECTAL FOAM	4	
UCERIS 9 MG TABLET	5	
URSO	4	
URSO FORTE	4	
ursodiol 250 MG TABLET, 300 MG CAPSULE, 500 MG TABLET	3	
VARUBI	3	PA, QL (4 PER 28 DAYS)
VIBERZI	5	
VIOKACE	4	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZENPEP DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE	3	
ZENPEP DR 40,000 UNIT CAPSULE	5	
ULCER THERAPY		
ACIPHEX	4	
CARAFATE	4	
<i>cimetidine</i>	2	
CYTOTEC	4	
DEXILANT	4	QL (30 PER 30 DAYS)
<i>dexlansoprazole dr</i>	4	QL (30 PER 30 DAYS)
<i>esomeprazole magnesium</i>	3	
famotidine 20 MG PIGGYBACK, 20 MG/2 ML VIAL, 40 MG/4 ML VIAL, 40 MG/5 ML SUSP, 200 MG/20 ML VIAL, 500 MG/50 ML VIAL	2	
famotidine 20 MG TABLET, 40 MG TABLET	1	
<i>lansoprazol-amoxicil-clarithro</i>	2	
<i>lansoprazole</i>	2	
<i>misoprostol</i>	2	
NEXIUM	4	
NEXIUM I.V.	4	
nizatidine 15 MG/ML SOLUTION	4	
nizatidine 150 MG CAPSULE, 300 MG CAPSULE	2	
OMECLAMOX-PAK	4	
omeprazole DR 10 MG CAPSULE	1	QL (30 PER 30 DAYS)
omeprazole DR 20 MG CAPSULE, DR 40 MG CAPSULE	1	
pantoprazole sodium 40 MG VIAL	2	
pantoprazole sodium DR 20 MG TAB, DR 40 MG TAB	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pantoprazole sodium DR 40 MG SUSP PKT	3	
PEPCID	4	
PREVACID	4	
PRILOSEC	4	PA
PROTONIX 40 MG SUSPENSION	4	PA
PROTONIX DR 20 MG TABLET, DR 40 MG TABLET	4	
PROTONIX IV	4	
rabeprazole sodium DR 10 MG SPRNKL CP	4	
rabeprazole sodium DR 20 MG TAB	3	
sucralfate 1 GM TABLET	2	
sucralfate 1 GM/10 ML, 1 GM/10 ML CUP	3	
TALICIA	4	
VOQUEZNA DUAL PAK	4	
VOQUEZNA TRIPLE PAK	4	

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	
ARANESP 10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL	3	PA
ARANESP 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE	5	PA
ARCALYST	5	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AVONEX	5	
AVONEX PEN	5	
BESREMI	5	PA, LA
BETASERON	5	
EGRIFTA SV	5	PA
EPOGEN 10,000 UNITS/ML VIAL, 20,000 UNITS/2 ML VIAL	4	PA
EPOGEN 2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL	3	PA
EPOGEN 20,000 UNITS/ML VIAL	5	PA
EXTAVIA	5	
FULPHILA	5	
FYLNETRA	5	
GENOTROPIN MINIQUEICK 0.2 MG	4	PA
GENOTROPIN MINIQUEICK 0.4 MG, MINIQUEICK 0.6 MG, MINIQUEICK 0.8 MG, MINIQUEICK 1 MG, MINIQUEICK 1.2 MG, MINIQUEICK 1.4 MG, MINIQUEICK 1.6 MG, MINIQUEICK 1.8 MG, MINIQUEICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE	5	PA
GRANIX	5	
HUMATROPE 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE	5	PA
ILARIS	5	PA, LA, QL (2 PER 28 DAYS)
INTRON A	5	
LEUKINE	5	
MOZOBIL	5	
NEULASTA	5	
NEULASTA ONPRO	5	
NEUPOGEN	5	
NIVESTYM	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORDITROPIN FLEXPPO	5	PA
NUTROPIN AQ NUSPIN	5	PA
NYVEPRIA	5	
OMNITROPE	5	PA
PEGASYS	5	
PEGINTRON	5	
PLEGRIDY	5	
PLEGRIDY PEN	5	
<i>plerixafor</i>	5	
PROCRIT 10,000 UNITS/ML VIAL	4	PA
PROCRIT 2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL	3	PA
PROCRIT 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL	5	PA
REBIF	5	
REBIF REBIDOSE	5	
RELEUKO	5	
RETACRIT 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL	4	PA
RETACRIT 2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL	3	PA
RETACRIT 40,000 UNIT/ML VIAL	5	PA
SAIZEN	5	PA
SEROSTIM	5	PA
SKYTROFA	5	PA
SOGROYA	5	PA
UDENYCA	5	
UDENYCA AUTOINJECTOR	5	
ZARXIO	5	
ZIEXTENZO	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOMACTON 10 MG VIAL	5	PA
ZOMACTON 5 MG VIAL	3	PA
ZORBTIVE	5	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	3	\$0
ACTHIB	3	
ADACEL TDAP	3	\$0
AREXVY	3	\$0
ATGAM	5	PA
<i>bcg (tice strain)</i>	3	
<i>bcg vaccine (tice strain)</i>	3	\$0
BEXSERO	3	\$0
BIVIGAM	5	PA
BOOSTRIX TDAP	3	\$0
BOTOX	4	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
CYTOGAM	4	
DAPTACEL DTAP	3	
DENGVAXIA	3	
<i>diphtheria-tetanus toxoids-ped</i>	3	
DYSPORT	4	PA
ENGERIX-B ADULT	3	PA, \$0
ENGERIX-B PEDIATRIC- ADOLESCENT	3	PA, \$0
FLEBOGAMMA DIF	5	PA
<i>fomepizole</i>	2	
GAMASTAN	4	
GAMASTAN S-D	4	
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
GARDASIL 9	3	
GRASTEK	4	
HAVRIX 1,440 UNIT/ML SYRINGE	3	\$0
HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
HEPAGAM B	3	
HEPLISAV-B	3	\$0
HIBERIX	3	
HIZENTRA	5	PA
HYPERHEP B	5	
HYQVIA	5	PA
IMOVAX RABIES VACCINE	3	\$0
INFANRIX DTAP	3	
IPOL	3	\$0
IXIARO	3	\$0
JYNNEOS (NATIONAL STOCKPILE)	3	PA, \$0
KEDRAB	4	
KINRIX	3	
M-M-R II VACCINE	3	\$0
MENACTRA	3	\$0
MENQUADFI	3	\$0
MENVEO A-C-Y-W-135-DIP	3	\$0
MYOBLOC	4	
NABI-HB	5	
OCTAGAM	5	PA
ORALAIR 300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PANZYGA	5	PA
PEDIARIX	3	
PEDVAXHIB	3	
PENTACEL	3	
PREHEVBRIO	3	PA, \$0
PRIORIX	3	\$0
PRIVIGEN	5	PA
PROQUAD	3	
QUADRACEL DTAP-IPV	3	
RABAVERT	3	\$0
RECOMBIVAX HB	3	PA, \$0
ROTARIX	4	
ROTATEQ	3	
SHINGRIX	3	\$0
STAMARIL	3	\$0
<i>tdvax</i>	3	\$0
TENIVAC	3	\$0
THYMOGLOBULIN	5	
TICOVAC	3	
TRUMENBA	3	\$0
TWINRIX	3	\$0
TYPHIM VI	3	\$0
VAQTA 25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL	3	
VAQTA 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL	3	\$0
VARIVAX VACCINE	3	\$0
VARIZIG	5	
WINRHO SDF	5	
XEMBIFY	5	PA, LA
XEOMIN 200 UNIT VIAL	5	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XEOMIN 50 UNIT VIAL, 100 UNIT VIAL	4	PA
YF-VAX	3	\$0
ZINPLAVA	5	

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

allopurinol 100 MG TABLET, 300 MG TABLET	1	
<i>allopurinol sodium</i>	5	
ALOPRIM	2	
<i>colchicine</i>	3	
COLCRYS	3	
DUZALLO	4	
<i>febuxostat</i>	2	
GLOPERBA	4	
MITIGARE	3	
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	
ULORIC	4	

OSTEOPOROSIS THERAPY

ACTONEL 150 MG TABLET	4	PA, QL (1 PER 30 DAYS)
ACTONEL 35 MG TABLET	4	PA, QL (5 PER 30 DAYS)
alendronate sodium 35 MG TAB, 70 MG TAB	1	QL (5 PER 30 DAYS)
alendronate sodium 5 MG TABLET, 10 MG TAB	2	QL (30 PER 30 DAYS)
alendronate sodium 70 MG/75 ML	2	QL (375 PER 30 DAYS)
ATELVIA	4	PA, QL (5 PER 30 DAYS)
BINOSTO 70 MG EFFERVESCENT TAB	4	PA, QL (5 PER 30 DAYS)
EVENITY	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EVENITY (2 SYRINGES)	4	PA
EVISTA	4	
FORTEO	5	PA, QL (2.4 PER 28 DAYS)
FOSAMAX	4	PA, QL (5 PER 30 DAYS)
FOSAMAX PLUS D	4	PA, QL (5 PER 30 DAYS)
ibandronate sodium 150 MG TAB	2	QL (1 PER 30 DAYS)
ibandronate sodium 3 MG/3 ML SYRINGE, 3 MG/3 ML VIAL	2	PA
PROLIA	4	
<i>raloxifene hcl</i>	2	
risedronate sodium 150 MG TAB	2	QL (1 PER 30 DAYS)
risedronate sodium 35 MG TAB	2	QL (5 PER 30 DAYS)
risedronate sodium 5 MG TABLET	2	QL (30 PER 30 DAYS)
<i>risedronate sodium dr</i>	2	QL (5 PER 30 DAYS)
teriparatide 620 MCG/2.48 ML	5	PA, QL (2.48 PER 28 DAYS)
TYMLOS	5	PA, QL (1.56 PER 30 DAYS)
OTHER RHEUMATOLOGICALS		
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, QL (3.6 PER 28 DAYS)
ACTEMRA ACTPEN	5	PA, QL (3.6 PER 28 DAYS)
<i>adalimumab-adaz(cf)</i>	5	PA, QL (2.4 PER 28 DAYS)
<i>adalimumab-adaz(cf) pen</i>	5	PA, QL (2.4 PER 28 DAYS)
adalimumab-fkjp(cf) -20 MG SYRG	5	PA, QL (2 PER 28 DAYS)
adalimumab-fkjp(cf) -40 MG SYRG	5	PA, QL (4 PER 28 DAYS)
<i>adalimumab-fkjp(cf) pen</i>	5	PA, QL (6 PER 28 DAYS)
AMJEVITA(CF) 10MG/0.2ML SYRING, 20MG/0.4ML SYRING	5	PA, QL (2 PER 28 DAYS)
AMJEVITA(CF) 40MG/0.8ML SYRING	5	PA, QL (4 PER 28 DAYS)
AMJEVITA(CF) AUTOINJECTOR 40MG/0.8ML	5	PA, QL (4 PER 28 DAYS)
ARAVA	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENLYSTA 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE	5	PA
ENBREL 25 MG KIT	5	PA, QL (16 PER 28 DAYS)
ENBREL 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE	5	PA, QL (8 PER 28 DAYS)
ENBREL MINI	5	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK	5	PA, QL (8 PER 28 DAYS)
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA, QL (4 PER 28 DAYS)
HUMIRA PEN	5	PA, QL (4 PER 28 DAYS)
HUMIRA PEN CROHN'S-UC-HS	5	PA, QL (6 PER 28 DAYS)
HUMIRA PEN PSOR-UEVITS- ADOL HS	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) 10 MG/0.1 ML SYRING, 20 MG/0.2 ML SYRING	5	PA, QL (2 PER 28 DAYS)
HUMIRA(CF) 40 MG/0.4 ML SYRING	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG	5	PA, QL (2 PER 30 DAYS)
HUMIRA(CF) PEDIATRIC CROHN'S 80MG/0.8	5	PA, QL (3 PER 30 DAYS)
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL (4 PER 28 DAYS)
HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL (2 PER 28 DAYS)
HUMIRA(CF) PEN CROHN'S-UC- HS	5	PA, QL (3 PER 28 DAYS)
HUMIRA(CF) PEN PEDIATRIC UC	5	PA, QL (4 PER 180 DAYS)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA, QL (3 PER 28 DAYS)
KEVZARA	5	PA, QL (2.28 PER 28 DAYS)
KINERET	5	PA, QL (20.1 PER 30 DAYS)
<i>leflunomide</i>	2	
OLUMIANT	5	PA, QL (30 PER 30 DAYS)
ORENCIA 125 MG/ML SYRINGE	5	PA, QL (4 PER 28 DAYS)
ORENCIA 50 MG/0.4 ML SYRINGE	5	PA, QL (1.6 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORENCIA 87.5 MG/0.7 ML SYRINGE	5	PA, QL (2.8 PER 28 DAYS)
ORENCIA CLICKJECT	5	PA, QL (4 PER 28 DAYS)
OTEZLA 28 DAY STARTER PACK	5	PA, QL (55 PER 28 DAYS)
OTEZLA 30 MG TABLET	5	PA, QL (60 PER 30 DAYS)
OTEZLA STARTER PACK	5	PA, QL (27 PER 14 DAYS)
penicillamine 250 MG TABLET	5	
RIDAURA	5	
RINVOQ	5	PA, QL (30 PER 30 DAYS)
SAVELLA	3	
SIMPONI 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
SIMPONI 50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE	5	PA, QL (0.5 PER 28 DAYS)
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
XELJANZ 5 MG TABLET, 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
XELJANZ XR	5	PA, QL (30 PER 30 DAYS)
YUSIMRY(CF) PEN	5	PA, QL (4.8 PER 28 DAYS)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ACTIVELLA 1 MG-0.5 MG TABLET	4	
ALORA	3	
AMABELZ	2	
ANGELIQ	4	
AYGESTIN	4	
BIJUVA	4	
CAMILA	2	
CLIMARA	4	
CLIMARA PRO	4	
COMBIPATCH	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CRINONE	4	PA
DEBLITANE	2	
DELESTROGEN	4	
DEPO-ESTRADIOL	4	
DEPO-PROVERA -150 MG/ML SYRINGE, -150 MG/ML VIAL	4	
DEPO-SUBQ PROVERA 104	3	
DIVIGEL	4	QL (30 PER 30 DAYS)
DOTTI	2	
DUAVEE	3	
ELESTRIN	4	
ERRIN	2	
ESTRACE	4	
<i>estradiol (once weekly)</i>	2	
<i>estradiol (twice weekly)</i>	2	
estradiol 0.01% CREAM, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 10 MCG VAGINAL INSRT	2	
estradiol 0.1% (0.25MG) GEL PK, 0.1% (0.5MG) GEL PKT, 0.1% (0.75MG) GEL PK, 0.1% (1 MG) GEL PKT, 0.1% (1.25MG) GEL PK	3	QL (30 PER 30 DAYS)
<i>estradiol valerate</i>	2	
<i>estradiol-norethindrone acetat</i>	2	
ESTRING	4	
ESTROGEL	4	
EVAMIST	4	
FEMRING	4	
FYAVOLV	2	
HEATHER	2	
hydroxyprogesterone caproate HYDROXYPROGEST 250 MG/ML VIAL, HYDROXYPROGESTERONE 1.25 G/5ML	5	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMVEXXY	4	
INCASSIA	2	
JENCYCLA	2	
JINTELI	2	
JOLIVETTE	2	
LOPREEZA	2	
LYLEQ	2	
LYLLANA	2	
LYZA	2	
<i>medroxyprogesterone acetate</i>	2	
MENEST	4	
MENOSTAR	4	
MIMVEY	2	
MINIVELLE	4	
NORA-BE	2	
norethindron-ethinyl estradiol NORIN-1 MG-5 MCG, NORIND-0.5-2.5	2	
<i>norethindrone</i>	2	
<i>norethindrone ac (lupaneta)</i>	2	
<i>norethindrone acetate</i>	2	
NORLYDA	2	
ORTHO MICRONOR	4	
PREFEST	3	
PREMARIN 0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, 25 MG VIAL	3	
PREMARIN VAGINAL CREAM-APPL	4	
PREMPHASE	4	
PREMPRO	4	
<i>progesterone</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROMETRIUM	4	
PROVERA	4	
SHAROBEL	2	
TULANA	2	
VAGIFEM	4	
VIVELLE-DOT	4	
YUVAFEM	2	
MISCELLANEOUS OB/GYN		
CLEOCIN	4	
clindamycin phosphate 2% VAGINAL CREAM	2	
<i>clomiphene citrate</i>	2	PA
ELURYNG	2	
<i>etonogestrel-ethinyl estradiol</i>	2	
GYNAZOLE 1	4	
HALOETTE	2	
INTRAROSA	4	PA
KYLEENA	4	
LILETTA	4	
LUPANETA PACK	5	
METROGEL-VAGINAL	4	
metronidazole VAGINAL 0.75% GL	2	
<i>miconazole 3</i>	2	
MIRENA	4	
MYFEMBREE	5	
NEXPLANON	4	
NUVARING	4	
NUVESSA	4	
ORIAHNN	5	
ORILISSA	5	
OSPHENA	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKYLA	3	
<i>terconazole</i>	2	
tranexamic acid 650 MG TABLET	3	
VANDAZOLE	2	
XULANE	2	
ZAFEMY	2	
ORAL CONTRACEPTIVES / RELATED AGENTS		
AFIRMELLE	2	
ALTAVERA	2	
ALYACEN	2	
AMETHIA	2	
AMETHIA LO	2	
AMETHYST	2	
ANNOVERA	4	
APRI	2	
ARANELLE	2	
ASHLYNA	2	
AUBRA	2	
AUBRA EQ	2	
AUROVELA	2	
AUROVELA 24 FE	2	
AUROVELA FE	2	
AVIANE	2	
AYUNA	2	
AZURETTE	2	
BALCOLTRA	4	
BALZIVA	2	
BEYAZ	4	
BLISOVI 24 FE	2	
BLISOVI FE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRIELLYN	2	
CAMRESE	2	
CAMRESE LO	2	
CAZIAN	2	
CHATEAL	2	
CHATEAL EQ	2	
CRYSSELLE	2	
CYCLAFEM	2	
CYRED	2	
CYRED EQ	2	
DASETTA	2	
DAYSEE	2	
<i>desogestr-eth estrad eth estra</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
DOLISHALE	2	
<i>drospirenone-eth estra-levomef</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
ELINEST	2	
ELLA	3	
ENPRESSE	2	
ENSKYCE	2	
ESTARYLLA	2	
ESTROSTEP FE	4	
<i>ethynodiol-ethinyl estradiol</i>	2	
FALMINA	2	
FINZALA	2	
GEMMILY	2	
GIANVI	2	
HAILEY	2	
HAILEY 24 FE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HAILEY FE	2	
INTROVALE	2	
ISIBLOOM	2	
JAIMIESS	2	
JASMIEL	2	
JOLESSA	2	
JULEBER	2	
JUNEL	2	
JUNEL FE	2	
JUNEL FE 24	2	
KAITLIB FE	2	
KALLIGA	2	
KARIVA	2	
KELNOR 1-35	2	
KELNOR 1-50	2	
KURVELO	2	
LARIN	2	
LARIN 24 FE	2	
LARIN FE	2	
LARISSIA	2	
LAYOLIS FE	2	
LEENA	2	
LESSINA	2	
LEVONEST	2	
<i>levonorg-eth estrad eth estrad</i>	2	
<i>levonorgestrel-eth estradiol</i>	2	
LEVORA-28	2	
LILLOW	2	
LO LOESTRIN FE	4	
LO-ZUMANDIMINE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOESTRIN	4	
LOESTRIN FE	4	
LOJAIMIESS	2	
LORYNA	2	
LOSEASONIQUE	4	
LOW-OGESTREL	2	
LUTERA	2	
MARLISSA	2	
MELODETTA 24 FE	2	
MERZEE	2	
MIBELAS 24 FE	2	
MICROGESTIN	2	
MICROGESTIN 24 FE	2	
MICROGESTIN FE	2	
MILI	2	
MIRCETTE	4	
MONO-LINYAH	2	
MYZILRA	2	
NATAZIA	4	
NECON	2	
NEXTSTELLIS	4	
NIKKI	2	
<i>norethin-eth estra-ferrous fum</i>	2	
norethindron-ethinyl estradiol NORETHIN-EE 1.5-0.03 MG(21) TB, NORETHIND-ETH ESTRAD 1-0.02 MG	2	
<i>norethindrone-e.estradiol-iron</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
NORTREL	2	
NYLIA	2	
NYMYO	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OCELLA	2	
ORSYTHIA	2	
ORTHO TRI-CYCLEN	4	
ORTHO-NOVUM	4	
PHILITH	2	
PIMTREA	2	
PIRMELLA	2	
PORTIA	2	
PREVIFEM	2	
QUARTETTE	4	
RECLIPSEN	2	
RIVELSA	4	
SAFYRAL	4	
SEASONIQUE	4	
SETLAKIN	2	
SIMLIYA	2	
SIMPESSE	2	
SLYND	4	
SPRINTEC	2	
SRONYX	2	
SYEDA	2	
TARINA 24 FE	2	
TARINA FE	2	
TARINA FE 1-20 EQ	2	
TAYTULLA	4	
TILIA FE	2	
TRI FEMYNOR	2	
TRI-ESTARYLLA	2	
TRI-LEGEST FE	2	
TRI-LINYAH	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRI-LO-ESTARYLLA	2	
TRI-LO-MARZIA	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRI-NYMYO	2	
TRI-PREVIFEM	2	
TRI-SPRINTEC	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TRIVORA-28	2	
TYBLUME	2	
TYDEMY	2	
VELIVET	2	
VESTURA	2	
VIENVA	2	
VIORELE	2	
VOLNEA	2	
VYFEMLA	2	
VYLIBRA	2	
WERA	2	
WYMZYA FE	2	
YASMIN 28	4	
YAZ	4	
ZARAH	2	
ZOVIA 1-35	2	
ZOVIA 1-35E	2	
ZUMANDIMINE	2	
OXYTOCICS		
HEMABATE	4	
METHERGINE	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methylergonovine maleate 0.2 MG TABLET	2	
methylergonovine maleate 0.2 MG/ML AMP, 0.2 MG/ML VL	4	
<i>oxytocin</i>	2	
PITOCIN	4	

OPHTHALMOLOGY

ANTIBIOTICS

AK-POLY-BAC	2	
AZASITE	4	
bacitracin 500 UNIT/GM OPHTH	2	
<i>bacitracin-polymyxin</i>	2	
BESIVANCE	4	
CILOXAN 0.3% EYE DROPS	4	
CILOXAN 0.3% OINTMENT	3	
ciprofloxacin hcl 0.3% EYE DROP	2	
erythromycin 0.5% EYE OINTMENT	2	
<i>gatifloxacin</i>	2	
gentamicin sulfate 0.3% EYE DROP	2	
levofloxacin 0.5% DROPS, 1.5% DROPS	2	
MOXEZA	4	
moxifloxacin 0.5% DROPS, 0.5% DRP- VISC	2	
NATACYN	3	
NEO-POLYCIN	2	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
OCUFLOX	4	
ofloxacin 0.3% EYE DROPS	2	
POLYCIN	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>polymyxin b sul-trimethoprim</i>	2	
POLYTRIM	4	
tobramycin 0.3% EYE DROP	2	
TOBREX	4	
VIGAMOX	4	
ZYMAXID	4	
ANTIVIRALS		
<i>trifluridine</i>	2	
ZIRGAN	4	
BETA-BLOCKERS		
betaxolol hcl 0.5% EYE DROP	2	
BETIMOL	4	PA
BETOPTIC S	4	PA
<i>carteolol hcl</i>	2	
ISTALOL	4	PA
<i>levobunolol hcl</i>	2	
timolol maleate 0.25% DROP, 0.5% DROPS	1	
timolol maleate 0.25% GEL-SOLUTION, 0.5% EYE DROP, 0.5% GEL-SOLUTION, 0.5% GFS GEL-SOLUTION	2	
timolol maleate 0.5% EYE DROP	2	PA
TIMOPTIC	4	PA
TIMOPTIC OCUDOSE	4	PA
CYCLOPLEGIC MYDRIATICS		
atropine sulfate 1% EYE DROPS	2	
DIRECT ACTING MIOTICS		
pilocarpine hcl 1% DROPS, 2% DROPS, 4% DROPS	2	
VUITY	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MISCELLANEOUS OPHTHALMOLOGICS		
ALOMIDE	4	
azelastine hcl 0.05% DROPS	2	
<i>balanced salt</i>	2	
<i>bepotastine besilate</i>	2	
BEPREVE	3	
BSS	2	
CEQUA	4	
cromolyn sodium 4% EYE DROPS	2	
cyclosporine 0.05% EYE EMULS	3	
CYSTADROPS	5	
CYSTARAN	5	
ELESTAT	4	
<i>epinastine hcl</i>	2	
LACRISERT	3	
olopatadine hcl 0.1% EYE DROPS	2	
OXERVATE	5	PA, QL (112 PER 365 DAYS)
RESTASIS	3	
RESTASIS MULTIDOSE	3	
TYRVAYA	4	
VERKAZIA	5	
XIIDRA	3	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	4	
<i>bromfenac sodium</i>	2	
BROMSITE	4	
diclofenac sodium 0.1% EYE DROPS	2	
<i>flurbiprofen sodium</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ILEVRO	4	
ketorolac tromethamine 0.4%, 0.5%	2	
NEVANAC	4	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>acetazolamide sodium</i>	2	
methazolamide 25 MG TABLET	2	
methazolamide 50 MG TABLET	4	
OTHER GLAUCOMA DRUGS		
AZOPT	4	PA
bimatoprost 0.03% EYE DROPS	2	
<i>brimonidine tartrate-timolol</i>	2	
<i>brinzolamide</i>	3	
COMBIGAN	3	
COSOPT	4	PA
COSOPT PF	4	PA
<i>dorzolamide hcl</i>	2	
<i>dorzolamide-timolol</i>	2	
latanoprost 0.005% EYE DROPS	1	
LUMIGAN	3	
MIOSTAT	2	
RHOPRESSA	4	PA
ROCKLATAN	4	PA
SIMBRINZA	4	PA
<i>tafluprost</i>	4	PA
TRAVATAN Z	4	PA
<i>travoprost</i>	2	PA
TRUSOPT	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYZULTA	4	PA
XALATAN	4	PA
XELPROS	4	PA
ZIOPTAN	4	PA

STEROID-ANTIBIOTIC COMBINATIONS

MAXITROL	4	
NEO-POLYCIN HC	2	
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-polymyxin-dexameth</i>	2	
neomycin-polymyxin-hc --EYE DROPS	2	
<i>prednisolone acet-gatifloxacin</i>	4	
TOBRADEX	4	
TOBRADEX ST	4	
<i>tobramycin-dexamethasone</i>	2	
ZYLET	4	

STEROID-SULFONAMIDE COMBINATIONS

BLEPHAMIDE S.O.P.	4	
<i>sulfacetamide-prednisolone</i>	2	

STEROIDS

ALREX	4	
dexamethasone sodium phosphate 0.1% EYE DROP	2	
<i>difluprednate</i>	2	
DUREZOL	4	
EYSUVIS	4	
<i>fluorometholone</i>	2	
FML	4	
FML FORTE	4	
FML S.O.P.	4	
INVELTYS	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOTEMAX	4	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	2	
MAXIDEX	4	
OZURDEX	4	
PRED FORTE	4	
PRED MILD	4	
prednisolone acetate 1% EYE DROP	2	
prednisolone sodium phosphate 1% EYE DROP	2	
RETISERT	4	
SULFONAMIDES		
sulfacetamide sodium 10% DROPS, 10% OINTMENT	2	
SYMPATHOMIMETICS		
ALPHAGAN P	3	
<i>apraclonidine hcl</i>	2	
brimonidine tartrate TARTRATE 0.1% DROP, TARTRATE 0.15% DRP, 0.2% EYE DROP	2	
IOPIDINE 1% EYE DROPS	4	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
ADRENALIN	2	
carbinoxamine maleate 4 MG/5 ML LIQUID, MALEATE 4 MG TAB	3	
<i>cetirizine hcl</i>	2	
CLARINEX 5 MG TABLET	4	
CLARINEX-D 12 HOUR	4	
clemastine fumarate 2.68 MG TAB	3	
<i>cyproheptadine hcl</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desloratadine</i>	2	
diphenhydramine hcl 12.5MG/5ML, 25 MG/10ML	3	PA
diphenhydramine hcl 50 MG/ML SYRNG, 50 MG/ML VIAL	2	
epinephrine 0.15 MG -INJECT, 0.3 MG - INJECT	3	QL (4 PER 30 DAYS)
<i>epinephrine 0.15 mg auto-inject (mylan)</i>	3	QL (4 PER 30 DAYS)
EPIPEN 2-PAK	4	QL (4 PER 30 DAYS)
EPIPEN JR 2-PAK	4	QL (4 PER 30 DAYS)
hydroxyzine hcl 10 MG/5 ML SOLN, 10 MG/5 ML SYRUP, HCL 10 MG TABLET, HCL 25 MG TABLET, 50 MG/25 ML CUP, HCL 50 MG TABLET	3	
hydroxyzine hcl 25 MG/ML VIAL, 50 MG/ML VIAL, 100 MG/2 ML VIAL, 500 MG/10 ML VIAL	2	
<i>hydroxyzine pamoate</i>	3	
<i>levocetirizine dihydrochloride</i>	2	
PHENADOZ 12.5 MG SUPPOSITORY	3	
PHENERGAN	4	
promethazine hcl 25 MG, 50 MG	3	
promethazine hcl 25 MG/ML AMPUL, 25 MG/ML VIAL, 50 MG/ML AMPUL, 50 MG/ML VIAL	2	
promethazine hcl 6.25 MG/5 ML SOLN, 6.25 MG/5 ML SYRP, 12.5 MG SUPPOS, 12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET	3	PA
PROMETHEGAN 25 MG, 50 MG	3	
RYVENT	4	
SYMJEPI	3	QL (4 PER 30 DAYS)
VISTARIL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PULMONARY AGENTS		
ACCOLATE	4	
acetylcysteine 10% VIAL, 20% VIAL	3	PA
ADCIRCA	5	PA, QL (60 PER 30 DAYS)
ADEMPAS	5	PA, LA
ADVAIR DISKUS	4	QL (60 PER 30 DAYS)
ADVAIR HFA	3	QL (12 PER 30 DAYS)
AIRDUO DIGIHALER	4	QL (1 PER 30 DAYS)
AIRDUO RESPICLICK	4	QL (1 PER 30 DAYS)
albuterol sulfate 2 MG TAB, 4 MG TAB	3	
albuterol sulfate 2 MG/5 ML SYRUP	2	
<i>albuterol sulfate hfa</i>	2	QL (36 PER 30 DAYS)
albuterol sulfate SUL 0.63 MG/3 ML SOL, SUL 1.25 MG/3 ML SOL, 2.5 MG/0.5 ML SOL, SUL 2.5 MG/3 ML SOLN, 5 MG/ML SOLUTION, 15 MG/3 ML SOLUTION, 25 MG/5 ML SOLUTION, 75 MG/15 ML SOLN, 100 MG/20 ML SOLN	2	PA
ALVESCO	4	QL (12.2 PER 30 DAYS)
ALYQ	5	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5	LA, QL (30 PER 30 DAYS)
<i>aminophylline</i>	2	
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
<i>arformoterol tartrate</i>	3	PA, QL (120 PER 30 DAYS)
ARMONAIR DIGIHALER	4	QL (1 PER 30 DAYS)
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX 110 MCG, 220 MCG	3	QL (30 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
ASMANEX TWISTHALER 220 MCG #14	3	
ASMANEX TWISTHALER 220 MCG #60	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ASMANEX TWISTHALR 220 MCG #120	3	QL (120 PER 30 DAYS)
ATROVENT HFA	3	QL (25.8 PER 30 DAYS)
<i>azelastine-fluticasone</i>	3	PA, QL (23 PER 30 DAYS)
BECONASE AQ	4	PA, QL (50 PER 30 DAYS)
BERINERT	5	PA
BEVESPI AEROSPHERE	4	QL (10.7 PER 30 DAYS)
<i>bosentan</i>	5	LA, QL (60 PER 30 DAYS)
BREO ELLIPTA	3	QL (60 PER 30 DAYS)
BREYNA	3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
BRONCHITOL	5	
BROVANA	3	PA, QL (120 PER 30 DAYS)
budesonide 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML INH	2	PA
<i>budesonide-formoterol fumarate</i>	3	QL (10.2 PER 30 DAYS)
CINRYZE	5	PA
COMBIVENT RESPIMAT	3	QL (4 PER 30 DAYS)
cromolyn sodium 20 MG/2 ML NEB SOLN	2	PA
CUROSURF	4	
DALIRESP	3	
DULERA	3	QL (13 PER 30 DAYS)
DUPIXENT PEN 200 MG/1.14 ML	5	PA, QL (4.56 PER 28 DAYS)
DUPIXENT SYRINGE 200 MG/1.14 ML	5	PA, QL (4.56 PER 28 DAYS)
DYMISTA	4	PA, QL (23 PER 30 DAYS)
ELIXOPHYLLIN	4	
ESBRIET 267 MG CAPSULE, 267 MG TABLET	5	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)
FASENRA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FASENRA PEN	5	PA
FIRAZYR	5	PA, QL (27 PER 30 DAYS)
FLOVENT DISKUS	3	QL (60 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	3	QL (10.6 PER 30 DAYS)
FLOVENT HFA HFA 110 MCG INHALER, HFA 220 MCG INHALER	3	QL (24 PER 30 DAYS)
<i>flunisolide</i>	2	QL (50 PER 30 DAYS)
fluticasone propionate 50 MCG SPRAY	2	QL (16 PER 30 DAYS)
fluticasone-salmeterol -100-50, -250-50, -500-50	2	QL (60 PER 30 DAYS)
fluticasone-salmeterol -55-14, -113-14, -232-14	2	QL (1 PER 30 DAYS)
<i>formoterol fumarate</i>	3	PA
HAEGARDA	5	PA
<i>icatibant</i>	5	PA, QL (27 PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
ipratropium bromide 0.02% SOLN	2	PA
<i>ipratropium-albuterol</i>	2	PA
KALBITOR	5	PA
KALYDECO 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET	5	PA, QL (60 PER 30 DAYS)
LETAIRIS	5	LA, QL (30 PER 30 DAYS)
<i>levalbuterol concentrate</i>	4	PA
levalbuterol hcl 0.31 MG/3 ML, 0.63 MG/3 ML	2	PA
levalbuterol hcl 1.25 MG/3 ML SOL	4	PA
<i>levalbuterol tartrate hfa</i>	3	QL (30 PER 30 DAYS)
LONHALA MAGNAIR STARTER	5	
mometasone furoate 50 MCG SPRY	2	PA, QL (34 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>montelukast sodium</i>	2	
NUCALA 100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE	5	PA, LA, QL (3 PER 28 DAYS)
NUCALA 40 MG/0.4 ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
OFEV	5	PA, QL (60 PER 30 DAYS)
OMNARIS	4	PA, QL (12.5 PER 30 DAYS)
OPSUMIT	5	PA, LA
ORKAMBI 100 MG-125 MG TABLET, 200 MG-125 MG TABLET	5	PA, QL (112 PER 28 DAYS)
ORKAMBI 75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT	5	PA
ORLADEYO	5	PA, LA
PERFOROMIST	3	PA
pirfenidone 267 MG CAPSULE, 267 MG TABLET	5	PA, QL (270 PER 30 DAYS)
pirfenidone 534 MG TABLET, 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)
PROAIR DIGIHALER	4	QL (2 PER 30 DAYS)
PROAIR HFA	4	QL (17 PER 30 DAYS)
PROAIR RESPICLICK	4	QL (2 PER 30 DAYS)
PULMICORT	4	PA
PULMICORT FLEXHALER	4	QL (1 PER 30 DAYS)
PULMOZYME	5	PA, QL (150 PER 30 DAYS)
QNASL	4	PA, QL (10.6 PER 30 DAYS)
QNASL CHILDREN	4	PA, QL (6.8 PER 30 DAYS)
QVAR REDIHALER	3	QL (21.2 PER 30 DAYS)
REVATIO	5	PA
<i>roflumilast</i>	3	
RUCONEST	5	PA
RYALTRIS	4	PA, QL (29 PER 30 DAYS)
SAJAZIR	5	PA, QL (27 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEREVENT DISKUS	4	QL (60 PER 30 DAYS)
sildenafil citrate 10 MG/12.5 ML VIAL, 10 MG/ML ORAL SUSP	5	PA
sildenafil citrate 20 MG TABLET	3	PA
SINGULAIR	4	
SPIRIVA HANDIHALER	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
STRIVERDI RESPIMAT	4	QL (4 PER 30 DAYS)
SYMBICORT	3	QL (10.2 PER 30 DAYS)
SYMDEKO	5	PA
tadalafil 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
TADLIQ	5	PA, QL (300 PER 30 DAYS)
TAKHZYRO 150 MG/ML SYRINGE, 300 MG/2 ML SYRINGE	5	PA, LA
TAKHZYRO 300 MG/2 ML VIAL	5	PA
<i>terbutaline sulfate</i>	3	
TEZSPIRE	5	PA, QL (1 PER 28 DAYS)
THEO-24	4	
<i>theophylline</i>	2	
<i>theophylline anhydrous</i>	2	
<i>theophylline er</i>	2	
<i>tiotropium bromide</i>	3	QL (30 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	LA, QL (120 PER 30 DAYS)
TRACLEER 62.5 MG TABLET, 125 MG TABLET	5	LA, QL (60 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
TRIKAFTA 50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG	5	PA, QL (90 PER 30 DAYS)
TRIKAFTA 80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT	5	PA, QL (56 PER 28 DAYS)
TUDORZA PRESSAIR	4	PA, QL (1 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYVASO	5	PA
TYVASO DPI	5	
TYVASO INSTITUTIONAL START KIT	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
VENTAVIS 10 MCG/1 ML SOLUTION	5	PA, QL (210 PER 30 DAYS)
VENTAVIS 20 MCG/1 ML SOLUTION	5	PA, QL (90 PER 30 DAYS)
VENTOLIN HFA	4	QL (36 PER 30 DAYS)
WIXELA INHUB	2	QL (60 PER 30 DAYS)
XOLAIR 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE	5	PA, LA, QL (8 PER 28 DAYS)
XOLAIR 75 MG/0.5 ML SYRINGE	5	PA, LA, QL (1 PER 28 DAYS)
XOPENEX HFA	3	QL (30 PER 30 DAYS)
YUPELRI	5	PA, QL (90 PER 30 DAYS)
<i>zafirlukast</i>	2	
ZETONNA	4	PA, QL (6.1 PER 30 DAYS)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin er</i>	2	
DETROL	4	
DETROL LA	4	
<i>fesoterodine fumarate er</i>	3	
<i>flavoxate hcl</i>	2	
GELNIQUE	4	
GEMTESA	4	
MYRBETRIQ	3	
oxybutynin chloride 5 MG TABLET, 5 MG/5 ML SOLUTION, 5 MG/5 ML SYRUP	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxybutynin chloride er</i>	2	
OXYTROL	4	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
TOVIAZ	3	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
VESICARE	4	
VESICARE LS	4	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin hcl er</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride-tamsulosin</i>	2	
ENTADFI	3	QL (30 PER 30 DAYS)
finasteride 5 MG TABLET	1	
FLOMAX	4	
JALYN	4	
PROSCAR	4	
RAPAFLO	4	
<i>silodosin</i>	3	
<i>tamsulosin hcl</i>	1	
UROXATRAL	4	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	2	
URECHOLINE 5 MG TABLET, 10 MG TABLET	4	
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	2	
AMINOACETIC ACID	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CIALIS 2.5 MG TABLET, 5 MG TABLET	4	PA, QL (30 PER 30 DAYS)
CYSTAGON	3	LA
ELMIRON	4	
<i>glycine</i>	2	
K-PHOS NO.2	4	
K-PHOS ORIGINAL	4	
OXLUMO	5	PA
<i>potassium citrate er</i>	2	
PROCYSBI	5	
PROSTIN VR PEDIATRIC	4	
RENACIDIN	3	
tadalafil 2.5 MG TABLET, 5 MG TABLET	3	PA, QL (30 PER 30 DAYS)
UROKIT-K	4	

Uncategorized

Unclassified

COLUMVI	5	PA
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VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

ALBUKED-25	4	
ALBUKED-5	4	
albumin (human) 25% IV SOLN	2	
albumin (human) 5% IV SOLUTION	4	
ALBUMINEX	4	
ALBURX	2	
ALBUTEIN	2	
FLEXBUMIN	4	
PLASBUMIN-25	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PLASBUMIN-5	2	
ELECTROLYTES		
<i>calcium acetate</i>	2	
<i>calcium chloride</i>	2	
<i>calcium gluconate</i>	2	
EFFER-K EFFER-10 TABLET EFF, EFFER-20 TABLET EFF	4	
EFFER-K ER-25 MEQ TABLET	2	
GLYCOPHOS	4	
HYPERLYTE CR	3	
K-TAB ER	2	
<i>kcl-d5w-0.2% nacl</i>	2	
kcl-d5w-0.225% nacl 10MEQ/500ML-- 0.225%NACL, 20 MEQ/L--0.225% NACL	2	
<i>kcl-d5w-0.3% nacl</i>	2	
<i>kcl-d5w-0.45% nacl</i>	2	
<i>kcl-d5w-0.9% nacl</i>	2	
KLOR-CON	4	
KLOR-CON 10	2	
KLOR-CON 8	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON-EF	2	
lactated ringers INJECTION	2	
<i>magnesium chloride</i>	2	
<i>magnesium sulfate</i>	2	
magnesium sulfate-d5w 1 G/100 ML	3	
NORMOSOL-R	3	
<i>potassium acetate</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
potassium chloride CL 20 MEQ PACKET	4	
potassium chloride CL10%(20MEQ/15ML)CUP, CL10%(40MEQ/30ML)CUP, CL20%(40MEQ/15ML)CUP, CL 2 MEQ/ML CONC, CL 10 MEQ/100 ML SOL, CL 10 MEQ/5 ML CONC, CL 10 MEQ/50 ML SOL, CL 10% (20 MEQ/15ML), CL 10% (40 MEQ/30ML), CL 20 MEQ/10 ML CONC, CL 20 MEQ/100 ML SOL, CL 20 MEQ/50 ML SOL, CL 20% (40 MEQ/15ML), CL 40 MEQ/100 ML SOL, CL 40 MEQ/20 ML CONC, CL 60 MEQ/30 ML CONC, CL ER 8 MEQ CAPSULE, CL ER 8 MEQ TABLET, CL ER 10 MEQ CAPSULE, CL ER 10 MEQ TABLET, CL ER 15 MEQ TABLET, CL ER 20 MEQ TABLET	2	
<i>potassium chloride in d5lr</i>	2	
<i>potassium chloride-0.45% nacl</i>	2	
potassium chloride-0.9% nacl 20 MEQ/1,000ML, 40 MEQ/1,000ML	2	
potassium chloride-dextrose 5% KCL 20 MEQ/L IN D5W SOLUTION	2	
potassium chloride-water CL 20MEQ/100ML	2	
<i>potassium phosphate</i>	2	
<i>ringers injection</i>	2	
<i>sodium acetate</i>	2	
sodium bicarbonate BICARB 4.2% ABBOJECT, BICARB 7.5% ABBOJECT, BICARB 8.4% ABBOJECT, BICARB 8.4% SYRINGE, BICARB 50 MEQ/50 ML SYR, BICARBONATE 8.4%-WATER	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sodium chloride SALINE 0.45% SOLN-EXCEL CON, SODIUM CHLORIDE 0.45% SOLN, SODIUM CHLORIDE 3% IV SOLN, SODIUM CHLORIDE 4 MEQ/ML VL, SODIUM CHLORIDE 5% IV SOLN, SODIUM CHLORIDE 50 MEQ/20 ML, SODIUM CHLORIDE 100 MEQ/40 ML, SODIUM CHLORIDE 120 MEQ/30 ML, SODIUM CHLORIDE 200 MEQ/50 ML, SODIUM CHLORIDE 400 MEQ/100 ML	2	
<i>sodium phosphate</i>	2	
TPN ELECTROLYTES	4	
TPN ELECTROLYTES II	4	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10% IV SOLUTION, 15% IV SOLUTION	3	PA
AMINOSYN-PF	3	PA
<i>calcium disodium versenate</i>	4	
CLINIMIX	4	PA
CLINIMIX E	4	PA
CLINISOL	4	PA
CLINOLIPID	5	PA
<i>dextrose 5%-electrolyte #48</i>	2	
INTRALIPID 20% IV FAT EMUL	2	PA
INTRALIPID 30% IV FAT EMUL	3	PA
IONOSOL MB-DEXTROSE 5%	3	
ISOLYTE P WITH DEXTROSE	3	
ISOLYTE S	3	
KABIVEN	4	PA
<i>multiple electrolytes t1 ph5.5</i>	3	
<i>multiple electrolytes t1 ph7.4</i>	3	
NORMOSOL-M AND DEXTROSE	3	
NUTRILIPID	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OMEGAVEN	4	PA
PERIKABIVEN	4	PA
PLASMA-LYTE 148	3	
PLASMA-LYTE A PH 7.4	3	
PLASMANATE	2	
PLENAMINE	2	PA
PREMASOL	2	PA
PROCALAMINE	3	PA
PROSOL	4	PA
SMOFLIPID	4	PA
TRAVASOL	4	PA
TROPHAMINE	3	PA
VITAMINS / HEMATINICS		
CONCEPT DHA	4	
CONCEPT OB	4	
ENBRACE HR	4	
FOLIVANE-OB	4	
NESTABS ONE	4	
OB COMPLETE	4	
PNV-DHA	4	
PNV-OMEGA	2	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	4	
PRENATE AM	4	
PRENATE CHEWABLE	4	
PRENATE ESSENTIAL	4	
<i>sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet</i>	3	
TARON-C DHA	4	
VIRT-C DHA	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 6.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIRT-PN DHA	4	
VIRT-PN PLUS	4	
ZATEAN-PN DHA	4	
ZATEAN-PN PLUS	4	
ZINGIBER	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 6.

Alphabetical Listing

A

abacavir	11	ADACEL TDAP	129
abacavir-lamivudine	11	adalimumab-adaz(cf)	133
abacavir-lamivudine-zidovudine	11	adalimumab-adaz(cf) pen	133
ABELCET	10	adalimumab-fkjp(cf)	133
ABILIFY	62	adalimumab-fkjp(cf) pen	133
ABILIFY ASIMTUFII	62	adapalene	91
ABILIFY MAINTENA	62	adapalene-benzoyl peroxide	91
abiraterone acetate	26	ADBRY	88
ABRAXANE	26	ADCIRCA	152
ABRYSVO	129	ADDERALL	62
acamprosate calcium	99	ADDERALL XR	62
ACANYA	91	adefovir dipivoxil	12
acarbose	108	ADEMPAS	152
ACCOLATE	152	adenosine	73
acebutolol hcl	75	ADLARITY	50
acetamin-caff-dihydrocodeine	53	ADMELOG	108
acetaminophen-codeine	53	ADMELOG SOLOSTAR	108
acetazolamide	148	ADRENALIN	150
acetazolamide er	148	ADRIAMYCIN	26
acetazolamide sodium	148	ADRUCIL	26
acetic acid	99,105	ADVAIR DISKUS	152
acetylcysteine	99,152	ADVAIR HFA	152
ACIPHEX	125	ADZENYS XR-ODT	62
acitretin	88	AEMCOLO	18
ACTEMRA	133	AFINITOR	26
ACTEMRA ACTPEN	133	AFINITOR DISPERZ	26
ACTHIB	129	AFIRMELLE	139
ACTIGALL	119	AFREZZA	108
ACTIMMUNE	126	AGGRENOLX	83
ACTIVELLA	135	AGRYLIN	99
ACTONEL	132	AIMOVIG AUTOINJECTOR	48
ACTOPLUS MET	108	AIRDUO DIGIHALER	152
ACTOS	108	AIRDUO RESPICLICK	152
ACULAR	147	AJOVY AUTOINJECTOR	48
ACULAR LS	147	AJOVY SYRINGE	48
ACUVAIL	147	AK-POLY-BAC	145
acyclovir	11,96	AKEEGA	26
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2023 Part D Formulary

As an enrollee of our plan, you can get a long-term supply (up to 90 days) of drugs shipped to your home using our plan's in-network mail order delivery program. Usually, you will receive your mail order prescriptions within 14 calendar days. If your order does not arrive within the estimated timeframe, call Express Scripts customer service at 800-316-3107 (TTY 800-899-2114), 24 hours a day, seven days a week.

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Network Health Medicare Advantage Plans customer service at 800-316-3107 (TTY users should call 800-899-2114), 24 hours a day, seven days a week, or visit [networkhealth.com](https://www.networkhealth.com).

Multi-Language Insert – REQUIRED INFORMATION

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800-378-5234 (TTY 800-947-3529). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800-378-5234 (TTY 800-947-3529). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 800-378-5234 (TTY 800-947-3529)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 800-378-5234 (TTY 800-947-3529)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 800-378-5234 (TTY 800-947-3529). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 800-378-5234 (TTY 800-947-3529). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 800-378-5234 (TTY 800-947-3529) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 800-378-5234 (TTY 800-947-3529). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 800-378-5234 (TTY 800-947-3529) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 5234-378-800 (TTY 3529-947-800). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما (800-378-5234 (TTY 800-947-3529) على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 800-378-5234 (TTY 800-947-3529) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 800-378-5234 (TTY 800-947-3529). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 800-378-5234 (TTY 800-947-3529). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 800-378-5234 (TTY 800-947-3529). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 800-378-5234 (TTY 800-947-3529). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、800-378-5234 (TTY 800-947-3529) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Hmong: Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog peb li kev noj qab hauv huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais kws txhais lus pab dawb, tsuas yog hu rau peb ntawm tus xov tooj 800-378-5234 (TTY 800-947-3529). Qee tus neeg uas hais Askiv/Yam Lus koj paub tuaj yeem pab tau rau koj. Qhov no yog kev pab dawb.