



Aetna Medicare Chronic Care
(HMO C-SNP), Aetna Medicare
Chronic Care Total (HMO C-SNP),
Aetna Medicare Chronic Care Value
(HMO C-SNP), Aetna Medicare Prime
Chronic Care (HMO C-SNP)

2027 Formulary
(List of Covered Drugs or “Drug List”)

B2_CSNP

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

Formulary ID Number: 27014 Version 9

This formulary was updated on 10/01/2026. For more recent information or other questions, please contact Aetna Medicare Chronic Care (HMO C-SNP), Aetna Medicare Chronic Care Total (HMO C-SNP), Aetna Medicare Chronic Care Value (HMO C-SNP), Aetna Medicare Prime Chronic Care (HMO C-SNP) Member Services at **1-833-595-1008** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.T., 7 days a week, or visit [AetnaMedicare.com/formulary](https://www.aetna.com/formulary)

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Aetna. When it refers to “plan” or “our plan,” it means Aetna Medicare.

This document includes a Drug List (formulary) for our plan which is current as of 10/01/2026. 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, 2027, and from time to time during the year. You will receive notice when necessary.

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What is the Aetna Medicare Chronic Care (HMO C-SNP), Aetna Medicare Chronic Care Total (HMO C-SNP), Aetna Medicare Chronic Care Value (HMO C-SNP), Aetna Medicare Prime Chronic Care (HMO C-SNP) formulary?

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

Can the formulary 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 Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [AetnaMedicare.com/formulary](https://www.aetna.com/medicare/formulary)

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the 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 titled “How do I request an exception to the Aetna Medicare Chronic Care (HMO C-SNP), Aetna Medicare Chronic Care Total (HMO C-SNP), Aetna Medicare Chronic Care Value (HMO C-SNP), Aetna Medicare Prime Chronic Care (HMO C-SNP)’s Formulary?”

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

Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 10/01/2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the formulary?

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

Medical Condition

The drug list begins on page 12. The drugs on this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page 12. 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 136. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

PA Prior authorization. Our plan requires you or your prescriber to get prior authorization. You must get approval from us based on specific criteria before you can get your prescription filled.

QL Quantity Limits. For certain drugs, there is a quantity limit on the amount of the drug that we will cover. Quantity limits are based on the manufacturer's and FDA's recommended dosage. If you take more than the recommended amount, you will need to request an exception. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*.

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

LD Limited Distribution. The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.*

MO Mail Order. Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.*

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

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

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

*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-833-595-1008 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week.

You can find out if your drug has requirements or limits by looking on the formulary that begins on page 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Aetna Medicare Chronic Care (HMO C-SNP), Aetna Medicare Chronic Care Total (HMO C-SNP), Aetna Medicare Chronic Care Value (HMO C-SNP), Aetna Medicare Prime Chronic Care (HMO C-SNP)’s formulary?” on page 8 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the Aetna Medicare Chronic Care (HMO C-SNP), Aetna Medicare Chronic Care Total (HMO C-SNP), Aetna Medicare Chronic Care Value (HMO C-SNP), Aetna Medicare Prime Chronic Care (HMO C-SNP)’s formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a 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 talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or 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 change in your setting of care (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

For more information

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

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

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

Mail-order pharmacy

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call at **1-833-595-1008 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week if you do not receive your mail-order drugs within this time frame.

Drug tier copay levels

This 2027 formulary is a listing of brand name and generic drugs. Aetna Medicare's 2027 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Drug cost-sharing may vary based on drug tier, pharmacy and negotiated drug cost based upon the plan.

Copay tier	Type of drug
Tier 1	Preferred Generic
Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Drug
Tier 5	Specialty

Our plan combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Aetna Medicare formulary

The drug list that begins on page 12 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 136.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL	Quantity Limits
PA	Prior Authorization
ST	Step Therapy
LD	Limited Distribution*
MO	Mail-order Delivery*
B/D	Part B vs. D Prior Authorization
ACS	Available from CVS Specialty Pharmacy
HRM	High Risk Medication

*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-833-595-1008 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week.

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand name prescription drugs	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity Limit
Lowercase <i>italics</i> = Generic medications		PA = Prior Authorization
		ST = Step Therapy
		LD = Limited Distribution
		MO = Mail-order Delivery
		B/D = Part B vs. Part D
		ACS = Available at CVS Specialty Pharmacy
		HRM = High Risk Medication

Drug name	Drug tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>colchicine tablet 0.6mg</i>	4	QL (120 EA per 30 days) MO
<i>febuxostat tablet 40mg, 80mg</i>	4	ST MO
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	2	MO
<i>probenecid tablet 500mg</i>	4	MO
MISCELLANEOUS		
JOURNAVX TABLET 50MG	3	QL (29 EA per 14 days) PA
<i>lidocaine hcl preservative free local injection 0.5%, 1.5%, 4%</i>	4	
<i>lidocaine hydrochloride injection 1% preservative free, 100mg/5ml, 2%</i>	4	
<i>lidocaine hydrochloride injection 1%</i>	4	MO
NSAIDS		
<i>celecoxib capsule 400mg</i>	2	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	2	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	2	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	2	MO
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	2	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	4	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	4	QL (90 EA per 30 days) MO
<i>diflunisal tablet 500mg</i>	2	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	4	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	4	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	2	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	2	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	2	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	2	QL (90 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	2	QL (90 EA per 30 days) MO
<i>ibuprofen suspension 100mg/5ml</i>	2	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ketorolac tromethamine tablet 10mg</i>	2	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet 15mg, 7.5mg</i>	1	MO
<i>nabumetone tablet 500mg, 750mg</i>	2	MO
<i>naproxen dr tablet delayed release 375mg</i>	2	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	2	QL (90 EA per 30 days) MO
<i>naproxen sodium tablet 275mg, 550mg</i>	2	MO
<i>naproxen suspension 125mg/5ml</i>	4	QL (1800 ML per 30 days) PA MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	MO
<i>oxaprozin tablet 600mg</i>	2	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	2	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>piroxicam capsule 10mg</i>	2	QL (60 EA per 30 days) MO
<i>sulindac tablet 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	4	QL (4 EA per 28 days) PA MO
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	4	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er (generic Hysingla ER) tablet er 24 hour abuse-deterrent 100mg, 120mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) PA MO
<i>methadone hcl solution 5mg/5ml</i>	3	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>methadone hydrochloride concentrate 10mg/ml</i>	3	QL (90 ML per 30 days) PA MO
<i>methadone hydrochloride solution 10mg/5ml</i>	3	QL (450 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	3	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended (generic MS Contin) release 15mg</i>	3	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE INJECTION 1MG/ML	4	B/D
<i>tramadol hcl er tablet extended release 24 hour 100mg, 300mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	4	QL (30 EA per 30 days); HRM
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	4	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	2	QL (2700 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>acetaminophen/codeine tablet</i> 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	2	QL (180 EA per 30 days) MO
<i>butorphanol tartrate injection 1mg/ ml, 2mg/ml</i>	4	MO
<i>butorphanol tartrate nasal solution</i> 10mg/ml	4	QL (5 ML per 30 days) MO
CODEINE SULFATE TABLET 15MG, 30MG, 60MG	4	QL (180 EA per 30 days) MO
<i>endocet tablet 325mg; 10mg,</i> <i>325mg; 2.5mg, 325mg; 7.5mg</i>	4	QL (180 EA per 30 days)
<i>hydrocodone bitartrate/ acetaminophen solution</i> 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml	4	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/ acetaminophen tablet 300mg;</i> <i>10mg, 300mg; 5mg, 300mg; 7.5mg,</i> <i>325mg; 10mg, 325mg; 5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/ acetaminophen tablet 325mg;</i> <i>2.5mg</i>	3	QL (240 EA per 30 days) MO
<i>hydrocodone/acetaminophen tablet</i> 325mg; 7.5mg	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet</i> 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg	3	QL (150 EA per 30 days) MO
<i>hydromorphone hcl liquid 1mg/ml</i>	4	QL (600 ML per 30 days) MO
<i>hydromorphone hcl tablet 2mg,</i> <i>4mg, 8mg</i>	3	QL (180 EA per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	4	B/D
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 50MG/ML	4	B/D
<i>morphine sulfate injection 0.5mg/ ml, 10mg/ml, 2mg/ml, 4mg/ml,</i> <i>8mg/ml</i>	4	B/D

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

Drug name	Drug tier	Requirements/Limits
<i>morphine sulfate injection 1mg/ml</i>	4	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 100mg/5ml</i>	4	QL (180 ML per 30 days) MO
<i>morphine sulfate tablet 15mg, 30mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hcl capsule 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution 5mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 50mg</i>	2	QL (240 EA per 30 days) MO; HRM

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole tablet 200mg</i>	4	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	MO
ARIKAYCE SUSPENSION 590MG/8.4ML	5	PA; LD
<i>atovaquone suspension 750mg/5ml</i>	4	MO
<i>aztreonam injection 1gm, 2gm</i>	4	MO
BLUJEPA TABLET 750MG	3	
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA; ACS LD
<i>chloramphenicol sodium succinate injection 1gm</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>clindamycin hcl capsule 300mg</i>	2	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	MO
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	MO
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate injection 600mg/4ml</i>	4	MO
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	4	
<i>colistimethate sodium injection 150mg</i>	4	MO
<i>dapsone tablet 100mg, 25mg</i>	3	MO
<i>daptomycin injection 350mg, 500mg</i>	4	
EMVERM TABLET CHEWABLE 100MG	5	QL (24 EA per 365 days) MO
<i>ertapenem sodium injection 1gm</i>	3	MO
<i>fosfomycin tromethamine packet 3gm</i>	4	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	4	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	4	MO
<i>gentamicin sulfate injection 40mg/ml</i>	4	MO
<i>imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg</i>	3	MO
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>ivermectin tablet 6mg</i>	2	QL (10 EA per 90 days) PA MO
<i>ivermectin tablet 3mg</i>	2	QL (12 EA per 90 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	PA
<i>linezolid injection 600mg/300ml</i>	4	PA
<i>linezolid suspension reconstituted 100mg/5ml</i>	4	QL (1800 ML per 30 days) MO
<i>linezolid tablet 600mg</i>	4	QL (56 EA per 28 days) MO
<i>meropenem injection 2gm</i>	4	
<i>meropenem injection 1gm, 500mg</i>	4	MO
<i>methenamine hippurate tablet 1gm</i>	4	MO
<i>methenamine mandelate tablet 0.5gm, 1gm</i>	4	MO
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	MO
<i>neomycin sulfate tablet 500mg</i>	2	MO
<i>nitazoxanide tablet 500mg</i>	5	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	2	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	4	MO
<i>nitrofurantoin monohydrate/ macrocrystals capsule 100mg</i>	2	MO
<i>pentamidine isethionate injection 300mg</i>	4	MO
<i>pentamidine isethionate inhalation solution reconstituted 300mg</i>	4	B/D MO
<i>praziquantel tablet 600mg</i>	4	MO
<i>pyrimethamine tablet 25mg</i>	5	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION 200MG	5	
SIVEXTRO TABLET 200MG	5	MO
<i>streptomycin sulfate injection 1gm</i>	5	MO
<i>sulfadiazine tablet 500mg</i>	5	MO
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	2	MO
<i>sulfamethoxazole/trimethoprim injection 400mg/5ml; 80mg/5ml</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	2	MO
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	2	MO
<i>tinidazole tablet 250mg, 500mg</i>	3	MO
TOBI PODHALER CAPSULE 28MG	5	QL (224 EA per 28 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ml</i>	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	4	MO
<i>tobramycin sulfate injection 1.2gm</i>	5	
<i>tobramycin nebulization solution 300mg/5ml</i>	5	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim tablet 100mg</i>	2	MO
TYZAVAN INJECTION	4	
1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML, 500MG/100ML, 750MG/150ML		
VANCOMYCIN HCL INJECTION	4	
0.9%; 1GM/200ML		
<i>vancomycin hcl injection 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 2000MG/400ML, 500MG/100ML, 750MG/150ML	4	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg</i>	4	
VANCOMYCIN INJECTION	4	
0.9%; 500MG/100ML, 0.9%; 750MG/150ML		
XIFAXAN TABLET 200MG	3	QL (9 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
ANTIFUNGALS		
<i>amphotericin b liposome injection 50mg</i>	5	B/D MO
<i>amphotericin b injection 50mg</i>	4	B/D MO
<i>caspofungin acetate injection 50mg, 70mg</i>	4	
CRESEMBA CAPSULE 74.5MG	5	QL (175 EA per 30 days) MO
CRESEMBA CAPSULE 186MG	5	QL (70 EA per 30 days) MO
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	4	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	2	MO
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	2	MO
<i>flucytosine capsule 250mg, 500mg</i>	5	PA MO
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	MO
<i>griseofulvin microsize tablet 500mg</i>	4	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	MO
<i>itraconazole capsule 100mg</i>	4	PA MO
<i>ketoconazole tablet 200mg</i>	2	PA MO
<i>miconazole injection 100mg, 50mg</i>	4	
<i>nystatin tablet 500000unit</i>	2	MO
<i>posaconazole dr tablet delayed release 100mg</i>	4	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	2	QL (90 EA per 365 days) MO
VORICONAZOLE INJECTION 200MG/20ML	4	PA
<i>voriconazole injection 200mg</i>	4	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	PA MO
<i>voriconazole tablet 200mg</i>	4	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	4	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	4	MO
<i>chloroquine phosphate tablet 250mg, 500mg</i>	2	MO
COARTEM TABLET 20MG; 120MG	4	MO
<i>mefloquine hydrochloride tablet 250mg</i>	2	MO
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>quinine sulfate capsule 324mg</i>	4	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir solution 20mg/ml</i>	4	MO
<i>abacavir tablet 300mg</i>	4	MO
APTIVUS CAPSULE 250MG	5	MO
<i>atazanavir sulfate capsule 300mg</i>	4	MO
<i>atazanavir capsule 150mg, 200mg</i>	4	MO
<i>darunavir tablet 800mg</i>	4	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	4	QL (60 EA per 30 days) MO
EDURANT PED TABLET SOLUBLE 2.5MG	5	MO
<i>efavirenz tablet 600mg</i>	4	MO
<i>emtricitabine capsule 200mg</i>	4	MO
EMTRIVA SOLUTION 10MG/ML	4	MO
<i>etravirine tablet 100mg, 200mg</i>	4	MO
<i>fosamprenavir calcium tablet 700mg</i>	4	MO
INTELENCE TABLET 25MG	4	
ISENTRESS HD TABLET 600MG	5	MO
ISENTRESS PACKET 100MG	5	MO
ISENTRESS TABLET CHEWABLE 100MG, 25MG	4	MO
ISENTRESS TABLET 400MG	5	MO
<i>lamivudine solution 10mg/ml</i>	3	MO
<i>lamivudine tablet 150mg, 300mg</i>	3	MO
<i>maraviroc tablet 150mg, 300mg</i>	5	MO
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	MO
<i>nevirapine suspension 50mg/5ml</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>nevirapine tablet 200mg</i>	2	MO
NORVIR PACKET 100MG	4	MO
PIFELTRO TABLET 100MG	5	MO
PREZISTA SUSPENSION 100MG/ML	5	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	4	QL (480 EA per 30 days) MO
REYATAZ PACKET 50MG	4	MO
<i>rilpivirine hydrochloride tablet 25mg</i>	5	MO
<i>ritonavir tablet 100mg</i>	3	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	MO
SELZENTRY SOLUTION 20MG/ML	5	MO
SUNLENCA INJECTION 463.5MG/1.5ML	5	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK 300MG	5	MO; LD
SUNLENCA TABLET 300MG	5	MO; LD
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	MO
TIVICAY PD TABLET SOLUBLE 5MG	5	MO
TIVICAY TABLET 50MG	5	MO
TROGARZO INJECTION 200MG/1.33ML	5	MO; LD
TYBOST TABLET 150MG	3	MO
VIRACEPT TABLET 250MG	4	MO
VIRACEPT TABLET 625MG	5	MO
VIREAD POWDER 40MG/GM	5	MO
VIREAD TABLET 150MG, 200MG, 250MG	5	MO
<i>zidovudine capsule 100mg</i>	2	MO
<i>zidovudine syrup 50mg/5ml</i>	2	MO
<i>zidovudine tablet 300mg</i>	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	MO
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	MO
CIMDUO TABLET 300MG; 300MG	5	MO

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

Drug name	Drug tier	Requirements/Limits
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	MO
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	MO
DOVATO TABLET 50MG; 300MG	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	4	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	5	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	4	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL (30 EA per 30 days) MO
EVOTAZ TABLET 300MG; 150MG	5	MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	MO
IDVYNZO TABLET 100MG; 0.25MG	5	MO
JULUCA TABLET 50MG; 25MG	5	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	MO
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	4	MO
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	4	MO
ODEFSEY TABLET 200MG; 25MG; 25MG	5	MO
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	5	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	MO
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	MO

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

Drug name	Drug tier	Requirements/Limits
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	5	MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine capsule 250mg</i>	5	MO
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	4	MO
<i>isoniazid injection 100mg/ml</i>	4	
<i>isoniazid syrup 50mg/5ml</i>	4	MO
<i>isoniazid tablet 100mg, 300mg</i>	1	MO
PRETOMANID TABLET 200MG	4	QL (30 EA per 30 days) PA MO
PRIFTIN TABLET 150MG	4	MO
<i>pyrazinamide tablet 500mg</i>	4	MO
<i>rifabutin capsule 150mg</i>	4	MO
<i>rifampin capsule 150mg, 300mg</i>	3	MO
<i>rifampin injection 600mg</i>	4	
SIRTURO TABLET 100MG, 20MG	5	PA; ACS LD
ANTIVIRALS		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	MO
<i>acyclovir suspension 200mg/5ml</i>	3	MO
<i>acyclovir tablet 400mg, 800mg</i>	2	MO
<i>adefovir dipivoxil tablet 10mg</i>	4	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION 0.05MG/ ML	4	QL (630 ML per 30 days) MO
<i>entecavir tablet 0.5mg, 1mg</i>	4	QL (30 EA per 30 days) MO
<i>famciclovir tablet 500mg</i>	2	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO
<i>ganciclovir injection 500mg/10ml, 500mg</i>	4	B/D
<i>lamivudine tablet 100mg</i>	3	MO
LIVTENCITY TABLET 200MG	5	QL (336 EA per 28 days) PA; LD
MAVYRET PACKET 50MG; 20MG	5	PA; ACS
MAVYRET TABLET 100MG; 40MG	5	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	2	QL (168 EA per 365 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	2	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	2	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	2	QL (22 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	2	QL (60 EA per 180 days) MO
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	5	PA; ACS LD
PREVYMIS PACKET 120MG, 20MG	5	QL (120 EA per 30 days) PA MO
PREVYMIS TABLET 240MG, 480MG	5	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	3	QL (120 EA per 365 days) MO
<i>ribavirin capsule 200mg</i>	3	ACS
<i>ribavirin tablet 200mg</i>	4	ACS
<i>rimantadine hydrochloride tablet 100mg</i>	4	MO
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	2	MO
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	MO
<i>valganciclovir tablet 450mg</i>	3	MO
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL (28 EA per 28 days) PA; ACS
CEPHALOSPORINS		
CEFACLO ER TABLET EXTENDED RELEASE 12 HOUR 500MG	4	MO
<i>cefaclor capsule 250mg, 500mg</i>	2	MO
<i>cefaclor suspension reconstituted 250mg/5ml</i>	2	
<i>cefadroxil capsule 500mg</i>	2	MO
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	2	MO
<i>cefadroxil tablet 1gm</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	4	
<i>cefazolin sodium injection 1gm</i>	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	MO
CEFAZOLIN/DEXTROSE INJECTION 3GM/150ML; 4%	3	
CEFAZOLIN INJECTION 2GM/100ML; 4%	3	
CEFAZOLIN IV INJECTION 2GM, 3GM	4	
<i>cefazolin i.m. or i.v. injection 3gm</i>	4	
<i>cefazolin i.m. or i.v. injection 2gm</i>	4	MO
<i>cefdinir capsule 300mg</i>	2	MO
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	MO
<i>cefepime injection 1gm, 2gm</i>	4	MO
<i>cefixime capsule 400mg</i>	3	MO
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	4	MO
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml</i>	4	MO
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	4	MO
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	MO
<i>cefprozil tablet 250mg, 500mg</i>	2	MO
<i>ceftaroline fosamil injection 400mg, 600mg</i>	5	
<i>ceftazidime injection 2gm, 6gm</i>	4	
<i>ceftazidime injection 1gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose injection 1gm/50ml, 2gm/50ml</i>	4	

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

Drug name	Drug tier	Requirements/Limits
CEFTRIAXONE SODIUM INJECTION 100GM	4	
<i>ceftriaxone sodium i.v. injection 1gm</i>	4	
<i>ceftriaxone sodium injection 10gm, 1gm i.m. or i.v., 250mg, 2gm, 500mg</i>	4	MO
<i>cefuroxime axetil tablet 250mg, 500mg</i>	2	MO
<i>cefuroxime sodium injection 1.5gm</i>	4	
<i>cefuroxime sodium injection 750mg</i>	4	MO
<i>cephalexin capsule 250mg, 500mg</i>	2	MO
<i>cephalexin capsule 750mg</i>	4	MO
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	MO
<i>tazicef injection 1gm, 2gm, 6gm</i>	4	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin injection 500mg</i>	4	MO
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	2	MO
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	1	MO
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	MO
<i>clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	4	MO
<i>clarithromycin tablet 250mg, 500mg</i>	2	MO
<i>erythromycin base tablet 250mg, 500mg</i>	4	MO
<i>erythromycin dr tablet delayed release 250mg, 333mg, 500mg</i>	4	MO
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml, 400mg/5ml</i>	4	MO
<i>erythromycin lactobionate injection 500mg</i>	5	
<i>fidaxomicin tablet 200mg</i>	5	MO

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

Drug name	Drug tier	Requirements/Limits
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 750mg</i>	2	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	4	MO
<i>levofloxacin in d5w injection 5%; 250mg/50ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hydrochloride/ sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
MOXIFLOXACIN HYDROCHLORIDE INJECTION 400MG/250ML	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	MO
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	MO
<i>amoxicillin capsule 250mg, 500mg</i>	1	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	2	MO
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	MO
<i>amoxicillin tablet 500mg, 875mg</i>	1	MO
<i>ampicillin sodium injection 10gm, 1gm addvantage vial, 250mg, 2gm addvantage vial</i>	4	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	4	MO
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	4	
<i>ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ ML	4	MO
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	2	MO
LENTOCILIN INJECTION 1200000UNIT	4	
<i>nafcillin sodium injection 10gm, 1gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	MO
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	4	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	4	MO
<i>penicillin g sodium injection 5000000unit</i>	4	
<i>penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml</i>	2	MO
<i>penicillin v potassium tablet 250mg, 500mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100 injection 100mg</i>	4	MO
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	MO
<i>doxycycline hyclate injection 100mg</i>	4	MO
<i>doxycycline hyclate tablet 100mg, 20mg</i>	2	MO
<i>doxycycline monohydrate capsule 50mg</i>	2	MO
<i>doxycycline monohydrate capsule 100mg</i>	4	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	2	MO
<i>doxycycline monohydrate tablet 150mg</i>	4	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	4	MO
<i>minocycline hcl capsule 75mg</i>	2	MO
<i>minocycline hcl tablet 75mg</i>	4	ST MO
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	MO
<i>minocycline hydrochloride tablet 50mg</i>	4	ST MO
<i>mondoxyne nl capsule 100mg</i>	4	
NUZYRA INJECTION 100MG	5	ACS LD
NUZYRA TABLET 150MG	5	ACS LD
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	4	MO
<i>tigecycline injection 50mg</i>	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide capsule 25mg, 50mg</i>	3	PA MO
CYCLOPHOSPHAMIDE TABLET 50MG	3	PA

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

Drug name	Drug tier	Requirements/Limits
LEUKERAN TABLET 2MG	5	MO
<i>lomustine capsule 10mg, 40mg</i>	4	ACS
<i>lomustine capsule 100mg</i>	5	ACS
ANTIMETABOLITES		
INQOVI TABLET 100MG; 35MG	5	QL (5 EA per 28 days) PA; ACS LD
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA; ACS LD
<i>mercaptopurine suspension 2000mg/100ml</i>	4	ACS
<i>mercaptopurine tablet 50mg</i>	3	MO
<i>methotrexate sodium injection 1gm/40ml</i>	2	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	2	MO
<i>methotrexate sodium injection 1gm</i>	4	
<i>methotrexate injection 50mg/2ml</i>	2	MO
ONUREG TABLET 200MG, 300MG	5	QL (14 EA per 28 days) PA; ACS LD
TABLOID TABLET 40MG	5	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tablet 250mg, 500mg</i>	5	PA; ACS
<i>abirtega tablet 250mg</i>	4	PA; ACS
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	QL (60 EA per 30 days) PA; LD
<i>anastrozole tablet 1mg</i>	2	MO
<i>bicalutamide tablet 50mg</i>	3	MO
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	4	PA; ACS
ERLEADA TABLET 240MG, 60MG	5	PA; ACS LD
EULEXIN CAPSULE 125MG	5	
<i>exemestane tablet 25mg</i>	4	MO
FIRMAGON INJECTION 80MG	4	PA; ACS
FIRMAGON INJECTION 120MG/ VIAL	5	PA; ACS
INLURIYO TABLET 200MG	5	QL (56 EA per 28 days) PA; LD
<i>letrozole tablet 2.5mg</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA; ACS
LIFYORLI CAPSULE THERAPY PACK 125MG 1 DOSE SUPPLY, 125MG 3 DOSE SUPPLY, 125MG 9 DOSE SUPPLY	5	QL (18 EA per 28 days) PA; LD
LIFYORLI CAPSULE THERAPY PACK 150MG 1 DOSE SUPPLY, 150MG 3 DOSE SUPPLY, 150MG 9 DOSE SUPPLY	5	QL (27 EA per 28 days) PA; LD
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	PA; ACS
LYSODREN TABLET 500MG	5	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	3	MO
<i>nilutamide tablet 150mg</i>	5	MO
NUBEQA TABLET 300MG	5	PA; ACS LD
ORGOVYX TABLET 120MG	5	PA; LD
ORSERDU TABLET 345MG	5	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	5	QL (90 EA per 30 days) PA; LD
SOLTAMOX SOLUTION 10MG/5ML	5	MO
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	MO
<i>toremifene citrate tablet 60mg</i>	4	PA MO
VEPPANU TABLET 200MG	5	QL (30 EA per 30 days) PA; LD
VEPPANU TABLET 100MG	5	QL (90 EA per 30 days) PA; LD
XTANDI CAPSULE 40MG	5	PA; ACS LD
XTANDI TABLET 40MG, 80MG	5	PA; ACS LD
YONSA TABLET 125MG	5	QL (120 EA per 30 days) PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	5	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	5	QL (28 EA per 28 days) PA; ACS LD
<i>pomalidomide capsule 1mg, 2mg, 3mg, 4mg</i>	5	QL (21 EA per 28 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	5	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	5	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	5	QL (224 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
ASPARLAS INJECTION 3750UNIT/5ML	5	PA; LD
BESREMI INJECTION 500MCG/ML	5	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	5	PA; ACS
<i>hydroxyurea capsule 500mg</i>	2	MO
IWILFIN TABLET 192MG	5	QL (240 EA per 30 days) PA; LD
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	3	MO
MATULANE CAPSULE 50MG	5	LD
<i>mesna tablet 400mg</i>	4	MO
MODEYSO CAPSULE 125MG	5	QL (20 EA per 28 days) PA; LD
ONCASPAR INJECTION 750UNIT/ML	5	PA; LD
<i>tretinoin capsule 10mg</i>	5	MO
WELIREG TABLET 40MG	5	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA CAPSULE 150MG	5	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	5	PA; LD
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	5	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	5	QL (240 EA per 30 days) PA; LD
AUGTYRO CAPSULE 160MG	5	QL (60 EA per 30 days) PA; LD
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	QL (66 EA per 28 days) PA; LD
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	5	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	5	QL (56 EA per 28 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
BALVERSA TABLET 3MG	5	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	5	QL (150 EA per 25 days) PA; ACS LD
BOSULIF CAPSULE 50MG	5	QL (360 EA per 30 days) PA; ACS LD
BOSULIF TABLET 100MG	5	QL (180 EA per 30 days) PA; ACS LD
BOSULIF TABLET 500MG	5	QL (30 EA per 30 days) PA; ACS LD
<i>bosutinib tablet 100mg</i>	5	QL (180 EA per 30 days) PA; ACS
<i>bosutinib tablet 400mg, 500mg</i>	5	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	5	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA CAPSULE 80MG	5	QL (120 EA per 30 days) PA; LD
BRUKINSA TABLET 160MG	5	QL (60 EA per 30 days) PA; LD
CABOMETYX TABLET 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	5	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	5	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	5	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	5	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	5	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA CAPSULE 15MG, 25MG	5	QL (56 EA per 28 days) PA; ACS LD
COTELLIC TABLET 20MG	5	QL (63 EA per 28 days) PA; ACS LD
DANZITEN TABLET 71MG, 95MG	5	QL (112 EA per 28 days) PA; LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	5	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	5	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	5	QL (60 EA per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
ENSACOVE CAPSULE 25MG	5	QL (270 EA per 30 days) PA; LD
ENSACOVE CAPSULE 100MG	5	QL (60 EA per 30 days) PA; LD
ERIVEDGE CAPSULE 150MG	5	PA; ACS LD
<i>erlotinib hydrochloride tablet 150mg</i>	4	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 100mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	5	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	5	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA; ACS
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	5	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	5	QL (84 EA per 28 days) PA; LD
GAVRETO CAPSULE 100MG	5	QL (120 EA per 30 days) PA; LD
<i>gefitinib tablet 250mg</i>	5	QL (60 EA per 30 days) PA; ACS
GILOTRIF TABLET 20MG, 30MG, 40MG	5	QL (30 EA per 30 days) PA; LD
GOMEKLI CAPSULE 1MG	5	QL (168 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	5	QL (84 EA per 28 days) PA; LD
GOMEKLI TABLET SOLUBLE 1MG	5	QL (168 EA per 28 days) PA; LD
HERNEXEOS TABLET 60MG	5	QL (120 EA per 30 days) PA; LD
HYRNUO TABLET 10MG	5	QL (120 EA per 30 days) PA; LD
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	5	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	5	PA; LD
ICLUSIG TABLET 15MG, 45MG	5	QL (30 EA per 30 days) PA; LD
IDHIFA TABLET 100MG, 50MG	5	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 100mg</i>	3	QL (90 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 400mg</i>	5	QL (60 EA per 30 days) PA; ACS
IMBRUVICA CAPSULE 70MG	5	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	5	QL (90 EA per 30 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
IMBRUVICA SUSPENSION 70MG/ML	5	QL (216 ML per 30 days) PA; LD
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	QL (30 EA per 30 days) PA; LD
IMKELDI SOLUTION 80MG/ML	5	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	5	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	5	QL (180 EA per 30 days) PA; ACS LD
INREBIC CAPSULE 100MG	5	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	5	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	5	QL (56 EA per 28 days) PA; ACS LD
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	QL (30 EA per 30 days) PA; ACS LD
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	5	QL (30 EA per 30 days) PA; LD
JAYPIRCA TABLET 100MG	5	QL (60 EA per 30 days) PA; LD
KISQALI TABLET THERAPY PACK 200MG	5	PA; ACS LD
KOMZIFTI CAPSULE 200MG	5	QL (90 EA per 30 days) PA; LD
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	5	PA; LD
KOSELUGO CAPSULE 10MG, 25MG	5	PA; LD
KRAZATI TABLET 200MG	5	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate tablet 250mg</i>	5	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	5	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	5	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	5	PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	5	PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; ACS LD
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	5	PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; ACS LD
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; ACS LD
LORBRENA TABLET 100MG	5	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	5	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	5	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	5	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	5	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA TABLET 100MG, 150MG	5	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	5	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	5	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	5	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	5	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	5	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI TABLET 15MG	5	QL (180 EA per 30 days) PA; ACS LD
NERLYNX TABLET 40MG	5	QL (180 EA per 30 days) PA; ACS LD
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG	5	QL (112 EA per 28 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
NILOTINIB D-TARTRATE CAPSULE 50MG	5	QL (120 EA per 30 days) PA; LD
<i>nilotinib hydrochloride capsule 150mg, 200mg</i>	5	QL (112 EA per 28 days) PA; ACS
<i>nilotinib hydrochloride capsule 50mg</i>	5	QL (120 EA per 30 days) PA; ACS
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA; ACS LD
ODOMZO CAPSULE 200MG	5	PA; ACS LD
OGSIVEO TABLET 100MG, 150MG	5	QL (56 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	5	QL (24 EA per 28 days) PA; LD
OJJAARA TABLET 100MG, 150MG, 200MG	5	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride tablet 200mg</i>	5	QL (120 EA per 30 days) PA; ACS
<i>pazopanib hydrochloride tablet 400mg</i>	5	QL (60 EA per 30 days) PA; ACS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	QL (28 EA per 28 days) PA; LD
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	5	QL (56 EA per 28 days) PA; LD
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	QL (56 EA per 28 days) PA; LD
QINLOCK TABLET 50MG	5	QL (90 EA per 30 days) PA; LD
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	5	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	5	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	5	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	5	QL (60 EA per 30 days) PA; LD
REZLIDHIA CAPSULE 150MG	5	QL (60 EA per 30 days) PA; LD
ROMIDEPSIN INJECTION 27.5MG/5.5ML	5	ACS
<i>romidepsin injection 10mg</i>	5	ACS

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

Drug name	Drug tier	Requirements/Limits
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	QL (8 EA per 28 days) PA; LD
ROZLYTREK CAPSULE 100MG	5	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	5	QL (90 EA per 30 days) PA; ACS LD
ROZLYTREK PACKET 50MG	5	QL (336 EA per 28 days) PA; ACS LD
RUBRACA TABLET 200MG, 250MG, 300MG	5	PA; ACS LD
RYDAPT CAPSULE 25MG	5	QL (224 EA per 28 days) PA; ACS
SCSEMBLIX TABLET 100MG	5	QL (120 EA per 30 days) PA; LD
SCSEMBLIX TABLET 40MG	5	QL (300 EA per 30 days) PA; LD
SCSEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA; LD
<i>sorafenib tosylate tablet 200mg</i>	5	QL (120 EA per 30 days) PA; ACS
STIVARGA TABLET 40MG	5	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	5	QL (30 EA per 30 days) PA; ACS
TABRECTA TABLET 150MG, 200MG	5	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE 50MG, 75MG	5	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	5	QL (840 EA per 28 days) PA; ACS LD
TAGRISSO TABLET 40MG, 80MG	5	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	5	QL (90 EA per 30 days) PA; ACS LD
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	5	PA; LD
TEPMETKO TABLET 225MG	5	QL (60 EA per 30 days) PA; LD
TIBSOVO TABLET 250MG	5	PA; LD
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA; LD
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 200MG	5	QL (64 EA per 28 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	5	PA; ACS
TUKYSA TABLET 150MG	5	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	5	QL (240 EA per 30 days) PA; LD
TURALIO CAPSULE 125MG	5	QL (120 EA per 30 days) PA; LD
VANFLYTA TABLET 17.7MG, 26.5MG	5	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10MG; 100MG; 50MG	5	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	3	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	5	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	5	QL (180 EA per 30 days) PA; LD
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA; ACS LD
VITRAKVI CAPSULE 25MG	5	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	5	QL (60 EA per 30 days) PA; ACS LD
VITRAKVI SOLUTION 20MG/ML	5	QL (300 ML per 30 days) PA; ACS LD
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	QL (30 EA per 30 days) PA; ACS LD
VONJO CAPSULE 100MG	5	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	5	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	5	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE SPRINKLE 50MG	5	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	5	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	5	QL (240 EA per 30 days) PA; ACS LD
XALKORI CAPSULE 200MG, 250MG	5	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	5	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	QL (32 EA per 28 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	5	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 60MG, 80MG	5	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	5	QL (8 EA per 28 days) PA; LD
<i>yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA; ACS
ZEJULA TABLET 100MG, 200MG, 300MG	5	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	5	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	5	PA; ACS LD
ZOLINZA CAPSULE 100MG	5	PA; ACS
ZYDELIG TABLET 100MG, 150MG	5	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA TABLET 150MG	5	QL (84 EA per 28 days) PA; ACS

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	1	MO
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>lisinopril/hydrochlorothiazide tablet</i>	1	MO
<i>12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i>		
<i>quinapril/hydrochlorothiazide tablet</i>	1	
<i>12.5mg; 10mg</i>		
<i>quinapril/hydrochlorothiazide tablet</i>	1	MO
<i>12.5mg; 20mg, 25mg; 20mg</i>		
<i>trandolapril/verapamil hcl er tablet</i>	1	MO
<i>extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg, 4mg; 240mg</i>		
ACE INHIBITORS		
<i>benazepril hydrochloride tablet</i>	1	MO
<i>10mg, 20mg, 40mg, 5mg</i>		
<i>captopril tablet 100mg, 12.5mg, 25mg, 50mg</i>	1	MO
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	MO
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	1	MO
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	MO
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	1	MO
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	1	MO
<i>quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg</i>	1	MO
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	MO
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tablet 25mg, 50mg</i>	1	MO
<i>KERENDIA TABLET 10MG, 20MG, 40MG</i>	3	QL (30 EA per 30 days) MO
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>prazosin hydrochloride capsule</i> <i>1mg, 2mg, 5mg</i>	2	MO
<i>terazosin hcl capsule 10mg, 1mg,</i> <i>5mg</i>	1	MO
<i>terazosin hydrochloride capsule</i> <i>2mg</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i> <i>tablet 10mg; 160mg, 10mg; 320mg,</i> <i>5mg; 160mg, 5mg; 320mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i> <i>tablet 10mg; 20mg, 10mg; 40mg,</i> <i>5mg; 20mg, 5mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/</i> <i>hydrochlorothiazide tablet 10mg;</i> <i>12.5mg; 160mg, 10mg; 25mg;</i> <i>160mg, 10mg; 25mg; 320mg, 5mg;</i> <i>12.5mg; 160mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/</i> <i>hydrochlorothiazide tablet 32mg;</i> <i>12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/</i> <i>hydrochlorothiazide tablet 16mg;</i> <i>12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	4	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	MO
<i>irbesartan/hydrochlorothiazide</i> <i>tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide</i> <i>tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/</i> <i>hydrochlorothiazide tablet 12.5mg;</i> <i>100mg, 12.5mg; 50mg, 25mg;</i> <i>100mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg</i>	1	QL (30 EA per 30 days) MO
<i>sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg</i>	3	MO
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 40mg, 5mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AZILSARTAN MEDOXOMIL TABLET 40MG, 80MG	4	QL (30 EA per 30 days)
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
EDARBI TABLET 40MG, 80MG	4	QL (30 EA per 30 days) MO
<i>irbesartan tablet 150mg, 300mg, 75mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan tablet 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
valsartan tablet 160mg, 40mg, 80mg	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
amiodarone hydrochloride injection 150mg/3ml, 50mg/ml, 900mg/18ml	4	
amiodarone hydrochloride tablet 100mg, 200mg, 400mg	1	MO
disopyramide phosphate capsule 100mg, 150mg	4	PA MO
dofetilide capsule 125mcg, 250mcg, 500mcg	3	ACS
flecainide acetate tablet 100mg, 150mg, 50mg	2	MO
LIDOCAINE HCL IN D5W INJECTION 5%; 4MG/ML	4	
LIDOCAINE HCL VIAL INJECTION 100MG/5ML	4	
lidocaine hcl injection 100mg/5ml	4	
MULTAQ TABLET 400MG	4	MO
pacerone tablet 100mg, 200mg	1	
propafenone hcl tablet 150mg, 225mg, 300mg	2	MO
propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg	4	MO
propafenone hydrochloride tablet 150mg, 225mg, 300mg	2	MO
quinidine sulfate tablet 200mg, 300mg	4	MO
sotalol hcl tablet 120mg, 160mg, 240mg	1	MO
sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg	1	MO
sotalol hydrochloride tablet 80mg	1	MO
ANTILIPEMICS, FIBRATES		
fenofibrate micronized capsule 134mg, 200mg, 67mg	1	MO
fenofibrate capsule 130mg, 43mg	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	1	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	1	MO
<i>gemfibrozil tablet 600mg</i>	1	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin capsule 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>lovastatin tablet 10mg, 20mg, 40mg</i>	1	MO
<i>pitavastatin calcium tablet 1mg, 2mg, 4mg</i>	1	QL (30 EA per 30 days) MO
<i>pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light packet 4gm</i>	4	MO
<i>cholestyramine light powder 4gm/dose</i>	4	MO
<i>cholestyramine packet 4gm</i>	4	MO
<i>cholestyramine powder 4gm/dose</i>	4	MO
<i>colesevelam hydrochloride packet 3.75gm</i>	3	MO
<i>colesevelam hydrochloride tablet 625mg</i>	3	MO
<i>colestipol hydrochloride granules 5gm</i>	3	MO
<i>colestipol hydrochloride packet 5gm</i>	3	MO
<i>colestipol hydrochloride tablet 1gm</i>	3	MO
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>ezetimibe tablet 10mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
NEXLETOL TABLET 180MG	3	QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	3	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	2	MO
<i>niacin er tablet extended release 500mg</i>	2	QL (60 EA per 30 days) MO
<i>niacin tablet 500mg</i>	4	MO
<i>niacor tablet 500mg</i>	4	MO
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	4	QL (120 EA per 30 days) MO
REDEMPLO INJECTION 25MG/0.5ML	5	QL (0.5 ML per 90 days) PA; ACS LD
REPATHA SURECLICK INJECTION 140MG/ML	3	PA
REPATHA INJECTION 140MG/ML	3	PA
VASCEPA CAPSULE 0.5GM, 1GM	4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	1	MO
<i>bisoprolol fumarate/ hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	1	MO
<i>metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	1	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	1	MO
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	MO
<i>bisoprolol fumarate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>labetalol hydrochloride injection</i> 5mg/ml	4	
<i>labetalol hydrochloride tablet</i> 100mg, 200mg, 300mg, 400mg	1	MO
<i>metoprolol succinate er tablet</i> extended release 24 hour 100mg, 200mg, 25mg, 50mg	1	MO
<i>metoprolol tartrate injection</i> 5mg/5ml	4	
<i>metoprolol tartrate tablet</i> 100mg, 25mg, 37.5mg, 50mg, 75mg	1	MO
<i>nadolol tablet</i> 20mg, 40mg, 80mg	1	MO
<i>nebivolol hydrochloride tablet</i> 10mg, 2.5mg, 5mg	1	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet</i> 20mg	1	QL (60 EA per 30 days) MO
<i>pindolol tablet</i> 10mg, 5mg	1	MO
<i>propranolol hcl injection</i> 1mg/ml	4	
<i>propranolol hcl oral solution</i> 40mg/5ml	1	MO
<i>propranolol hcl tablet</i> 40mg	1	MO
<i>propranolol hydrochloride er</i> capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg	1	MO
<i>propranolol hydrochloride solution</i> 20mg/5ml	1	MO
<i>propranolol hydrochloride tablet</i> 10mg, 20mg, 60mg, 80mg	1	MO
<i>timolol maleate tablet</i> 10mg, 20mg, 5mg	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tablet</i> 10mg, 2.5mg, 5mg	1	MO
<i>cartia xt capsule extended release</i> 24 hour 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr capsule extended release</i> 24 hour 120mg, 180mg, 240mg	1	MO
<i>diltiazem hcl er capsule extended</i> release 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac) 120mg, 180mg, 240mg, 420mg</i>	1	MO
<i>diltiazem hcl er tablet extended release 24 hour (generic Cardizem LA) 240mg, 300mg, 360mg, 420mg</i>	1	MO
<i>DILTIAZEM HCL INJECTION 100MG</i>	4	
<i>diltiazem hcl injection 50mg/10ml</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg</i>	1	MO
<i>diltiazem hydrochloride er capsule extended release 24 hour (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>diltiazem hydrochloride injection 125mg/25ml, 25mg/5ml</i>	4	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	1	MO
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	1	MO
<i>isradipine capsule 2.5mg, 5mg</i>	2	MO
<i>matzim la tablet extended release 24 hour 420mg</i>	1	
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	1	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	4	MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	1	MO
<i>nisoldipine er tablet extended release 24 hour 17mg</i>	4	
<i>nisoldipine er tablet extended release 24 hour 34mg, 8.5mg</i>	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>tiadylt er capsule extended release</i> <i>24 hour 120mg, 180mg, 240mg,</i> <i>300mg, 360mg</i>	1	
<i>tiadylt er capsule extended release</i> <i>24 hour 420mg</i>	1	MO
<i>verapamil hcl er capsule extended</i> <i>release 24 hour 100mg, 120mg,</i> <i>180mg, 240mg, 300mg</i>	2	MO
<i>verapamil hcl er tablet extended</i> <i>release 120mg</i>	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	3	MO
<i>verapamil hcl sr capsule extended</i> <i>release 24 hour 120mg, 180mg,</i> <i>240mg</i>	2	MO
<i>verapamil hydrochloride er capsule</i> <i>extended release 24 hour 100mg,</i> <i>200mg, 300mg</i>	2	MO
<i>verapamil hydrochloride er tablet</i> <i>extended release 180mg, 240mg</i>	1	MO
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	3	MO
<i>verapamil hydrochloride sr capsule</i> <i>extended release 24 hour 240mg</i>	2	MO
<i>verapamil hydrochloride injection</i> <i>2.5mg/ml</i>	4	MO
<i>verapamil hydrochloride tablet</i> <i>120mg, 40mg, 80mg</i>	1	MO
DIURETICS		
<i>acetazolamide er capsule extended</i> <i>release 12 hour 500mg</i>	4	MO
<i>acetazolamide tablet 125mg, 250mg</i>	4	MO
<i>amiloride hcl tablet 5mg</i>	1	MO
<i>amiloride/hydrochlorothiazide</i> <i>tablet 5mg; 50mg</i>	1	MO
<i>bumetanide injection 0.25mg/ml</i>	4	MO
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	1	MO
<i>chlorthalidone tablet 25mg, 50mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>furosemide injection 10mg/ml</i>	4	MO
<i>furosemide oral solution 10mg/ml, 40mg/5ml</i>	1	MO
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	MO
<i>hydrochlorothiazide capsule 12.5mg</i>	1	MO
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	MO
<i>indapamide tablet 1.25mg, 2.5mg</i>	1	MO
<i>methazolamide tablet 25mg, 50mg</i>	4	MO
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	1	MO
<i>torsemide tablet 100mg, 10mg, 20mg, 5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	MO
MISCELLANEOUS		
<i>aliskiren tablet 150mg, 300mg</i>	1	MO
<i>amlodipine besylate/atorvastatin</i>	1	MO
<i>calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg</i>		
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	2	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	4	QL (8 EA per 28 days) MO
<i>CORLANOR SOLUTION 5MG/5ML</i>	4	
<i>digoxin injection 0.25mg/ml</i>	4	MO
<i>digoxin oral solution 0.05mg/ml</i>	1	MO
<i>digoxin tablet 125mcg, 250mcg</i>	1	QL (30 EA per 30 days) MO
<i>digox tablet 125mcg, 250mcg</i>	1	QL (30 EA per 30 days)
<i>droxidopa capsule 200mg</i>	4	QL (180 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
<i>droxidopa capsule 100mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 300mg</i>	5	QL (180 EA per 30 days) PA; ACS
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	4	PA MO
<i>hydralazine hydrochloride injection 20mg/ml</i>	4	MO
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	MO
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	3	MO
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	4	MO
<i>metyrosine capsule 250mg</i>	5	PA; ACS
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	1	MO
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	2	MO
VERQUVO TABLET 10MG, 2.5MG, 5MG	3	MO
VYNDAMAX CAPSULE 61MG	5	QL (30 EA per 30 days) PA; ACS LD
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	1	MO
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	1	MO
<i>nitro-bid ointment 2%</i>	3	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	1	MO
NITROGLYCERIN INJECTION 5MG/ML	4	
<i>nitroglycerin transdermal ointment 2%</i>	3	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>nitroglycerin tablet sublingual</i> 0.3mg, 0.4mg, 0.6mg	1	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL (90 EA per 30 days) PA; ACS LD
<i>ambrisentan tablet 10mg, 5mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>bosentan tablet soluble 32mg</i>	5	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	5	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	5	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium injection</i> 0.5mg	4	B/D; ACS
<i>epoprostenol sodium injection</i> 1.5mg	5	B/D; ACS
<i>macitentan tablet 10mg</i>	4	QL (30 EA per 30 days) PA; ACS
<i>sildenafil citrate (generic Revatio)</i> tablet 20mg	3	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection 10mg/12.5ml</i>	5	QL (1125 ML per 30 days) PA; ACS
<i>tadalafil (generic Adcirca) tablet</i> 20mg	4	PA; ACS
TYVASO REFILL KIT SOLUTION 0.6MG/ML	5	PA; ACS LD
TYVASO STARTER KIT SOLUTION 0.6MG/ML	5	PA; ACS LD
TYVASO SOLUTION 0.6MG/ML	5	PA; ACS LD
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	5	QL (200 EA per 28 days) PA; ACS LD
UPTRAVI INJECTION 1800MCG	5	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 200MCG	5	QL (140 EA per 28 days) PA; ACS LD
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	5	QL (60 EA per 30 days) PA; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	5	QL (1 EA per 21 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	5	QL (2 EA per 21 days) PA; ACS LD
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
ALPRAZOLAM INTENSOL CONCENTRATE 1MG/ML	4	QL (300 ML per 30 days) PA MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) PA MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	2	QL (150 EA per 30 days) PA MO; HRM
<i>buspirone hcl tablet 15mg</i>	1	MO
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	MO
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate er capsule extended release 24 hour 100mg, 150mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	2	MO; HRM
<i>lorazepam intensol concentrate 2mg/ml</i>	2	QL (150 ML per 30 days) PA; HRM
<i>lorazepam injection 2mg/ml, 4mg/ ml</i>	4	QL (150 ML per 30 days) PA MO; HRM
<i>lorazepam tablet 0.5mg</i>	2	QL (120 EA per 30 days) PA MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	2	QL (150 EA per 30 days) PA MO; HRM
<i>oxazepam capsule 10mg, 15mg, 30mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 10mg</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet 23mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tablet 5mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution 4mg/ml</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	4	QL (60 EA per 30 days) MO
LEQEMBI IQLIK INJECTION 360MG/1.8ML	5	QL (7.2 ML per 28 days) PA; LD
<i>memantine hcl titration pak tablet 10mg; 5mg</i>	2	QL (98 EA per 365 days) PA
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	4	PA MO
<i>memantine hydrochloride solution 2mg/ml</i>	2	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	QL (60 EA per 30 days) PA MO
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	4	MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	4	MO
<i>rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	PA MO; HRM
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	3	PA MO; HRM
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	3	MO; HRM

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

Drug name	Drug tier	Requirements/Limits
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 30MG/105MG; 45MG/105MG	5	QL (102 EA per 365 days) MO
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	5	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	4	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 100mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	2	QL (180 EA per 30 days) MO
<i>citalopram hydrobromide solution 10mg/5ml</i>	2	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	4	PA MO; HRM
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	3	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl capsule 75mg</i>	4	PA MO; HRM
<i>doxepin hcl concentrate 10mg/ml</i>	4	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	4	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride dr (generic Cymbalta) capsule delayed release particles 20mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO; HRM
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL (30 EA per 30 days) PA MO
ESCITALOPRAM OXALATE CAPSULE 15MG	4	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution 5mg/5ml</i>	4	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	2	QL (45 EA per 30 days) MO; HRM
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	QL (64 EA per 365 days) PA MO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	QL (30 EA per 30 days) PA
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	5	QL (30 EA per 30 days) PA MO
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG	4	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	4	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	2	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>	2	MO; HRM
<i>imipramine hcl tablet 25mg, 50mg</i>	2	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	2	PA MO; HRM
MARPLAN TABLET 10MG	4	QL (180 EA per 30 days) MO
<i>mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine tablet 7.5mg</i>	2	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg</i>	4	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	3	MO; HRM
<i>nortriptyline hcl solution 10mg/5ml</i>	3	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	3	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 40mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>paroxetine hcl tablet 30mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	QL (900 ML per 30 days) PA MO; HRM
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	4	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>phenelzine sulfate tablet 15mg</i>	3	MO
<i>protriptyline hcl tablet 10mg, 5mg</i>	4	PA MO; HRM
RALDESY SOLUTION 10MG/ML	4	QL (1800 ML per 30 days) PA MO
<i>sertraline hcl concentrate 20mg/ml</i>	4	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate tablet 10mg</i>	4	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	MO
<i>trazodone hydrochloride tablet 300mg</i>	4	MO
<i>trimipramine maleate capsule 50mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	4	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX TABLET 10MG, 20MG, 5MG	4	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	4	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	MO; HRM
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	4	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	5	QL (14 EA per 14 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
ZURZUVAE CAPSULE 20MG, 25MG	5	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl capsule 100mg</i>	2	QL (120 EA per 30 days) MO
<i>amantadine hcl solution 50mg/5ml</i>	2	MO
<i>amantadine hcl tablet 100mg</i>	2	MO
<i>amantadine hydrochloride tablet 100mg</i>	2	MO
<i>benztropine mesylate injection 1mg/ml</i>	2	MO
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	2	PA MO; HRM
<i>bromocriptine mesylate capsule 5mg</i>	4	MO
<i>bromocriptine mesylate tablet 2.5mg</i>	4	MO
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	2	MO
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	MO
<i>carbidopa/levodopa/entacapone tablet 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	4	MO
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	1	MO
<i>carbidopa tablet 25mg</i>	4	MO
<i>entacapone tablet 200mg</i>	4	MO
INBRIJA CAPSULE 42MG	5	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	MO
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>ropinirole er tablet extended release 24 hour 6mg</i>	4	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	4	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	4	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	4	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	4	QL (90 EA per 30 days) MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	MO
<i>selegiline hcl capsule 5mg</i>	4	MO
<i>selegiline hcl tablet 5mg</i>	4	MO
<i>trihexyphenidyl hydrochloride solution 0.4mg/ml</i>	4	MO; HRM
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	2	MO; HRM
ANTIPSYCHOTICS		
<i>ABILIFY ASIMTUFII INJECTION 720MG/2.4ML</i>	5	QL (2.4 ML per 56 days) MO
<i>ABILIFY ASIMTUFII INJECTION 960MG/3.2ML</i>	5	QL (3.2 ML per 56 days) MO
<i>ABILIFY MAINTENA INJECTION 300MG, 400MG</i>	5	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt tablet disintegrating 10mg, 15mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole solution 1mg/ml</i>	4	QL (900 ML per 30 days) MO; HRM
<i>aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>ARISTADA INITIO INJECTION 675MG/2.4ML</i>	5	HRM
<i>ARISTADA INJECTION 441MG/1.6ML</i>	5	QL (1.6 ML per 28 days); HRM
<i>ARISTADA INJECTION 662MG/2.4ML</i>	5	QL (2.4 ML per 28 days); HRM

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

Drug name	Drug tier	Requirements/Limits
ARISTADA INJECTION 882MG/3.2ML	5	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	5	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) MO; HRM
BYSANTI TITRATION PACK A TABLET THERAPY PACK 1MG; 2MG; 4MG; 6MG	4	QL (16 EA per 365 days) PA
BYSANTI TITRATION PACK B TABLET THERAPY PACK 1MG; 2MG; 6MG; 8MG	4	QL (24 EA per 365 days) PA
BYSANTI TITRATION PACK C TABLET THERAPY PACK 1MG; 2MG; 6MG	4	QL (16 EA per 365 days) PA
BYSANTI TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	4	HRM
<i>chlorpromazine hcl injection 25mg/ ml</i>	4	MO; HRM
<i>chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	MO; HRM
<i>chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml</i>	4	MO; HRM
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	MO; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	4	PA; HRM
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL (120 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	3	HRM
<i>clozapine tablet 200mg</i>	3	QL (120 EA per 30 days); HRM

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

Drug name	Drug tier	Requirements/Limits
<i>clozapine tablet 100mg</i>	3	QL (270 EA per 30 days); HRM
COBENFY STARTER PACK	5	QL (112 EA per 365 days) MO
CAPSULE THERAPY PACK 50MG; 20MG & 100MG; 20MG		
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL (60 EA per 30 days) MO
ERZOFRI INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	5	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	5	QL (4.5 ML per 365 days)
FANAPT TITRATION PACK A TABLET 1MG; 2MG; 4MG; 6MG	4	PA; HRM
FANAPT TITRATION PACK B TABLET 1MG; 2MG; 6MG; 8MG	4	PA
FANAPT TITRATION PACK C TABLET 1MG; 3MG; 6MG	4	PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA MO; HRM
<i>fluphenazine decanoate injection 25mg/ml</i>	4	MO; HRM
<i>fluphenazine hcl concentrate 5mg/ml</i>	2	MO; HRM
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	2	MO; HRM
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	4	MO; HRM
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	2	MO; HRM
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	4	MO; HRM
<i>haloperidol lactate injection 5mg/ml</i>	4	MO; HRM
<i>haloperidol concentrate 2mg/ml</i>	3	MO; HRM
<i>haloperidol tablet 0.5mg, 1mg, 20mg, 2mg, 5mg</i>	2	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL (3.5 ML per 180 days); HRM

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

Drug name	Drug tier	Requirements/Limits
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL (2.63 ML per 90 days); HRM
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	2	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL (60 EA per 30 days) MO; HRM
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL (30 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	3	HRM
<i>molindone hydrochloride tablet 25mg</i>	4	HRM
NUPLAZID CAPSULE 34MG	5	QL (30 EA per 30 days) PA; ACS HRM LD
NUPLAZID TABLET 10MG	5	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection 10mg</i>	4	QL (3 EA per 1 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	3	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	5	QL (30 EA per 30 days) PA MO
OPIPZA FILM 10MG	5	QL (90 EA per 30 days) PA MO
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	4	MO; HRM
<i>pimozide tablet 1mg, 2mg</i>	4	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	3	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	2	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	2	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	5	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	4	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	4	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	5	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 0.5mg</i>	2	QL (90 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	4	QL (120 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	4	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution 1mg/ml</i>	2	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO; HRM
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	3	PA MO; HRM
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	3	MO; HRM
<i>trifluoperazine hcl tablet 10mg</i>	4	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	MO; HRM
VERSACLOZ SUSPENSION 50MG/ML	5	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 0.5MG, 0.75MG	3	QL (30 EA per 30 days) MO
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	3	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	3	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection 20mg</i>	4	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	4	QL (2 EA per 28 days) PA; ACS
ZYPREXA RELPREVV INJECTION 405MG	5	QL (1 EA per 28 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
ZYPREXA RELPREVV INJECTION 300MG	5	QL (2 EA per 28 days) PA; ACS
ANTISEIZURE AGENTS		
<i>brivaracetam injection 50mg/5ml</i>	4	QL (600 ML per 30 days)
<i>brivaracetam oral solution 10mg/ml</i>	4	QL (600 ML per 30 days) MO
<i>brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	4	QL (60 EA per 30 days) MO
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	4	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	2	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	4	MO; HRM
<i>carbamazepine suspension 100mg/5ml</i>	4	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	2	MO
<i>carbamazepine tablet chewable 100mg</i>	2	MO; HRM
<i>carbamazepine tablet 200mg</i>	2	MO; HRM
<i>clobazam suspension 2.5mg/ml</i>	4	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet 10mg, 20mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	4	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	4	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	5	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	5	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	5	QL (180 EA per 30 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
DIACOMIT PACKET 250MG	5	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol concentrate 5mg/ml</i>	2	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam concentrate 5mg/ml</i>	2	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	QL (5 EA per 30 days) MO; HRM
<i>diazepam injection 5mg/ml</i>	4	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam oral solution 5mg/5ml</i>	4	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam tablet 10mg, 2mg, 5mg</i>	3	QL (120 EA per 30 days) PA MO; HRM
DILANTIN CAPSULE 30MG	4	MO
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	2	MO
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	2	MO
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	2	MO
EPIDIOLEX SOLUTION 100MG/ML	5	QL (600 ML per 30 days) PA; ACS LD
<i>eslicarbazepine acetate tablet 200mg, 400mg</i>	4	QL (30 EA per 30 days) MO
<i>eslicarbazepine acetate tablet 600mg, 800mg</i>	4	QL (60 EA per 30 days) MO
<i>ethosuximide capsule 250mg</i>	2	MO
<i>ethosuximide solution 250mg/5ml</i>	4	MO
<i>felbamate suspension 600mg/5ml</i>	4	MO
<i>felbamate tablet 400mg, 600mg</i>	4	MO
FINTEPLA SOLUTION 2.2MG/ML	5	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	4	MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	3	QL (270 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>gabapentin (generic Neurontin) capsule 300mg</i>	3	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution 250mg/5ml</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	3	QL (90 EA per 30 days) MO
<i>lacosamide injection 200mg/20ml</i>	4	
<i>lacosamide oral solution 10mg/ml</i>	4	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	4	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL (60 EA per 30 days) MO
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	4	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	4	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	2	
<i>lamotrigine starter kit/green kit 100mg; 25mg</i>	5	
<i>lamotrigine starter kit/orange kit 100mg; 25mg</i>	2	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	2	MO
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	2	MO
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	2	MO
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	4	
<i>levetiracetam injection 500mg/5ml</i>	4	
<i>levetiracetam oral solution 100mg/ml</i>	2	MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
LEVETIRACETAM TABLET	4	QL (360 EA per 30 days) MO
DISINTEGRATING SOLUBLE 250MG		
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	2	MO
<i>methsuximide capsule 300mg</i>	4	MO
NAYZILAM SOLUTION 5MG/0.1ML	4	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine suspension 300mg/5ml</i>	4	MO; HRM
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	2	MO; HRM
<i>perampanel suspension 0.5mg/ml</i>	5	QL (680 ML per 28 days) PA MO
<i>perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg</i>	4	QL (30 EA per 30 days) PA MO
<i>perampanel tablet 2mg</i>	4	QL (60 EA per 30 days) PA MO
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	4	PA; HRM
<i>phenobarbital elixir 20mg/5ml</i>	4	QL (1500 ML per 30 days) PA MO; HRM
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>phenyteck capsule 200mg, 300mg</i>	2	MO
<i>phenytoin sodium extended capsule 100mg, 200mg, 300mg</i>	2	MO
<i>phenytoin sodium injection 50mg/ml</i>	4	
<i>phenytoin suspension 125mg/5ml</i>	2	MO
<i>phenytoin tablet chewable 50mg</i>	2	MO
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	3	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pregabalin solution 20mg/ml</i>	3	QL (900 ML per 30 days) PA MO
<i>primidone tablet 125mg, 250mg, 50mg</i>	2	MO
<i>roweepra tablet 500mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	4	QL (240 EA per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	4	QL (480 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL (360 EA per 30 days) MO
<i>subvenite starter kit/blue kit 25mg</i>	2	
<i>subvenite starter kit/green kit 100mg; 25mg</i>	4	
<i>subvenite starter kit/orange kit 100mg; 25mg</i>	2	
SUBVENITE SUSPENSION 10MG/ML	4	PA MO
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	2	
SYMPAZAN FILM 5MG	4	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	5	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	4	MO
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	2	MO
<i>topiramate solution 25mg/ml</i>	4	QL (480 ML per 30 days) PA MO
<i>topiramate tablet 100mg</i>	2	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	2	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	2	QL (90 EA per 30 days) MO
<i>valproate sodium injection 100mg/ml</i>	4	
<i>valproic acid capsule 250mg</i>	2	MO
<i>valproic acid solution 250mg/5ml</i>	2	MO
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL (10 EA per 30 days) PA MO
<i>vigabatrin packet 500mg</i>	5	QL (180 EA per 30 days) PA; ACS
<i>vigabatrin tablet 500mg</i>	5	QL (180 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
<i>vigadrone packet 500mg</i>	5	QL (180 EA per 30 days) PA; LD
<i>vigadrone tablet 500mg</i>	5	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	5	QL (750 ML per 30 days) PA; LD
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG	4	QL (28 EA per 28 days)
XCOPRI TABLET TITRATION THERAPY PACK 150MG; 200MG, 50MG; 100MG	5	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	5	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	5	QL (60 EA per 30 days) MO
ZONISADE SUSPENSION 100MG/5ML	5	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	2	MO
<i>zonisamide capsule 50mg</i>	2	MO; HRM
ZTALMY SUSPENSION 50MG/ML	5	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	3	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 10mg, 18mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	4	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	4	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg, 5mg</i>	4	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	4	QL (180 EA per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	2	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	2	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate capsule 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 EA per 30 days) MO
<i>lisdexamfetamine dimesylate tablet chewable 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	4	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable 10mg, 2.5mg, 5mg</i>	4	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	2	QL (90 EA per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	4	QL (180 EA per 30 days)
HYPNOTICS		
<i>DAYVIGO TABLET 10MG, 5MG</i>	3	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	2	QL (30 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>tasimelteon capsule 20mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>temazepam capsule 15mg, 30mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg, 0.25mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	3	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet 10mg, 5mg</i>	2	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
<i>AIMOVIG INJECTION 140MG/ML, 70MG/ML</i>	3	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	QL (8 ML per 30 days) PA MO
<i>EMGALITY INJECTION 120MG/ML</i>	3	QL (2 ML per 30 days) PA; ACS
<i>EMGALITY INJECTION 100MG/ML</i>	3	QL (3 ML per 30 days) PA; ACS
<i>ergotamine tartrate/cafeine tablet 100mg; 1mg</i>	3	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl tablet 1mg, 2.5mg</i>	2	QL (9 EA per 30 days) MO
<i>NURTEC TABLET DISINTEGRATING 75MG</i>	3	QL (16 EA per 30 days) PA MO
<i>QULIPTA TABLET 10MG, 30MG, 60MG</i>	3	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate odt tablet disintegrating 10mg, 5mg</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet 10mg, 5mg</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	2	QL (9 EA per 30 days) MO
<i>sumatriptan solution 20mg/act, 5mg/act</i>	4	QL (12 EA per 30 days) MO
<i>UBRELVY TABLET 100MG, 50MG</i>	3	QL (16 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	5	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	5	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	5	QL (60 EA per 30 days) PA; ACS
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	2	MO
<i>lithium carbonate capsule 150mg, 300mg, 600mg</i>	1	MO
<i>lithium carbonate tablet 300mg</i>	1	MO
<i>lithium solution 8meq/5ml</i>	4	MO
NUDEXTA CAPSULE 20MG; 10MG	5	QL (60 EA per 30 days) PA MO
<i>paroxetine capsule 7.5mg</i>	4	PA MO; HRM
<i>pregabalin er tablet extended release 24 hour 330mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide er tablet extended release 180mg</i>	4	MO
<i>pyridostigmine bromide tablet 60mg</i>	3	MO
<i>riluzole tablet 50mg</i>	4	MO
<i>tetrabenazine tablet 12.5mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>tetrabenazine tablet 25mg</i>	5	QL (120 EA per 30 days) PA; ACS
UPLIZNA INJECTION 100MG/10ML	5	PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	5	QL (120 EA per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
BETASERON INJECTION 0.3MG	5	QL (14 EA per 28 days) PA; ACS
dalfampridine er tablet extended release 12 hour 10mg	3	PA; ACS
fingolimod hydrochloride capsule 0.5mg	5	QL (30 EA per 30 days) PA; ACS
glatiramer acetate injection 40mg/ml	5	QL (12 ML per 28 days) PA; ACS
glatiramer acetate injection 20mg/ml	5	QL (30 ML per 30 days) PA; ACS
glatopa injection 40mg/ml	5	QL (12 ML per 28 days) PA; ACS
glatopa injection 20mg/ml	5	QL (30 ML per 30 days) PA; ACS
KESIMPTA INJECTION 20MG/0.4ML	5	QL (6.4 ML per 365 days) PA; ACS LD
teriflunomide tablet 14mg, 7mg	5	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tablet 10mg, 20mg, 5mg	2	MO
chlorzoxazone tablet 500mg	2	QL (180 EA per 30 days) PA MO; HRM
cyclobenzaprine hydrochloride tablet 10mg, 5mg	2	QL (90 EA per 30 days) PA MO; HRM
dantrolene sodium capsule 100mg, 25mg, 50mg	4	MO
tizanidine hcl tablet 2mg	2	MO
tizanidine hydrochloride tablet 4mg	2	MO
NARCOLEPSY/CATAPLEXY		
armodafinil tablet 150mg, 200mg, 250mg	4	QL (30 EA per 30 days) PA MO
armodafinil tablet 50mg	4	QL (60 EA per 30 days) PA MO
modafinil tablet 100mg	3	QL (30 EA per 30 days) PA MO
modafinil tablet 200mg	3	QL (60 EA per 30 days) PA MO
sodium oxybate solution 500mg/ml	5	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium dr tablet delayed release 333mg	4	MO
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	2	QL (120 EA per 30 days) MO
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	2	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	QL (120 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 8mg; 2mg</i>	2	QL (120 EA per 30 days) MO
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 2mg; 0.5mg</i>	2	QL (180 EA per 30 days) MO
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	2	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL (60 EA per 30 days) MO
<i>disulfiram tablet 250mg, 500mg</i>	4	MO
<i>KLOXXADO LIQUID 8MG/0.1ML</i>	4	MO
<i>naloxone hcl injection 4mg/10ml</i>	2	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge, 2mg/2ml</i>	2	
<i>naloxone hydrochloride vial and prefilled syringe injection 0.4mg/ml</i>	2	MO
<i>naltrexone hydrochloride tablet 50mg</i>	2	MO
<i>NICOTROL NS SOLUTION 10MG/ ML</i>	4	QL (360 ML per 365 days) MO
<i>REXTOVY LIQUID 4MG/0.25ML</i>	4	MO
<i>varenicline starting month tablet therapy pack 0.5mg; 1mg</i>	4	
<i>varenicline tartrate continuing month tablet 1mg</i>	4	MO
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	4	MO
<i>VIVITROL INJECTION 380MG</i>	5	ACS

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol capsule 100mg, 200mg, 50mg</i>	4	MO
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Note: You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Drug name	Drug tier	Requirements/Limits
<i>testosterone cypionate injection</i> <i>100mg/ml, 200mg/ml</i>	2	MO
<i>testosterone enanthate injection</i> <i>200mg/ml</i>	2	PA MO
<i>testosterone pump gel 1%</i>	3	QL (300 GM per 30 days) MO
<i>testosterone gel 25mg/2.5gm,</i> <i>50mg/5gm</i>	3	QL (300 GM per 30 days) MO
<i>testosterone solution 30mg/act</i>	3	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	1	PA MO
BD INSULIN SYRINGE ULTRAFINE II/O.3ML/31G X 5/16"	1	PA MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	PA MO
BD INSULIN SYRINGE ULTRA- FINE/O.5ML/30G X 1/2"	1	PA MO
BD INSULIN SYRINGE ULTRA- FINE/1ML/31G X 5/16"	1	PA MO
BD PEN NEEDLE/ORIGINAL/ ULTRA-FINE/29G X 1/2"	1	PA MO
BD PEN	1	MO
BD VEO INSULIN SYRINGE ULTRA- FINE/O.3ML/31G X 6MM	1	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	1	PA MO
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	MO
FIASP PENFILL INJECTION 100UNIT/ML	3	MO
FIASP PUMPCART INJECTION 100UNIT/ML	3	B/D MO
FIASP INJECTION 100UNIT/ML	3	B/D MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	5	MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	MO
LANTUS INJECTION 100UNIT/ML	3	MO

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

Drug name	Drug tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N INJECTION 100UNIT/ ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R INJECTION 100UNIT/ ML (BRAND RELION NOT COVERED)	3	B/D MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	MO
NOVOLOG INJECTION 100UNIT/ML	3	B/D MO
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	MO
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	MO
XULTOPHY 100/3.6 INJECTION 100UNIT/ML; 3.6MG/ML	3	QL (15 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ANTIDIABETICS		
acarbose tablet 100mg, 25mg, 50mg	1	QL (90 EA per 30 days) MO
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg	1	QL (30 EA per 30 days)
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 5mg; 1000mg, 5mg; 500mg	1	QL (60 EA per 30 days)
dapagliflozin tablet 10mg, 5mg	1	QL (30 EA per 30 days)
FARXIGA TABLET 10MG, 5MG	3	QL (30 EA per 30 days) MO
glimepiride tablet 4mg	1	QL (60 EA per 30 days) MO
glimepiride tablet 1mg, 2mg	1	QL (90 EA per 30 days) MO
glipizide er tablet extended release 24 hour 10mg	1	QL (60 EA per 30 days) MO
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL (90 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL (120 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL (240 EA per 30 days) MO
glipizide tablet 10mg	1	QL (120 EA per 30 days) MO
glipizide tablet 2.5mg, 5mg	1	QL (240 EA per 30 days) MO
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JARDIANCE TABLET 10MG, 25MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	4	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol tablet 100mg, 25mg, 50mg</i>	4	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	3	QL (4 ML per 365 days) PA
<i>nateglinide tablet 120mg, 60mg</i>	1	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA MO
OZEMPIC TABLET 1.5MG	3	QL (30 EA per 30 days) PA
OZEMPIC TABLET 4MG, 9MG	3	QL (30 EA per 30 days) PA MO
<i>pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hcl tablet 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS TABLET 3MG	3	QL (30 EA per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
RYBELSUS TABLET 14MG, 7MG	3	QL (30 EA per 30 days) PA MO
<i>saxagliptin hydrochloride/ metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg</i>	1	QL (30 EA per 30 days) MO
<i>saxagliptin hydrochloride/ metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg</i>	1	QL (60 EA per 30 days) MO
<i>saxagliptin hydrochloride tablet 2.5mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>sitagliptin phosphate/metformin hydrochloride tablet 1000mg; 50mg, 500mg; 50mg</i>	1	QL (60 EA per 30 days) MO
<i>sitagliptin phosphate tablet 100mg, 25mg</i>	1	QL (30 EA per 30 days)
<i>sitagliptin phosphate tablet 50mg</i>	1	QL (30 EA per 30 days) MO
TRADJENTA TABLET 5MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution 70mg/75ml</i>	1	MO
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO

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

Drug name	Drug tier	Requirements/Limits
BILDYOS INJECTION 60MG/ML	4	QL (1 ML per 180 days); ACS
BILPREVDA INJECTION 120MG/1.7ML	5	PA; ACS
<i>calcitonin-salmon solution 200unit/ act</i>	3	MO
<i>ibandronate sodium injection 3mg/3ml</i>	4	QL (3 ML per 90 days) MO
<i>ibandronate sodium tablet 150mg</i>	1	QL (1 EA per 30 days) MO
OSPOMYV INJECTION 60MG/ML	4	QL (1 ML per 180 days); ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	4	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	4	
<i>risedronate sodium dr tablet delayed release 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) MO
TYMLOS INJECTION	5	PA; ACS LD
3120MCG/1.56ML		
WYOST INJECTION 120MG/1.7ML	5	PA; ACS LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	4	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	4	ACS
CHELATING AGENTS		
CHEMET CAPSULE 100MG	5	MO
<i>deferasirox packet 180mg, 360mg, 90mg</i>	5	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	4	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA; ACS
<i>deferasirox tablet 90mg</i>	3	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	4	PA; ACS
<i>kionex suspension 15gm/60ml</i>	3	
LOKELMA PACKET 10GM	3	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	3	QL (96 EA per 30 days) MO
<i>penicillamine tablet 250mg</i>	5	ACS

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

Drug name	Drug tier	Requirements/Limits
<i>sodium polystyrene sulfonate powder</i>	3	MO
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	3	MO
<i>sps multiple routes suspension 15gm/60ml, 15gm/60ml</i>	3	MO
<i>trientine hydrochloride capsule 250mg, 500mg</i>	5	PA; ACS
CONTRACEPTIVES		
<i>afirmelle tablet 20mcg; 0.1mg</i>	2	
<i>altavera tablet 30mcg; 0.15mg</i>	2	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	2	MO
<i>alyacen 7/7/7 tablet 0.5mg; 0.035mg</i>	2	
<i>amethyst tablet 20mcg; 90mcg</i>	2	
<i>apri tablet 0.15mg; 30mcg</i>	2	
<i>aranelle tablet 0.5mg; 1mg; 0.035mg</i>	2	MO
<i>ashlyna tablet 0.15mg; 0.01mg; 0.03mg</i>	2	
<i>aubra eq tablet 20mcg; 0.1mg</i>	2	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	2	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	2	
<i>aurovela 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	MO
<i>aviane tablet 20mcg; 0.1mg</i>	2	MO
<i>ayuna tablet 0.03mg; 0.15mg</i>	2	
<i>azurette tablet 0.15mg; 0.02mg; 0.01mg</i>	2	MO
<i>balziva tablet 35mcg; 0.4mg</i>	2	
<i>blisovi 24 fe tablet 20mcg; 75mg; 1mg</i>	2	MO
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	

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

Drug name	Drug tier	Requirements/Limits
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>briellyn tablet 35mcg; 0.4mg</i>	2	
<i>camila tablet 0.35mg</i>	2	
<i>charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	2	
<i>chateal eq tablet 30mcg; 0.15mg</i>	2	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	2	
<i>cryselle tablet 30mcg; 0.3mg</i>	2	MO
<i>cyred eq tablet 0.15mg; 30mcg</i>	2	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	2	
<i>dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg</i>	2	
<i>daysee tablet 0.15mg; 0.03mg; 0.01mg</i>	2	
<i>deblitane tablet 0.35mg</i>	2	
<i>delyla tablet 20mcg; 0.1mg</i>	2	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	MO
<i>desogestrel/ethinyl estradiol tablet 0.15mg; 0.02mg</i>	2	MO
<i>dolishale tablet 20mcg; 90mcg</i>	2	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg</i>	2	MO
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg</i>	2	MO
<i>elimest tablet 30mcg; 0.3mg</i>	2	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	3	
<i>emzahh tablet 0.35mg</i>	2	MO
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	3	MO
<i>enskyce tablet 0.15mg; 0.03mg</i>	2	MO
<i>errin tablet 0.35mg</i>	2	
<i>estarylla tablet 35mcg; 0.25mg</i>	2	

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

Drug name	Drug tier	Requirements/Limits
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg</i>	2	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	3	MO
<i>falmina tablet 20mcg; 0.1mg</i>	2	
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>finzala tablet chewable 20mcg; 75mg; 1mg</i>	2	
<i>galbriela tablet chewable 25mcg; 75mg; 0.8mg</i>	2	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	2	MO
<i>hailey 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>heather tablet 0.35mg</i>	2	
<i>iclevia tablet 0.03mg; 0.15mg</i>	2	
<i>incassia tablet 0.35mg</i>	2	
<i>introvale tablet 0.03mg; 0.15mg</i>	2	
<i>isibloom tablet 0.15mg; 30mcg</i>	2	
<i>jaimiess tablet 0.15mg; 0.03mg; 0.01mg</i>	2	
<i>jasmiel tablet 3mg; 0.02mg</i>	2	
<i>jencycla tablet 0.35mg</i>	2	
<i>juleber tablet 0.15mg; 30mcg</i>	2	
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	2	
<i>junel 1/20 tablet 20mcg; 1mg</i>	2	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	MO
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>junel fe 24 tablet 20mcg; 75mg; 1mg</i>	2	

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

Drug name	Drug tier	Requirements/Limits
<i>kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg</i>	2	MO
<i>kalliga tablet 0.15mg; 30mcg</i>	2	
<i>kariva tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	2	MO
<i>kurvelo tablet 0.03mg; 0.15mg</i>	2	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	2	
<i>larin 1/20 tablet 20mcg; 1mg</i>	2	
<i>larin 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>lessina tablet 20mcg; 0.1mg</i>	2	MO
<i>levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg</i>	2	
<i>levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg</i>	2	MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg</i>	2	MO
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	2	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	ACS LD
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	2	MO
<i>loestrin 1.5/30-21 tablet 30mcg; 1.5mg</i>	2	
<i>loestrin 1/20-21 tablet 20mcg; 1mg</i>	2	
<i>loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>loestrin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	

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

Drug name	Drug tier	Requirements/Limits
<i>lojaimiess tablet 0.1mg; 0.02mg; 0.01mg</i>	2	MO
<i>loryna tablet 3mg; 0.02mg</i>	2	
<i>luizza 1.5/30 tablet 30mcg; 1.5mg</i>	2	
<i>luizza 1/20 tablet 20mcg; 1mg</i>	2	
<i>lutra tablet 20mcg; 0.1mg</i>	2	
<i>lyleq tablet 0.35mg</i>	2	
<i>lyza tablet 0.35mg</i>	2	
<i>marlissa tablet 0.03mg; 0.15mg</i>	2	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	MO
<i>meleya tablet 0.35mg</i>	2	
<i>mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg</i>	2	MO
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	3	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>mili tablet 35mcg; 0.25mg</i>	2	
<i>mono-lynyah tablet 35mcg; 0.25mg</i>	2	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	2	
NEXPLANON INJECTION 68MG	3	ACS LD
<i>nikki tablet 3mg; 0.02mg</i>	2	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>norethindrone/ethinyl estradiol/ferrous fumarate tablet chewable 35mcg; 0.4mg</i>	2	MO
<i>norethindrone tablet 0.35mg</i>	2	MO
<i>norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg</i>	2	MO
<i>norlyroc tablet 0.35mg</i>	2	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	2	MO
<i>nortrel 1/35 28-day regimen</i>	2	
<i>nortrel 1/35 21-day regimen</i>	2	MO
<i>nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	2	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	2	
<i>nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg</i>	2	MO
<i>orquidea tablet 0.35mg</i>	2	MO
<i>orsythia tablet 20mcg; 0.1mg</i>	2	
<i>philith tablet 35mcg; 0.4mg</i>	2	
<i>pimtrea tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	2	
<i>reclipsen tablet 0.15mg; 0.03mg</i>	2	
<i>rosyrah tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg</i>	2	MO
<i>setlakin tablet 0.03mg; 0.15mg</i>	2	
<i>sharobel tablet 0.35mg</i>	2	
<i>simliya tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>simpesse tablet 0.1mg; 0.03mg; 0.01mg</i>	2	MO
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	2	MO
<i>sronyx tablet 20mcg; 0.1mg</i>	2	
<i>syeda tablet 3mg; 0.03mg</i>	2	
<i>tarina 24 fe tablet 20mcg; 75mg; 1mg</i>	2	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	2	

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

Drug name	Drug tier	Requirements/Limits
<i>tilia fe tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg</i>	3	
<i>tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	MO
<i>tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	2	MO
<i>tri-linyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	
<i>tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	2	
<i>tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	2	
<i>tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg</i>	2	MO
<i>tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg</i>	2	
<i>tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg</i>	2	
<i>tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	
<i>tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg</i>	2	
<i>tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg</i>	2	
<i>trivora-28 tablet 0.05mg; 0.03mg; 0.075mg; 0.04mg; 0.125mg; 0.03mg</i>	2	
<i>turqoz tablet 30mcg; 0.3mg</i>	2	
TYBLUME TABLET CHEWABLE 20MCG; 0.1MG	3	
<i>tydemy tablet 3mg; 0.03mg; 0.451mg</i>	2	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	2	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	2	MO
<i>velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg</i>	2	MO
<i>vestura tablet 3mg; 0.02mg</i>	2	
<i>vienva tablet 20mcg; 0.1mg</i>	2	

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

Drug name	Drug tier	Requirements/Limits
<i>viorele tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>volnea tablet 0.15mg; 0.02mg; 0.01mg</i>	2	
<i>vyfemla tablet 35mcg; 0.4mg</i>	2	MO
<i>vylibra tablet 35mcg; 0.25mg</i>	2	
<i>wera tablet 35mcg; 0.5mg</i>	2	
<i>wymzya fe tablet chewable 35mcg; 0.4mg; 75mg</i>	2	
<i>xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg</i>	2	
<i>xelria fe tablet chewable 35mcg; 75mg; 0.4mg</i>	2	MO
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	2	
<i>zumandimine tablet 3mg; 0.03mg</i>	2	
ESTROGENS		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	4	
<i>abigale tablet 1mg; 0.5mg</i>	4	
<i>conjugated estrogens tablet 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg</i>	4	MO
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	QL (8 EA per 28 days)
<i>DUAVEE TABLET 20MG; 0.45MG</i>	4	MO
<i>estradiol valerate injection 10mg/ml, 20mg/ml, 40mg/ml</i>	4	MO
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	MO
<i>estradiol cream 0.1mg/gm</i>	3	MO
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	QL (8 EA per 28 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>estradiol patch weekly</i>	2	QL (4 EA per 28 days) MO
<i>0.025mg/24hr, 0.05mg/24hr,</i>		
<i>0.06mg/24hr, 0.075mg/24hr,</i>		
<i>0.1mg/24hr, 37.5mcg/24hr</i>		
<i>estradiol oral tablet 0.5mg, 1mg,</i>	1	MO
<i>2mg</i>		
<i>estradiol vaginal tablet 10mcg</i>	2	MO
ESTRING RING 7.5MCG/24HR	4	QL (1 EA per 90 days) MO
<i>fyavolv tablet 2.5mcg; 0.5mg,</i>	2	MO
<i>5mcg; 1mg</i>		
<i>jinteli tablet 5mcg; 1mg</i>	2	
<i>lyllana patch twice weekly</i>	4	QL (8 EA per 28 days)
<i>0.025mg/24hr, 0.0375mg/24hr,</i>		
<i>0.05mg/24hr, 0.075mg/24hr,</i>		
<i>0.1mg/24hr</i>		
<i>mimvey tablet 1mg; 0.5mg</i>	4	
<i>norethindrone acetate/ethinyl</i>	2	MO
<i>estradiol tablet 2.5mcg; 0.5mg,</i>		
<i>5mcg; 1mg</i>		
PREMARIN CREAM 0.625MG/GM	4	MO
PREMARIN INJECTION 25MG	4	MO
PREMARIN TABLET 0.3MG,	4	MO
0.45MG, 0.625MG, 0.9MG, 1.25MG		
PREMPRO TABLET 0.3MG; 1.5MG,	4	MO
0.45MG; 1.5MG, 0.625MG; 2.5MG,		
0.625MG; 5MG		
<i>yuvaferm tablet 10mcg</i>	4	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL	4	MO
CONCENTRATE 1MG/ML		
<i>dexamethasone sodium phosphate</i>	4	MO
<i>injection 100mg/10ml, 10mg/ml vial,</i>		
<i>120mg/30ml, 20mg/5ml, 4mg/ml</i>		
<i>dexamethasone elixir 0.5mg/5ml</i>	4	MO
<i>dexamethasone solution 0.5mg/5ml</i>	4	MO
<i>dexamethasone tablet 0.5mg,</i>	4	MO
<i>0.75mg, 1.5mg, 1mg, 2mg, 4mg,</i>		
<i>6mg</i>		
<i>fludrocortisone acetate tablet 0.1mg</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>hydrocortisone sodium succinate injection 100mg</i>	4	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	MO
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	B/D MO
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	MO
<i>methylprednisolone sodium succinate injection 500mg</i>	4	B/D
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	4	B/D MO
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	B/D MO
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	2	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	2	B/D MO
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	4	B/D MO
<i>prednisolone solution 15mg/5ml</i>	2	B/D MO
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	4	B/D MO
<i>prednisone solution 5mg/5ml</i>	4	B/D MO
<i>prednisone tablet therapy pack 10mg, 5mg</i>	2	MO
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	B/D MO
SOLU-CORTEF INJECTION 1000MG, 250MG, 500MG	4	MO
<i>triamcinolone acetonide injection 10mg/ml, 40mg/ml</i>	4	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide suspension 50mg/ml</i>	4	MO
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	MO

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

Drug name	Drug tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	MO
GVOKE KIT INJECTION 1MG/0.2ML	3	MO
GVOKE PFS INJECTION 1MG/0.2ML	3	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	4	
<i>betaine anhydrous powder 1gm</i>	4	ACS
<i>cabergoline tablet 0.5mg</i>	3	MO
<i>carglumic acid tablet soluble 200mg</i>	5	PA; LD
CERDELGA CAPSULE 84MG	5	PA; ACS LD
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 30mg, 60mg</i>	4	QL (60 EA per 30 days); ACS
CYSTAGON CAPSULE 150MG, 50MG	4	PA; ACS LD
<i>desmopressin acetate injection 4mcg/ml</i>	4	MO
<i>desmopressin acetate preservative free injection 4mcg/ml</i>	5	MO
<i>desmopressin acetate nasal solution 0.01%</i>	4	MO
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	MO
<i>fomepizole injection 1.5gm/1.5ml</i>	5	
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; ACS
GENOTROPIN INJECTION 12MG, 5MG	5	PA; ACS
INCRELEX INJECTION 40MG/4ML	5	PA; LD
ISTURISA TABLET 1MG	5	QL (240 EA per 30 days) PA; LD
ISTURISA TABLET 5MG	5	QL (360 EA per 30 days) PA; LD
<i>javygtor packet 100mg</i>	4	PA; LD

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

Drug name	Drug tier	Requirements/Limits
<i>javygtor packet 500mg</i>	5	PA; LD
<i>javygtor tablet 100mg</i>	5	PA; LD
<i>levocarnitine injection 200mg/ml</i>	4	
<i>levocarnitine oral solution 1gm/10ml</i>	4	MO
<i>levocarnitine tablet 330mg</i>	4	MO
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	5	PA; ACS
<i>methergine tablet 0.2mg</i>	4	
<i>methylergonovine maleate tablet 0.2mg</i>	5	MO
<i>mifepristone tablet 300mg</i>	5	PA; ACS
<i>nitisinone capsule 2mg</i>	4	PA; ACS
<i>nitisinone capsule 10mg, 20mg, 5mg</i>	5	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA; ACS
<i>raloxifene hydrochloride tablet 60mg</i>	2	MO
REVCovi INJECTION 2.4MG/1.5ML	5	PA; LD
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL (30 EA per 30 days) PA; ACS LD
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	5	PA; ACS
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA; LD
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	PA; ACS
<i>sodium phenylbutyrate tablet 500mg</i>	5	PA; ACS
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	5	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
<i>tolvaptan tablet therapy pack 15mg; 15mg, 30mg; 15mg, 45mg; 15mg, 60mg; 30mg, 90mg; 30mg</i>	5	QL (56 EA per 28 days) PA; ACS LD
<i>tolvaptan (generic Jynarque) tablet 15mg, 30mg</i>	5	QL (120 EA per 30 days) PA; ACS LD
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	3	QL (2 ML per 28 days) PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	3	QL (3 ML per 28 days) PA MO
WEGOVY TABLET 1.5MG, 25MG, 4MG, 9MG	3	QL (30 EA per 30 days) PA MO
<i>zelvysia packet 100mg, 500mg</i>	5	PA; LD
PHOSPHATE BINDER AGENTS		
<i>calcium acetate capsule 667mg</i>	3	QL (360 EA per 30 days) B/D MO
<i>sevelamer carbonate tablet 800mg</i>	4	QL (540 EA per 30 days) B/D MO
PROGESTINS		
<i>gallifrey tablet 5mg</i>	2	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate suspension 40mg/ml</i>	3	MO
<i>megestrol acetate suspension 625mg/5ml</i>	4	MO
<i>norethindrone acetate tablet 5mg</i>	2	MO
<i>progesterone capsule 100mg, 200mg</i>	2	MO
<i>progesterone injection 50mg/ml</i>	4	MO
THYROID AGENTS		
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	4	
LEVOTHYROXINE SODIUM INJECTION 200MCG/5ML	5	

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

Drug name	Drug tier	Requirements/Limits
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML	5	MO
<i>levothyroxine sodium tablet</i>	1	MO
<i>100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>		
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	2	
<i>liothyronine sodium injection 10mcg/ml</i>	5	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	2	MO
<i>methimazole tablet 10mg, 5mg</i>	1	MO
<i>propylthiouracil tablet 50mg</i>	2	MO
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	3	MO
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	MO
<i>calcitriol injection 1mcg/ml</i>	4	
<i>calcitriol oral solution 1mcg/ml</i>	4	MO
<i>doxercalciferol injection 4mcg/2ml</i>	4	
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	4	MO
<i>paricalcitol injection 2mcg/ml, 5mcg/ml</i>	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack</i>	4	B/D MO
<i>aprepitant capsule 40mg, 80mg</i>	4	B/D MO

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

Drug name	Drug tier	Requirements/Limits
<i>aprepitant capsule 125mg</i>	5	B/D MO
<i>compro suppository 25mg</i>	4	MO; HRM
<i>DIMENHYDRINATE INJECTION 50MG/ML</i>	4	
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) PA MO
<i>granisetron hydrochloride tablet 1mg</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	2	MO; HRM
<i>meclizine hydrochloride tablet 50mg</i>	2	MO
<i>meclizine hydrochloride tablet 25mg</i>	2	MO; HRM
<i>metoclopramide hcl solution 5mg/5ml</i>	4	MO
<i>metoclopramide hydrochloride injection 5mg/ml</i>	4	MO
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	2	MO
<i>ondansetron hcl solution 4mg/5ml</i>	2	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl tablet 24mg</i>	2	B/D
<i>ondansetron hydrochloride injection 40mg/20ml, 4mg/2ml</i>	4	MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	2	B/D MO
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D MO
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	MO; HRM
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	2	MO; HRM
<i>prochlorperazine suppository 25mg</i>	4	MO; HRM
<i>promethazine hcl injection 25mg/ml, 50mg/ml</i>	4	PA MO; HRM
<i>promethazine hcl suppository 12.5mg</i>	4	PA MO; HRM
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	4	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>promethazine hydrochloride solution 6.25mg/5ml</i>	4	PA MO
<i>promethazine hydrochloride suppository 25mg</i>	4	PA MO; HRM
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	4	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	4	PA; HRM
<i>scopolamine patch 72 hour 1mg/3days</i>	4	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule 300mg</i>	4	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl solution 10mg/5ml</i>	4	PA MO; HRM
<i>dicyclomine hydrochloride capsule 10mg</i>	2	PA MO; HRM
<i>dicyclomine hydrochloride injection 10mg/ml</i>	4	PA MO; HRM
<i>dicyclomine hydrochloride tablet 20mg</i>	2	PA MO; HRM
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	4	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	4	MO
<i>glycopyrrolate tablet 1mg, 2mg</i>	2	MO
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	4	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet 200mg, 300mg, 400mg, 800mg</i>	4	MO
<i>famotidine premixed injection 0.4mg/ml; 0.9%</i>	4	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	4	
<i>famotidine suspension reconstituted 40mg/5ml</i>	4	MO
<i>famotidine tablet 20mg, 40mg</i>	1	MO
<i>nizatidine capsule 150mg, 300mg</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium capsule 750mg</i>	4	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	4	MO
<i>budesonide capsule delayed release particles 3mg</i>	4	MO
<i>hydrocortisone enema 100mg/60ml</i>	2	MO
<i>mesalamine dr capsule delayed release 400mg</i>	4	MO
<i>mesalamine dr tablet delayed release 1.2gm, 800mg</i>	4	MO
<i>mesalamine enema 4gm</i>	4	MO
<i>mesalamine kit 4gm</i>	4	MO
<i>mesalamine suppository 1000mg</i>	2	MO
<i>sulfasalazine tablet delayed release 500mg</i>	2	MO
<i>sulfasalazine tablet 500mg</i>	2	MO
LAXATIVES		
<i>CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML</i>	4	MO
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	MO
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	MO
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>kristalose packet 10gm, 20gm</i>	4	PA
<i>lactulose packet 20gm</i>	4	PA MO
<i>lactulose packet 10gm</i>	5	PA MO
<i>lactulose solution 10gm/15ml</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/ kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	MO
PLENVU SOLUTION RECONSTITUTED 7.54GM; 140GM; 2.2GM; 48.11GM; 5.2GM; 9GM	4	MO
<i>sodium sulfate/potassium sulfate/ magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	4	MO
SUTAB TABLET 225MG; 188MG; 1479MG	4	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg, 1mg</i>	4	QL (60 EA per 30 days) PA MO
<i>bismuth subcitrate pot/ metronidazole/tetracycline hydrochlo capsule 140mg; 125mg; 125mg</i>	4	MO
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	MO
<i>diphenoxylate hydrochloride/ atropine sulfate tablet 0.025mg; 2.5mg</i>	3	MO; HRM
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL (30 EA per 30 days) MO
<i>loperamide hydrochloride capsule 2mg</i>	2	MO
<i>lubiprostone capsule 24mcg, 8mcg</i>	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>misoprostol tablet 100mcg, 200mcg</i>	3	MO
MOVANTIK TABLET 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	3	QL (60 EA per 30 days) MO
<i>sucralfate suspension 1gm/10ml</i>	4	MO
<i>sucralfate tablet 1gm</i>	2	MO
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	4	QL (336 EA per 365 days) MO
<i>ursodiol capsule 300mg</i>	3	MO
<i>ursodiol tablet 250mg, 500mg</i>	4	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	QL (224 EA per 365 days) PA MO
VOWST CAPSULE	5	PA; LD
XERMELO TABLET 250MG	5	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	3	PA MO
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	2	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection 40mg</i>	2	
<i>lansoprazole capsule delayed release 15mg</i>	2	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	2	QL (42 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>pantoprazole sodium injection 40mg</i>	4	
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium tablet delayed release 20mg</i>	4	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride capsule 0.5mg</i>	2	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin capsule 4mg, 8mg</i>	4	QL (30 EA per 30 days) MO
<i>tadalafil (generic Cialis) tablet 5mg</i>	4	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride capsule 0.4mg</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% solution 0.25%</i>	2	MO
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	2	MO
FILSPARI TABLET 200MG	5	QL (30 EA per 30 days) PA; ACS LD
FILSPARI TABLET 400MG	5	QL (60 EA per 30 days) PA; ACS LD
<i>potassium citrate er tablet extended release 540mg</i>	2	MO
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	3	MO
TARPEYO CAPSULE DELAYED RELEASE 4MG	5	QL (120 EA per 30 days) PA; LD
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	4	QL (30 EA per 30 days) MO; HRM
GEMTESA TABLET 75MG	3	QL (30 EA per 30 days) MO
<i>mirabegron er suspension reconstituted er 8mg/ml</i>	3	QL (300 ML per 28 days)
<i>mirabegron er tablet extended release 24 hour 25mg, 50mg</i>	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	QL (30 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution 5mg/5ml</i>	2	QL (600 ML per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>solifenacin succinate tablet 10mg, 5mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet 1mg, 2mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er capsule extended release 24 hour 60mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride tablet 20mg</i>	2	QL (60 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	4	MO
<i>metronidazole vaginal gel 0.75%</i>	4	MO
<i>miconazole 3 suppository 200mg</i>	3	MO
<i>terconazole cream 0.4%, 0.8%</i>	2	MO
<i>terconazole suppository 80mg</i>	4	MO

HEMATOLOGIC**ANTICOAGULANTS**

<i>dabigatran etexilate capsule 110mg</i>	4	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL (74 EA per 30 days) MO
ELIQUIS CAPSULE SPRINKLE 0.15MG	3	QL (56 EA per 21 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL (588 EA per 29 days)
ELIQUIS TABLET SOLUBLE 1.5MG	3	QL (591 EA per 29 days)
ELIQUIS TABLET SOLUBLE 2MG	3	QL (592 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	3	QL (74 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>enoxaparin sodium injection</i> 100mg/ml, 120mg/0.8ml, 150mg/ ml, 300mg/3ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	4	MO
<i>fondaparinux sodium injection</i> 2.5mg/0.5ml	4	MO
<i>fondaparinux sodium injection</i> 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	MO
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ ML	4	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML	4	
HEPARIN SODIUM/NACL 0.45% INJECTION 12500UNIT/250ML; 0.45%, 25000UNIT/250ML; 0.45%	3	
HEPARIN SODIUM/SODIUM CHLORIDE INJECTION 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	3	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML PF	3	
<i>heparin sodium injection 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000unit/ml</i>	3	MO
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>rivaroxaban suspension</i> reconstituted 1mg/ml	4	QL (620 ML per 30 days) MO
<i>rivaroxaban tablet 2.5mg</i>	3	QL (60 EA per 30 days) MO
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	MO
XARELTO STARTER PACK TABLET THERAPY PACK 15MG; 20MG	3	QL (51 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	3	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
LEUKINE INJECTION 250MCG	5	PA; ACS
PROCRIT INJECTION 10000UNIT/ ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
PROCRIT INJECTION 20000UNIT/ ML, 40000UNIT/ML	5	PA; ACS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	5	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	5	QL (90 EA per 30 days) PA; ACS
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	4	MO
BERINERT INJECTION 500UNIT	5	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol tablet 100mg, 50mg</i>	2	MO
DOPTELET SPRINKLE CAPSULE SPRINKLE 10MG	5	QL (60 EA per 30 days) PA; ACS LD
DOPTELET TABLET 20MG	5	QL (60 EA per 30 days) PA; ACS LD
DROXIA CAPSULE 200MG, 300MG, 400MG	4	MO
HAEGARDA INJECTION 3000UNIT	5	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	5	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate injection 30mg/3ml</i>	5	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine packet 5gm</i>	5	PA; ACS
<i>pentoxifylline er tablet extended release 400mg</i>	2	MO
SIKLOS TABLET 100MG	4	PA MO
SIKLOS TABLET 1000MG	5	PA MO

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

Drug name	Drug tier	Requirements/Limits
TAVNEOS CAPSULE 10MG	5	QL (180 EA per 30 days) PA; LD
tranexamic acid/sodium chloride injection 0.7%; 1000mg/100ml	4	
tranexamic acid injection 1000mg/10ml	4	
tranexamic acid tablet 650mg	3	MO
PLATELET AGGREGATION INHIBITORS		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	4	QL (60 EA per 30 days) MO
clopidogrel tablet 300mg	1	QL (2 EA per 365 days) MO
clopidogrel tablet 75mg	1	QL (30 EA per 30 days) MO
prasugrel hydrochloride tablet 10mg, 5mg	1	MO
ticagrelor tablet 60mg, 90mg	4	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD INJECTION 40MG/0.4ML	5	QL (22.4 ML per 365 days) PA; ACS
BIMZELX INJECTION 160MG/ML, 320MG/2ML	5	QL (4 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA; ACS
EBGLYSS INJECTION 250MG/2ML	5	QL (40 ML per 365 days) PA; ACS LD
ENBREL MINI INJECTION 50MG/ML	5	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK INJECTION 50MG/ML	5	QL (8 ML per 28 days) PA; ACS
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA; ACS
ENTYVIO PEN INJECTION 108MG/0.68ML	5	QL (1.36 ML per 28 days) PA; ACS LD
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	5	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	5	QL (44.8 ML per 365 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
HADLIMA INJECTION 40MG/0.4ML	5	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	5	QL (44.8 ML per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML	5	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML	5	QL (52 EA per 365 days) PA; ACS
KINERET INJECTION 100MG/0.67ML	5	QL (18.76 ML per 28 days) PA; LD
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	5	QL (30 EA per 30 days) PA; ACS
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 10MG; 20MG; 30MG; 75MG	5	QL (82 EA per 365 days) PA; ACS
OTEZLA TABLET THERAPY PACK 10MG; 20MG; 30MG, 10MG; 20MG	5	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET 20MG, 30MG	5	QL (60 EA per 30 days) PA; ACS
PYZCHIVA INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	5	QL (208 ML per 365 days) PA; ACS
RINVOQ LQ SOLUTION 1MG/ML	5	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	5	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN INJECTION 150MG/ML	5	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	5	QL (120 ML per 365 days) PA; ACS
SKYRIZI INJECTION 55MG/0.37ML	5	QL (2.22 ML per 365 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	5	QL (6 ML per 365 days) PA; ACS
<i>tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg</i>	5	QL (30 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
<i>tofacitinib citrate solution 1mg/ml</i>	5	QL (480 ML per 24 days) PA; ACS
<i>tofacitinib citrate tablet 10mg, 5mg</i>	5	QL (60 EA per 30 days) PA; ACS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	5	QL (4 ML per 28 days) PA; ACS
TREMFYA PEN INJECTION 100MG/ML	5	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 100MG/ML	5	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	5	QL (20 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	5	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	5	QL (40 ML per 28 days) PA; ACS
VELSIPITY TABLET 2MG	5	QL (30 EA per 30 days) PA; ACS LD
YESINTEK INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS
ZYMFENTRA 2-PEN INJECTION 120MG/ML	5	QL (2 EA per 28 days) PA; ACS
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	5	QL (2 EA per 28 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	MO
JYLAMVO SOLUTION 2MG/ML	4	
<i>leflunomide tablet 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	2	MO
XATMEP SOLUTION 2.5MG/ML	4	MO
IMMUNOGLOBULINS		
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA; ACS LD
ARCALYST INJECTION 220MG	5	PA; ACS LD
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJECTION 100MG	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D MO
BENLYSTA INJECTION 200MG/ML	5	PA; ACS LD
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	4	B/D MO
<i>cyclosporine modified solution 100mg/ml</i>	4	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D MO
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG, 4MG	4	B/D MO
<i>everolimus tablet 0.25mg</i>	4	B/D MO
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D MO
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>mycophenolate mofetil capsule 250mg</i>	3	B/D MO
<i>mycophenolate mofetil injection 500mg</i>	4	B/D MO
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	5	B/D MO
<i>mycophenolate mofetil tablet 500mg</i>	3	B/D MO
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	4	B/D MO
NULOJIX INJECTION 250MG	5	B/D
PROGRAF PACKET 0.2MG, 1MG	4	B/D MO
REZUROCK TABLET 200MG	5	QL (30 EA per 30 days) PA; LD
<i>sirolimus solution 1mg/ml</i>	4	B/D MO
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D MO

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

Drug name	Drug tier	Requirements/Limits
<i>tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D MO
VACCINES		
ABRYSVO INJECTION 120MCG/0.5ML	3	QL (1 EA per 999 days) PA
ACTHIB INJECTION 10MCG/0.5ML	1	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJECTION 120MCG/0.5ML	3	QL (1 EA per 999 days) PA
BCG VACCINE INJECTION 50MG	1	
BEXSERO INJECTION 0.5ML	1	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
DENGVAXIA INJECTION	1	
ENGRIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJECTION 0.5ML	1	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	1	
HEPLISAV-B INJECTION 20MCG/0.5ML	1	B/D
HIBERIX INJECTION 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	1	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
IPOV INACTIVATED IPV INJECTION	1	
IXIARO INJECTION	1	
JYNNEOS INJECTION 0.5ML	1	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
M-M-R II INJECTION	1	

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

Drug name	Drug tier	Requirements/Limits
MENQUADFI INJECTION 0.5ML	1	
MENVEO INJECTION	1	
MRESVIA INJECTION 50MCG/0.5ML	3	QL (0.5 ML per 999 days) PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	1	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	1	
PENBRAYA INJECTION	1	
PENMENVY INJECTION	1	
PENTACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	1	
PRIORIX INJECTION	1	
PROQUAD INJECTION	1	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	1	
RABAVERT INJECTION	1	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSPENSION	1	
ROTATEQ SOLUTION	1	
SHINGRIX PREFILLED SYRINGE INJECTION 50MCG/0.5ML	1	QL (1 ML per 999 days)
SHINGRIX VIAL INJECTION 50MCG/0.5ML	1	QL (2 EA per 999 days)
TENIVAC INJECTION 2LFU; 5LFU	1	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	1	
TRUMENBA INJECTION 0.5ML	1	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJECTION 25MCG/0.5ML	1	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	1	

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

Drug name	Drug tier	Requirements/Limits
VARIVAX INJECTION 1350PFU/0.5ML	1	
VAXCHORA SUSPENSION RECONSTITUTED	1	
VIMKUNYA INJECTION 40MCG/0.8ML	3	
VIVOTIF CAPSULE DELAYED RELEASE	1	MO
YF-VAX INJECTION	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJECTION 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJECTION 10%; 0.2%	4
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	4
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	4
DEXTROSE 5%/LACTATED RINGERS INJECTION 2.7MEQ/L; 109MEQ/L; 5%; 28MEQ/L; 4MEQ/L; 130MEQ/L	4
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	4
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	4
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	4
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	4
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	4
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	4

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

Drug name	Drug tier	Requirements/Limits
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	4	B/D
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	B/D
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2% injection 5%; 20meq/l; 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	4	
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	4	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	4	
<i>magnesium sulfate injection 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 50%</i>	4	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	4	

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

Drug name	Drug tier	Requirements/Limits
<i>potassium chloride/dextrose/ sodium chloride injection 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 10meq/l, 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride injection 2meq/ ml</i>	4	MO
RINGERS INJECTION INJECTION 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	3	
<i>sodium bicarbonate injection 4.2%</i>	4	
<i>sodium bicarbonate injection 8.4%</i>	4	MO
<i>sodium chloride 0.45% injection 0.45%</i>	4	
SODIUM CHLORIDE INJECTION 5%	4	MO
<i>sodium chloride injection 4meq/ml</i>	4	
<i>sodium chloride injection 0.9%, 2.5meq/ml, 3%</i>	4	MO
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effer-k tablet effervescent 25meq</i>	2	MO
<i>fluoride tablet chewable 0.5mg</i>	4	MO
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	

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

Drug name	Drug tier	Requirements/Limits
<i>klor-con m10 tablet extended release 10meq</i>	2	MO
<i>klor-con m15 tablet extended release 15meq</i>	2	MO
<i>klor-con m20 tablet extended release 20meq</i>	2	MO
<i>klor-con packet 20meq</i>	4	
M-NATAL PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	3	MO
<i>multi vitamin/fluoride tablet chewable 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	4	
<i>multi-vitamin/fluoride drops suspension 35mg/ml; 400unit/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 5unit/ml, 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 5unit/ml</i>	4	MO
<i>multi-vitamin/fluoride/iron solution 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 1500unit/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml</i>	4	MO
<i>multivitamin/fluoride tablet chewable 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 300mcg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	4	MO
NEONATAL PLUS TABLET 20MG; 0.2MG; 200MG; 10MCG; 2MG; 2MG; 12MCG; 27MG; 1000MCG; 5MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 9.2MG; 25MG	3	MO

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

Drug name	Drug tier	Requirements/Limits
NIVA-PLUS TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22UNIT; 25MG	3	MO
PNV PRENATAL PLUS MULTIVITAMIN TABLET 120MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG	3	MO
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	2	MO
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	2	MO
<i>potassium chloride packet 20meq</i>	4	MO
<i>potassium chloride oral solution 10%, 20%</i>	4	MO
PRENATAL PLUS VITAMIN ANDMINERAL TABLET 120MG; 200MG; 12MCG; 2MG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 1200MCG; 10MCG; 9.9MG; 25MG	3	MO
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	3	MO
<i>sodium fluoride solution 0.5mg/ml</i>	4	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	4	MO
<i>tri-vite/fluoride solution 35mg/ml; 0.25mg/ml; 1500unit/ml; 400unit/ ml, 35mg/ml; 0.5mg/ml; 1500unit/ ml; 400unit/ml</i>	4	MO
WESTAB PLUS TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	3	MO
IV NUTRITION		
AMINOSYN II INJECTION 10%, 15%	4	B/D

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

Drug name	Drug tier	Requirements/Limits
AMINOSYN-PF INJECTION 7%	4	B/D
AMINOSYN-PF INJECTION 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJECTION	4	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION	4	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION	4	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION	4	B/D
CLINIMIX 6/5 INJECTION 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	4	B/D
CLINIMIX 8/10 INJECTION 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	B/D
CLINIMIX 8/14 INJECTION 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	B/D
<i>clinisol sf injection 15%</i>	4	B/D MO
CLINOLIPID INJECTION 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	3	B/D

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

Drug name	Drug tier	Requirements/Limits
<i>dextrose 10% injection 10%</i>	2	
DEXTROSE 30% INJECTION 30%	3	B/D
<i>dextrose 5% injection 5%</i>	2	MO
DEXTROSE 50% INJECTION 50%	3	B/D
DEXTROSE 70% INJECTION 70%	3	B/D
DEXTROSE INJECTION 20%, 40%	3	B/D
GLUCOSE (DEXTROSE) 50% INJECTION 50%	3	B/D
NUTRILIPID INJECTION 20GM/100ML	3	B/D
<i>plenamine injection 15%</i>	4	B/D
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	5	B/D
PROSOL INJECTION 20%	4	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
TROPHAMINE INJECTION 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>loteprednol etabonate/tobramycin suspension 0.5%; 0.3%</i>	3	MO
<i>neomycin/polymyxin/bacitracin/ hydrocortisone ointment 400unit/ gm; 1%; 0.5%; 10000unit/gm</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
<i>neomycin/polymyxin/ dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	MO
<i>neomycin/polymyxin/ dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>neomycin/polymyxin/ hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	MO
TOBRADEX ST SUSPENSION 0.05%; 0.3%	3	MO
TOBRADEX OINTMENT 0.1%; 0.3%	3	MO
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	3	MO
ANTI-INFECTIVES		
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	MO
<i>bacitracin ointment 500unit/gm</i>	4	MO
BESIFLOXACIN HYDROCHLORIDE SUSPENSION 0.6%	3	MO
BESIVANCE SUSPENSION 0.6%	3	MO
CILOXAN OINTMENT 0.3%	3	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	2	QL (42 GM per 30 days) MO
<i>gatifloxacin solution 0.5%</i>	2	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	2	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	2	QL (30 ML per 30 days)
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	2	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i>	4	QL (12 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
NATACYN SUSPENSION 5%	4	MO
neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm	2	MO
neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml	2	MO
ofloxacin ophthalmic solution 0.3%	2	QL (60 ML per 30 days) MO
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	2	MO
sulfacetamide sodium solution 10%	2	QL (90 ML per 30 days) MO
tobramycin solution 0.3%	2	QL (30 ML per 30 days) MO
trifluridine solution 1%	2	MO
XDEMVY SOLUTION 0.25%	5	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN GEL 0.15%	4	MO
ANTI-INFLAMMATORIES		
bromfenac sodium solution 0.07%	3	MO
bromfenac sodium solution 0.075%	4	MO
bromfenac solution 0.09%	4	MO
dexamethasone sodium phosphate ophthalmic solution 0.1%	2	MO
diclofenac sodium ophthalmic solution 0.1%	2	QL (10 ML per 30 days) MO
difluprednate emulsion 0.05%	4	MO
FLAREX SUSPENSION 0.1%	4	MO
fluorometholone suspension 0.1%	3	MO
flurbiprofen sodium solution 0.03%	2	MO
ketorolac tromethamine ophthalmic solution 0.4%, 0.5%	2	MO
LOTEMAX SM GEL 0.38%	3	MO
LOTEMAX OINTMENT 0.5%	3	MO
loteprednol etabonate gel 0.5%	2	MO
loteprednol etabonate suspension 0.5%	2	MO
loteprednol etabonate suspension 0.2%	3	MO
prednisolone acetate suspension 1%	2	MO

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

Drug name	Drug tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	MO
ANTIALLERGICS		
<i>azelastine hcl solution 0.05%</i>	2	MO
<i>cromolyn sodium solution 4%</i>	2	MO
<i>epinastine hcl solution 0.05%</i>	2	MO
ZERVATE SOLUTION 0.24%	4	
ANTI GLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	2	MO
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	3	MO
<i>brimonidine tartrate solution 0.2%</i>	1	MO
<i>brimonidine tartrate solution 0.15%</i>	3	MO
<i>brinzolamide suspension 1%</i>	4	MO
<i>carteolol hcl solution 1%</i>	2	MO
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%</i>	4	MO
<i>dorzolamide hydrochloride solution 2%</i>	2	MO
<i>latanoprost solution 0.005%</i>	1	MO
<i>levobunolol hcl solution 0.5%</i>	1	MO
LUMIGAN SOLUTION 0.01%	3	MO
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	4	MO
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	4	MO
RHOPRESSA SOLUTION 0.02%	4	MO
ROCKLATAN SOLUTION 0.005%; 0.02%	4	MO
SIMBRINZA SUSPENSION 0.2%; 1%	4	MO
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	4	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	4	MO
<i>travoprost solution 0.004%</i>	2	MO
VYZULTA SOLUTION 0.024%	4	MO
MISCELLANEOUS		
<i>atropine sulfate solution 1%</i>	3	MO
<i>cyclosporine emulsion 0.05%</i>	3	QL (60 EA per 30 days) MO
CYSTARAN SOLUTION 0.44%	5	PA; LD
EYSUVIS SUSPENSION 0.25%	4	MO
MIEBO SOLUTION 1.338GM/ML	3	QL (12 ML per 30 days) MO
<i>proparacaine hcl solution 0.5%</i>	2	MO
RESTASIS MULTIDOSE EMULSION 0.05%	3	QL (5.5 ML per 30 days) MO
RESTASIS EMULSION 0.05%	3	QL (60 EA per 30 days) MO
XIIDRA SOLUTION 5%	3	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid solution 2%</i>	2	MO
<i>ciprofloxacin hydrochloride/ hydrocortisone suspension 0.2%; 1%</i>	4	MO
<i>ciprofloxacin hydrochloride otic solution 0.2%</i>	3	MO
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	MO
<i>fluocinolone acetonide oil 0.01%</i>	4	MO
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	4	MO
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>neomycin/polymyxin/ hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic solution 0.3%</i>	2	MO

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

Drug name	Drug tier	Requirements/Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE AEROSOL 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ ACT	4	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	B/D MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	2	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL (45 ML per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	4	QL (4 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ANTIHIISTAMINES		
<i>azelastine hydrochloride solution 0.1%</i>	2	QL (30 ML per 25 days) MO
CARBINOXAMINE MALEATE ER SUSPENSION EXTENDED RELEASE 4MG/5ML	4	PA MO
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet 2.68mg</i>	2	PA MO
<i>cyproheptadine hcl syrup 2mg/5ml</i>	4	PA MO; HRM
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	PA MO; HRM
<i>desloratadine odt tablet disintegrating 2.5mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>desloratadine tablet 5mg</i>	2	QL (30 EA per 30 days) MO
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	MO; HRM
<i>hydroxyzine hcl tablet 50mg</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride injection 25mg/ml, 50mg/ml</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	4	PA MO; HRM
<i>hydroxyzine pamoate capsule 100mg, 25mg, 50mg</i>	4	PA MO; HRM
<i>levocetirizine dihydrochloride solution 2.5mg/5ml</i>	4	MO
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	QL (30 EA per 30 days) MO
<i>olopatadine hcl solution 0.6%</i>	4	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	2	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	2	QL (17 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	2	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	2	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	4	MO
<i>albuterol sulfate tablet 2mg, 4mg</i>	4	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	4	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	2	B/D MO
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	3	QL (30 GM per 30 days) MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	B/D MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection 1mg/ml</i>	4	MO
<i>terbutaline sulfate tablet 2.5mg, 5mg</i>	4	MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium packet 4mg</i>	2	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium tablet 10mg</i>	1	QL (30 EA per 30 days) MO
<i>zafirlukast tablet 10mg, 20mg</i>	4	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	B/D MO
<i>aminophylline injection 25mg/ml</i>	4	
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL (2 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
FASENRA PEN INJECTION 30MG/ML	5	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	5	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	5	QL (1 ML per 28 days) PA; ACS LD
<i>nintedanib esylate capsule 100mg, 150mg</i>	5	QL (60 EA per 30 days) PA; ACS
NUCALA INJECTION 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA; ACS LD
NUCALA INJECTION 100MG	5	QL (3 EA per 28 days) PA; ACS LD
NUCALA INJECTION 100MG/ML	5	QL (3 ML per 28 days) PA; ACS LD
OFEV CAPSULE 100MG, 150MG	5	QL (60 EA per 30 days) PA; ACS LD
<i>pirfenidone capsule 267mg</i>	5	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	5	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C INJECTION 1000MG/20ML	5	PA; LD
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA; ACS LD
<i>roflumilast tablet 250mcg, 500mcg</i>	4	MO
<i>theophylline er tablet extended release 12 hour 100mg, 200mg</i>	4	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	2	MO
<i>theophylline solution 80mg/15ml</i>	2	MO
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	5	QL (84 EA per 28 days) PA; ACS LD
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	5	QL (56 EA per 28 days) PA; ACS LD
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
NASAL STEROIDS		
<i>flunisolide solution 0.025%</i>	2	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	2	QL (34 GM per 30 days) MO
XHANCE EXHALER SUSPENSION 93MCG/ACT	4	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	4	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	3	QL (32.1 GM per 30 days) MO
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	3	QL (10.2 GM per 30 days) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	4	QL (13 GM per 30 days) MO
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/ SALMETEROL HFA (GENERIC ADVAIR HFA) AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	4	QL (12 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days) MO
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days) MO

TOPICAL**DERMATOLOGY, ACNE**

<i>accutane capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>amnestem capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>clindacin foam 1%</i>	4	QL (100 GM per 30 days)
<i>clindamycin phosphate (once-daily) gel bottle 1%</i>	2	QL (75 ML per 30 days) MO
<i>clindamycin phosphate (twice-daily) gel tube 1%</i>	2	QL (60 GM per 30 days) MO
<i>clindamycin phosphate foam 1%</i>	4	QL (100 GM per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	4	QL (60 ML per 30 days) MO
<i>clindamycin phosphate topical solution 1%</i>	2	QL (60 ML per 30 days) MO
<i>ery pad 2%</i>	2	MO
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	MO
<i>erythromycin gel 2%</i>	4	QL (60 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>erythromycin solution 2%</i>	4	QL (60 ML per 30 days) MO
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	4	PA
<i>sulfacetamide sodium lotion 10%</i>	4	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>mupirocin cream 2%</i>	4	QL (30 GM per 30 days) MO
<i>mupirocin ointment 2%</i>	2	QL (22 GM per 30 days) MO
<i>silver sulfadiazine cream 1%</i>	2	MO
SSD CREAM 1%	3	
SULFAMYLON CREAM 85MG/GM	4	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox nail lacquer solution 8%</i>	3	QL (6.6 ML per 30 days) MO
<i>ciclopirox olamine cream 0.77%</i>	2	QL (90 GM per 30 days) MO
<i>ciclopirox gel 0.77%</i>	2	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo 1%</i>	2	QL (120 ML per 30 days) MO
<i>ciclopirox suspension 0.77%</i>	2	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	2	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	2	QL (30 ML per 30 days) MO
<i>econazole nitrate cream 1%</i>	3	QL (85 GM per 30 days) MO
ERTACZO CREAM 2%	4	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	2	QL (60 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	2	QL (120 ML per 30 days) MO
<i>ketodan foam 2%</i>	4	QL (100 GM per 30 days)
<i>klayesta powder 100000unit/gm</i>	3	QL (60 GM per 30 days)
<i>nyamyc powder 100000unit/gm</i>	3	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	2	QL (60 GM per 30 days) MO
<i>nystop powder 100000unit/gm</i>	2	QL (60 GM per 30 days)

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

Drug name	Drug tier	Requirements/Limits
<i>selenium sulfide lotion 2.5%</i>	2	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	4	PA MO
<i>calcipotriene cream 0.005%</i>	4	QL (120 GM per 30 days) PA MO
<i>calcipotriene ointment 0.005%</i>	4	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution 0.005%</i>	3	QL (60 ML per 30 days) PA MO
<i>calcitrene ointment 0.005%</i>	4	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	4	QL (800 GM per 28 days) PA MO
<i>methoxsalen capsule 10mg</i>	5	MO
<i>tazarotene cream 0.1%</i>	3	QL (60 GM per 30 days) PA MO
<i>tazarotene cream 0.05%</i>	4	QL (60 GM per 30 days) PA MO
<i>tazarotene gel 0.05%, 0.1%</i>	3	QL (100 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cream 1%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>alclometasone dipropionate ointment 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate augmented lotion 0.05%</i>	4	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate ointment 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>betamethasone valerate cream 0.1%</i>	2	QL (120 GM per 30 days) MO
<i>betamethasone valerate lotion 0.1%</i>	2	QL (120 ML per 30 days) MO
<i>betamethasone valerate ointment 0.1%</i>	2	QL (120 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>clobetasol propionate e cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate gel 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate ointment 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo 0.05%</i>	4	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution 0.05%</i>	4	QL (50 ML per 30 days) MO
<i>clodan shampoo 0.05%</i>	4	QL (118 ML per 30 days)
<i>desonide cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>desonide ointment 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%</i>	4	QL (100 GM per 30 days) MO
<i>desoximetasone ointment 0.25%</i>	4	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body oil 0.01%</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp oil 0.01%</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	4	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide ointment 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide solution 0.05%</i>	4	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	2	QL (60 GM per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	2	QL (60 GM per 30 days) MO
<i>halobetasol propionate cream 0.05%</i>	2	QL (50 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>halobetasol propionate ointment 0.05%</i>	4	QL (50 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	2	MO
<i>hydrocortisone cream 2.5%</i>	2	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 ML per 30 days) MO
<i>hydrocortisone ointment 2.5%</i>	2	MO
<i>hydrocortisone ointment 1%</i>	2	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	2	QL (45 GM per 30 days) MO
<i>mometasone furoate ointment 0.1%</i>	2	QL (45 GM per 30 days) MO
<i>mometasone furoate solution 0.1%</i>	2	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	2	MO
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	QL (60 ML per 30 days) MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%</i>	2	MO
<i>triamcinolone acetonide ointment 0.5%</i>	2	QL (15 GM per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	3	QL (30 GM per 30 days) MO
<i>lidocaine ointment 5%</i>	4	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch 5%</i>	4	QL (90 EA per 30 days) PA MO
<i>lidocan patch 5%</i>	4	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream 12%</i>	2	MO
<i>ammonium lactate lotion 12%</i>	2	MO
<i>azelaic acid gel 15%</i>	4	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium topical solution 1.5%</i>	3	QL (300 ML per 28 days) MO
<i>doxepin hydrochloride cream 5%</i>	4	QL (45 GM per 30 days) PA MO
<i>EUCRISA OINTMENT 2%</i>	4	QL (120 GM per 30 days) PA MO

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Drug name	Drug tier	Requirements/Limits
FLUOROURACIL CREAM 0.5%	5	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	4	QL (40 GM per 30 days) MO
<i>fluorouracil solution 2%, 5%</i>	3	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	2	MO
<i>hydrocortisone perianal cream 2.5%</i>	2	QL (30 GM per 30 days) MO
<i>imiquimod cream 5%</i>	2	QL (24 EA per 30 days) MO
<i>metronidazole cream 0.75%</i>	4	MO
<i>metronidazole gel 0.75%</i>	2	MO
<i>metronidazole gel 1%</i>	4	MO
<i>metronidazole lotion 0.75%</i>	4	MO
<i>nitroglycerin rectal ointment 0.4%</i>	4	QL (30 GM per 30 days) MO
PANRETIN GEL 0.1%	5	QL (60 GM per 30 days) PA
<i>pimecrolimus cream 1%</i>	4	QL (100 GM per 30 days) MO
<i>podofilox solution 0.5%</i>	4	MO
<i>procto-med hc cream 2.5%</i>	2	QL (30 GM per 30 days)
<i>proctocort cream 1%</i>	2	
<i>proctosol hc cream 2.5%</i>	4	QL (30 GM per 30 days)
<i>proctozone-hc cream 2.5%</i>	4	QL (30 GM per 30 days)
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
VALCHLOR GEL 0.016%	5	QL (60 GM per 30 days) PA; LD
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotion 0.5%</i>	4	MO
<i>permethrin cream 5%</i>	2	MO
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINTMENT 250UNIT/GM	4	QL (180 GM per 30 days) PA MO
<i>sodium chloride 0.9% solution 0.9%</i>	2	MO
<i>sterile water for irrigation solution</i>	2	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride capsule 30mg</i>	4	MO
<i>chlorhexidine gluconate solution 0.12%</i>	1	MO
<i>clinpro 5000 paste 1.1%</i>	4	MO
<i>clotrimazole troche 10mg</i>	2	MO
DENTA 5000 PLUS SENSITIVE GEL 5%; 1.1%	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>dentagel gel 1.1%</i>	4	MO
<i>fluoridex daily defense paste 1.1%</i>	4	
FLUORIDEX SENSITIVITY RELIEF/ SLS FREE GEL 5%; 1.1%	4	
FLUORIMAX 5000 SENSITIVE GEL 5%; 1.1%	4	
<i>fluorimax 5000 paste 1.1%</i>	4	
<i>just right 5000 paste 1.1%</i>	4	
<i>kourzeq paste 0.1%</i>	2	
<i>lidocaine hydrochloride viscous solution 2%</i>	4	MO
<i>lidocaine viscous solution 2%</i>	4	MO
<i>nystatin suspension 100000unit/ml</i>	4	MO
<i>oralone dental paste paste 0.1%</i>	2	
<i>periogard solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	MO
PREVIDENT 5000 ENAMEL PROTECT GEL 5%; 1.1%	4	MO
<i>sf gel 1.1%</i>	4	MO
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	4	MO
SODIUM FLUORIDE 5000 PPM SENSITIVE GEL 5%; 1.1%	4	MO
<i>sodium fluoride 5000 ppm paste 1.1%</i>	4	MO
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE GEL 5%; 1.1%	4	
<i>sodium fluoride gel 1.1%</i>	4	MO
<i>triamcinolone acetonide dental paste paste 0.1%</i>	2	MO

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<i>atropine sulfate</i>	122	BCG	111	BICILLIN L-A	29
ATROVENT HFA	124	BD ALCOHOL SWABS	78	BIKTARVY	22
<i>aubra eq</i>	84	BD INSULIN SYRINGE	78	BILDYOS	82
AUGTYRO	33	BD PEN	78	BILPREVDA	83
<i>aurovela 1.5/30</i>	84	BD PEN NEEDLE/	78	BIMZELX	107
<i>aurovela 1/20</i>	84	ORIGINAL/ULTRA-		<i>bismuth subcitrate</i>	101
<i>aurovela 24 fe</i>	84	FINE/29G X 1/2		<i>pot/metronidazole/</i>	
<i>aurovela fe 1.5/30</i>	84	BD VEO INSULIN	78	<i>tetracycline hydrochlo</i>	
<i>aurovela fe 1/20</i>	84	SYRINGE		<i>bisoprolol fumarate</i>	47
AUSTEDO	75	<i>benazepril</i>	42	<i>bisoprolol fumarate/</i>	47
		<i>hydrochloride</i>		<i>hydrochlorothiazide</i>	

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<i>blisovi fe 1.5/30</i>	84	BUPROPION	56	<i>cartia xt</i>	48
<i>blisovi fe 1/20</i>	85	<i>bupropion</i>	56,	<i>carvedilol</i>	47
BLUJEPa	16	<i>hydrochloride er</i>	77	<i>carvedilol phosphate</i>	47
BOOSTRIX	111	<i>buspirone hcl</i>	54	<i>er</i>	
<i>bosentan</i>	53	<i>buspirone</i>	54	<i>caspofungin acetate</i>	20
BOSULIF	34	<i>hydrochloride</i>		CAYSTON	16
<i>bosutinib</i>	34	<i>butorphanol tartrate</i>	15	<i>cefaclor</i>	25
BRAFTOVI	34	BYSANTI	62	CEFACLOr ER	25
BREO ELLIPTA	128	<i>cabergoline</i>	94	<i>cefadroxil</i>	25
BREZTRI	123	CABOMETYX	34	<i>cefazolin</i>	26
<i>briellyn</i>	85	<i>calcipotriene</i>	130	CEFAZOLIN	26
<i>brimonidine tartrate</i>	122	<i>calcitonin-salmon</i>	83	CEFAZOLIN/	26
<i>brimonidine tartrate/</i>	122	<i>calcitrene</i>	130	DEXTROSE	
<i>timolol maleate</i>		<i>calcitriol</i>	97	<i>cefazolin sodium</i>	26
<i>brinzolamide</i>	122	CALCITRIOL	130	CEFAZOLIN SODIUM	26
<i>brivaracetam</i>	67	<i>calcium acetate</i>	96	<i>cefdinir</i>	26
<i>bromfenac</i>	121	CALQUENCE	34	<i>cefepime</i>	26
<i>bromfenac sodium</i>	121	<i>camila</i>	85	<i>cefixime</i>	26
<i>bromocriptine</i>	60	<i>candesartan cilexetil</i>	44	<i>cefotetan</i>	26
<i>mesylate</i>		<i>candesartan cilexetil/</i>	43	<i>cefoxitin</i>	26
BRUKINSA	34	<i>hydrochlorothiazide</i>		<i>cefpodoxime proxetil</i>	26
<i>budesonide</i>	127	CAPLYTA	62	<i>cefprozil</i>	26
<i>budesonide dr</i>	100	CAPRELSA	34	<i>ceftaroline</i>	26
<i>budesonide er</i>	100	<i>captopril</i>	42	<i>ceftazidime</i>	26
<i>budesonide/</i>	128	<i>captopril/</i>	41	<i>ceftriaxone in iso-</i>	26
<i>formoterol fumarate</i>		<i>hydrochlorothiazide</i>		<i>osmotic dextrose</i>	
<i>dihydrate</i>		<i>carbamazepine</i>	67	<i>ceftriaxone sodium</i>	27
<i>bumetanide</i>	50	<i>carbamazepine er</i>	67	CEFTRIAxONE	27
<i>buprenorphine</i>	14	<i>carbidopa</i>	60	SODIUM	
<i>buprenorphine hcl</i>	76,	<i>carbidopa/levodopa</i>	60	<i>cefuroxime axetil</i>	27
	77	<i>carbidopa/levodopa/</i>	60	<i>cefuroxime sodium</i>	27
<i>buprenorphine hcl/</i>	76	<i>entacapone</i>		<i>celecoxib</i>	12
<i>naloxone hcl</i>		<i>carbidopa/levodopa er</i>	60	<i>cephalexin</i>	27
<i>buprenorphine</i>	77	<i>carbidopa/levodopa</i>	60	CERDELGA	94
<i>hydrochloride/</i>		<i>odt</i>		<i>cetirizine</i>	124
<i>naloxone</i>		CARBINOXAMINE	124	<i>hydrochloride</i>	
<i>hydrochloride</i>		<i>carglumic acid</i>	94		

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<i>charlotte 24 fe</i>	85	<i>ciprofloxacin i.v.-in d5w</i>	28	<i>clonazepam</i>	67
<i>chateal eq</i>	85	<i>citalopram</i>	56	<i>clonazepam odt</i>	67
CHEMET	83	<i>hydrobromide</i>		<i>clonidine</i>	51
<i>chloramphenicol</i>	16	<i>claravis</i>	129	<i>clonidine</i>	51
<i>sodium succinate</i>		<i>clarithromycin</i>	27	<i>hydrochloride</i>	
<i>chlordiazepoxide hcl</i>	54	<i>clarithromycin er</i>	27	<i>clopidogrel</i>	107
<i>chlordiazepoxide</i>	54	<i>clemastine fumarate</i>	124	<i>clorazepate</i>	67
<i>hydrochloride</i>		CLENPIQ	100	<i>dipotassium</i>	
<i>chlorhexidine</i>	134	<i>clindacin</i>	129	<i>clotrimazole</i>	130
<i>gluconate</i>		<i>clindamycin</i>	129	<i>clotrimazole/</i>	130
<i>chloroquine phosphate</i>	21	<i>clindamycin hcl</i>	17	<i>betamethasone</i>	
<i>chlorpromazine hcl</i>	62	<i>clindamycin</i>	17	<i>dipropionate</i>	
<i>chlorpromazine</i>	62	<i>hydrochloride</i>		<i>clotrimazole troche</i>	134
<i>hydrochloride</i>		<i>clindamycin palmitate</i>	17	<i>clozapine</i>	62,
<i>chlorthalidone</i>	50	<i>hydrochloride</i>			63
<i>chlorzoxazone</i>	76	<i>clindamycin phosphate</i>	17,	<i>clozapine odt</i>	62
<i>cholestyramine</i>	46		104,	COARTEM	21
<i>cholestyramine light</i>	46		129	COBENFY	63
<i>ciclopirox</i>	129,	<i>clindamycin</i>	17	COBENFY STARTER	63
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<i>ciclopirox nail lacquer</i>	129	<i>clindamycin phosphate</i>	129	CODEINE SULFATE	15
<i>ciclopirox olamine</i>	129	<i>(once-daily)</i>		<i>colchicine</i>	12
<i>cilostazol</i>	106	<i>clindamycin phosphate</i>	129	<i>colesevelam</i>	46
CILOXAN	120	<i>(twice-daily)</i>		<i>hydrochloride</i>	
CIMDUO	22	CLINDAMYCIN/	17	<i>colestipol</i>	46
<i>cimetidine</i>	99	SODIUM CHLORIDE		<i>hydrochloride</i>	
<i>cinacalcet</i>	56,	CLINIMIX 6/5	118	<i>colistimethate sodium</i>	17
<i>hydrochloride</i>	94	CLINIMIX 8/10	118	COMBIVENT	123
<i>ciprofloxacin</i>	123	CLINIMIX 8/14	118	RESPIMAT	
<i>ciprofloxacin/</i>	123	<i>clinisol sf</i>	118	COMETRIQ KIT	34
<i>dexamethasone</i>		CLINOLIPID	118	<i>compro</i>	98
<i>ciprofloxacin hcl</i>	28	<i>clinpro 5000 paste</i>	134	<i>conjugated estrogens</i>	91
<i>ciprofloxacin</i>	28	<i>clobazam</i>	67	<i>consulose</i>	100
<i>hydrochloride</i>		<i>clobetasol propionate</i>	131	COPIKTRA	34
<i>ciprofloxacin</i>	120	<i>clobetasol propionate</i>	131	CORLANOR	51
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	121,	DAYVIGO	73	sulfateg	
	126	deblitane	85	DEXTROSE	118
cryselle	85	deferasirox	83	DEXTROSE 2.5%/	113
cryselle-28	85	DELSTRIGO	23	SODIUM CHLORIDE	
CURITY GAUZE PADS	78	delyla	85	0.45%	
cyclobenzaprine	76	DENGVAIXIA	111	dextrose 5%	118
hydrochloride		DENTA 5000 PLUS	134	DEXTROSE 5% /	113
CYCLOPHOSPHAMIDE	30	SENSITIVE		ELECTROLYTE #48	
cyclophosphamide	30	dentagel	134	DEXTROSE 5%/	113
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cycloserine	24	PROVERA		DEXTROSE 5%/	113
cyclosporine	110,	DESCOVY	23	SODIUM CHLORIDE	
	122	desipramine	56	0.2%	
cyclosporine modified	110	hydrochloride		dextrose 5%/sodium	113
cyproheptadine hcl	124	desloratadine	124	chloride 0.3%	
cyproheptadine	124	desloratadine odt	124	DEXTROSE 5%/	113
hydrochloride		desmopressin acetate	94	SODIUM CHLORIDE	
cyred eq	85	desogestrel/ethinyl	85	0.9%	
CYSTAGON	94	estradiol		DEXTROSE 5%/	113
CYSTARAN	122	desonide	131	SODIUM CHLORIDE	
dabigatran	104	desoximetasone	131	0.33%	
dalfampridine er	76	dessmopressin	94	DEXTROSE 5%/	113
danazol	77	acetate		SODIUM CHLORIDE	
dantrolene sodium	76	desvenlafaxine er	56	0.45%	
DANZITEN	34	dexamethasone	92	dextrose 10%	118
dapagliflozin	80	DEXAMETHASONE	92	DEXTROSE 10%/	113
dapagliflozin/	80	INTENSOL		SODIUM CHLORIDE	
metformin		dexamethasone	92,	0.2%	
hydrochloride er		sodium phosphate	121	DEXTROSE 10%/	113
dapsone	17	dexmethylphenidate	73	SODIUM CHLORIDE	
DAPTACEL	111	hcl		0.45%	
daptomycin	17	dexmethylphenidate	73	DEXTROSE 50%	118
darunavir	21	hydrochloride		DEXTROSE 70%	118
dasatinib	34	dexmethylphenidate	73	dextrose/sodium	113
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<i>diazoxide</i>	93	<i>disulfiram</i>	77	<i>drospirenone</i>	85
<i>diclofenac</i>	133	<i>divalproex sodium dr</i>	68	<i>drospirenone/ethinyl</i>	85
<i>diclofenac potassium</i>	12	<i>divalproex sodium er</i>	68	<i>estradiol/levomefolate</i>	
<i>diclofenac sodium</i>	121	<i>dofetilide</i>	45	<i>calcium</i>	
<i>diclofenac sodium dr</i>	13	<i>dolishale</i>	85	DROXIA	106
<i>diclofenac sodium er</i>	13	<i>donepezil hcl</i>	54	<i>droxidopa</i>	51,
<i>diclofenac sodium/</i>	13	<i>donepezil</i>	54		52
<i>misoprostol</i>		<i>hydrochloride</i>		DUAVEE	91
<i>dicloxacillin sodium</i>	29	DOPTelet	106	DULERA	128
<i>dicyclomine hcl</i>	99	<i>dorzolamide hcl/</i>	122	<i>duloxetine</i>	57
<i>dicyclomine</i>	99	<i>timolol maleate</i>		<i>hydrochloride dr</i>	
<i>hydrochloride</i>		<i>dorzolamide</i>	122	DUPIXENT	107
<i>diflunisal</i>	13	<i>hydrochloride</i>		<i>dutasteride</i>	103
<i>difluprednate</i>	121	<i>dorzolamide</i>	122	<i>dutasteride/tamsulosin</i>	103
<i>digox</i>	51	<i>hydrochloride/timolol</i>		<i>hydrochloride</i>	
<i>digoxin</i>	51	<i>maleate pf</i>		EBGLYSS	107
<i>dihydroergotamine</i>	74	<i>dotti patch twice</i>	91	<i>econazole nitrate</i>	130
<i>mesylate</i>		<i>weekly 0.025mg/24hr,</i>		EDARBI	44
DILANTIN	68	<i>0.0375mg/24hr,</i>		EDARBYCLOR	43
<i>diltiazem</i>	49	<i>0.05mg/24hr,</i>		EDURANT PED	21
<i>diltiazem hcl</i>	49	<i>0.075mg/24hr,</i>		<i>efavirenz</i>	21
DILTIAZEM HCL	49	<i>0.1mg/24hr</i>		<i>efavirenz/</i>	23
<i>diltiazem hcl er</i>	48,	DOVATO	23	<i>emtricitabine/tenofovir</i>	
	49	<i>doxazosin mesylate</i>	42	<i>disoproxil fumarate</i>	
<i>diltiazem</i>	49	<i>doxepin hcl</i>	56	<i>efavirenz/lamivudine/</i>	23
<i>hydrochloride</i>		<i>doxepin hydrochloride</i>	56,	<i>tenofovir disoproxil</i>	
<i>diltiazem</i>	49		73,	<i>fumarate</i>	
<i>hydrochloride er</i>			133	<i>effer-k</i>	115
<i>dilt-xr</i>	48	<i>doxercalciferol</i>	97	ELIGARD	31
DIMENHYDRINATE	98	<i>doxy 100</i>	30	<i>elinest</i>	85
<i>diphenhydramine</i>	124	<i>doxycycline</i>	30	ELIQUIS	104
<i>hydrochloride</i>		<i>doxycycline hyclate</i>	30	ELIQUIS STARTER	104
<i>diphenoxylate</i>	101	<i>doxycycline</i>	30	PACK	
<i>hydrochloride/atropine</i>		<i>monohydrate</i>		<i>eluyring</i>	85
<i>sulfate</i>		<i>doxycycline</i>	30	EMGALITY	74
		<i>monohydrate capsule</i>		EMSAM	57
		<i>100mg</i>			

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<i>emtricitabine/</i>	23	<i>caffeine</i>		<i>etodolac er</i>	13
<i>rilpivirine/tenofovir</i>		ERIVEDGE	35	<i>etonogestrel/ethinyl</i>	86
<i>disoproxil fumarate</i>		ERLEADA	31	<i>estradiol</i>	
<i>emtricitabine/tenofovir</i>	23	<i>erlotinib hydrochloride</i>	35	<i>etravirine</i>	21
<i>disoproxil</i>		<i>errin</i>	85	EUCRISA	133
<i>emtricitabine/tenofovir</i>	23	ERTACZO	130	EULEXIN	31
<i>disoproxil fumarate</i>		<i>ertapenem sodium</i>	17	<i>everolimus</i>	35,
<i>tablet 100mg; 150mg,</i>		<i>ery</i>	129		110
<i>133mg; 200mg,</i>		<i>erythromycin dr</i>	27	EVOTAZ	23
<i>200mg; 300mg</i>		<i>erythromycin</i>	120,	<i>exemestane</i>	31
EMTRIVA	21		129	EXXUA	57
EMVERM	17	<i>erythromycin base</i>	27	EXXUA TITRATION	57
<i>emzahh</i>	85	<i>erythromycin/benzoyl</i>	129	PACK	
<i>enalapril maleate</i>	42	<i>peroxide</i>		EYSUVIS	122
<i>enalapril maleate/</i>	41	<i>erythromycin</i>	27	<i>ezetimibe</i>	46
<i>hydrochlorothiazide</i>		<i>ethylsuccinate</i>		<i>ezetimibe/simvastatin</i>	46
ENBREL	107	<i>erythromycin</i>	27	<i>falmina</i>	86
ENBREL MINI	107	<i>lactobionate</i>		<i>famciclovir</i>	24
ENBREL SURECLICK	107	ERZOFRI	63	<i>famotidine</i>	99
<i>endocet</i>	15	<i>escitalopram oxalate</i>	57	<i>famotidine premixed</i>	99
ENGERIX-B	111	ESCITALOPRAM	57	FANAPT	63
<i>enilloring</i>	85	OXALATE		FANAPT TITRATION	63
<i>enoxaparin sodium</i>	104	<i>eslicarbazepine</i>	68	PACK A	
ENSACOVE	35	<i>acetate</i>		FANAPT TITRATION	63
<i>enskyce</i>	85	<i>esomeprazole</i>	102	PACK B	
<i>entacapone</i>	60	<i>magnesium</i>		FANAPT TITRATION	63
<i>entecavir</i>	24	<i>esomeprazole sodium</i>	102	PACK C	
ENTRESTO	43	<i>estarylla</i>	85	FARXIGA	80
ENTYVIO	107	<i>estradiol</i>	91,	FASENRA	126
<i>enulose</i>	100		92	<i>febuxostat</i>	12
ENVARBUS XR	110	<i>estradiol/</i>	91	<i>feirza 1.5/30</i>	86
EPIDIOLEX	68	<i>norethindrone acetate</i>		<i>feirza 1/20</i>	86
<i>epinastine hcl</i>	121	<i>estradiol valerate</i>	91	<i>felbamate</i>	68
<i>epinephrine</i>	126	ESTRING	92	<i>felodipine er</i>	49
<i>eplerenone</i>	42	<i>ethambutol</i>	24	<i>fenofibrate</i>	45,
<i>epoprostenol sodium</i>	53	<i>hydrochloride</i>			46
		<i>ethosuximide</i>	68	<i>fenofibrate micronized</i>	45
		<i>ethynodiol</i>	86		

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<i>fentanyl</i>	14	<i>fluoridex daily defense</i>	134		105
<i>fesoterodine fumarate</i>	103	FLUORIDEX	134	<i>fosamprenavir calcium</i>	21
<i>er</i>		SENSITIVITY RELIEF/		<i>fosfomycin</i>	17
FETZIMA	57	SLS FREE		<i>tromethamine</i>	
FETZIMA TITRATION	57	<i>fluorimax 5000</i>	134	<i>fosinopril sodium</i>	42
PACK		FLUORIMAX 5000	134	<i>fosinopril sodium/</i>	41
FIASP	78	SENSITIVE		<i>hydrochlorothiazide</i>	
FIASP FLEXTOUCH	78	<i>fluorometholone</i>	121	<i>fosphenytoin sodium</i>	68
FIASP PENFILL	78	<i>fluorouracil</i>	133	FOTIVDA	35
FIASP PUMPCART	78	FLUOROURACIL	133	FRUZAQLA	35
<i>fidaxomicin</i>	27	<i>fluoxetine dr</i>	57	<i>furosemide</i>	51
FILSPARI	103	<i>fluoxetine</i>	57,	<i>fyavolv</i>	92
<i>finasteride</i>	103	<i>hydrochloride</i>	58	<i>gabapentin</i>	68,
<i>fingolimid</i>	76	<i>fluphenazine</i>	63		69
<i>hydrochloride</i>		<i>decanoate</i>		<i>galantamine</i>	55
FINTEPLA	68	<i>fluphenazine hcl</i>	63	<i>hydrobromide</i>	
<i>finzala</i>	86	<i>fluphenazine</i>	63	<i>galantamine</i>	55
FIRMAGON	31	<i>hydrochloride</i>		<i>hydrobromide er</i>	
FLAREX	121	<i>flurbiprofen</i>	13	<i>galbriela</i>	86
<i>flecainide acetate</i>	45	<i>flurbiprofen sodium</i>	121	<i>gallifrey</i>	96
<i>fluconazole</i>	20	FLUTICASONE	128	GAMUNEX-C	109
<i>fluconazole in sodium</i>	20	FUROATE/		<i>ganciclovir</i>	24
<i>chloride</i>		VILANTEROL ELLIPTA		GARDASIL 9	111
<i>flucytosine</i>	20	<i>fluticasone propionate</i>	127,		
<i>fludrocortisone</i>	92		132	<i>gatifloxacin</i>	120
<i>acetate</i>		<i>fluticasone propionate/</i>	128	<i>gavilyte-c</i>	100
<i>flunisolide</i>	127	<i>salmeterol</i>		<i>gavilyte-g</i>	100
<i>fluocinolone acetonide</i>	123,	<i>fluticasone propionate/</i>	128	<i>gavilyte-n/flavor pack</i>	100
	131,	<i>salmeterol diskus</i>		GAVRETO	35
	132	FLUTICASONE	128	<i>gefitinib</i>	35
<i>fluocinolone acetonide</i>	131	PROPIONATE/		<i>gemfibrozil</i>	46
<i>body</i>		SALMETEROL HFA		GEMTESA	103
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Notice of Availability (NOA)

TTY: [711](tel:711)

To access language assistance services and appropriate auxiliary aids and services at no cost to you, call the number on your ID card.

(English)

የቋንቋ እርዳታ አገልግሎቶችን እና ተገቢ የሆኑ ተጨማሪ አጋዥ ድጋፎችን እና አገልግሎቶችን ያለ ምንም ክፍያ ለማግኘት በመተወቂያ ካርድዎ ላይ ወዳለው ቁጥር ይደውሉ። (Amharic)

للوصول إلى خدمات المساعدة اللغوية والمساعدات والخدمات المساعدة المناسبة دون أي تكلفة عليك، اتصل بالرقم الموجود على بطاقة ID الخاصة بك. (Arabic)

如欲免費獲得語言輔助服務以及適當的輔助工具和服務，請撥打您的 ID 卡上的電話號碼。(Chinese)

Pou w jwenn aksè a sèvis asistans lang ak èd ak sèvis oksilyè apwopriye san w pa peye anyen, rele nimewo ki sou kat idantite w la. (French Creole)

Pour accéder gratuitement aux services d'assistance linguistique et aux aides et services auxiliaires appropriés, veuillez appeler le numéro figurant sur votre carte d'identité. (French)

Um Sprachunterstützung sowie geeignete Hilfsmittel und Dienstleistungen kostenlos in Anspruch zu nehmen, rufen Sie bitte die auf Ihrem Ausweis angegebene Nummer an. (German)

Per accedere ai servizi di assistenza linguistica, agli ausili e ai servizi accessori pertinenti a titolo gratuito, chiama il numero riportato sulla tua tessera identificativa. (Italian)

તમારા માટે કોઈપણ ખર્ચ વિના ભાષાકીય સહાય સેવાઓ અને યોગ્ય સહાયક સહાય તથા સેવાઓ મેળવવા માટે, તમારા ID કાર્ડ પર આપેલા નંબર પર કોલ કરો. (Gujarati)

No ke komo ʻāna i nā lawelawe kōkua ʻōlelo a me nā mea kōkua kūpono me ka uku ʻole iā ʻoe, e kelepona i ka helu ma kāu kāleka ID. (Hawaiian)

Kom siv tau cov kev pab cuam txhais lus thiab cov khoom pab kom hnov lus thiab cov kev pab cuam yam tsis sau nqi ntawm koj, hu tus xov tooj nyob ntawm koj daim npav ID. (Hmong):

言語支援サービスや適切な補助補助具・サービスを無料で利用するには、ID カードに登録された番号にお電話ください。 (Japanese)

လၢကမၤန့ၢ် ကျိၢ်အတၢ်ဆိၣ်ထွဲမၤစၢၤတၢ်မၤဒီး တၢ်န့ၢ်ဟူၤ အပီးအလီၤ လၢအကြၢၤအဘၣ်တဖၣ် ဒီးတၢ်မၤစၢၤတၢ်မၤ လၢအဘူးအလဲတအိၣ်ဘၣ်တဖၣ်အဂီၢ်, ကိးလီၤတဲစံနီၣ်ဂံၢ်အံၤ ဖဲ န ID ခးကွဲအပူၤတက့ၢ်. (Karen)

언어 지원 서비스와 적절한 보조 지원 및 서비스를 무료로 이용하려면 ID 카드에 있는 번호로 전화하십시오. (Korean)

Deeggarsa afaanifi tajaajilawwanii akkasumas deeggarsaafi tajaajila dabalataa kaffaltiirraa bilisaa argachuuf lakkoofsa Waraqaa Eenyummaa keessanirra jirutti bilbilaa. (Oromo)

ເພື່ອເຂົ້າເຖິງການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນຊ່ວຍໃນການຟັງ ແລະ ການບໍລິການທີ່ເໝາະສົມໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍຕໍ່ທ່ານ, ໃຫ້ໂທຫາເບີໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

ដើម្បីទទួលបានសេវាជំនួយផ្នែកភាសា ព្រមទាំងឧបករណ៍ និងសេវាជំនួយបន្ថែមសមរម្យដោយឥតគិតថ្លៃ សូមទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក។ (Khmer)

برای دسترسی رایگان به خدمات کمک زبانی و مساعدت‌های جانبی مناسب با شماره
مندرج روی کارت ID خود تماس بگیرید. (Persian)

Aby skorzystać z usług pomocy językowej oraz odpowiednich środków pomocniczych i usług bez ponoszenia żadnych kosztów, zadzwoń pod numer podany na karcie identyfikacyjnej. (Polish)

Para aceder, sem qualquer custo para si, a serviços de assistência linguística e a ajudas e serviços auxiliares adequados, ligue para o número indicado no seu cartão de identificação. (Portuguese)

Чтобы получить бесплатный доступ к услугам языковой поддержки и соответствующим вспомогательным средствам и услугам, позвоните по номеру, указанному на вашей идентификационной карте. (Russian)

Para tener acceso a los servicios de asistencia en otros idiomas y a las ayudas y servicios auxiliares adecuados sin costo para usted, llame al número que figura en su tarjeta de identificación. (Spanish)

Para ma-access ang mga serbisyo ng tulong sa wika at mga naaangkop na karagdagang tulong at serbisyo nang walang bayad, tawagan ang numerong nasa iyong ID card. (Tagalog)

หากต้องการเข้าถึงบริการช่วยเหลือด้านภาษา
รวมถึงอุปกรณ์และบริการช่วยเหลือพิเศษที่เหมาะสมโดยไม่มีค่าใช้จ่าย
โปรดโทรติดต่อหมายเลขที่ระบบบัตรประจำตัวของคุณ (Thai)

Để được sử dụng miễn phí các dịch vụ hỗ trợ ngôn ngữ cùng các phương tiện và dịch vụ hỗ trợ phù hợp, vui lòng gọi đến số điện thoại ghi trên thẻ ID của quý vị. (Vietnamese)

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

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

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

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

This formulary was updated on 10/01/2026. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-833-595-1008** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.T., 7 days a week, or visit **[AetnaMedicare.com/formulary](https://www.aetna.com/formulary)**

Contract/PBP: H0523-094, 095, 096, 097, 098; **H0628**-036, 037, 038, 039, 042, 043, 044; **H1609**-080, 081, 082, 084, 085, 094, 098, 099, 101, 102; **H2663**-098, 100, 102, 104, 107, 108; **H3146**-037, 038, 053; **H3192**-033, 036, 037; **H3239**-030; **H3312**-091, 105; **H3748**-020; **H3931**-191; **H3959**-076, 084, 097, 098; **H4523**-037, 038, 047; **H5302**-026; **H5593**-003, 004; **H8332**-009, 010; **H0628**-031, 032, 033, 034; **H3146**-036; **H3192**-028, 029; **H3312**-111, 112; **H3959**-083; **H4523**-039, 048, 049, 050, 051; **H5593**-009; **H3146**-044; **H3959**-074, 075, 085; **H1206**-004



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