

2026 Part D Formulary



Network Health Zero (PPO)

Network Health Select (PPO)

Network Health Choice (PPO)

Network Health PlusRx (PPO)

Network Health PremierRx (PPO)

Network Health Go (PPO)

Network Health Anywhere (PPO)

2026 Formulary

(List of Covered Drugs or “Drug List”)

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

HPMS Approved Formulary File Submission ID 26128

This formulary was updated on 04/01/2026. For more recent information or other questions, please contact Network Health Medicare Advantage Plans customer service at 800-316-3107 (TTY users should call 800-716-3231), 24 hours a day, seven days a week, or visit [networkhealth.com](https://www.networkhealth.com).

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Network Health Medicare Advantage Plans. When it refers to “plan” or “our plan,” it means Network Health Zero, Network Health Select, Network Health Choice, Network Health PlusRx, Network Health PremierRx, Network Health Go and Network Health Anywhere.

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This document includes a Drug List (formulary) for our plan which is current as of 04/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Network Health Medicare Advantage Plan's formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a 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 Network Health Medicare Advantage Plans, 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 change?

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

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the 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 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you.

However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/01/2026. To get updated information about the drugs covered by Network Health Medicare Advantage Plans 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 16. 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 121. 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 121. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Network Health Medicare Advantage Plans requires you or your prescriber 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 16. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization 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 6 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact customer service and ask if your drug is covered. For more information, 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 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 Network Health Medicare Advantage Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask 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 waive a coverage restriction including prior authorization or a quantity limit 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.
- 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.

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

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

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

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

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

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

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 121.

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

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

Network Health Zero

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	\$0	\$0	\$8	\$20
Tier 2*	\$8	\$20	\$17	\$42
Tier 3*	23%	23%	25%	25%
Tier 4*	25%	25%	25%	25%
Tier 5*	29%	N/A	29%	N/A
Insulin Tier 3	The lesser of 23% or \$35	The lesser of 23% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105
Insulin Tier 4	The lesser of 25% or \$35	The lesser of 25% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105

*During the deductible stage, you pay the full cost of drugs in Tier 2, Tier 3, Tier 4 and Tier 5 until you have paid \$330.

Network Health Select

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	\$1	\$2	\$8	\$20
Tier 2*	\$8	\$20	\$17	\$42
Tier 3*	21%	21%	25%	25%
Tier 4*	29%	29%	29%	29%
Tier 5*	29%	N/A	29%	N/A
Insulin Tier 3	The lesser of 21% or \$35	The lesser of 21% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105
Insulin Tier 4	The lesser of 25% or \$35	The lesser of 25% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105

*During the deductible stage, you pay the full cost of drugs in Tier 2, Tier 3, Tier 4 and Tier 5 until you have paid \$330.

Network Health 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	\$1	\$2	\$8	\$20
Tier 2*	\$8	\$20	\$17	\$42
Tier 3*	23%	23%	25%	25%
Tier 4*	28%	28%	28%	28%
Tier 5*	29%	N/A	29%	N/A
Insulin Tier 3	The lesser of 23% or \$35	The lesser of 23% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105
Insulin Tier 4	The lesser of 25% or \$35	The lesser of 25% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105

*During the deductible stage, you pay the full cost of drugs in Tier 2, Tier 3, Tier 4 and Tier 5 until you have paid \$300.

Network Health PlusRx

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	\$0	\$0	\$8	\$20
Tier 2*	\$8	\$20	\$17	\$42
Tier 3*	23%	23%	25%	25%
Tier 4*	25%	25%	25%	25%
Tier 5*	29%	N/A	29%	N/A
Insulin Tier 3	The lesser of 23% or \$35	The lesser of 23% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105
Insulin Tier 4	The lesser of 25% or \$35	The lesser of 25% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105

*During the deductible stage, you pay the full cost of drugs in Tier 2, Tier 3, Tier 4 and Tier 5 until you have paid \$340.

Network Health PremierRx

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	\$0	\$0	\$8	\$20
Tier 2*	\$8	\$20	\$17	\$42
Tier 3*	23%	23%	25%	25%
Tier 4*	25%	25%	25%	25%
Tier 5*	29%	N/A	29%	N/A
Insulin Tier 3	The lesser of 23% or \$35	The lesser of 23% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105
Insulin Tier 4	The lesser of 25% or \$35	The lesser of 25% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105

*During the deductible stage, you pay the full cost of drugs in Tier 2, Tier 3, Tier 4 and Tier 5 until you have paid \$340.

Network Health 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	\$0	\$0	\$8	\$20
Tier 2*	\$8	\$20	\$17	\$42
Tier 3*	23%	23%	25%	25%
Tier 4*	25%	25%	25%	25%
Tier 5*	29%	N/A	29%	N/A
Insulin Tier 3	The lesser of 23% or \$35	The lesser of 23% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105
Insulin Tier 4	The lesser of 25% or \$35	The lesser of 25% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105

*During the deductible stage, you pay the full cost of drugs in Tier 2, Tier 3, Tier 4 and Tier 5 until you have paid \$340.

Network Health 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	\$1	\$2	\$8	\$20
Tier 2*	\$8	\$20	\$17	\$42
Tier 3*	22%	22%	25%	25%
Tier 4*	28%	28%	28%	28%
Tier 5*	29%	N/A	29%	N/A
Insulin Tier 3	The lesser of 22% or \$35	The lesser of 22% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105
Insulin Tier 4	The lesser of 25% or \$35	The lesser of 25% or \$105	The lesser of 25% or \$35	The lesser of 25% or \$105

*During the deductible stage, you pay the full cost of drugs in Tier 2, Tier 3, Tier 4 and Tier 5 until you have paid \$320.

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 800-716-3231.
\$35	The lesser of your plan's coinsurance, up to 25%, or \$35 per month supply of insulin
\$0	This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B VS D
<i>amphotericin b</i>	4	B VS D
<i>amphotericin b liposome</i>	5	B VS D
<i>caspofungin acetate</i>	4	
<i>clotrimazole 10 mg troche</i>	2	
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE)	5	PA
ERAXIS 100 MG VIAL	5	
ERAXIS 50 MG VIAL	4	
<i>fluconazole</i>	2	
<i>fluconazole in sodium chloride, iso-osmotic</i>	2	
<i>flucytosine</i>	5	
<i>griseofulvin ultramicrosize (125 mg tablet, 250 mg tablet)</i>	4	
<i>griseofulvin, microsize</i>	4	
<i>itraconazole 10 mg/ml solution</i>	4	PA
<i>itraconazole 100 mg capsule</i>	3	PA, QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tablet</i>	2	
<i>micafungin sodium</i>	4	
<i>nystatin (500k unit tablet, 100000/ml oral susp)</i>	2	
<i>posaconazole 100 mg tablet dr</i>	5	
<i>posaconazole 200 mg/5ml oral susp</i>	5	QL (600 PER 30 DAYS)
<i>terbinafine hcl</i>	2	
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	4	QL (120 PER 30 DAYS)
<i>voriconazole 200 mg vial</i>	5	PA
<i>voriconazole 200 mg/5ml susp recon</i>	5	QL (600 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>voriconazole/hydroxypropyl-beta-cyclodextrin</i>	5	PA
ANTIVIRALS		
<i>abacavir sulfate</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	2	
<i>acyclovir 200 mg/5ml oral susp</i>	3	
<i>acyclovir sodium 50 mg/ml vial</i>	4	B VS D
<i>adefovir dipivoxil</i>	4	
<i>amantadine hcl</i>	2	
APTIVUS	5	
<i>atazanavir sulfate</i>	4	
BARACLUDE 0.05 MG/ML SOLUTION	5	
BIKTARVY	5	
<i>cidofovir</i>	5	
CIMDUO	5	
<i>darunavir 600 mg tablet</i>	4	
<i>darunavir 800 mg tablet</i>	5	
<i>darunavir ethanolate 600 mg tablet</i>	4	
<i>darunavir ethanolate 800 mg tablet</i>	5	
DELSTRIGO	5	
DESCOVY	5	
DOVATO	5	
EDURANT	5	
EDURANT PED	5	
<i>efavirenz 600 mg tablet</i>	4	
<i>efavirenz/emtricitabinel/tenofovir disoproxil fumarate</i>	5	
<i>efavirenz/lamivudinel/tenofovir disoproxil fumarate</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>emtricitabine</i>	4	
<i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate ((tdf) 100-150 mg tablet, (tdf) 133-200 mg tablet, (tdf) 167-250 mg tablet)</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate (tdf) 200-300 mg tablet</i>	4	
EMTRIVA 10 MG/ML SOLUTION	4	
<i>entecavir</i>	4	
EPCLUSA (150-37.5 MG PELLETT PKT, 200-50 MG PELLETT PACK, 400 MG-100 MG TABLET)	5	PA, QL (28 PER 28 DAYS)
EPCLUSA 200 MG-50 MG TABLET	5	PA, QL (56 PER 28 DAYS)
<i>etravirine</i>	5	
EVOTAZ	5	
<i>famciclovir 125 mg tablet</i>	2	QL (10 PER 5 DAYS)
<i>famciclovir 250 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>famciclovir 500 mg tablet</i>	2	QL (30 PER 10 DAYS)
<i>fosamprenavir calcium</i>	5	QL (180 PER 30 DAYS)
<i>foscarnet sodium</i>	5	B VS D
<i>ganciclovir sodium</i>	4	B VS D
GENVOYA	5	
HARVONI (45-200 MG PELLETT PACKET, 45-200 MG TABLET)	5	PA, QL (56 PER 28 DAYS)
HARVONI 33.75-150 MG PELLETT PK	5	PA, QL (28 PER 28 DAYS)
INTELENCE 25 MG TABLET	4	
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5	
ISENTRESS 25 MG TABLET CHEW	4	
ISENTRESS HD	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JULUCA	5	
KALETRA 80 MG-20 MG/ML SOLN	5	
LAGEVRIO (EUA)	4	QL (40 PER 90 DAYS)
<i>lamivudine</i>	2	
<i>lamivudine/zidovudine</i>	2	
<i>ledipasvir/sofosbuvir</i>	5	PA, QL (28 PER 28 DAYS)
LIVTENCITY	5	PA, LA
<i>lopinavir/ritonavir</i>	4	
<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 (50 mg/5 ml oral susp, 200 mg tablet)</i>	2	
<i>nevirapine 400 mg tab er 24h</i>	4	
NORVIR 100 MG POWDER PACKET	4	
ODEFSEY	5	
<i>oseltamivir phosphate</i>	3	
PAXLOVID (EUA) 150-100 MG PACK	3	QL (20 PER 90 DAYS)
PAXLOVID (EUA) 300-100 MG PACK	3	QL (30 PER 90 DAYS)
PAXLOVID 150-100 MG (MODERATE)	3	QL (20 PER 90 DAYS)
PAXLOVID 300-100 MG DOSE PACK	3	QL (30 PER 90 DAYS)
PAXLOVID 300/150- 100MG(SEVERE)	3	QL (11 PER 90 DAYS)
PIFELTRO	5	
PREVYMIS (20 MG PELLETT PACKET, 120 MG PELLETT PACKET)	5	PA, QL (120 PER 30 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREZCOBIX	5	
PREZISTA (75 MG TABLET, 150 MG TABLET)	4	
PREZISTA 100 MG/ML SUSPENSION	5	
RELENZA	4	
REYATAZ 50 MG POWDER PACKET	5	
<i>ribavirin 200 mg tablet</i>	2	
<i>rimantadine hcl</i>	2	
<i>ritonavir</i>	3	
RUKOBIA	5	
SELZENTRY 20 MG/ML ORAL SOLN	5	
<i>sofosbuvir/velpatasvir</i>	5	PA, QL (28 PER 28 DAYS)
SOVALDI (150 MG PELLETT PACKET, 400 MG TABLET)	5	PA, QL (28 PER 28 DAYS)
SOVALDI (200 MG PELLETT PACKET, 200 MG TABLET)	5	PA, QL (56 PER 28 DAYS)
STRIBILD	5	
SUNLENCA (4- 300 MG TABLET, 5-300 MG TABLET, 300 MG TABLET)	5	
SYMTUZA	5	
<i>tenofovir disoproxil fumarate</i>	4	
TIVICAY 50 MG TABLET	5	
TIVICAY PD	5	
TRIUMEQ	5	
TRIUMEQ PD	4	
TYBOST	3	
<i>valacyclovir hcl 1000 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>valacyclovir hcl 500 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>valganciclovir hcl 450 mg tablet</i>	3	QL (120 PER 30 DAYS)
<i>valganciclovir hcl 50 mg/ml soln recon</i>	5	QL (1080 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VEKLURY	5	
VEMLIDY	5	QL (30 PER 30 DAYS)
VIRACEPT	5	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	
VOSEVI	5	PA, QL (28 PER 28 DAYS)
XOFLUZA	3	
ZEPATIER	5	PA
<i>zidovudine</i>	2	
CEPHALOSPORINS		
<i>cefaclor (250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule)</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium</i>	4	
<i>cefazolin sodium/dextrose, iso-osmotic (sodium/dextrose, iso 1 g/50 ml froz. piggy, sodium/dextrose, iso 1 g/50 ml piggyback, sodium/dextrose, iso 2 g/100 ml froz. piggy, sodium/dextrose, iso 2 g/50 ml piggyback, sodium/dextrose, iso 3 g/50 ml piggyback)</i>	4	
<i>cefdinir</i>	2	
<i>cefepime hcl</i>	4	
<i>cefepime hcl in dextrose 5% in water</i>	4	
<i>cefepime hcl in iso-osmotic dextrose</i>	4	
<i>cefixime (100 mg/5ml susp recon, 200 mg/5ml susp recon, 400 mg capsule)</i>	3	
<i>cefotaxime sodium</i>	4	
<i>cefotetan disodium</i>	4	
<i>cefoxitin sodium</i>	4	
<i>cefoxitin sodium/dextrose, iso-osmotic</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ceftaroline fosamil acetate</i>	5	
<i>ceftazidime</i>	4	
<i>ceftriaxone sodium</i>	4	
<i>ceftriaxone sodium in iso-osmotic dextrose</i>	4	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	4	
<i>cephalexin (125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule)</i>	2	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin (100 mg/5ml, 200 mg/5ml)</i>	3	
<i>azithromycin (250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	2	
<i>azithromycin (500 mg vial, 500 mg vial port)</i>	4	
<i>clarithromycin (125 mg/5ml susp recon, 250 mg/5ml susp recon, 500 mg tab er 24h)</i>	3	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	2	
DIFICID 40 MG/ML SUSPENSION	5	QL (136 PER 10 DAYS)
<i>erythromycin base (250 mg capsule dr, 250 mg tablet, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr)</i>	4	
<i>erythromycin ethylsuccinate</i>	4	
<i>erythromycin lactobionate</i>	4	
<i>fidaxomicin</i>	5	QL (20 TABLETS PER 10 DAYS)
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	
<i>amikacin sulfate</i>	4	
ARIKAYCE	5	PA, LA
<i>atovaquone</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atovaquone/proguanil hcl</i>	3	
<i>aztreonam</i>	4	
CAYSTON	5	PA, LA
<i>chloramphenicol sod succinate</i>	2	
<i>chloroquine phosphate</i>	3	
<i>clindamycin hcl</i>	2	
<i>clindamycin palmitate hcl</i>	3	
<i>clindamycin phosphate 150 mg/ml vial</i>	4	
<i>clindamycin phosphate in 0.9 % sodium chloride</i>	4	
<i>clindamycin phosphate/dextrose 5 % in water</i>	4	
COARTEM	4	
<i>colistin (as colistimethate sodium)</i>	5	
<i>cycloserine</i>	5	
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	3	
<i>daptomycin</i>	5	
<i>ertapenem sodium</i>	4	
<i>ethambutol hcl</i>	2	
<i>gentamicin sulfate 40 mg/ml vial</i>	4	
<i>gentamicin sulfate in sodium chloride, iso-osmotic (60 mg/50ml, 80 mg/50ml, 80mg/100ml, 100mg/0.1l, 100mg/50ml, 120mg/0.1l)</i>	4	
<i>gentamicin sulfate/pf 20 mg/2 ml vial</i>	4	
<i>hydroxychloroquine sulfate</i>	2	
<i>imipenem/cilastatin sodium</i>	4	
IMPAVIDO	5	PA
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	2	
<i>isoniazid 50 mg/5 ml solution</i>	4	
<i>ivermectin 3 mg tablet</i>	3	PA
KRINTAFEL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LAMPIT	4	
<i>lincomycin hcl</i>	4	
<i>linezolid 100 mg/5ml susp recon</i>	5	QL (1800 ML PER 30 DAYS)
<i>linezolid 600 mg tablet</i>	4	QL (60 PER 30 DAYS)
<i>linezolid in 0.9 % sodium chloride</i>	4	
<i>linezolid in dextrose 5 % in water</i>	4	
<i>mefloquine hcl</i>	2	
<i>meropenem</i>	3	
<i>metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet)</i>	2	
<i>metronidazole in sodium chloride</i>	4	
<i>neomycin sulfate</i>	2	
<i>nitazoxanide</i>	5	QL (6 PER 30 DAYS)
<i>pentamidine isethionate 300 mg vial</i>	4	
<i>pentamidine isethionate 300 mg vial-neb</i>	3	B VS D
<i>polymyxin b sulfate</i>	4	
<i>praziquantel</i>	3	
<i>pretomanid</i>	4	
PRIFTIN	3	
<i>primaquine phosphate</i>	4	
<i>pyrazinamide</i>	4	
<i>pyrimethamine</i>	5	
<i>quinine sulfate</i>	2	
<i>rifabutin</i>	4	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	2	
<i>rifampin 600 mg vial</i>	4	
SIRTURO	5	LA
<i>streptomycin sulfate</i>	4	
<i>tigecycline</i>	4	
<i>tinidazole</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOBI PODHALER	5	QL (224 PER 56 DAYS)
<i>tobramycin 300 mg/4ml ampul-neb</i>	5	QL (224 PER 28 DAYS), B VS D
<i>tobramycin in 0.225 % sodium chloride</i>	5	QL (280 PER 28 DAYS), B VS D
<i>tobramycin sulfate</i>	4	
TRECTOR	4	
XIFAXAN 200 MG TABLET	4	PA, QL (9 PER 3 DAYS)
XIFAXAN 550 MG TABLET	5	PA, QL (84 PER 28 DAYS)
PENICILLINS		
<i>amoxicillin</i>	2	
<i>amoxicillin/potassium clavulanate (200-28.5/5 susp recon, 250-125 mg tablet, 250-62.5/5 susp recon, 400-57mg/5 susp recon, 500-125 mg tablet, 600-42.9/5 susp recon, 875-125 mg tablet)</i>	2	
<i>ampicillin sodium</i>	4	
<i>ampicillin sodium/sulbactam sodium</i>	4	
<i>ampicillin trihydrate 500 mg capsule</i>	2	
BICILLIN C-R	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin in dextrose, iso-osmotic in dextrose, iso-osm 2 g/100 ml froz. piggy</i>	4	
<i>nafcillin sodium (1 vial, 2 vial)</i>	4	
<i>nafcillin sodium 10 g vial</i>	5	
<i>oxacillin sodium</i>	4	
<i>oxacillin sodium in iso-osmotic dextrose</i>	4	
<i>penicillin g potassium</i>	4	
<i>penicillin g potassium/dextrose-water (pot/dextrose-water 2mm/50ml froz. piy, pot/dextrose-water 3mm/50ml froz. piy)</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PFIZERPEN	4	
<i>piperacillin sodium/tazobactam sodium (2.25 vial, 2.25 vial port, 3.375 vial, 3.375 vial port, 4.5 vial, 4.5 vial port, 13.5 vial, 40.5 vial)</i>	4	
QUINOLONES		
<i>ciprofloxacin hcl (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	2	
<i>ciprofloxacin lactate/dextrose 5 % in water</i>	4	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	2	
<i>levofloxacin 25 mg/ml vial</i>	4	
<i>levofloxacin 250mg/10ml solution</i>	3	
<i>levofloxacin/dextrose 5 % in water</i>	4	
<i>moxifloxacin hcl 400 mg tablet</i>	3	
<i>moxifloxacin hcl in sodium acetate and sulfate, water, iso-osm</i>	4	
<i>moxifloxacin hcl in sodium chloride, iso- osmotic</i>	4	
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	3	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole/trimethoprim</i>	2	
TETRACYCLINES		
<i>demeclocycline hcl</i>	4	
DOXY 100	4	
<i>doxycycline hyclate (20 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet)</i>	2	
<i>doxycycline hyclate 100 mg vial</i>	4	
<i>doxycycline monohydrate (50 mg capsule, 50 mg tablet, 100 mg capsule, 100 mg tablet)</i>	2	
<i>doxycycline monohydrate 25 mg/5 ml susp recon</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	2	
<i>minocycline hcl (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	4	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	4	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>trimethoprim</i>	2	
VANCOMYCIN		
<i>vancomycin hcl (1 g vial, 1 g vial port, 1.25 g vial, 1.5 g vial, 5 g vial, 10 g vial, 50 mg/ml soln recon, 100 g bulkbaginj, 125 mg capsule, 250 mg capsule, 500 mg vial, 500 mg vial port, 750 mg vial, 750 mg vial port)</i>	4	
<i>vancomycin hcl in water for injection (peg-400, nada) (vancomycin/water (peg) 1.25 g/250, vancomycin/water (peg) 1.75 g/350, vancomycin/water (peg) 750mg/151)</i>	4	
<i>vancomycin in 0.9 % sodium chloride (vancomycin/0.9 % 1g/200ml froz.piggy, vancomycin/0.9 % 500mg/0.1l froz.piggy, vancomycin/0.9 % 750 mg/250 plast. bag, vancomycin/0.9 % 750mg/151 froz.piggy)</i>	4	
<i>vancomycin in 5 % dextrose in water (5 % 1.25 g/250 plast. bag, 5 % 1g/200ml froz.piggy, 5 % 500mg/0.1l froz.piggy, 5 % 750mg/151 froz.piggy)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium (10 mg/ml vial, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial)</i>	4	PA
<i>leucovorin calcium (5 mg tablet, 10 mg tablet, 15 mg tablet, 25 mg tablet)</i>	2	
<i>levoleucovorin calcium</i>	5	PA
<i>mesna 400 mg tablet</i>	5	
OSENVELT	5	
WYOST	5	
XGEVA	5	
<i>abiraterone acetate 250 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
<i>abiraterone acetate 500 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
ABIRTEGA	3	PA, QL (120 TABLETS PER 30 DAYS)
ADCETRIS	5	PA
ADSTILADRIN	5	PA
AKEEGA	5	PA, LA, QL (60 PER 30 DAYS)
ALECENSA	5	PA, QL (240 PER 30 DAYS)
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA, QL (180 PER 30 DAYS)
ALYMSYS	5	PA
<i>anastrozole</i>	1	
ANKTIVA	5	PA
<i>arsenic trioxide</i>	5	PA
ARZERRA	5	PA
ASPARLAS	5	PA
ASTAGRAF XL	4	B VS D

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUGTYRO 160 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
AVASTIN (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	5	PA
AVMAPKI-FAKZYNJA	5	PA, QL (66 TABLETS PER 28 DAYS)
AYVAKIT	5	PA, LA, QL (30 PER 30 DAYS)
<i>azacitidine</i>	5	PA
<i>azathioprine 50 mg tablet</i>	2	B VS D
BALVERSA (3 MG TABLET, 4 MG TABLET)	5	PA, LA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
BAVENCIO	5	PA
BEIZRAY 80 MG/4 ML VIAL	5	PA
BEIZRAY-ALBUMIN	5	PA
BELEODAQ	5	PA
<i>bendamustine hcl</i>	5	PA
BESPONSA	5	PA
<i>bexarotene 1 % gel (gram)</i>	5	PA, QL (60 G PER 30 DAYS)
<i>bexarotene 75 mg capsule</i>	5	PA
<i>bicalutamide</i>	2	
BIZENGRI	5	PA
BLENREP 70 MG VIAL	5	PA
<i>bleomycin sulfate</i>	5	PA
BLINCYTO	5	PA
<i>bortezomib</i>	5	PA
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	5	PA, QL (180 PER 30 DAYS)
BOSULIF (50 MG CAPSULE, 400 MG TABLET, 500 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	5	PA, LA
BRUKINSA 160 MG TABLET	5	PA, LA, QL (60 TABLETS PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRUKINSA 80 MG CAPSULE	5	PA, LA, QL (120 PER 30 DAYS)
CABOMETYX	5	PA, LA, QL (30 PER 30 DAYS)
CALQUENCE	5	PA, LA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	5	PA, LA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
<i>carboplatin</i>	2	PA
<i>carmustine (100 mg vial, 300 mg vial)</i>	5	PA
<i>cisplatin</i>	2	PA
<i>cladribine 10 mg/10ml vial</i>	5	PA
<i>clofarabine</i>	5	PA
COLUMVI	5	PA
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL (56 PER 28 DAYS)
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)
COTELLIC	5	PA, LA, QL (63 PER 28 DAYS)
<i>cyclophosphamide (1 g vial, 2 g vial, 200 mg/ml vial, 500 mg vial)</i>	4	B VS D
<i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i>	3	B VS D
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	3	B VS D
<i>cyclosporine, modified</i>	3	B VS D
CYRAMZA	5	PA
<i>cytarabine</i>	2	PA
<i>cytarabine/pf</i>	2	PA
<i>dacarbazine</i>	4	PA
<i>dactinomycin</i>	5	PA
DANYELZA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DANZITEN	5	PA, QL (120 PER 30 DAYS)
DARZALEX	5	PA, LA
DARZALEX FASPRO	5	PA
<i>dasatinib</i>	5	PA, QL (30 PER 30 DAYS)
DATROWAY	5	PA
<i>daunorubicin hcl</i>	2	PA
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	PA
<i>docetaxel</i>	5	PA
<i>doxorubicin hcl</i>	4	PA
<i>doxorubicin hcl pegylated liposomal</i>	5	PA
DROXIA	3	
ELIGARD (22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT)	4	PA, QL (1 KIT PER 84 DAYS)
ELIGARD (30 MG SYRINGE B, 30 MG SYRINGE KIT)	4	PA, QL (1 KIT PER 112 DAYS)
ELIGARD (45 MG SYRINGE B, 45 MG SYRINGE KIT)	4	PA, QL (1 KIT PER 168 DAYS)
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	4	PA, QL (1 KIT PER 28 DAYS)
ELREXFIO	5	PA
ELZONRIS	5	PA
EMPLICITI	5	PA
EMRELIS	5	PA
ENHERTU	5	PA
ENSACOVE	5	PA, QL (60 CAPSULES PER 30 DAYS)
ENSPRYNG	5	PA
ENVARUSUS XR	4	B VS D
<i>epirubicin hcl (50 mg/25ml vial, 200mg/0.1l vial)</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPKINLY	5	PA
ERBITUX	5	PA
<i>eribulin mesylate</i>	5	PA
ERIVEDGE	5	PA, QL (28 PER 28 DAYS)
ERLEADA 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	5	PA, QL (120 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
ERWINASE	5	PA
<i>etoposide 20 mg/ml vial</i>	2	PA
EULEXIN	5	
<i>everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	5	B VS D
<i>everolimus (2 mg tab susp, 2.5 mg tablet, 3 mg tab susp, 5 mg tab susp, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	5	PA
<i>everolimus 0.25 mg tablet</i>	3	B VS D
<i>exemestane</i>	4	
FIRMAGON	4	PA
<i>floxuridine</i>	5	PA
<i>fludarabine phosphate</i>	4	PA
<i>fluorouracil (1 g/20 ml vial, 2.5 g/50ml vial, 5 g/100 ml vial, 500mg/10ml vial)</i>	3	PA
FOTIVDA	5	PA, LA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	5	PA, QL (21 PER 28 DAYS)
<i>fulvestrant</i>	5	PA
FYARRO	5	PA
GAVRETO	5	PA, LA, QL (120 PER 30 DAYS)
GAZYVA	5	PA
<i>gefitinib</i>	5	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gemcitabine hcl</i>	4	PA
GENGRAF 100 MG CAPSULE	4	B VS D
GENGRAF 25 MG CAPSULE	3	B VS D
GILOTRIF	5	PA, QL (30 PER 30 DAYS)
GOMEKLI	5	PA
HERCEPTIN	5	PA
HERCEPTIN HYLECTA	5	PA
HERNEXEOS	5	PA
HERZUMA	5	PA
<i>hydroxyurea</i>	2	
HYRNUO	5	PA, QL (120 TABLETS PER 30 DAYS)
IBRANCE	5	PA, QL (21 PER 28 DAYS)
IBTROZI	5	PA, QL (90 CAPSULES PER 30 DAYS)
ICLUSIG	5	PA, QL (30 PER 30 DAYS)
<i>idarubicin hcl</i>	5	PA
IDHIFA	5	PA, LA, QL (30 PER 30 DAYS)
<i>ifosfamide</i>	3	PA
<i>imatinib mesylate 100 mg tablet</i>	4	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
IMBRUVICA (140 MG CAPSULE, 140 MG TABLET)	5	PA, QL (90 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 280 MG TABLET, 420 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (216 ML PER 27 DAYS)
IMDELLTRA	5	PA
IMFINZI	5	PA, LA
IMJUDO	5	PA
IMKELDI	5	PA
IMLYGIC	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INLEXZO	5	PA
INLURIYO	5	PA, QL (60 TABLETS PER 30 DAYS)
INLYTA	5	PA, QL (120 PER 30 DAYS)
INQOVI	5	PA, QL (5 PER 28 DAYS)
INREBIC	5	PA, LA, QL (120 PER 30 DAYS)
<i>irinotecan hcl</i>	4	PA
ITOVEBI 3 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TABLET	5	PA, QL (30 PER 30 DAYS)
IWILFIN	5	PA, LA, QL (240 PER 30 DAYS)
IXEMPRA	5	PA
JAKAFI	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
JEMPERLI	5	PA
JEVTANA	5	PA
JOBEVNE	5	PA
JYLAMVO	4	PA
KADCYLA	5	PA
KANJINTI	5	PA
KEYTRUDA	5	PA
KEYTRUDA QLEX	5	PA
KIMMTRAK	5	PA
KISQALI 200 MG DAILY DOSE	5	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	5	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	5	PA, QL (63 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)
KOSELUGO 10 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KOSELUGO 25 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
KOSELUGO 5 MG SPRINKLE CAPSULE	5	PA, QL (600 CAPSULES PER 30 DAYS)
KOSELUGO 7.5 MG SPRINKLE CAP	5	PA, QL (360 CAPSULES PER 30 DAYS)
KRAZATI	5	PA, QL (180 PER 30 DAYS)
KYPROLIS	5	PA
<i>lanreotide acetate 120mg/0.5 syringe</i>	5	PA
<i>lapatinib ditosylate</i>	5	PA, QL (150 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	5	PA, LA, QL (60 PER 30 DAYS)
<i>lenalidomide</i>	5	PA, LA, QL (28 PER 28 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	5	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	5	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	5	PA, QL (60 PER 30 DAYS)
<i>letrozole</i>	2	
LEUKERAN	5	PA
<i>leuprolide acetate (1 mg/0.2ml kit, 1 mg/0.2ml vial)</i>	4	
<i>leuprolide acetate 22.5 mg vial</i>	4	PA, QL (1 PER 90 DAYS)
LIBTAYO	5	PA
<i>lomustine (40 mg capsule, 100 mg capsule)</i>	5	
<i>lomustine 10 mg capsule</i>	4	
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (100 PER 30 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (80 PER 30 DAYS)
LOQTORZI	5	PA
LORBRENA 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	5	PA, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUMAKRAS 240 MG TABLET	5	PA, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUNSUMIO	5	PA
LUNSUMIO VELO	5	PA
LUPRON DEPOT (11.25 MG 3MO KIT, 22.5 MG 3MO KIT)	5	PA, QL (1 KIT PER 84 DAYS)
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)	5	PA, QL (1 KIT PER 28 DAYS)
LUPRON DEPOT (LUPANETA) 11.25MG	5	PA, QL (1 KIT PER 84 DAYS)
LUPRON DEPOT (LUPANETA) 3.75MG	5	PA, QL (1 KIT PER 28 DAYS)
LUPRON DEPOT 45 MG 6MO KIT	5	PA, QL (1 KIT PER 168 DAYS)
LUPRON DEPOT DEPOT-4 MONTH KIT	5	PA, QL (1 KIT PER 112 DAYS)
LYNOZYFIC	5	PA
LYNPARZA	5	PA, QL (120 PER 30 DAYS)
LYSODREN	5	
LYTGOBI 12 MG DOSE (3X 4MG TB)	5	PA, LA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	5	PA, LA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	5	PA, LA, QL (140 PER 28 DAYS)
MARGENZA	5	PA, LA
MATULANE	5	
<i>megestrol acetate</i>	3	
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL (1260 ML PER 30 DAYS)
MEKINIST 0.5 MG TABLET	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	5	PA, QL (30 PER 30 DAYS)
MEKTOVI	5	PA, LA, QL (180 PER 30 DAYS)
<i>melphalan hcl</i>	5	PA
<i>mercaptopurine 20 mg/ml oral susp</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mercaptopurine 50 mg tablet</i>	2	
<i>methotrexate sodium</i>	2	B VS D
<i>methotrexate sodium/pf</i>	2	B VS D
<i>mitomycin (5 mg vial, 20 mg vial, 40 mg vial)</i>	4	PA
<i>mitoxantrone hcl</i>	3	PA
MODEYSO	5	PA
MONJUVI	5	PA
MVASI	5	PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	3	B VS D
<i>mycophenolate mofetil 200 mg/ml susp recon</i>	5	B VS D
<i>mycophenolate sodium</i>	3	B VS D
MYLOTARG	5	PA
<i>nelarabine</i>	5	PA
NERLYNX	5	PA, LA, QL (180 PER 30 DAYS)
<i>nilotinib hcl</i>	5	PA, QL (120 TABLETS PER 30 DAYS)
<i>nilutamide</i>	5	QL (30 PER 30 DAYS)
NINLARO	5	PA, QL (3 PER 28 DAYS)
NIPENT	5	PA
NUBEQA	5	PA, LA, QL (120 PER 30 DAYS)
<i>octreotide acetate (50 mcg/ml ampul, 50 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml vial, 200 mcg/ml vial)</i>	4	PA
<i>octreotide acetate (50 mcg/ml syringe, 100 mcg/ml syringe, 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial)</i>	5	PA
<i>octreotide acetate, microspheres</i>	5	PA
ODOMZO	5	PA, LA, QL (30 PER 30 DAYS)
OGIVRI	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OGSIVEO (100 MG TABLET, 150 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
OGSIVEO 50 MG TABLET	5	PA, QL (180 PER 30 DAYS)
OJEMDA	5	PA
OJJAARA	5	PA, QL (30 PER 30 DAYS)
ONCASPAR	5	PA
ONIVYDE	5	PA
ONTRUZANT	5	PA
ONUREG	5	PA, QL (14 PER 28 DAYS)
OPDIVO	5	PA
OPDIVO QVANTIG	5	PA
OPDUALAG	5	PA
ORGOVYX	5	PA, LA, QL (30 PER 28 DAYS)
ORSERDU 345 MG TABLET	5	PA, LA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	5	PA, LA, QL (90 PER 30 DAYS)
<i>oxaliplatin</i>	4	PA
<i>paclitaxel</i>	4	PA
<i>paclitaxel protein-bound</i>	5	PA
PADCEV	5	PA
<i>pazopanib hcl 200 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
<i>pazopanib hcl 400 mg tablet</i>	5	PA, QL (60 TABLETS PER 30 DAYS)
PEMAZYRE	5	PA, LA, QL (30 PER 30 DAYS)
<i>pemetrexed (25 mg/ml vial, 100 mg vial, 500 mg vial)</i>	5	PA
<i>pemetrexed disodium</i>	5	PA
PERJETA	5	PA
PHESGO	5	PA
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	5	PA, QL (56 PER 28 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	5	PA, QL (28 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
POLIVY	5	PA
<i>pomalidomide</i>	5	PA, LA, QL (30 CAPSULES PER 30 DAYS)
POTELIGEO	5	PA
<i>pralatrexate</i>	5	PA
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	4	B VS D
PURIXAN	5	
QINLOCK	5	PA, LA, QL (90 PER 30 DAYS)
RETEVMO (40 MG CAPSULE, 40 MG TABLET)	5	PA, LA, QL (90 PER 30 DAYS)
RETEVMO (80 MG CAPSULE, 80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	5	PA, LA, QL (60 PER 30 DAYS)
REVUFORJ (110 MG TABLET, 160 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
REVUFORJ 25 MG TABLET	5	PA, QL (240 TABLETS PER 30 DAYS)
REZLIDHIA	5	PA, QL (60 PER 30 DAYS)
RIABNI	5	B VS D
RITUXAN	5	B VS D
RITUXAN HYCELA	5	PA
<i>romidepsin</i>	5	PA
ROMVIMZA	5	PA, LA, QL (60 CAPSULES PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	5	PA, QL (336 PER 28 DAYS)
RUBRACA	5	PA, LA, QL (120 PER 30 DAYS)
RUXIENCE	5	B VS D
RYBREVANT	5	PA
RYBREVANT FASPRO	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYDAPT	5	PA, QL (240 PER 30 DAYS)
RYLAZE	5	PA
RYTELO	5	PA
SARCLISA	5	PA, LA
SCEMBLIX 100 MG TABLET	5	PA, QL (120 PER 30 DAYS)
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, QL (60 PER 30 DAYS)
<i>sirolimus</i>	4	B VS D
SOLTAMOX	5	
<i>sorafenib tosylate</i>	5	PA, QL (120 TABS PER 30 DAYS)
STIVARGA	5	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate</i>	5	PA, QL (28 PER 28 DAYS)
SYLVANT	5	PA
TABLOID	4	
TABRECTA	5	PA, QL (120 PER 30 DAYS)
<i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule, 5 mg/ml vial)</i>	4	B VS D
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL (840 PER 28 DAYS)
TAGRISSE	5	PA, LA, QL (30 PER 30 DAYS)
TALVEY	5	PA
TALZENNA	5	PA, QL (30 PER 30 DAYS)
<i>tamoxifen citrate</i>	2	
TAZVERIK	5	PA, LA, QL (240 PER 30 DAYS)
TECENTRIQ	5	PA, LA
TECENTRIQ HYBREZA	5	PA, LA
TECVAYLI	5	PA
TEMODAR	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>temsirolimus</i>	5	PA
TEPADINA 200 MG BAG	5	PA
TEPMETKO	5	PA, LA, QL (60 PER 30 DAYS)
TEVIMBRA	5	PA
THALOMID 100 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
THALOMID 50 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
<i>thiotepa</i>	5	PA
TIBSOVO	5	PA, QL (60 PER 30 DAYS)
TIVDAK	5	PA
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	5	PA
<i>toremifene citrate</i>	5	QL (30 PER 30 DAYS)
TORPENZ (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	PA
TORPENZ 2.5 MG TABLET	3	PA
TRAZIMERA	5	PA
TRELSTAR	4	PA
<i>tretinoin 10 mg capsule</i>	5	PA
TRODELVY	5	PA, LA
TRUQAP	5	PA, QL (64 PER 28 DAYS)
TRUXIMA	5	B VS D
TUKYSA	5	PA, LA, QL (120 PER 30 DAYS)
TURALIO	5	PA, LA, QL (120 PER 30 DAYS)
UNITUXIN	5	PA
<i>valrubicin</i>	5	PA
VANFLYTA	5	PA, QL (56 PER 28 DAYS)
VECTIBIX	5	PA
VEGZELMA	5	PA
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 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENCLEXTA STARTING PACK	5	PA, LA, QL (42 PER 28 DAYS)
VERZENIO	5	PA, LA, QL (60 PER 30 DAYS)
<i>vinblastine sulfate</i>	2	PA
VINCASAR PFS	2	B VS D
<i>vincristine sulfate</i>	2	B VS D
<i>vinorelbine tartrate</i>	2	PA
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, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VYLOY 100 MG VIAL	5	PA
VYLOY 300 MG VIAL	5	PA, LA
VYXEOS	5	PA
WELIREG	5	PA, LA, QL (90 PER 30 DAYS)
XALKORI (20 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	5	PA, QL (180 PER 30 DAYS)
XALKORI 50 MG PELLETT	5	PA, QL (240 PER 30 DAYS)
XERMELO	5	PA, LA, QL (90 PER 30 DAYS)
XOSPATA	5	PA, LA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	5	PA, LA, QL (8 PER 28 DAYS)
XPOVIO (40 MG, 60 MG)	5	PA, LA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	5	PA, LA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	5	PA, LA, QL (32 PER 28 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
YERVOY	5	PA
YONDELIS	5	PA
YONSA	5	PA, QL (120 PER 30 DAYS)
ZALTRAP	5	PA
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	PA
ZIIHERA	5	PA
ZIRABEV	5	PA
ZOLADEX 10.8 MG IMPLANT SYRN	5	PA, QL (1 PER 84 DAYS)
ZOLADEX 3.6 MG IMPLANT SYRN	5	PA, QL (1 PER 28 DAYS)
ZOLINZA	5	PA, QL (120 PER 30 DAYS)
ZYDELIG	5	PA, QL (60 PER 30 DAYS)
ZYKADIA	5	PA, QL (150 PER 30 DAYS)
ZYNLONTA	5	PA, LA
ZYNYZ	5	PA

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

<i>brivaracetam (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	5	PA, QL (60 TABLETS PER 30 DAYS)
<i>brivaracetam 10 mg/ml solution</i>	5	PA, QL (600 ML PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbamazepine (100 mg cpm 12hr, 100 mg tab er 12h, 200 mg cpm 12hr, 200 mg tab chew, 200 mg tab er 12h, 300 mg cpm 12hr, 400 mg tab er 12h)</i>	3	
<i>carbamazepine (100 mg tab chew, 100 mg/5ml oral susp, 200 mg tablet)</i>	2	
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	4	QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml oral susp</i>	4	QL (480 PER 30 DAYS)
<i>clonazepam (0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 2 mg tab rapdis)</i>	3	
<i>clonazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
DIACOMIT	5	PA, LA, QL (180 PER 30 DAYS)
<i>diazepam (2.5 mg, 5-7.5-10mg, 12.5-15-20)</i>	3	
DILANTIN 30 MG CAPSULE	4	PA
<i>divalproex sodium</i>	2	
EPIDIOLEX	5	PA, LA
EPITOL	2	
<i>eslicarbazepine acetate (200 mg tablet, 400 mg tablet)</i>	5	PA, QL (30 TABLETS PER 30 DAYS)
<i>eslicarbazepine acetate (600 mg tablet, 800 mg tablet)</i>	5	PA, QL (60 TABLETS PER 30 DAYS)
<i>ethosuximide</i>	3	
<i>felbamate</i>	4	
FINTEPLA	5	PA, LA, QL (360 PER 30 DAYS)
<i>gabapentin (100 mg capsule, 300 mg capsule, 400 mg capsule, 600 mg tablet, 800 mg tablet)</i>	2	
<i>gabapentin (250 mg/5ml, 300 mg/6ml)</i>	3	
<i>lacosamide (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	3	QL (60 PER 30 DAYS)
<i>lacosamide 10 mg/ml solution</i>	3	QL (1200 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

2026 Network Health Prescription Drug List (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine (25 mg tab er 24, 25 mg tab rapdis, 50 mg tab er 24, 50 mg tab rapdis, 100 mg tab er 24, 100 mg tab rapdis, 200 mg tab er 24, 200 mg tab rapdis, 250 mg tab er 24, 300 mg tab er 24)</i>	4	
<i>lamotrigine (5 mg tb chw dsp, 25 mg tablet, 25 mg tb chw dsp, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	
<i>levetiracetam (100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet)</i>	2	
<i>methsuximide</i>	3	PA
MOTPOLY XR (100 MG CAPSULE, 150 MG CAPSULE)	4	PA
MOTPOLY XR 200 MG CAPSULE	5	PA
NAYZILAM	4	QL (10 PER 30 DAYS)
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)</i>	2	
<i>oxcarbazepine 300 mg/5ml oral susp</i>	3	
<i>perampanel (4 mg tablet, 6 mg tablet, 8 mg tablet, 10 mg tablet, 12 mg tablet)</i>	5	PA, QL (30 TABLETS PER 30 DAYS)
<i>perampanel 0.5 mg/ml oral susp</i>	5	PA, QL (720 ML PER 30 DAYS)
<i>perampanel 2 mg tablet</i>	4	PA, QL (30 TABLETS PER 30 DAYS)
<i>phenobarbital</i>	3	
PHENYTEK	4	
<i>phenytoin (50 mg tab chew, 125 mg/5ml oral susp)</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	2	QL (120 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	2	QL (900 PER 30 DAYS)
<i>primidone (50 mg tablet, 250 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROWEEPRA 500 MG TABLET	2	
<i>rufinamide (40 mg/ml oral susp, 400 mg tablet)</i>	5	PA
<i>rufinamide 200 mg tablet</i>	4	PA
SPRITAM	4	PA
SUBVENITE 10 MG/ML SUSPENSION	5	PA
SYMPAZAN	5	QL (60 PER 30 DAYS)
<i>tiagabine hcl</i>	4	
<i>topiramate (15 mg cap sprinkle, 25 mg cap sprinkle, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	
<i>topiramate 25 mg/ml solution</i>	4	PA
<i>topiramate 50 mg cap sprinkle</i>	4	
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) (valproate sodium) (250 mg/5ml, 500mg/10ml)</i>	2	
VALTOCO	5	QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5	PA, LA, QL (180 PER 30 DAYS)
VIGAFYDE	5	PA, LA
XCOPRI (150 MG TABLET, 200 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
XCOPRI (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
XCOPRI (250 MG DAILY PACK, 350 MG DAILY PACK)	5	PA, QL (56 PER 28 DAYS)
XCOPRI (50-100 MG PAK, 150-200 MG PK)	5	PA, QL (28 PER 28 DAYS)
XCOPRI 12.5-25 MG TITRATION PK	4	PA, QL (28 PER 28 DAYS)
ZONISADE	5	PA
<i>zonisamide</i>	2	
ZTALMY	5	PA, LA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIPARKINSONISM AGENTS		
<i>apomorphine hcl</i>	5	QL (60 PER 30 DAYS)
<i>benztropine mesylate (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
<i>bromocriptine mesylate 2.5 mg tablet</i>	3	
<i>bromocriptine mesylate 5 mg capsule</i>	4	
<i>carbidopa</i>	4	
<i>carbidopallevodopa (10mg-100mg tab rapdis, 25mg-100mg tab rapdis, 25mg-100mg tablet er, 25mg-250mg tab rapdis, 50mg-200mg tablet er)</i>	2	
<i>carbidopallevodopa (10mg-100mg tablet, 25mg-100mg tablet, 25mg-250mg tablet)</i>	1	
<i>carbidopallevodopa (23.75-95mg capsule er, 36.25-145 capsule er, 48.75-195 capsule er, 61.25-245 capsule er)</i>	4	
<i>carbidopallevodopalentacapone</i>	4	
<i>entacapone</i>	3	
NEUPRO	4	
<i>pramipexole di-hcl (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	2	
<i>pramipexole di-hcl (0.375 mg tab er, 0.75 mg tab er, 1.5 mg tab er, 2.25 mg tab er, 3 mg tab er, 3.75 mg tab er, 4.5 mg tab er)</i>	4	
<i>rasagiline mesylate</i>	4	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	2	
<i>ropinirole hcl (2 mg tab er, 4 mg tab er, 6 mg tab er, 8 mg tab er, 12 mg tab er)</i>	4	
RYTARY	4	
<i>selegiline hcl</i>	2	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trihexyphenidyl hcl 2 mg/5 ml solution</i>	3	
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)
<i>almotriptan malate</i>	4	QL (9 PER 30 DAYS)
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	5	QL (8 PER 28 DAYS)
<i>eletriptan hydrobromide</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)
<i>ergotamine tartrate/caffeine</i>	3	QL (40 PER 30 DAYS)
<i>frovatriptan succinate</i>	4	QL (18 PER 28 DAYS)
<i>naratriptan hcl</i>	2	QL (9 PER 30 DAYS)
NURTEC ODT	5	PA, QL (16 PER 30 DAYS)
QULIPTA	5	PA, QL (30 PER 30 DAYS)
REYVOW	4	PA, QL (8 PER 30 DAYS)
<i>rizatriptan benzoate</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan 20 mg spray</i>	4	QL (12 PER 30 DAYS)
<i>sumatriptan 5 mg spray</i>	4	QL (36 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (9 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr, 6 mg/0.5ml vial)</i>	4	QL (8 PER 28 DAYS)
UBRELVY	5	PA, QL (16 PER 30 DAYS)
<i>zolmitriptan (2.5 mg tab rapdis, 2.5 mg tablet, 5 mg tab rapdis, 5 mg tablet)</i>	2	QL (9 PER 30 DAYS)
<i>zolmitriptan 2.5 mg spray</i>	4	PA, QL (18 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolmitriptan 5 mg spray</i>	4	PA, QL (12 PER 30 DAYS)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine</i>	3	PA, QL (60 PER 30 DAYS)
<i>dichlorphenamide</i>	5	PA
<i>dimethyl fumarate (120 mg capsule dr, 240 mg capsule dr)</i>	5	
<i>dimethyl fumarate 120-240 mg capsule dr</i>	4	
<i>donepezil hcl (5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet)</i>	1	
<i>donepezil hcl 23 mg tablet</i>	4	
<i>fingolimod hcl</i>	5	QL (30 PER 30 DAYS)
<i>galantamine hbr (4 mg tablet, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel)</i>	2	
<i>galantamine hbr 4 mg/ml solution</i>	4	QL (200 ML PER 30 DAYS)
<i>glatiramer acetate</i>	5	
GLATOPA	5	
KESIMPTA PEN	5	
<i>memantine hcl (5 mg tablet, 10 mg tablet)</i>	2	
<i>memantine hcl (7 mg cap 24, 14 mg cap 24, 21 mg cap 24, 28 mg cap 24)</i>	3	PA
<i>memantine hcl 2 mg/ml solution</i>	4	PA, QL (300 ML PER 30 DAYS)
<i>memantine hcl 5 mg-10 mg tab ds pk</i>	4	PA
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)
<i>rivastigmine</i>	4	
<i>rivastigmine tartrate</i>	2	
SKYCLARYS	5	PA, LA, QL (90 PER 30 DAYS)
<i>teriflunomide</i>	5	QL (30 PER 30 DAYS)
<i>tetrabenazine 12.5 mg tablet</i>	4	PA, QL (90 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
VUMERITY	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen (10 mg tablet, 20 mg tablet)</i>	2	
<i>baclofen 5 mg tablet</i>	3	
<i>chlorzoxazone 500 mg tablet</i>	3	
<i>cyclobenzaprine hcl 10 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>cyclobenzaprine hcl 5 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>dantrolene sodium (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	4	
<i>metaxalone 800 mg tablet</i>	3	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	3	
<i>orphenadrine citrate 100 mg tablet er</i>	3	
<i>pyridostigmine bromide (30 mg tablet, 60 mg/5 ml solution)</i>	4	
<i>pyridostigmine bromide (60 mg tablet, 180 mg tablet er)</i>	3	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	2	
NARCOTIC ANALGESICS		
<i>acetaminophen with codeine phosphate (300mg-15mg tablet, 300mg-30mg tablet)</i>	3	QL (360 PER 30 DAYS)
<i>acetaminophen with codeine phosphate 120-12mg/5 solution</i>	3	QL (4500 PER 30 DAYS)
<i>acetaminophen with codeine phosphate 300mg-60mg tablet</i>	3	QL (180 PER 30 DAYS)
<i>buprenorphine</i>	4	QL (4 PER 28 DAYS)
<i>buprenorphine hcl (2 mg tab, 8 mg tab)</i>	2	
<i>butalb-acetamin-caff 50-325-40 tablet</i>	3	QL (180 PER 30 DAYS)
<i>butalbital/aspirin/caffeine 50-325-40 capsule</i>	3	QL (180 PER 30 DAYS)
<i>codeine sulfate</i>	3	QL (180 PER 30 DAYS)
ENDOCET	3	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 37.5mcg/hr patch, 50mcg/hr patch, 62.5mcg/hr patch, 75mcg/hr patch, 100 mcg/hr patch)</i>	4	QL (10 PER 30 DAYS)
<i>fentanyl 87.5mcg/hr patch td72</i>	5	QL (10 PER 30 DAYS)
<i>hydrocodone bitartrate (10 mg cap er, 15 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er)</i>	4	QL (90 PER 30 DAYS)
<i>hydrocodone bitartrate (100 mg tab er, 120 mg tab er)</i>	5	QL (60 PER 30 DAYS)
<i>hydrocodone bitartrate (20 mg tab er, 30 mg tab er, 40 mg tab er, 60 mg tab er, 80 mg tab er)</i>	4	QL (60 PER 30 DAYS)
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5, hydrocodone/acetaminophen 5-217mg/10, hydrocodone/acetaminophen 7.5, hydrocodone/acetaminophen 10)</i>	3	QL (5550 PER 30 DAYS)
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 2.5-325 mg tablet, hydrocodone/acetaminophen 5 mg-325mg tablet, hydrocodone/acetaminophen 7.5-325 mg tablet, hydrocodone/acetaminophen 10mg-325mg tablet)</i>	3	QL (360 PER 30 DAYS)
<i>hydrocodone bitartrate/acetaminophen (hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 7.5-300 mg tablet, hydrocodone/acetaminophen 10mg-300mg tablet)</i>	3	QL (390 PER 30 DAYS)
<i>hydrocodone/ibuprofen</i>	3	QL (50 PER 30 DAYS)
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	3	QL (180 PER 30 DAYS)
<i>hydromorphone hcl (8 mg tab er, 12 mg tab er, 16 mg tab er, 32 mg tab er)</i>	4	QL (60 PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml liquid</i>	3	QL (2400 PER 30 DAYS)
<i>hydromorphone hcl/pf (10 mg/ml ampul, 10 mg/ml vial)</i>	3	
<i>methadone hcl (10 mg tablet, 10 mg/ml oral conc)</i>	3	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methadone hcl 10 mg/5 ml solution</i>	3	QL (600 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	3	QL (240 PER 30 DAYS)
<i>methadone hcl 5 mg/5 ml solution</i>	3	QL (1200 PER 30 DAYS)
METHADONE INTENSOL	3	QL (120 PER 30 DAYS)
<i>morphine sulfate (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 er)</i>	3	QL (90 PER 30 DAYS)
<i>morphine sulfate (10 mg/5 ml, 20 mg/5 ml, 100 mg/5ml)</i>	3	QL (900 PER 30 DAYS)
<i>morphine sulfate (15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 100 mg tablet er, 200 mg tablet er)</i>	3	QL (120 PER 30 DAYS)
<i>morphine sulfate (15 mg tablet, 30 mg tablet)</i>	3	QL (180 PER 30 DAYS)
<i>morphine sulfate (30 mg, 90 mg, 120 mg)</i>	3	QL (60 PER 30 DAYS)
<i>morphine sulfate (45 mg, 60 mg, 75 mg)</i>	4	QL (60 PER 30 DAYS)
<i>oxycodone hcl (10 mg tab er, 20 mg tab er, 40 mg tab er)</i>	4	QL (90 PER 30 DAYS)
<i>oxycodone hcl (10 mg tablet, 15 mg tablet, 20 mg tablet, 20 mg/ml oral conc, 30 mg tablet)</i>	3	QL (180 PER 30 DAYS)
<i>oxycodone hcl (5 mg capsule, 5 mg tablet)</i>	3	QL (360 PER 30 DAYS)
<i>oxycodone hcl 5 mg/5 ml solution</i>	4	QL (1200 PER 30 DAYS)
<i>oxycodone hcl 80 mg tab er 12h</i>	4	QL (60 PER 30 DAYS)
<i>oxycodone hcl/acetaminophen (2.5-325 mg tablet, 5 mg-325mg tablet, 7.5-325 mg tablet, 10mg-325mg tablet)</i>	3	QL (360 PER 30 DAYS)
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 DAYS)
OXYCONTIN ER 80 MG TABLET	4	QL (60 PER 30 DAYS)
<i>oxymorphone hcl (5 mg tab er, 7.5 mg tab er, 10 mg tab er, 15 mg tab er, 20 mg tab er, 30 mg tab er, 40 mg tab er)</i>	4	QL (90 PER 30 DAYS)
<i>oxymorphone hcl 10 mg tablet</i>	4	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxymorphone hcl 5 mg tablet</i>	4	QL (180 PER 30 DAYS)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine hcl/naloxone hcl (naloxone 2 mg-0.5mg tab, naloxone 8 mg-2 mg tab)</i>	2	
<i>buprenorphine hcl/naloxone hcl (naloxone 2 mg-0.5mg, naloxone 4mg-1mg, naloxone 8 mg-2 mg, naloxone 12 mg-3 mg)</i>	3	
<i>butorphanol tartrate 10 mg/ml spray</i>	2	QL (5 PER 28 DAYS)
<i>celecoxib</i>	2	
<i>diclofenac potassium 50 mg powd pack</i>	4	QL (9 PER 30 DAYS)
<i>diclofenac potassium 50 mg tablet</i>	2	
<i>diclofenac sodium (25 mg tablet dr, 50 mg tablet dr, 75 mg tablet dr, 100 mg tablet er 24h)</i>	2	
<i>diclofenac sodium 1.5 % drops</i>	2	QL (300 PER 28 DAYS)
<i>diclofenac sodium/misoprostol</i>	3	
<i>diflunisal</i>	2	
<i>etodolac</i>	3	
<i>flurbiprofen 100 mg tablet</i>	2	
IBU	2	
<i>ibuprofen (100 mg/5ml oral susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	2	
<i>indomethacin (25 mg capsule, 50 mg capsule, 75 mg capsule er)</i>	3	
KLOXXADO	4	
LURBIPR	2	
<i>meclofenamate sodium 100 mg capsule</i>	4	
<i>meclofenamate sodium 50 mg capsule</i>	2	
<i>mefenamic acid</i>	3	
<i>meloxicam</i>	1	
<i>nabumetone</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nalmefene hcl</i>	3	
<i>naloxone hcl (0.4 mg/ml cartridge, 0.4 mg/ml syringe, 0.4 mg/ml vial, 1 mg/ml syringe)</i>	2	
<i>naltrexone hcl</i>	2	
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg tablet)</i>	2	
<i>naproxen sodium (275 mg tablet, 550 mg tablet)</i>	2	
OPVEE	2	
<i>oxaprozin</i>	2	
<i>piroxicam</i>	2	
REXTOVY	3	
<i>salsalate</i>	3	
<i>sulindac</i>	2	
<i>tramadol hcl (100 mg tab er 24h, 100 mg tbmp 24hr, 200 mg tab er 24h, 200 mg tbmp 24hr, 300 mg tab er 24h, 300 mg tbmp 24hr)</i>	3	QL (30 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>tramadol hcl/acetaminophen</i>	2	QL (240 PER 30 DAYS)
VIVITROL	5	
ZURNAI	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII	5	
ABILIFY MAINTENA	5	
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
<i>alprazolam (0.5 mg tab er, 1 mg tab er, 2 mg tab er, 3 mg tab er)</i>	3	
ALPRAZOLAM INTENSOL	3	
<i>amitriptyline hcl</i>	3	
<i>amoxapine</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amphetamine sulfate</i>	3	PA
<i>aripiprazole (10 mg tab rapdis, 15 mg tab rapdis)</i>	4	QL (60 PER 30 DAYS)
<i>aripiprazole (5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	4	QL (750 PER 30 DAYS)
<i>aripiprazole 2 mg tablet</i>	2	QL (60 PER 30 DAYS)
ARISTADA	5	
ARISTADA INITIO	5	
<i>armodafinil</i>	4	PA
<i>asenapine maleate</i>	4	PA
<i>atomoxetine hcl</i>	4	
AUVELITY	5	QL (60 PER 30 DAYS)
<i>bupropion hcl (100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>bupropion hcl (75 mg tablet, 100 mg tablet, 150 mg tab er 12h, 150 mg tab er 24h, 300 mg tab er 24h)</i>	2	
<i>bupirone hcl</i>	2	
CAPLYTA	5	PA, QL (30 PER 30 DAYS)
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml oral conc, 50 mg tablet, 100 mg tablet, 100 mg/ml oral conc, 200 mg tablet)</i>	4	
<i>citalopram hydrobromide (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>citalopram hydrobromide (10 mg/5 ml, 20 mg/10ml)</i>	3	
<i>clomipramine hcl</i>	4	
<i>clonidine hcl 0.1 mg tab er 12h</i>	2	
<i>clorazepate dipotassium</i>	3	
<i>clozapine (12.5 mg tab rapdis, 25 mg tab rapdis, 100 mg tab rapdis, 150 mg tab rapdis, 200 mg tab rapdis)</i>	4	PA
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COBENFY	5	PA, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	5	PA, QL (56 PER 180 DAYS)
<i>desipramine hcl</i>	3	
<i>desvenlafaxine succinate</i>	2	
<i>dexmethylphenidate hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	2	
<i>dexmethylphenidate hcl (5 mg 50, 10 mg 50, 15 mg 50, 20 mg 50, 25 mg 50, 30 mg 50, 35 mg 50, 40 mg 50)</i>	3	
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (dextroamphetamine/amphetamine 5 mg cap er 24h, dextroamphetamine/amphetamine 5 mg tablet, dextroamphetamine/amphetamine 7.5 mg tablet, dextroamphetamine/amphetamine 10 mg cap er 24h, dextroamphetamine/amphetamine 10 mg tablet, dextroamphetamine/amphetamine 12.5 mg tablet, dextroamphetamine/amphetamine 15 mg cap er 24h, dextroamphetamine/amphetamine 15 mg tablet, dextroamphetamine/amphetamine 20 mg cap er 24h, dextroamphetamine/amphetamine 20 mg tablet, dextroamphetamine/amphetamine 25 mg cap er 24h, dextroamphetamine/amphetamine 30 mg cap er 24h, dextroamphetamine/amphetamine 30 mg tablet)</i>	2	
<i>dextroamphetamine sulfate (2.5 mg tablet, 5 mg tablet, 5 mg/5 ml solution, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	2	
<i>dextroamphetamine sulfate (5 mg capsule er, 10 mg capsule er, 15 mg capsule er)</i>	3	
<i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	2	
<i>diazepam (5 mg/5 ml solution, 5 mg/ml oral conc)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxepin hcl (3 mg tablet, 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)</i>	3	
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl</i>	2	
EMSAM	5	QL (30 PER 30 DAYS)
ERZOFRI (78 MG/0.5 ML SYRINGE, 117 MG/0.75 ML SYRINGE, 156 MG/ML SYRINGE, 234 MG/1.5 ML SYRINGE, 351 MG/2.25 ML SYRINGE)	5	
ERZOFRI 39 MG/0.25 ML SYRINGE	4	
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>escitalopram oxalate (5 mg/5 ml, 10 mg/10ml)</i>	2	
<i>eszopiclone</i>	3	
EXXUA (ER 18.2 MG TABLET, ER 36.3 MG TABLET, ER 54.5 MG TABLET, ER 72.6 MG TABLET)	5	PA, QL (30 TABLETS PER 30 DAYS)
EXXUA ER 18.2 MG TAB (TITRATN)	5	PA, QL (32 TABLETS PER 90 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
FANAPT FNPT TITRTION PCK	4	PA, QL (8 PER 8 DAYS)
FANAPT TITRATION PACK B	4	PA, QL (12 TABLETS PER 30 DAYS)
FANAPT TITRATION PACK C	4	PA, QL (8 TABLETS PER 30 DAYS)
FETZIMA	4	
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	1	
<i>fluoxetine hcl 20 mg/5 ml solution</i>	2	
<i>fluphenazine decanoate</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluphenazine hcl</i>	4	
<i>fluvoxamine maleate (100 mg cap er, 150 mg cap er)</i>	4	
<i>fluvoxamine maleate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>guanfacine hcl (1 mg tab er, 2 mg tab er, 3 mg tab er, 4 mg tab er)</i>	2	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	4	
<i>haloperidol lactate (2 mg/ml oral conc, 5 mg/ml ampul, 5 mg/ml vial)</i>	2	
HETLIOZ LQ	5	PA, QL (158 PER 30 DAYS)
<i>imipramine hcl</i>	3	
<i>imipramine pamoate</i>	4	
INVEGA HAFYERA	5	
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	5	
INVEGA SUSTENNA 39 MG/0.25 ML	4	
INVEGA TRINZA	5	
<i>lisdexamfetamine dimesylate</i>	3	
<i>lithium carbonate</i>	2	
<i>lithium citrate</i>	2	
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	
<i>lorazepam 2 mg/ml oral conc</i>	3	
LORAZEPAM INTENSOL	3	
<i>loxapine succinate</i>	2	
<i>lurasidone hcl</i>	2	QL (30 PER 30 DAYS)
LYBALVI	5	QL (30 PER 30 DAYS)
MARPLAN	3	
<i>methylphenidate</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate hcl (18 mg tab er 24, 27 mg tab er 24, 54 mg tab er 24)</i>	2	QL (30 PER 30 DAYS)
<i>methylphenidate hcl (2.5 mg tab chew, 5 mg tab chew, 10 mg cpbp 50, 10 mg csbp 40, 10 mg tab chew, 10 mg tablet er, 15 mg csbp 40, 20 mg cpbp 50, 20 mg csbp 40, 20 mg tablet er, 30 mg cpbp 50, 30 mg csbp 40, 40 mg cpbp 50, 40 mg csbp 40, 50 mg csbp 40, 60 mg cpbp 50, 60 mg csbp 40)</i>	4	
<i>methylphenidate hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg cpbp 30, 10 mg tablet, 10 mg/5 ml solution, 20 mg cpbp 30, 20 mg tablet, 30 mg cpbp 30, 40 mg cpbp 30, 50 mg cpbp 30, 60 mg cpbp 30)</i>	2	
<i>methylphenidate hcl 36 mg tab er 24</i>	2	QL (60 PER 30 DAYS)
<i>mirtazapine (15 mg tab rapdis, 30 mg tab rapdis, 45 mg tab rapdis)</i>	2	
<i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	1	
<i>modafinil</i>	3	PA
<i>molindone hcl</i>	4	
<i>nefazodone hcl</i>	3	
<i>nortriptyline hcl (10 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	2	
<i>nortriptyline hcl 10 mg/5 ml solution</i>	3	
NUPLAZID	5	PA, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>olanzapine (5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 20 mg tab rapdis)</i>	4	QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	2	
<i>olanzapine/fluoxetine hcl (3 mg-25 mg capsule, 6mg-25mg capsule)</i>	4	PA, QL (90 PER 30 DAYS)
<i>olanzapine/fluoxetine hcl (6mg-50mg capsule, 12mg-25mg capsule, 12mg-50mg capsule)</i>	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 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPIPZA 10 MG FILM	5	PA, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	5	PA, QL (120 PER 30 DAYS)
OPIPZA 5 MG FILM	5	PA, QL (180 PER 30 DAYS)
<i>oxazepam</i>	3	
<i>paliperidone (1.5 mg tab er 24, 3 mg tab er 24, 9 mg tab er 24)</i>	4	PA, QL (30 PER 30 DAYS)
<i>paliperidone 6 mg tab 24</i>	4	PA, QL (60 PER 30 DAYS)
<i>paroxetine hcl (10 mg tablet, 20 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine hcl (25 mg tab er, 37.5 mg tab er)</i>	2	QL (60 PER 30 DAYS)
<i>paroxetine hcl (30 mg tablet, 40 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml oral susp</i>	3	QL (900 ML PER 30 DAYS)
<i>paroxetine hcl 12.5 mg tab er 24h</i>	2	QL (30 PER 30 DAYS)
<i>perphenazine</i>	4	
PERSERIS	5	PA
<i>phenelzine sulfate</i>	2	
<i>pimozide</i>	3	
PROCENTRA	2	
<i>protriptyline hcl</i>	3	
<i>quetiapine fumarate (150 mg tab er, 200 mg tab er)</i>	3	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tablet, 400 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tab er, 300 mg tab er, 400 mg tab er)</i>	3	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	QL (90 PER 30 DAYS)
<i>quetiapine fumarate 150 mg tablet</i>	4	QL (60 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tablet</i>	2	QL (120 PER 30 DAYS)
RALDESY	5	QL (1200 ML PER 30 DAYS)
<i>ramelteon</i>	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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)
<i>risperidone (0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis, 1 mg/ml solution, 2 mg tab rapdis, 3 mg tab rapdis, 4 mg tab rapdis)</i>	4	
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	2	
<i>risperidone microspheres (12.5mg/2ml vial, 25 mg/2 ml vial)</i>	4	QL (2 PER 28 DAYS)
<i>risperidone microspheres (37.5mg/2ml vial, 50 mg/2 ml vial)</i>	5	QL (2 PER 28 DAYS)
SECUADO	5	PA, QL (30 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>sertraline hcl 20 mg/ml oral conc</i>	2	
<i>tasimelteon</i>	5	PA, QL (30 PER 30 DAYS)
<i>temazepam</i>	3	
<i>thioridazine hcl</i>	2	
<i>thiothixene</i>	2	
<i>tranlycypromine sulfate</i>	4	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	
<i>trazodone hcl 300 mg tablet</i>	3	
<i>triazolam</i>	3	
<i>trifluoperazine hcl</i>	2	
<i>trimipramine maleate</i>	3	
TRINTELLIX	4	PA, QL (30 PER 30 DAYS)
<i>venlafaxine hcl (25 mg tablet, 37.5 mg cap er 24h, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet, 150 mg cap er 24h)</i>	2	
VERSACLOZ	5	PA, QL (540 ML PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vilazodone hcl</i>	3	
VRAYLAR (0.5 MG CAPSULE, 0.75 MG CAPSULE)	4	QL (30 CAPSULES PER 30 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	4	QL (30 PER 30 DAYS)
WAKIX	5	PA, LA, QL (60 PER 30 DAYS)
<i>zaleplon</i>	3	
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	4	
<i>zolpidem tartrate (5 mg tablet, 6.25 mg tab mphase, 10 mg tablet, 12.5 mg tab mphase)</i>	2	
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	5	PA, QL (28 PER 365 DAYS)
ZURZUVAE 30 MG CAPSULE	5	PA, QL (14 PER 365 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT)	5	QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	5	QL (1 PER 28 DAYS)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	2	
<i>disopyramide phosphate</i>	3	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
PACERONE	2	
<i>propafenone hcl (150 mg tablet, 225 mg tablet, 300 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propafenone hcl (225 mg cap er, 325 mg cap er, 425 mg cap er)</i>	4	
<i>quinidine gluconate</i>	4	
<i>quinidine sulfate</i>	2	
SOTALOL AF	2	
<i>sotalol hcl</i>	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol hcl</i>	2	
<i>aliskiren hemifumarate</i>	4	
<i>amiloride hcl</i>	2	
<i>amiloride hcl/hydrochlorothiazide</i>	2	
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate/benazepril hcl</i>	1	
<i>amlodipine besylate/olmesartan medoxomil</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>atenolol</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hcl</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	2	
<i>bisoprolol fumarate (5 mg tablet, 10 mg tablet)</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>bumetanide</i>	2	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril</i>	2	
CARTIA XT	2	
<i>carvedilol</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carvedilol phosphate</i>	3	QL (30 PER 30 DAYS)
<i>chlorthalidone</i>	1	
<i>clonidine</i>	2	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
DILT-XR	2	
<i>diltiazem hcl (30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg cap sa 24h, 120 mg tab er 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg cap er deg, 240 mg cap sa 24h, 240 mg tab er 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 300 mg tab er 24h, 360 mg cap er 24h, 360 mg cap sa 24h, 360 mg tab er 24h, 420 mg cap sa 24h, 420 mg tab er 24h)</i>	2	
DIURIL	4	
<i>doxazosin mesylate</i>	2	
<i>enalapril maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>eplerenone</i>	2	
<i>ethacrynic acid</i>	4	
<i>felodipine</i>	2	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>furosemide (10 mg/ml solution, 10 mg/ml vial, 40mg/5ml solution)</i>	2	
<i>furosemide (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	2	
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>indapamide</i>	2	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hcl</i>	3	
<i>isradipine</i>	2	
KERENDIA (10 MG TABLET, 20 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
KERENDIA 40 MG TABLET	4	PA, QL (30 TABLETS PER 30 DAYS)
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
MATZIM LA	2	
<i>metolazone</i>	2	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>metoprolol tartrate (37.5 mg tablet, 75 mg tablet)</i>	2	
<i>metoprolol tartrate/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<i>minoxidil</i>	2	
<i>moexipril hcl</i>	1	
<i>nadolol</i>	2	
<i>nebivolol hcl</i>	1	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	4	
<i>nifedipine (30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nimodipine 30 mg capsule</i>	4	
NYMALIZE (30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN, 60 MG/10 ML SOLUTION)	5	
<i>olmesartan medoxomil</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine hcl</i>	5	
<i>pindolol</i>	2	
<i>prazosin hcl</i>	2	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 40 mg tablet, 60 mg tablet, 80 mg tablet)</i>	1	
<i>propranolol hcl (20 mg/5 ml solution, 40mg/5ml solution, 60 mg cap sa 24h, 80 mg cap sa 24h, 120 mg cap sa 24h, 160 mg cap sa 24h)</i>	2	
<i>quinapril hcl</i>	1	
<i>quinapril hcl/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan</i>	1	
<i>terazosin hcl</i>	2	
TIADYLT ER	2	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>torseamide</i>	2	
<i>trandolapril</i>	1	
<i>triamterene/hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UPTRAVI (200 MCG TABLET, 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	PA, LA, QL (60 PER 30 DAYS)
UPTRAVI 200-800 TITRATION PACK	5	PA, LA, QL (200 PER 180 DAYS)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<i>verapamil hcl (100 mg, 200 mg, 300 mg)</i>	3	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 240 mg cap24h pel, 240 mg tablet er, 360 mg cap24h pel)</i>	2	
CARDIAC GLYCOSIDES		
<i>digoxin (125 mcg tablet, 250 mcg tablet)</i>	2	
<i>digoxin (50 mcg/ml solution, 62.5 mcg tablet)</i>	3	
COAGULATION THERAPY		
ALVAIZ	5	PA
<i>aminocaproic acid (250 mg/ml solution, 500 mg tablet, 1000 mg tablet)</i>	5	
<i>aspirin/dipyridamole</i>	3	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate 300 mg tablet</i>	2	
<i>clopidogrel bisulfate 75 mg tablet</i>	1	
<i>dabigatran etexilate mesylate</i>	3	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	3	
ELIQUIS	3	
ELIQUIS SPRINKLE	3	
<i>eltrombopag olamine (12.5 mg tablet, 25 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>eltrombopag olamine (50 mg tablet, 75 mg tablet)</i>	5	PA, QL (60 PER 30 DAYS)
<i>eltrombopag olamine 12.5 mg powd pack</i>	5	PA, QL (360 PACKETS PER 30 DAYS)
<i>eltrombopag olamine 25 mg powd pack</i>	5	PA, QL (180 PACKETS PER 30 DAYS)
<i>enoxaparin sodium (300 mg/3ml vial, 300mg/3ml vial)</i>	4	QL (90 ML PER 30 DAYS)
<i>enoxaparin sodium (80mg/0.8ml, 120mg/.8ml)</i>	4	QL (48 ML PER 30 DAYS)
<i>enoxaparin sodium 100 mg/ml syringe</i>	4	QL (60 ML PER 30 DAYS)
<i>enoxaparin sodium 150 mg/ml syringe</i>	4	QL (60 ML PER 30 DAYS)
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	4	QL (18 ML PER 30 DAYS)
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	4	QL (24 ML PER 30 DAYS)
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	4	QL (36 ML PER 30 DAYS)
<i>fondaparinux sodium 10mg/0.8ml syringe</i>	5	QL (24 ML PER 30 DAYS)
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	4	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5mg/0.4ml syringe</i>	5	QL (12 ML PER 30 DAYS)
<i>fondaparinux sodium 7.5mg/0.6 syringe</i>	5	QL (18 ML PER 30 DAYS)
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, porcine (1000/ml vial, 5000/ml vial, 10000/ml vial, 20000/ml vial)</i>	3	
JANTOVEN	1	
<i>pentoxifylline</i>	2	
<i>prasugrel hcl</i>	2	
<i>ticagrelor</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>warfarin sodium</i>	1	
XARELTO	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	4	
<i>cholestyramine (with sugar)</i>	4	
<i>cholestyramine/aspartame</i>	4	
<i>colesevelam hcl</i>	4	
<i>colestipol hcl</i>	4	
<i>ezetimibe</i>	1	
<i>ezetimibe/simvastatin</i>	2	
<i>fenofibrate (54 mg tablet, 160 mg tablet)</i>	2	
<i>fenofibrate nanocrystallized</i>	2	
<i>fenofibrate, micronized (43 mg capsule, 67 mg capsule, 134 mg capsule, 200 mg capsule)</i>	2	
<i>fenofibric acid</i>	2	
<i>fenofibric acid (choline)</i>	2	
<i>fluvastatin sodium</i>	2	
<i>gemfibrozil</i>	2	
<i>icosapent ethyl</i>	4	
<i>lovastatin</i>	1	
NEXLETOL	4	PA, QL (30 PER 30 DAYS)
NEXLIZET	4	PA, QL (30 PER 30 DAYS)
<i>niacin (500 mg tab er, 750 mg tab er, 1000 mg tab er)</i>	2	
<i>omega-3 acid ethyl esters</i>	4	
<i>pravastatin sodium</i>	1	
PREVALITE	4	
REPATHA PUSHTRONEX	3	QL (3.5 PER 28 DAYS)
REPATHA SURECLICK	3	QL (3 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REPATHA SYRINGE	3	QL (3 PER 30 DAYS)
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ENTRESTO SPRINKLE	3	QL (240 PER 30 DAYS)
<i>ivabradine hcl</i>	4	QL (60 PER 30 DAYS)
<i>ranolazine</i>	2	
<i>sacubitril/valsartan</i>	2	QL (60 PER 30 DAYS)
VERQUVO	4	QL (30 PER 30 DAYS)
NITRATES		
<i>isosorbide dinitrate (5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</i>	2	
<i>isosorbide mononitrate</i>	2	
NITRO-BID	2	
<i>nitroglycerin (0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4mg/hr patch td24, 0.6 mg tab subl, 0.6mg/hr patch td24)</i>	2	
<i>nitroglycerin 400mcg/spr spray</i>	3	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	
<i>calcipotriene (0.005 % cream (g), 0.005 % oint. (g))</i>	4	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005 % solution</i>	3	QL (60 PER 30 DAYS)
<i>calcitriol 3 mcg/g oint. (g)</i>	4	
COSENTYX (2 SYRINGES)	5	PA, QL (8 PER 28 DAYS)
COSENTYX SENSOREADY (2 PENS)	5	PA, QL (8 PER 28 DAYS)
COSENTYX SENSOREADY PEN	5	PA, QL (8 PER 28 DAYS)
COSENTYX SYRINGE 150 MG/ML	5	PA, QL (8 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSENTYX SYRINGE 75 MG/0.5 ML	5	PA, QL (2 PER 28 DAYS)
COSENTYX UNOREADY PEN	5	PA, QL (8 PER 28 DAYS)
DUPIXENT PEN 300 MG/2 ML	5	PA, QL (8 PER 28 DAYS)
DUPIXENT SYRINGE 300 MG/2 ML	5	PA, QL (8 PER 28 DAYS)
SELARSDI 45 MG/0.5 ML SYRINGE	3	PA, QL (0.5 ML PER 28 DAYS)
SELARSDI 45 MG/0.5 ML VIAL	3	PA, QL (0.5 ML PER 28 DAYS)
SELARSDI 90 MG/ML SYRINGE	5	PA, QL (1 ML PER 28 DAYS)
<i>selenium sulfide 2.5 % lotion</i>	2	
SKYRIZI 150 MG/ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
SKYRIZI PEN	5	PA, QL (1 PER 28 DAYS)
STARJEMZA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL)	3	PA, QL (0.5 ML PER 28 DAYS)
STARJEMZA 90 MG/ML SYRINGE	3	PA, QL (1 ML PER 28 DAYS)
<i>ustekinumab-aekn 45mg/0.5ml syringe</i>	3	PA, QL (0.5 ML PER 28 DAYS)
<i>ustekinumab-aekn 90 mg/ml syringe</i>	5	PA, QL (1 ML PER 28 DAYS)
YESINTEK (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL)	3	PA, QL (0.5 ML PER 28 DAYS)
YESINTEK 90 MG/ML SYRINGE	5	PA, QL (1 ML PER 28 DAYS)
ZORYVE (0.05% CREAM, 0.3% CREAM, 0.3% FOAM)	4	PA, QL (60 GRAMS PER 30 DAYS)
ZORYVE 0.15% CREAM	4	PA, QL (60 GRAMS PER 30 DAYS)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	
<i>diclofenac sodium 3 % gel (gram)</i>	4	PA, QL (100 PER 30 DAYS)
<i>doxepin hcl 5 % cream (g)</i>	4	PA
<i>fluorouracil (2 % solution, 5 % cream (g), 5 % solution)</i>	3	
HYFTOR	5	PA
<i>imiquimod 5 % cream pack</i>	3	
<i>methoxsalen</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OPZELURA	5	PA, QL (200 GRAMS PER 28 DAYS)
PANRETIN	5	PA
<i>pimecrolimus</i>	4	QL (100 G PER 30 DAYS)
<i>podofilox 0.5 % solution</i>	2	
<i>tacrolimus (0.03 % (g), 0.1 % (g))</i>	4	QL (100 G PER 30 DAYS)
VALCHLOR	5	QL (60 G PER 30 DAYS)
THERAPY FOR ACNE		
AC CUTANE	4	
<i>adapalene 0.1 % cream (g)</i>	4	PA, QL (45 G PER 30 DAYS)
<i>adapalene 0.3 % gel (gram)</i>	4	PA, QL (45 G PER 30 DAYS)
AKLIEF	4	PA
AMNESTEEM	4	
<i>azelaic acid</i>	3	QL (50 G PER 30 DAYS)
<i>brimonidine tartrate 0.33 % gel w/pump</i>	4	PA
CLARAVIS	4	
<i>clindamycin phosphate (1 % med. swab, 1 % solution)</i>	2	QL (60 PER 30 DAYS)
<i>clindamycin phosphate 1 % gel (gram)</i>	2	QL (75 G PER 30 DAYS)
<i>clindamycin phosphate 1 % lotion</i>	2	QL (60 G PER 30 DAYS)
<i>clindamycin phosphate/benzoyl peroxide (phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1.2 %-2.5 % gel w/pump, phos/benzoyl 1.2 (1) %-5 % gel (gram))</i>	4	
<i>dapsone (5 % gel (gram), 7.5 % gel w/pump)</i>	4	
ERY	2	
<i>erythromycin base in ethanol</i>	2	
<i>erythromycin base/benzoyl peroxide</i>	3	
<i>ivermectin 1 % cream (g)</i>	4	
<i>metronidazole (0.75 % cream (g), 0.75 % gel (gram))</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metronidazole (0.75 % lotion, 1 % gel (gram))</i>	3	
<i>tazarotene 0.1 % cream (g)</i>	4	PA, QL (120 G PER 30 DAYS)
<i>tazarotene 0.1 % gel (gram)</i>	4	PA, QL (45 G PER 30 DAYS)
<i>tretinoin (0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.1 % cream (g))</i>	4	PA, QL (45 G PER 30 DAYS)
<i>tretinoin microspheres</i>	4	PA
ZENATANE	4	
TOPICAL ANESTHETICS		
GLYDO	2	
<i>lidocaine 5 % adh. patch</i>	2	
<i>lidocaine 5 % oint. (g)</i>	3	QL (110 PER 30 DAYS)
<i>lidocaine hcl (2 % jell/pf app, 2 % solution, 4 % solution, 40 mg/ml solution)</i>	2	
<i>lidocaine/prilocaine</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin sulfate (0.1 % cream (g), 0.1 % oint. (g))</i>	3	QL (90 G PER 30 DAYS)
<i>mupirocin</i>	2	
<i>mupirocin calcium</i>	3	
NEO-SYNALAR 0.5%-0.025% CREAM	4	
<i>silver sulfadiazine</i>	2	
SSD	2	
<i>sulfacetamide sodium 10 % suspension</i>	2	QL (118 PER 30 DAYS)
TOPICAL ANTIFUNGALS		
CICLODAN 8% SOLUTION	2	
<i>ciclopirox (1 % shampoo, 8 % solution)</i>	2	
<i>ciclopirox 0.77 % gel (gram)</i>	3	QL (100 G PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream (g)</i>	2	
<i>ciclopirox olamine 0.77 % suspension</i>	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clotrimazole (1 % cream (g), 1 % solution)</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>econazole nitrate 1 % cream (g)</i>	3	QL (90 G PER 30 DAYS)
<i>ketoconazole (2 % cream (g), 2 % shampoo)</i>	2	
KLAYESTA	2	
<i>naftifine hcl (1 % (g), 2 % (g))</i>	4	
NYAMYC	2	
<i>nystatin (100000/g cream (g), 100000/g oint. (g), 100000/g powder)</i>	2	
<i>nystatin/triamcinolone acetonide</i>	2	
NYSTOP	2	
TOPICAL ANTIVIRALS		
<i>acyclovir 5 % oint. (g)</i>	4	QL (30 PER 30 DAYS)
<i>penciclovir</i>	4	QL (5 PER 30 DAYS)
TOPICAL CORTICOSTEROIDS		
ALA-CORT 1% CREAM	2	
<i>alclometasone dipropionate</i>	2	
<i>betamethasone dipropionate (0.05 % cream (g), 0.05 % lotion)</i>	2	
<i>betamethasone dipropionate (0.05 % gel (gram), 0.05 % oint. (g))</i>	4	
<i>betamethasone dipropionate/propylene glycol (betamethasone/propylene 0.05 % lotion, betamethasone/propylene 0.05 % oint. (g))</i>	4	
<i>betamethasone dipropionate/propylene glycol betamethasone/propylene 0.05 % cream (g)</i>	2	
<i>betamethasone valerate (0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g))</i>	2	
<i>clobetasol propionate (0.05 % cream (g), 0.05 % gel (gram), 0.05 % lotion, 0.05 % oint. (g), 0.05 % shampoo, 0.05 % solution)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobetasol propionate/emollient base 0.05 % cream (g)</i>	4	
CLODAN 0.05% SHAMPOO	4	
<i>desonide (0.05 % cream (g), 0.05 % lotion, 0.05 % oint. (g))</i>	4	
<i>desoximetasone</i>	4	
<i>fluocinolone acetonide</i>	3	
<i>fluocinolone acetonide/shower cap</i>	3	
<i>fluocinonide</i>	3	
<i>fluocinonide/emollient base</i>	3	
<i>flurandrenolide (0.05 % cream (g), 0.05 % lotion)</i>	4	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005 % oint. (g), 0.05 % cream (g))</i>	2	
<i>fluticasone propionate 0.05 % lotion</i>	4	
<i>halobetasol propionate (0.05 % cream (g), 0.05 % oint. (g))</i>	3	
<i>hydrocortisone (1 % cream (g), 1 % oint. (g), 2.5 % cream (g), 2.5 % lotion, 2.5 % oint. (g))</i>	2	
<i>hydrocortisone butyrate (0.1 % lotion, 0.1 % oint. (g), 0.1 % solution)</i>	3	
<i>hydrocortisone butyrate 0.1 % cream (g)</i>	4	
<i>hydrocortisone valerate 0.2 % cream (g)</i>	2	
<i>mometasone furoate (0.1 % cream (g), 0.1 % oint. (g), 0.1 % solution)</i>	2	
<i>triamcinolone acetonide (0.025 % cream (g), 0.025 % lotion, 0.025 % oint. (g), 0.05 % oint. (g), 0.1 % cream (g), 0.1 % lotion, 0.1 % oint. (g), 0.5 % cream (g), 0.5 % oint. (g))</i>	2	
<i>triamcinolone acetonide 0.147mg/g aerosol</i>	4	QL (100 PER 30 DAYS)
TRIDERM 0.5% CREAM	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOPICAL ENZYMES		
SANTYL	4	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	4	
<i>permethrin</i>	2	
<i>spinosad</i>	4	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>0.9 % sodium chloride (0.9 % pggybk prt, 0.9 % pgy vl prt, 0.9 % 0.9 % ampul, 0.9 % 0.9 % iv soln, 0.9 % 0.9 % vial)</i>	4	
<i>acamprosate calcium</i>	3	
<i>anagrelide hcl</i>	2	
ARALAST NP	5	PA, LA
<i>caffeine citrate 60 mg/3 ml solution</i>	2	
<i>carglumic acid</i>	5	PA, LA
<i>cevimeline hcl</i>	3	
CHEMET	5	
CLINIMIX 4.25%-5% SOLUTION	4	B VS D
CLINIMIX E 2.75%-5% SOLUTION	4	B VS D
<i>deferasirox (90 mg gran pack, 125 mg tab disper, 180 mg gran pack, 180 mg tablet, 250 mg tab disper, 360 mg gran pack, 360 mg tablet, 500 mg tab disper)</i>	5	PA
<i>deferasirox 90 mg tablet</i>	4	PA
<i>deferiprone</i>	5	PA
<i>dextrose 10 % and 0.2 % sodium chloride</i>	4	
<i>dextrose 10 % and 0.45 % sodium chloride</i>	4	
<i>dextrose 10 % in water</i>	4	
<i>dextrose 2.5 % and 0.45 % sodium chloride</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextrose 5 % and 0.2 % sodium chloride</i>	4	
<i>dextrose 5 % and 0.3 % sodium chloride</i>	4	
<i>dextrose 5 % and 0.45 % sodium chloride</i>	4	
<i>dextrose 5 % and 0.9 % sodium chloride</i>	4	
<i>dextrose 5 % in lactated ringers</i>	4	
<i>dextrose 5 % in water</i>	4	
<i>dextrose 50 % in water</i>	4	
<i>dextrose 70 % in water</i>	4	
<i>disulfiram</i>	3	
<i>droxidopa (200 mg capsule, 300 mg capsule)</i>	5	PA, QL (180 PER 30 DAYS)
<i>droxidopa 100 mg capsule</i>	5	PA, QL (90 PER 30 DAYS)
GLASSIA	5	PA, LA
<i>glutamine</i>	5	PA
INCRELEX	5	PA, LA
ISTURISA (1 MG TABLET, 5 MG TABLET)	5	PA, LA
KIONEX	2	
<i>levocarnitine (100 mg/ml solution, 330 mg tablet)</i>	2	
<i>levocarnitine (with sugar)</i>	2	
LITHOSTAT	4	
LOKELMA	4	QL (90 PER 30 DAYS)
<i>midodrine hcl</i>	2	
<i>nitisinone</i>	5	PA
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	2	
PROLASTIN C 1,000 MG/20 ML VL	5	PA, LA
REVCIVI	5	PA
<i>riluzole</i>	3	
<i>risedronate sodium 30 mg tablet</i>	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sevelamer carbonate 800 mg tablet</i>	2	B VS D
<i>sodium chloride irrigating solution</i>	4	
<i>sodium phenylbutyrate</i>	5	PA
<i>sodium polystyrene sulfonate</i>	3	
SPS	3	
TAVNEOS	5	PA, LA, QL (180 PER 30 DAYS)
TEGLUTIK	5	PA
TIGLUTIK	5	PA
<i>tiopronin</i>	5	PA
<i>trientine hcl 250 mg capsule</i>	5	QL (240 PER 30 DAYS)
<i>trientine hcl 500 mg capsule</i>	5	QL (120 PER 30 DAYS)
VELTASSA (8.4 GM POWDER PACKET, 16.8 GM POWDER PACKET, 25.2 GM POWDER PACKET)	5	QL (30 PER 30 DAYS)
VELTASSA 1 GM POWDER PACKET	4	
VENXXIVA	5	PA
<i>water for irrigation,sterile</i>	2	
ZEMAIRA	5	PA, LA
SMOKING DETERRENTS		
NICOTROL NS	4	
<i>varenicline tartrate</i>	3	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine hcl (137 mcg spray/pump, 205.5 mcg spray/pump)</i>	2	QL (60 PER 30 DAYS)
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	1	
CLINPRO 5000	4	
DENTA 5000 PLUS	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DENTA 5000 PLUS SENSITIVE	2	
DENTAGEL	2	
<i>fluoride (sodium) (0.2 % solution, 1.1 % cream (g), 1.1 % gel (gram), 1.1 % paste (ml))</i>	2	
FLUORIDEX	4	
FLUORIDEX SENSITIVITY RELIEF	4	
FRAICHE 5000	2	
<i>ipratropium bromide 21 mcg spray</i>	2	QL (60 PER 30 DAYS)
<i>ipratropium bromide 42 mcg spray</i>	2	QL (45 PER 30 DAYS)
JUST RIGHT 5000	4	
KOURZEQ	2	
<i>olopatadine hcl 0.6 % spray/pump</i>	2	QL (30.5 PER 30 DAYS)
ORALONE	2	
PAROEX	2	
PERIOGARD	1	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 SENSITIVE	4	
SF	2	
SF 5000 PLUS	2	
SODIUM FLUORIDE 5000 DRY MOUTH	2	
SODIUM FLUORIDE 5000 PLUS	2	
<i>sodium fluoride/potassium nitrate</i>	2	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid 2 % solution</i>	2	
FLAC OTIC OIL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisonel/acetic acid</i>	3	
<i>ofloxacin 0.3 % drops</i>	3	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin hcl/dexamethasone</i>	4	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone (neomycin/polymyxin b/hydrocort 3.5-10k-1 drops susp, neomycin/polymyxin b/hydrocort 3.5-10k-1 solution)</i>	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone acetate</i>	2	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	2	
DEXAMETHASONE INTENSOL	2	
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>methylprednisolone</i>	2	
<i>prednisolone 15 mg/5 ml solution</i>	2	
<i>prednisolone 5 mg tablet</i>	4	
<i>prednisolone sodium phosphate (5 mg/5 ml, 10 mg/5 ml, 15 mg/5 ml, 20 mg/5 ml, 25 mg/5 ml)</i>	2	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
<i>prednisone (5 mg tab, 10 mg tab)</i>	2	
<i>prednisone 5 mg/5 ml solution</i>	4	
PREDNISONE INTENSOL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TARPEYO	5	PA
ANTITHYROID AGENTS		
<i>methimazole</i>	2	
<i>propylthiouracil</i>	2	
DIABETES THERAPY		
<i>acarbose 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
ADMELOG	4	PA, \$35
ADMELOG SOLOSTAR	4	PA, \$35
<i>alcohol antiseptic pads</i>	3	PA
<i>alogliptin benzoate</i>	4	PA, QL (30 PER 30 DAYS)
<i>alogliptin benzoate/metformin hcl</i>	4	PA, QL (60 PER 30 DAYS)
<i>alogliptin benzoate/pioglitazone hcl (benz/pioglitazone 12.5-30 mg tablet, benz/pioglitazone 25 mg-15mg tablet, benz/pioglitazone 25 mg-30mg tablet, benz/pioglitazone 25 mg-45mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
APIDRA	4	PA, \$35
APIDRA SOLOSTAR	4	PA, \$35
BAQSIMI	4	
BASAGLAR KWIKPEN U-100	4	PA, \$35
BASAGLAR TEMPO PEN U-100	4	PA, \$35
CYCLOSET	4	QL (180 PER 30 DAYS)
<i>dapagliflozin propanediol 10 mg tablet</i>	3	QL (30 PER 30 DAYS)
<i>dapagliflozin propanediol 5 mg tablet</i>	3	QL (60 PER 30 DAYS)
<i>diazoxide</i>	4	
FARXIGA 10 MG TABLET	3	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	3	QL (60 PER 30 DAYS)
FIASP	3	\$35
FIASP FLEXTOUCH	3	\$35

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FIASP PENFILL	3	\$35
<i>gauze bandage 2" x 2"</i>	3	PA
<i>gauze pads & dressings - pads 2 x 2</i>	3	PA
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide (2.5 mg tab er 24, 5 mg tablet)</i>	1	QL (240 PER 30 DAYS)
<i>glipizide (5 mg tab er 24, 10 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>glipizide 10 mg tab er 24</i>	1	QL (60 PER 30 DAYS)
<i>glipizide/metformin hcl (2.5-500 mg tablet, 5 mg-500mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	1	QL (240 PER 30 DAYS)
GLUCAGON EMERGENCY KIT	3	
GLYXAMBI	3	QL (30 PER 30 DAYS)
GVOKE	4	QL (0.4 ML PER 30 DAYS)
GVOKE HYOPEN 1-PACK -PK MG/0.2 ML	4	QL (0.4 ML PER 30 DAYS)
GVOKE HYOPEN 1-PACK 1PK 0.5MG/0.1 ML	4	QL (0.2 ML PER 30 DAYS)
GVOKE HYOPEN 2-PACK 2-PK 1 MG/0.2 ML	4	QL (0.4 ML PER 30 DAYS)
GVOKE HYOPEN 2-PACK 2PK 0.5MG/0.1 ML	4	QL (0.2 ML PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE -PK MG/0.2 ML	4	QL (0.4 ML PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE 2-PK 1 MG/0.2 ML	4	QL (0.4 ML PER 30 DAYS)
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 KWIKPEN	4	PA, \$35
HUMALOG MIX 75-25	4	PA, \$35

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>insulin admin. supplies</i>	4	
<i>insulin aspart</i>	3	\$35
<i>insulin glargine, human recombinant analog (300/ml, 300/ml (3))</i>	4	PA, \$35
<i>insulin glargine-yfgn</i>	3	\$35
<i>insulin lispro</i>	3	\$35
<i>insulin lispro protamine and insulin lispro</i>	3	\$35
<i>insulin pen needle</i>	3	PA
<i>insulin pump cart, automated dosing, bt, g6/g7 with controller</i>	3	PA, QL (1 PER 720 DAYS)
<i>insulin pump cart, automated dosing, bt, g6/l2 with controller</i>	3	PA, QL (1 PER 720 DAYS)
<i>insulin pump cartridge, continuous infusion, bt and controller</i>	3	PA, QL (1 PER 720 DAYS)
<i>insulin pump cartridge, continuous subcut infusion, bluetooth</i>	3	PA
<i>insulin pump cartridge, subcut automated dosing, bt, g6/g7</i>	3	PA
<i>insulin pump cartridge, subcut automated dosing, bt, g6/l2</i>	3	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	PA
<i>insulin syringe (disp) u-100 1 ml</i>	3	PA
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INSULIN SYRINGE (GENTLE TOUCH 1 ML SYRINGE, HY-VEE INS SYRINGE 0.5 ML, HY-VEE INS SYRINGE 1 ML, HY-VEE INS SYRINGE 3/10 ML, INSULIN SYRINGE 1 ML 29GX1/2")	3	PA
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 (60 PER 30 DAYS)
INVOKANA 300 MG TABLET	3	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	PA
JANUMET	3	QL (60 PER 30 DAYS)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30 DAYS)
JANUVIA	3	QL (30 PER 30 DAYS)
JARDIANCE	3	QL (30 PER 30 DAYS)
JENTADUETO	3	QL (60 PER 30 DAYS)
JENTADUETO XR 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)
LANTUS	3	\$35
LANTUS SOLOSTAR	3	\$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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl (750 mg tab er 24h, 1000 mg tablet)</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tab er 24h</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>miglitol 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>miglitol 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>miglitol 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
MONOJECT INSULIN SYRINGE (SYR 3/10 ML, SYRINGE 0.5 ML, SYRINGE 1 ML)	3	PA
MOUNJARO	3	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	3	PA
<i>needles, insulin disposable (29gx1/2", 31gx1/4", 31gx3/16", 31gx5/16")</i>	3	PA
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 100 UNIT/ML	3	\$35
NOVOLIN R FLEXPEN ELION U	3	
NOVOLOG	3	\$35
NOVOLOG FLEXPEN	3	\$35
NOVOLOG MIX 70-30	3	\$35
NOVOLOG MIX 70-30 FLEXPEN	3	\$35
NOVOLOG PENFILL	3	\$35
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEN NEEDLE	3	PA
<i>pen needle, diabetic (29 g x1/2", 29 gx5/32", 29g x 3/8", 29g x3/16", 30 gx3/16", 30 gx5/16", 30g x5/16", 31 g x1/4", 31 g x1/6", 31 gx3/16", 31 gx5/16", 31g x5/32", 31gx15/64", 32 gx 1/4", 32 gx 1/6", 32 gx3/16", 32 gx5/16", 32gx 5/32", 33 g x1/4", 33 gx3/16", 33 gx5/16", 33 gx5/32", 34 gx9/64")</i>	3	PA
<i>pen needle, diabetic, remover and disposal unit diabetic,p 32gx 5/32"</i>	3	PA
<i>pen needle, diabetic, safety (29gx 5/16", 29gx3/16", 30 g x1/4", 30 gx3/16", 30 gx5/16", 31 g x1/4", 31 gx3/16", 31 gx5/16", 31g x5/32", 32gx 5/32")</i>	3	PA
<i>pioglitazone hcl</i>	1	QL (30 PER 30 DAYS)
QTERN 5 MG-5 MG TABLET	4	PA, QL (30 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
REZVOGLAR KWIKPEN	4	PA, \$35
RYBELSUS	3	PA, QL (30 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)
<i>sitagliptin</i>	3	QL (30 PER 30 DAYS)
SOLIQUA 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 (10.8 PER 30 DAYS)
SYMLINPEN 60	5	QL (6 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
<i>syringe w/needle, insulin disposable 0.3 ml (half unit mark)</i>	3	PA
<i>syringe with needle, insulin, safety, 0.3 ml</i>	3	PA
<i>syringe with needle, insulin, safety, 0.5 ml (29 g x1/2" disp, 30 g x1/2" disp, 30 gx5/16" disp, 31 gx5/16" disp, 31gx15/64" disp)</i>	3	PA
<i>syringe with needle, insulin, safety, 1 ml (29 g x1/2" disp, 30 gx3/16" disp, 30 gx5/16" disp, 30gx1/2" disp, 31 gx5/16" disp, 31gx15/64" disp, 32 gx5/16" disp)</i>	3	PA
<i>syringe with needle, insulin, 1 ml and sharps container (30gx1/2", 31 gx5/16")</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>syringe with needle, disposable, insulin 1 ml (& needle, insulin, 1 ml disp, & needle, insulin, 1 ml 25gx5/8" disp, & needle, insulin, 1 ml 28 gauge disp, & needle, insulin, 1 ml 28gx1/2" disp, & needle, insulin, 1 ml 29 g x1/2" disp, & needle, insulin, 1 ml 29 gauge disp, & needle, insulin, 1 ml 29gx1/2" disp, & needle, insulin, 1 ml 29gx7/16" disp, & needle, insulin, 1 ml 30 gauge disp, & needle, insulin, 1 ml 30gx1/2" disp, & needle, insulin, 1 ml 30gx5/16" disp, & needle, insulin, 1 ml 31 gx5/16" disp, & needle, insulin, 1 ml 31gx5/16" disp, and needle, insulin, 1ml 27gx1/2" disp, and needle, insulin, 1ml 27gx5/8" disp, and needle, insulin, 1ml 28 gauge disp, and needle, insulin, 1ml 28 gx5/16" disp, and needle, insulin, 1ml 28gx1/2" disp, and needle, insulin, 1ml 29 g x1/2" disp, and needle, insulin, 1ml 29gx 5/16" disp, and needle, insulin, 1ml 29gx7/16" disp, and needle, insulin, 1ml 30 g x1/2" disp, and needle, insulin, 1ml 30 gauge disp, and needle, insulin, 1ml 30 gx5/16" disp, and needle, insulin, 1ml 30g x5/16" disp, and needle, insulin, 1ml 30gx 5/16" disp, and needle, insulin, 1ml 30gx1/2" disp, and needle, insulin, 1ml 30gx15/64" disp, and needle, insulin, 1ml 31 g x1/4" disp, and needle, insulin, 1ml 31 gx5/16" disp, and needle, insulin, 1ml 31gx15/64" disp, and needle, insulin, 1ml 32 gx5/16" disp)</i>	3	PA
<i>syringe with needle, insulin 0.3 ml (half unit mark)</i>	3	PA
<i>syringe with needle, insulin 0.5 ml (half unit mark)</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>syringe with needle, insulin disposable, 0.3 ml (g w-ndl, disp, insul, 0.3 ml 29 g x1/2" disp, g w-ndl, disp, insul, 0.3 ml 29gx1/2" disp, g w-ndl, disp, insul, 0.3 ml 30 gauge disp, g w-ndl, disp, insul, 0.3 ml 30gx5/16" disp, g w-ndl, disp, insul, 0.3 ml 31 gx5/16" disp, g w-ndl, disp, insul, 0.3 ml 31gx5/16" disp, g w-ndl, disp, insul, 0.3ml 29 gauge disp, g w-ndl, disp, insul, 0.3ml 29gx1/2" disp, g w-ndl, disp, insul, 0.3ml 30 gauge disp, g w-ndl, disp, insul, 0.3ml 30gx1/2" disp, g w-ndl, disp, insul, 0.3ml 30gx5/16" disp, g w-ndl, disp, insul, 0.3ml 31gx5/16" disp)</i>	3	PA
<i>syringe with needle, insulin disposable, 0.3 ml/empty containr (syr-nd, ins, 0.3/container, empty 30gx1/2", syr-nd, ins, 0.3/container, empty 31 gx5/16")</i>	3	PA
<i>syringe with needle, insulin disposable, 0.5 ml (g w-ndl, disp, insul, 0.5 ml 29 g x1/2" disp, g w-ndl, disp, insul, 0.5 ml 29gx1/2" disp, g w-ndl, disp, insul, 0.5 ml 30gx1/2" disp, g w-ndl, disp, insul, 0.5 ml 30gx5/16" disp, g w-ndl, disp, insul, 0.5 ml 31 gx5/16" disp, g w-ndl, disp, insul, 0.5 ml 31gx5/16" disp, g w-ndl, disp, insul, 0.5ml 28 gauge disp, g w-ndl, disp, insul, 0.5ml 28gx1/2" disp, g w-ndl, disp, insul, 0.5ml 29 gauge disp, g w-ndl, disp, insul, 0.5ml 29gx1/2" disp, g w-ndl, disp, insul, 0.5ml 30 gauge disp, g w-ndl, disp, insul, 0.5ml 30gx1/2" disp, g w-ndl, disp, insul, 0.5ml 30gx5/16" disp, g w-ndl, disp, insul, 0.5ml 31gx5/16" disp)</i>	3	PA
<i>syringe with needle, insulin, 0.3 ml (ml 29 g x1/2" disp, ml 29 gauge disp, ml 30 g x1/2" disp, ml 30 gauge disp, ml 30 gx5/16" disp, ml 30gx 5/16" disp, ml 30gx1/2" disp, ml 30gx15/64" disp, ml 31 g x1/4" disp, ml 31 gx5/16" disp, ml 31gx15/64" disp)</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>syringe with needle, insulin, 0.5 ml (ml 27gx1/2" disp, ml 28 gauge disp, ml 28gx1/2" disp, ml 29 g x1/2" disp, ml 29 gauge disp, ml 29gx 5/16" disp, ml 30 g x1/2" disp, ml 30 gauge disp, ml 30 gx5/16" disp, ml 30g x5/16" disp, ml 30gx 5/16" disp, ml 30gx1/2" disp, ml 31 g x1/4" disp, ml 31 gx5/16" disp, ml 31gx15/64" disp, ml 32 gx5/16" disp)</i>	3	PA
<i>syringe-needle, insulin, 0.5 ml/container, empty (syr-nd, ins, 0.5/container, empty 30gx1/2", syr-nd, ins, 0.5/container, empty 31 gx5/16")</i>	3	PA
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 (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	3	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	3	QL (60 PER 30 DAYS)
TRULICITY	3	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	3	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)	3	QL (60 PER 30 DAYS)
XULTOPHY 100-3.6	3	QL (15 PER 30 DAYS), \$35
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	3	
<i>calcitonin, salmon, synthetic 200/spray spray/pump</i>	2	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	2	
CERDELGA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CEREZYME	5	PA
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	4	QL (60 PER 30 DAYS), B VS D
<i>cinacalcet hcl 90 mg tablet</i>	4	QL (120 PER 30 DAYS), B VS D
<i>danazol (50 mg capsule, 100 mg capsule)</i>	2	
<i>danazol 200 mg capsule</i>	4	
<i>desmopressin acetate (0.1 mg tablet, 0.2 mg tablet)</i>	2	
<i>desmopressin acetate (non-refrigerated)</i>	4	
<i>desmopressin acetate 10/spray spray/pump</i>	4	
<i>doxercalciferol (0.5 mcg capsule, 1 mcg capsule, 2.5 mcg capsule)</i>	4	
ELELYSO	5	PA
<i>mifepristone 300 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
<i>miglustat</i>	5	PA, LA
MYALEPT	5	PA, LA
<i>paricalcitol (1 mcg capsule, 2 mcg capsule)</i>	2	
<i>paricalcitol 4 mcg capsule</i>	4	
REZDIFFRA	5	PA, QL (30 PER 30 DAYS)
<i>sapropterin dihydrochloride</i>	5	PA
SOMAVERT	5	PA
STRENSIQ	5	PA, LA
SYNAREL	5	
<i>testosterone (1.25g-1.62 gel packet, 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp, 25mg(1%) gel packet, 30mg/1.5ml sol md pmp, 50 mg (1%) gel (gram), 50 mg (1%) gel packet)</i>	3	PA
<i>testosterone (10 mg (2%) gel, 12.5/1.25g gel)</i>	4	PA
<i>testosterone cypionate</i>	2	
<i>testosterone enanthate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tolvaptan (15 mg tablet, 30 mg tablet)</i>	5	PA, QL (120 PER 30 DAYS)
<i>tolvaptan (15 mg-15mg tablet, 30 mg-15mg tablet, 45 mg-15mg tablet, 60 mg-30mg tablet, 90 mg-30mg tablet)</i>	5	PA, QL (56 PER 28 DAYS)
VPRIV	5	PA
YARGESA	5	PA, LA
ZELVYSIA	5	PA

THYROID HORMONES

ARMOUR THYROID	3	
EUTHYROX	1	
EVEXITHROID	3	
LEVO-T	1	
<i>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)</i>	1	
LEVOXYL	2	
LIOMNY	2	
<i>liothyronine sodium (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	2	
NP THYROID	2	
RENTHYROID	2	
SYNTHROID	3	
UNITHROID	2	

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml solution, 20 mg tablet)</i>	3	
<i>diphenoxylate hcl/atropine sulfate</i>	4	
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glycopyrrolate 1 mg/5 ml solution</i>	4	
<i>loperamide hcl</i>	2	
<i>methscopolamine bromide</i>	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron hcl 0.5 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>aprepitant (40 mg capsule, 125 mg capsule)</i>	4	QL (2 PER 28 DAYS), B VS D
<i>aprepitant 125mg-80mg cap ds pk</i>	4	QL (6 PER 28 DAYS), B VS D
<i>aprepitant 80 mg capsule</i>	4	QL (4 PER 28 DAYS), B VS D
<i>balsalazide disodium</i>	4	
<i>betaine</i>	5	
<i>budesonide (2 mg foam/appl, 3 mg capdr - er)</i>	4	
<i>budesonide 9 mg tabdr - er</i>	5	QL (30 PER 30 DAYS)
CHENODAL	5	PA, LA
CLENPIQ	4	
COMPRO	2	
CONSTULOSE	2	
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	
<i>cromolyn sodium 20 mg/ml oral conc</i>	4	
<i>dronabinol</i>	4	B VS D
ENULOSE	2	
GATTEX	5	PA
GAVILYTE-C	2	
GAVILYTE-G	2	
GAVILYTE-N	2	
GENERLAC	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>granisetron hcl 1 mg tablet</i>	3	QL (28 PER 28 DAYS), B VS D
<i>hydrocortisone (1 % crml/pe, 2.5 % crml/pe)</i>	2	
<i>hydrocortisone 100mg/60ml enema</i>	3	
<i>lactulose 10 g/15 ml solution</i>	2	
LINZESS	3	QL (30 PER 30 DAYS)
<i>lubiprostone</i>	3	QL (60 PER 30 DAYS)
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	2	
<i>mesalamine</i>	4	
<i>mesalamine with cleansing wipes</i>	4	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/10ml solution)</i>	2	
MOVANTIK	4	QL (30 PER 30 DAYS)
<i>nitroglycerin 0.4% (w/w) oint. (g)</i>	3	
<i>ondansetron (4 mg tab rapdis, 8 mg tab rapdis)</i>	2	B VS D
<i>ondansetron hcl (4 mg tablet, 4 mg/5 ml solution, 8 mg tablet)</i>	2	B VS D
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>	2	
<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
PROCTO-MED HC	2	
PROCTOSOL-HC	2	
PROCTOZONE-HC	2	
<i>prucalopride succinate</i>	2	QL (30 PER 30 DAYS)
<i>scopolamine</i>	4	QL (10 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium chlorid/sodium bicarbonate/potassium chloride/peg</i>	2	
<i>sodium sulfat/potassium sulfat/magnesium sulfat</i>	2	
SUCRAID	5	
<i>sulfasalazine</i>	2	
SYMPROIC	4	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	3	
VOWST	5	PA, LA
ULCER THERAPY		
<i>cimetidine</i>	2	
<i>dexlansoprazole</i>	4	QL (30 PER 30 DAYS)
<i>esomeprazole magnesium (20 mg capsule dr, 40 mg capsule dr)</i>	3	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>lansoprazole (15 mg capsule dr, 30 mg capsule dr)</i>	2	
<i>misoprostol</i>	2	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	2	
<i>omeprazole (20 mg capsule dr, 40 mg capsule dr)</i>	1	
<i>omeprazole 10 mg capsule dr</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sodium (20 mg tablet dr, 40 mg tablet dr)</i>	1	
<i>pantoprazole sodium 40 mg granpkt dr</i>	3	
<i>rabeprazole sodium 20 mg tablet dr</i>	3	
<i>ranitidine hcl</i>	1	
<i>sucralfate 1 g tablet</i>	2	
<i>sucralfate 1 g/10 ml oral susp</i>	4	
VOQUEZNA	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 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/ML VIAL)	4	PA
ARANESP (60 MCG/0.3 ML SYRINGE, 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, 500 MCG/1 ML SYRINGE)	5	PA
ARCALYST	5	PA
AVONEX	5	
AVONEX (4 PACK)	5	
AVONEX PEN	5	
AVONEX PEN (4 PACK)	5	
BESREMI	5	PA, LA
BETASERON	5	
EGRIFTA SV	5	PA
EGRIFTA WR	5	PA
GENOTROPIN (MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	5	PA
GENOTROPIN MINIQUICK 0.2 MG	4	PA
GRANIX	5	PA
NYVEPRIA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEGASYS	5	
PROLEUKIN	5	PA
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL)	4	PA
RETACRIT 40,000 UNIT/ML VIAL	5	PA
STIMUFEND	5	PA
ZARXIO	5	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	3	QL (1 PER 1 DAYS), \$0
ACTHIB	3	
ADACEL TDAP	3	QL (0.5 ML PER 1 DAYS), \$0
AREXVY	3	QL (1 PER 1 DAYS), \$0
<i>bcg live</i>	3	PA
<i>bcg vaccine, live/pf</i>	3	\$0
BEXSERO	3	\$0
BOOSTRIX TDAP	3	QL (0.5 ML PER 1 DAYS), \$0
CUVITRU	5	PA
DAPTACEL DTAP	3	
DENGVAXIA	3	
ENGERIX-B ADULT	3	QL (1 ML PER 1 DAYS), B VS D, \$0
ENGERIX-B PEDIATRIC-ADOLESCENT	3	QL (0.5 ML PER 1 DAYS), B VS D, \$0
GAMMAGARD LIQUID	5	PA
GAMMAGARD LIQUID ERC	5	PA
GAMMAGARD S-D	5	PA
GAMUNEX-C	5	PA
GARDASIL 9	3	\$0
HAVRIX 1,440 UNIT/ML SYRINGE	3	\$0

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HAVRIX 720 UNIT/0.5 ML SYRINGE	3	
HEPLISAV-B	3	QL (0.5 ML PER 1 DAYS), B VS D, \$0
HIBERIX	3	
HIZENTRA	5	PA
HYPERHEP B	5	
HYQVIA	5	PA
IMOVAX RABIES VACCINE	3	B VS D, \$0
INFANRIX DTAP	3	
IPOL	3	\$0
IXCHIQ	3	\$0
IXIARO	3	\$0
JYNNEOS	3	B VS D, \$0
JYNNEOS (NATIONAL STOCKPILE)	3	B VS D, \$0
KINRIX	3	
M-M-R II VACCINE	3	\$0
MENQUADFI	3	\$0
MENVEO A-C-Y-W-135-DIP	3	\$0
MRESVIA	3	\$0
PEDIARIX	3	
PEDVAXHIB	3	
PENBRAYA	3	\$0
PENMENVY MEN A-B-C-W-Y	3	\$0
PENTACEL	3	
PRIORIX	3	\$0
PRIVIGEN	5	PA
PROQUAD	3	
QUADRACEL DTAP-IPV	3	
RABAVERT	3	B VS D, \$0

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RECOMBIVAX HB (10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	3	QL (1 ML PER 1 DAYS), B VS D, \$0
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL)	3	QL (0.5 ML PER 1 DAYS), B VS D, \$0
ROTARIX VACCINE ORAL SYRINGE	3	
ROTATEQ	3	
SHINGRIX 50 MCG/0.5 ML SYRINGE	3	QL (0.5 ML PER 1 DAYS), \$0
SHINGRIX VIAL KIT	3	QL (1 PER 1 DAYS), \$0
STAMARIL	3	\$0
TENIVAC	3	QL (0.5 ML PER 1 DAYS), \$0
<i>tetanus and diphtheria toxoids, adult</i>	3	QL (0.5 ML PER 1 DAYS), \$0
TICOVAC 1.2 MCG/0.25 ML SYRING	3	
TICOVAC 2.4 MCG/0.5 ML SYRINGE	3	\$0
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
VAXCHORA VACCINE	3	\$0
VIMKUNYA	3	\$0
VIVOTIF	3	\$0
XEMBIFY	5	PA, LA
YF-VAX	3	\$0

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	
<i>colchicine 0.6 mg tablet</i>	3	
COLCRYS	3	
<i>febuxostat</i>	3	
<i>probenecid</i>	2	
<i>probenecid/colchicine</i>	2	
OSTEOPOROSIS THERAPY		
<i>alendronate sodium (35 mg tablet, 70 mg tablet)</i>	1	QL (5 PER 30 DAYS)
<i>alendronate sodium 10 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>alendronate sodium 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>alendronate sodium 70 mg/75ml solution</i>	3	QL (300 PER 28 DAYS)
BONSITY	5	PA, QL (2.24 ML PER 28 DAYS)
<i>ibandronate sodium 150 mg tablet</i>	2	QL (1 PER 28 DAYS)
JUBBONTI	4	QL (1 ML PER 180 DAYS)
PROLIA	4	QL (1 ML PER 180 DAYS)
<i>raloxifene hcl</i>	2	
<i>risedronate sodium (35 mg tablet, 35 mg tablet dr)</i>	2	QL (4 PER 28 DAYS)
<i>risedronate sodium 150 mg tablet</i>	2	QL (1 PER 30 DAYS)
<i>risedronate sodium 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
STOBOCLO	4	QL (1 ML PER 180 DAYS)
<i>teriparatide</i>	5	PA, QL (2.48 ML PER 28 DAYS)
OTHER RHEUMATOLOGICALS		
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
HADLIMA	5	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA PUSHTOUCH	5	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA(CF)	5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA(CF) PUSHTOUCH	5	PA, QL (2.4 ML PER 28 DAYS)
KINERET	5	PA, QL (20.1 PER 30 DAYS)
<i>leflunomide</i>	2	
OTEZLA (10-20 MG STARTER 28, 10-20-30MG START 28)	5	PA, QL (55 PER 28 DAYS)
OTEZLA (20 MG TABLET, 30 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
OTEZLA XR 75 MG TABLET	5	PA, QL (30 TABLETS PER 30 DAYS)
OTEZLA XR INITIATION PK 28 DAY	5	PA, QL (41 TABLETS PER 30 DAYS)
<i>penicillamine 250 mg capsule</i>	3	
RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
RINVOQ ER 45 MG TABLET	5	PA, QL (168 PER 365 DAYS)
RINVOQ LQ	5	PA, QL (360 ML PER 30 DAYS)
SAVELLA	3	
SIMLANDI(CF) 20 MG/0.2 SYRG	5	PA, QL (2 PER 28 DAYS)
SIMLANDI(CF) 40 MG/0.4 SYRG	5	PA, QL (6 AUTOINJECTORS PER 28 DAYS)
SIMLANDI(CF) 80 MG/0.8 SYRG	5	PA, QL (3 PER 28 DAYS)
SIMLANDI(CF) AUTOINJECTOR AI 40 MG/0.4	5	PA, QL (6 PER 28 DAYS)
SIMLANDI(CF) AUTOINJECTOR AI 80 MG/0.8	5	PA, QL (3 AUTOINJECTORS PER 28 DAYS)
TYENNE 162 MG/0.9 ML SYRINGE	5	PA, QL (3.6 ML PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYENNE AUTOINJECTOR	5	PA, QL (3.6 ML PER 28 DAYS)
XELJANZ (5 MG TABLET, 10 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
XELJANZ 1 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
XELJANZ XR	5	PA, QL (30 PER 30 DAYS)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ABIGALE	2	
ABIGALE LO	2	
ANGELIQ	4	
CAMILA	2	
CLIMARA PRO	4	
COMBIPATCH	4	
CRINONE	4	PA
DEBLITANE	2	
DEPO-ESTRADIOL	4	
DEPO-SUBQ PROVERA 104	3	
DOTTI	2	
DUAVEE	3	
EMZAHH	2	
ERRIN	2	
<i>estradiol (0.01 % cream/appl, .025mg/24h patch tds, .025mg/24h patch tdwk, .0375mg/24 patch tds, .0375mg/24 patch tdwk, 0.05mg/24h patch tds, 0.05mg/24h patch tdwk, 0.06mg/24h patch tdwk, .075mg/24h patch tds, .075mg/24h patch tdwk, 0.1mg/24hr patch tds, 0.1mg/24hr patch tdwk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg tablet)</i>	2	
<i>estradiol (0.25/0.25g gel packet, 0.5mg/0.5g gel packet, 0.75/0.75g gel packet, 1 mg/gram gel packet)</i>	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol (1.25 g gel md pmp, 1.25/1.25g gel packet)</i>	3	
<i>estradiol valerate</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
ESTRING	4	
<i>estrogens, conjugated</i>	3	
EVAMIST	4	
FEMRING	4	
FYAVOLV	2	
GALLIFREY	2	
HEATHER	2	
IMVEXXY (4 MCG PACK, 10 MCG PACK)	4	
IMVEXXY (4 MCG PACK, 10 MCG PAK)	4	QL (8 PER 28 DAYS)
INCASSIA	2	
JENCYCLA	2	
JINTELI	2	
LYLEQ	2	
LYLLANA	2	
LYZA	2	
<i>medroxyprogesterone acetate</i>	2	
MELEYA	2	
MENEST	3	
MENOSTAR	4	
MIMVEY	2	
NORA-BE	2	
<i>norethindrone</i>	2	
<i>norethindrone acetate</i>	2	
<i>norethindrone acetate-ethinyl estradiol (0.5mg-2.5 tablet, 1mg-5mcg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORQUIDEA	2	
PREMARIN VAGINAL CREAM-APPL	3	
PREMPHASE	4	
PREMPRO	4	
<i>progesterone</i>	2	
<i>progesterone, micronized (100 mg capsule, 200 mg capsule)</i>	2	
SHAROBEL	2	
YUVAFEM	2	
MISCELLANEOUS OB/GYN		
CLEOCIN 100 MG VAGINAL OVULE	4	
<i>clindamycin phosphate 2 % cream/appl</i>	3	
ELURYNG	2	
ENILLORING	2	
<i>etonogestrel/ethinyl estradiol</i>	2	
GYNAZOLE 1	4	
HALOETTE	2	
INTRAROSA	4	PA
LILETTA	3	
<i>metronidazole 0.75 % gel w/appl</i>	2	
<i>miconazole nitrate</i>	2	
MYFEMBREE	5	
NEXPLANON	3	
<i>norelgestromin/ethinyl estradiol</i>	3	QL (3 PER 28 DAYS)
ORIAHNN	5	
ORLISSA	5	
<i>terconazole (0.4 % cream/appl, 0.8 % cream/appl)</i>	2	
<i>terconazole 80 mg supp. vag</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tranexamic acid 650 mg tablet</i>	3	
VANDAZOLE	2	
VEOZAH	4	PA
XULANE	3	QL (3 PER 28 DAYS)
ZAFEMY	3	QL (3 PER 28 DAYS)
ORAL CONTRACEPTIVES / RELATED AGENTS		
AFIRMELLE	2	
ALTAVERA	2	
ALYACEN	2	
AMETHIA	2	
AMETHYST	2	
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	
BALZIVA	2	
BLISOVI 24 FE	2	
BLISOVI FE	2	
BRIELLYN	2	
CAMRESE	2	
CAMRESE LO	2	
CAZIAN	2	
CHATEAL EQ	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CRYSELLE	2	
CYRED	2	
CYRED EQ	2	
DASETTA	2	
DAYSEE	2	
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>	2	
DOLISHALE	2	
ELINEST	2	
ENPRESSE	2	
ENSKYCE	2	
ESTARYLLA	2	
<i>ethinyl estradiol/drospirenone</i>	2	
<i>ethynodiol diacetate-ethinyl estradiol</i>	2	
FALMINA	2	
FEIRZA	2	
FINZALA	2	
GALBRIELA	2	
HAILEY	2	
HAILEY 24 FE	2	
HAILEY FE	2	
INTROVALE	2	
ISIBLOOM	2	
JAIMIESS	2	
JASMIEL	2	
JOLESSA	2	
JULEBER	2	
JUNEL	2	
JUNEL FE	2	
JUNEL FE 24	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KALLIGA	2	
KARIVA	2	
KELNOR 1-35	2	
KELNOR 1-50	2	
KURVELO	2	
LARIN	2	
LARIN 24 FE	2	
LARIN FE	2	
LESSINA	2	
LEVONEST	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	2	
LEVORA-28	2	
LO-ZUMANDIMINE	2	
LOJAIMIESS	2	
LORYNA	2	
LOW-OGESTREL	2	
LUIZZA	2	
LUTERA	2	
MARLISSA	2	
MICROGESTIN	2	
MICROGESTIN FE	2	
MILI	2	
MONO-LINYAH	2	
NECON	2	
NIKKI	2	
<i>norethindrone acetate-ethinyl estradiol (1mg-20mcg tablet, 1.5-0.03mg tablet)</i>	2	
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate (1mg-20(24) capsule, 1mg-20(24) tab chew, 1.5-30(21) tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norethindrone-ethinyl estradiol/ferrous fumarate noreth-ethinyl estradiol/iron 0.4-35(21) tab chew</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
NORTREL	2	
NYLIA	2	
OCELLA	2	
PHILITH	2	
PIMTREA	2	
PORTIA	2	
RECLIPSEN	2	
ROSYRAH	2	
SETLAKIN	2	
SIMLIYA	2	
SIMPESSE	2	
SPRINTEC	2	
SRONYX	2	
SYEDA	2	
TARINA 24 FE	2	
TARINA FE	2	
TARINA FE 1-20 EQ	2	
TRI-ESTARYLLA	2	
TRI-LINYAH	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-MARZIA	2	
TRI-LO-SPRINTEC	2	
TRI-MILI	2	
TRI-SPRINTEC	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TRIVORA-28	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TURQOZ	2	
VALTYA	2	
VELIVET	2	
VESTURA	2	
VIENVA	2	
VIORELE	2	
VOLNEA	2	
VYFEMLA	2	
VYLIBRA	2	
WERA	2	
WYMZYA FE	2	
XARAH FE	2	
XELRIA FE	2	
ZARAH	2	
ZOVIA 1-35	2	
ZUMANDIMINE	2	

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	4	
<i>bacitracin 500 unit/g oint. (g)</i>	2	
<i>bacitracin/polymyxin b sulfate</i>	2	
BESIVANCE	4	
<i>ciprofloxacin hcl 0.3 % drops</i>	2	
<i>erythromycin base 5 mg/gram oint. (g)</i>	2	
<i>gatifloxacin</i>	2	
<i>gentamicin sulfate 0.3 % drops</i>	2	
<i>levofloxacin 1.5 % drops</i>	3	
<i>moxifloxacin hcl (0.5 % drops, 0.5 % drops visc)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEO-POLYCIN	2	
<i>neomycin sulfat/bacitracin/polymyxin b</i>	2	
<i>neomycin sulfat/polymyxin b sulfat/gramicidin d</i>	2	
<i>polymyxin b sulfat/trimethoprim</i>	2	
<i>tobramycin 0.3 % drops</i>	2	
TOBEX	4	
ANTIVIRALS		
<i>trifluridine</i>	3	
ZIRGAN	4	
BETA-BLOCKERS		
<i>betaxolol hcl 0.5 % drops</i>	2	
BETOPTIC S	4	PA
<i>carteolol hcl</i>	2	
<i>levobunolol hcl</i>	2	
<i>timolol maleate (0.25 % sol-gel, 0.5 % sol-gel)</i>	3	
<i>timolol maleate 0.25% eye drop</i>	1	
<i>timolol maleate 0.5% daily eye drop</i>	2	
<i>timolol maleate 0.5% eye drops</i>	1	
<i>timolol maleate pf eye drops 0.25%</i>	4	PA
<i>timolol maleate pf eye drops 0.5%</i>	4	PA
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfat 1 % drops</i>	2	
DIRECT ACTING MIOTICS		
PHOSPHOLINE IODIDE	5	
<i>pilocarpine hcl (1 % drops, 2 % drops, 4 % drops)</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>azelastine hcl 0.05 % drops</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bepotastine besilate</i>	4	
CEQUA	4	
<i>cromolyn sodium 4 % drops</i>	2	
<i>cyclosporine 0.05 % droperette</i>	3	QL (60 VIALS PER 30 DAYS)
CYSTARAN	5	
<i>epinastine hcl</i>	2	
MIEBO	4	
RESTASIS	3	QL (60 VIALS PER 30 DAYS)
TYRVAYA	4	QL (8.4 PER 30 DAYS)
VEVYE	4	
XDEMVI	5	PA, QL (10 ML PER 42 DAYS)
XIIDRA	3	QL (60 VIALS PER 30 DAYS)

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

<i>bromfenac sodium</i>	4	
<i>diclofenac sodium 0.1 % drops</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
<i>ketorolac tromethamine (0.4 % drops, 0.5 % drops)</i>	2	

ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide</i>	4	
<i>methazolamide</i>	4	

OTHER GLAUCOMA DRUGS

<i>bimatoprost 0.03 % drops</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
<i>brinzolamide</i>	3	
<i>dorzolamide hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hcl/timolol maleate/pf dorzolamide/timolol/pf 2 %-0.5 % droperette</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>latanoprost</i>	1	
LUMIGAN	4	PA
RHOPRESSA	4	PA
ROCKLATAN	4	PA
SIMBRINZA	4	PA
<i>tafluprost/pf</i>	4	PA
<i>travoprost</i>	3	PA
VYZULTA	4	PA
STEROID-ANTIBIOTIC COMBINATIONS		
NEO-POLYCIN HC	2	
<i>neomycin sulfat/bacitracin zinc/polymyxin b/hydrocortisone</i>	2	
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone neomycin/polymyxin b/hydrocort 3.5- 10k-10 drops susp</i>	3	
<i>neomycin/polymyxin b sulfate/dexamethasone</i>	2	
TOBRADEX EYE OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
ZYLET	4	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
STEROIDS		
<i>dexamethasone sodium phosphate 0.1 % drops</i>	2	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	2	
LOTEMAX 0.5% EYE OINTMENT	4	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate 1 % drops</i>	2	
SULFONAMIDES		
<i>sulfacetamide sodium (10 % drops, 10 % oint. (g))</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate (0.1 % drops, 0.15 % drops)</i>	3	
<i>brimonidine tartrate 0.2 % drops</i>	2	
IOPIDINE	4	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine hcl</i>	2	
<i>desloratadine 5 mg tablet</i>	2	
<i>diphenhydramine hcl 50 mg/ml vial</i>	2	
<i>epinephrine (0.15/0.15, 0.3mg/0.3)</i>	3	QL (4 PER 30 DAYS)
<i>epinephrine 0.15 mg auto-inject (mylan)</i>	3	QL (4 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	
<i>hydroxyzine pamoate</i>	2	
<i>levocetirizine dihydrochloride</i>	2	
<i>promethazine hcl (6.25mg/5ml syrup, 12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3	PA
PULMONARY AGENTS		
<i>acetylcysteine</i>	4	B VS D
ADEMPAS	5	PA, LA, QL (90 PER 30 DAYS)
<i>albuterol sulfate (0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 5 mg/ml solution)</i>	2	B VS D

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>albuterol sulfate (2 mg tablet, 2 mg/5 ml syrup, 4 mg tablet)</i>	3	
<i>albuterol sulfate 90 mcg hfa aer ad</i>	2	QL (36 PER 30 DAYS)
ALVESCO	4	QL (12.2 PER 30 DAYS)
ALYQ	5	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5	PA, LA, QL (30 PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
<i>arformoterol tartrate</i>	4	QL (120 PER 30 DAYS), B VS D
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	3	QL (1 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
ATROVENT HFA	4	QL (25.8 PER 30 DAYS)
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	5	PA, LA, QL (60 PER 30 DAYS)
BREYNA	3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
<i>budesonide (0.25mg/2ml, 0.5 mg/2ml, 1 mg/2 ml)</i>	4	B VS D
<i>budesonide/formoterol fumarate</i>	3	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (4 PER 30 DAYS)
<i>cromolyn sodium 20 mg/2 ml ampul-neb</i>	3	B VS D
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)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>flunisolide</i>	2	QL (50 PER 30 DAYS)
<i>fluticasone furoate/vilanterol trifenate</i>	3	QL (60 PER 30 DAYS)
<i>fluticasone propionate (110 mcg w/adap, 220 mcg w/adap)</i>	3	QL (24 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone propionate 100 mcg blst w/dev</i>	3	
<i>fluticasone propionate 250 mcg blst w/dev</i>	3	QL (240 PER 30 DAYS)
<i>fluticasone propionate 44 mcg aer w/adap</i>	3	QL (10.6 PER 30 DAYS)
<i>fluticasone propionate 50 mcg blst w/dev</i>	3	QL (60 PER 30 DAYS)
<i>fluticasone propionate 50 mcg spray susp</i>	2	QL (16 PER 30 DAYS)
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 100-50 mcg w/dev, propion/salmeterol 250-50 mcg w/dev, propion/salmeterol 500-50 mcg w/dev)</i>	2	QL (60 PER 30 DAYS)
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 45-21 mcg, propion/salmeterol 115-21mcg, propion/salmeterol 230-21mcg)</i>	3	QL (12 PER 30 DAYS)
<i>fluticasone propionate/salmeterol xinafoate (propion/salmeterol 55-14 mcg, propion/salmeterol 113-14 mcg, propion/salmeterol 232-14 mcg)</i>	2	QL (1 PER 30 DAYS)
<i>formoterol fumarate</i>	4	QL (120 ML PER 30 DAYS), B VS D
HAEGARDA	5	PA, LA
<i>icatibant acetate</i>	5	PA, QL (18 PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.2 mg/ml solution</i>	2	B VS D
<i>ipratropium bromide/albuterol sulfate</i>	2	B VS D
KALYDECO	5	PA, QL (60 PER 30 DAYS)
<i>levalbuterol hcl</i>	4	B VS D
<i>levalbuterol tartrate</i>	3	QL (30 PER 30 DAYS)
<i>mometasone furoate 50 mcg spray/pump</i>	3	PA, QL (34 PER 30 DAYS)
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	1	
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, LA, QL (0.4 ML PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OFEV	5	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 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, QL (56 PER 28 DAYS)
<i>pirfenidone (267 mg tablet, 534 mg tablet, 801 mg tablet)</i>	5	PA, QL (90 PER 30 DAYS)
<i>pirfenidone 267 mg capsule</i>	5	PA, QL (270 PER 30 DAYS)
PULMOZYME	5	QL (150 PER 30 DAYS), B VS D
QVAR REDIHALER	3	QL (21.2 PER 30 DAYS)
<i>roflumilast</i>	4	QL (30 PER 30 DAYS)
RYALTRIS	4	PA, QL (29 PER 30 DAYS)
SAJAZIR	5	PA, QL (18 PER 30 DAYS)
SEREVENT DISKUS	4	QL (60 PER 30 DAYS)
<i>sildenafil citrate 20 mg tablet</i>	3	PA, QL (90 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)
<i>tadalafil 20 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tablet, 5 mg tablet)</i>	3	
TEZSPIRE	5	PA, QL (1.91 ML PER 28 DAYS)
THEO-24	4	
<i>theophylline anhydrous</i>	2	
<i>tiotropium bromide</i>	3	QL (30 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 (84 PER 28 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)
WINREVAIR	5	PA, QL (1 KIT PER 21 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
WINREVAIR (2 PACK)	5	PA, QL (1 KIT PER 21 DAYS)
WIXELA INHUB	2	QL (60 PER 30 DAYS)
XOLAIR (150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	5	PA, LA, QL (8 PER 28 DAYS)
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE)	5	PA, LA, QL (1 PER 28 DAYS)
<i>zafirlukast</i>	2	

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin hydrobromide</i>	3	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate</i>	2	QL (30 PER 30 DAYS)
<i>flavoxate hcl</i>	2	
GEMTESA	3	
<i>mirabegron</i>	3	
<i>oxybutynin chloride (5 mg tab er 24, 5 mg tablet, 5 mg/5 ml syrup, 10 mg tab er 24, 15 mg tab er 24)</i>	2	
<i>solifenacin succinate</i>	2	QL (30 PER 30 DAYS)
<i>tolterodine tartrate (1 mg tablet, 2 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>tolterodine tartrate (2 mg cap er, 4 mg cap er)</i>	3	QL (30 PER 30 DAYS)
<i>trospium chloride 20 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>trospium chloride 60 mg cap er 24h</i>	3	QL (30 PER 30 DAYS)

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin hcl</i>	2	
<i>dutasteride</i>	2	
<i>dutasteride/tamsulosin hcl</i>	3	
<i>finasteride 5 mg tablet</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>silodosin</i>	3	
<i>tamsulosin hcl</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	2	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	3	LA
ELMIRON	4	QL (90 PER 30 DAYS)
K-PHOS NO.2	4	
K-PHOS ORIGINAL	4	
<i>potassium citrate</i>	2	
RENACIDIN	3	
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	3	PA, QL (30 PER 30 DAYS)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate</i>	2	B VS D
EFFER-K	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	
<i>magnesium sulfate</i>	4	
<i>potassium chloride (2 meq/ml ampul, 2 meq/ml iv soln, 2 meq/ml vial, 20 meq packet)</i>	4	
<i>potassium chloride (20meq/15ml, 40meq/15ml)</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride (8 capsule er, 8 tablet er, 10 capsule er, 10 tab er prt, 10 tablet er, 15 tab er prt, 20 tab er prt, 20 tablet er)</i>	2	
<i>potassium chloride in 0.45 % sodium chloride</i>	4	
<i>potassium chloride in 0.9 % sodium chloride (20 meq/l soln, 40 meq/l soln)</i>	4	
<i>potassium chloride in 5 % dextrose in water d5w 20 meq/l iv soln</i>	4	
<i>potassium chloride in dextrose 5 % and 0.9 % sodium chloride</i>	4	
<i>potassium chloride in dextrose 5 %-0.2 % sodium chloride chlorid/d5-0.2%nacl 20 meq/l iv soln</i>	4	
<i>potassium chloride in dextrose 5 %-0.45 % sodium chloride</i>	4	
<i>potassium chloride in lactated ringers and 5 % dextrose lr-d5 20 meq/l iv soln</i>	4	
<i>potassium chloride in water for injection, sterile (10meq/0.1l, 10meq/50ml, 20meq/0.1l, 20meq/50ml, 40meq/0.1l)</i>	4	
<i>ringer's solution ivsoln</i>	4	
<i>sodium chloride 0.45 %</i>	4	
<i>sodium chloride 3 %</i>	4	
<i>sodium chloride 5 %</i>	4	
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX (4.25%-10% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION, 6%-5% SOLUTION, 8%-10% SOLUTION, 8%-14% SOLUTION)	4	B VS D
CLINIMIX E (4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION, 8%-10% SOLUTION, 8%-14% SOLUTION)	4	B VS D
<i>electrolyte-148 solution</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>electrolyte-a solution</i>	4	
INTRALIPID	4	B VS D
ISOLYTE P WITH DEXTROSE	4	
ISOLYTE S	4	
PLASMA-LYTE 148 PH 7.4	4	
PLASMA-LYTE A	4	
PLASMA-LYTE A PH 7.4	4	
PLENAMINE	4	B VS D
PREMASOL	4	B VS D
PROSOL	4	B VS D
TRAVASOL	4	B VS D
TROPHAMINE	4	B VS D
VITAMINS / HEMATINICS		
ELITE-OB	2	
<i>fluoride (sodium) (0.25(0.55) tab chew, 0.5(1.1)mg tab chew, 1mg(2.2mg) tab chew)</i>	3	
FOLIVANE-OB	2	
ONE NATAL RX	2	
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	2	
<i>sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet</i>	3	
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You can find information on what the symbols and abbreviations on this table mean by going to page 15.

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This formulary was updated on 04/01/2026. For more recent information or other questions, please contact Network Health Medicare Advantage Plans Customer Service at 800-316-3107 (TTY users should call 800-716-3231), 24 hours a day, seven days a week, or visit [networkhealth.com](https://www.networkhealth.com).

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 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
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 - Information written in other languages.

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Network Health
Attn: Compliance Officer
1570 Midway Place
Menasha, WI 54952
Phone: 800-378-5234
(TTY users should call 711)
Email: compliance@networkhealth.com

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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Hmong: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntauv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 800-378-5234 (TTY : 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 800-378-5234 (TTY : 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Laotian: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນ ຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 800-378-5234 (TTY : 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Pennsylvania Dutch: Wann du Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 800-378-5234 (TTY: 711) uff odder schwetz mit dei Provider.

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 800-378-5234 (TTY : 711) lub porozmawiaj ze swoim dostawcą.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 800-378-5234 (TTY : 711) или обратитесь к своему поставщику услуг.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 800-378-5234 (TTY : 711) o hable con su proveedor.

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyong upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 800-378-5234 (TTY : 711) o makipag-usap sa iyong provider.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 800-378-5234 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.