2026

GREATER HOUSTON SHELL PLAN
COMPREHENSIVE FORMULARY

List of Covered Drugs

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

Formulary ID: 26415 Version: V18

This formulary was updated on 10/01/2026. For more recent information or other questions, please contact *Optum Rx* at 1-800-707-8194 (TTY users should call 711), 24 hours a day, 7 days per week, or visit www.kelseycareadvantage.com/Shell.

Shell US Benefits

713-442-7555 (TTY:711)

kelseycareadvantage.com /Shell

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 KelseyCare Advantage. When it refers to “plan” or “our plan,” it means KelseyCare Advantage Greater Houton Plan (HMO).

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, 2026, and from time to time during the year.

What is the KelseyCare Advantage 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 KelseyCare Advantage 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. KelseyCare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a KelseyCare Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

Can the formulary change?

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

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 KelseyCare Advantage’s formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

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

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the KelseyCare Advantage’s formulary?”

***Changes that will not affect you if you are currently taking the drug*.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of

the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2026. To get updated information about the drugs covered KelseyCare Advantage please contact us. Our contact information appears on the front and back cover pages. You may also contact us to send you a copy of the Formulary Addendum.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR. If you know what your drug is used for, look for the category name in the list that begins on page 1. 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 54. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information.
Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

KelseyCare Advantage covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- ***Prior Authorization*****:** KelseyCare Advantage requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from KelseyCare Advantage before you fill your prescriptions. If you don’t get approval, KelseyCare Advantage may not cover the drug.

- ***Quantity Limits*****:** For certain drugs, KelseyCare Advantage limits the amount of the drug that KelseyCare Advantage will cover. For example, KelseyCare Advantage provides 30 tablets per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

- ***Step Therapy*****:** In some cases, KelseyCare Advantage 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, KelseyCare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, KelseyCare Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. 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 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 KelseyCare Advantage 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 KelseyCare Advantage’s formulary?” on the next page for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that KelseyCare Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered KelseyCare Advantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by KelseyCare Advantage.

- You can ask KelseyCare Advantage 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 KelseyCare Advantage’s formulary?

You can ask KelseyCare Advantage 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, KelseyCare Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier.

Generally, KelseyCare Advantage will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing

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

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

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

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

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

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

For more information

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

If you have questions about KelseyCare Advantage 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.

KelseyCare Advantage Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by KelseyCare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 54.

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

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

Requirements/Limit	Helpful Tips
B/D	**Covered Under Medicare Part B or Part D.** This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the
ED	**Excluded Drugs.** This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
PA	**Prior Authorization.** KelseyCare Advantage requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	**Quantity Limit.** For certain drugs, KelseyCare Advantage limits the amount of the drug that will be covered.
ST	**Step Therapy.** In some cases, KelseyCare Advantage 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, Drug B may not be covered unless you try

Next to the “Drug Name” column is a column labeled “**Tier**”. This identifies the tier to which the drug is assigned and will determine the amount you pay for your prescription. The amount you pay for your prescription drugs depends on the medication’s tier. Every drug on the plan’s Drug List is in one of six cost sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

Cost-Sharing Tier	**Drugs Included in Tier**
Tier 1	Preferred Generic

Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Drug
Tier 5	Specialty Tier
Tier 6	Select Care Drugs

Tier 1 Preferred Generic
Includes preferred generic drugs. Generic drugs have the same active ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be safe and effective as brand name drugs. Not all generic drugs on the drug list (formulary) are included in this tier.

Tier 2 Generic
Includes generics that are high-cost generic drugs and/or generic drugs only available from one manufacturer, and some brand drugs.

Tier 3 Preferred Brand
Includes preferred brand drugs and non-preferred generic drugs.

Tier 4 Non-Preferred Drug
Includes non-preferred brand and generic drugs.

Tier 5 Specialty Tier
Highest cost tier. Contains very high-cost brand and generic drugs that may require special handling and/or close monitoring. Specialty drugs may be brand or generic.

Tier 6 Select Care Drugs
Lowest-cost tier. Contains select care generic drugs for treating conditions such as diabetes, high blood pressure, and high cholesterol.

KelseyCare Advantage Greater Houston Plan (HMO)

Preferred Cost-Sharing

Tier	30-Day Supply	90-Day Supply
1	$0.00	$0.00
2	$0.00	$0.00
3	$40.00	$100.00
4	$80.00	$200.00
5	31% coinsurance	N/A±
6	$0.00	$0.00 [100-days]

Standard Cost-Sharing

Tier	30-Day Supply	90-Day Supply
1	$3.00	$9.00
2	$15.00	$45.00
3	$45.00	$135.00
4	$90.00	$270.00
5	31% coinsurance	N/A±
6	$0.00	$0.00 [100-days]

±A long-term supply is not available for drugs in Tier 5.

KelseyCare Advantage's pharmacy network includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. You may go to either type of network pharmacy to receive your covered prescription drugs. Your cost-sharing may be less at pharmacies with preferred cost-sharing.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Message About What You Pay for Insulin - You won't pay more than $35 for a one-month (30- day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib caps 100mg, 200mg, 400mg, 50mg	2	QL(60 EA per 30 days)
diclofenac sodium dr tbec 25mg, 50mg, 75mg	2	
diclofenac sodium topical soln 1.5%	4	PA
flurbiprofen tabs 100mg	2	
ibuprofen susp 100mg/5ml	2	
ibuprofen tabs 400mg, 600mg, 800mg	1	
ibu tabs 600mg, 800mg	1	
indomethacin er cpcr 75mg	3	
indomethacin caps 25mg, 50mg	2	
ketorolac tromethamine tabs 10mg	4	QL(20 EA per 30 days)
meloxicam tabs 15mg, 7.5mg	1	
nabumetone tabs 500mg, 750mg	2	
naproxen dr tbec 500mg	4	
naproxen tabs 250mg, 375mg, 500mg	1	
oxaprozin tabs 600mg	2	
piroxicam caps 10mg, 20mg	3	
sulindac tabs 150mg, 200mg	2	
Opioid Analgesics, Long-acting		
buprenorphine ptwk 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	4	QL(4 EA per 28 days)
fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	
methadone hcl soln 5mg/5ml	3	
methadone hcl tabs 10mg, 5mg	2	
methadone hydrochloride soln 10mg/5ml	3	
morphine sulfate er tbcr 100mg, 15mg, 200mg, 30mg, 60mg	3	
XTAMPZA ER C12A 13.5MG, 18MG, 27MG, 36MG, 9MG	3	
Opioid Analgesics, Short-acting		
acetaminophen/codeine soln 120mg/5ml; 12mg/5ml	3	
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	2	
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	4	
hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 5mg	2	
hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg	3	
hydrocodone/acetaminophen tabs 325mg; 7.5mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl inj 10mg/ml	4	
hydromorphone hcl tabs 2mg, 4mg	2	
hydromorphone hcl tabs 8mg	4	
hydromorphone hydrochloride inj 50mg/5ml	4	
morphine sulfate soln 100mg/5ml, 10mg/5ml, 20mg/5ml	3	
morphine sulfate tabs 15mg, 30mg	3	
oxycodone hydrochloride soln 5mg/5ml	4	
oxycodone hydrochloride tabs 10mg, 15mg, 5mg	2	
oxycodone hydrochloride tabs 20mg, 30mg	3	
oxycodone/acetaminophen tabs 325mg; 5mg	2	
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	
tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg	2	
tramadol hydrochloride tabs 50mg	2	
Anesthetics		
Local Anesthetics		
lidocaine/prilocaine crea 2.5%; 2.5%	2	QL(30 GM per 30 days); PA
lidocaine oint 5%	4	QL(150 GM per 30 days); PA
lidocaine ptch 5%	4	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tbec 333mg	4	
disulfiram tabs 250mg	2	
disulfiram tabs 500mg	3	
naltrexone hydrochloride tabs 50mg	2	
VIVITROL INJ 380MG	5	
Opioid Dependence		
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg, 8mg; 2mg	2	
buprenorphine hcl subl 2mg, 8mg	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	4	
Opioid Reversal Agents		
KLOXXADO LIQD 8MG/0.1ML	4	
naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml	2	
OPVEE SOLN 2.7MG/0.1ML	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	2	QL(60 EA per 30 days)
NICOTROL NS SOLN 10MG/ML	4	QL(360 ML per 365 days)
TYRVAYA SOLN 0.03MG/ACT	4	QL(8.4 ML per 30 days)
varenicline starting month tbpk 0	4	QL(504 EA per 365 days)
varenicline tartrate continuing month tabs 1mg	4	QL(504 EA per 365 days)
varenicline tartrate tabs 0.5mg, 1mg	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate inj 500mg/2ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
ARIKAYCE SUSP 590MG/8.4ML	5	PA
gentamicin sulfate crea 0.1%	3	
gentamicin sulfate inj 40mg/ml	3	
gentamicin sulfate oint 0.1%	3	
HUMATIN CAPS 250MG	5	
neomycin sulfate tabs 500mg	2	
streptomycin sulfate inj 1gm	5	
tobramycin sulfate inj 10mg/ml, 80mg/2ml	4	
Antibacterials, Other		
aztreonam inj 1gm, 2gm	4	
clindacin etz pledgets swab 1%	3	
clindamycin hcl caps 300mg	2	
clindamycin hydrochloride caps 150mg, 75mg	2	
clindamycin palmitate hydrochloride solr 75mg/5ml	4	
clindamycin phosphate crea 2%	4	
clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate swab 1%	3	
colistimethate sodium inj 150mg	4	
daptomycin inj 350mg, 500mg	4	
fosfomycin tromethamine pack 3gm	1	
linezolid inj 600mg/300ml	4	
linezolid susr 100mg/5ml	5	QL(1800 ML per 28 days)
linezolid tabs 600mg	4	QL(56 EA per 28 days)
metronidazole vaginal gel 0.75%	3	
metronidazole inj 500mg/100ml	2	
metronidazole tabs 250mg, 500mg	2	
nitrofurantoin macrocrystals caps 100mg, 50mg	4	
nitrofurantoin monohydrate/macrocrystals caps 100mg	2	
tigecycline inj 50mg	4	
tinidazole tabs 250mg, 500mg	4	
trimethoprim tabs 100mg	2	
vancomycin hcl inj 10gm	3	
vancomycin hydrochloride caps 125mg	4	QL(120 EA per 30 days)
vancomycin hydrochloride caps 250mg	4	QL(240 EA per 30 days)
vancomycin hydrochloride inj 1gm, 500mg, 750mg	3	
VOQUEZNA DUAL PAK THPK 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THPK 500MG; 500MG; 20MG	4	PA
Beta-lactam, Cephalosporins		
cefaclor caps 250mg, 500mg	3	
cefadroxil caps 500mg	2	
cefadroxil susr 250mg/5ml, 500mg/5ml	2	
cefazolin sodium inj 10gm, 1gm, 500mg	4	
cefdinir caps 300mg	2	
cefdinir susr 125mg/5ml, 250mg/5ml	2	
cefepime inj 1gm, 2gm	4	

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

Drug Name	Drug Tier	Requirements/Limits
cefixime caps 400mg	4	
cefotetan inj 1gm, 2gm	4	
cefoxitin sodium inj 10gm, 1gm, 2gm	4	
cefpodoxime proxetil susr 100mg/5ml, 50mg/5ml	4	
cefpodoxime proxetil tabs 100mg, 200mg	4	
cefprozil susr 125mg/5ml, 250mg/5ml	3	
cefprozil tabs 250mg, 500mg	2	
ceftaroline fosamil inj 400mg, 600mg	5	
ceftazidime inj 1gm, 2gm, 6gm	4	
ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg	4	
cefuroxime axetil tabs 250mg, 500mg	2	
cefuroxime sodium inj 750mg	3	
cefuroxime sodium inj 1.5gm	4	
cephalexin caps 250mg, 500mg	2	
cephalexin susr 125mg/5ml, 250mg/5ml	2	
TAZICEF INJ 6GM	4	
tazicef inj 1gm, 2gm	4	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg	4	
amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml	4	
amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg	2	
amoxicillin/clavulanate potassium tabs 250mg; 125mg	4	
amoxicillin/potassium clavulanate chew 200mg; 28.5mg, 400mg; 57mg	2	
amoxicillin caps 250mg, 500mg	2	
amoxicillin chew 125mg, 250mg	2	
amoxicillin susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	2	
amoxicillin tabs 500mg, 875mg	2	
ampicillin sodium inj 10gm, 1gm, 2gm	4	
ampicillin-sulbactam inj 10gm; 5gm	4	
ampicillin/sulbactam inj 1gm; 0.5gm, 2gm; 1gm	4	
ampicillin caps 500mg	2	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium caps 250mg, 500mg	2	
nafcillin sodium inj 1gm, 2gm	4	
nafcillin sodium inj 10gm	5	
penicillin g sodium inj 5000000unit	5	
penicillin v potassium solr 125mg/5ml, 250mg/5ml	2	

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

Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium tabs 250mg, 500mg	2	
piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	4	
Carbapenems		
ertapenem sodium inj 1gm	4	
imipenem/cilastatin inj 250mg; 250mg, 500mg; 500mg	3	
meropenem inj 1gm, 500mg	3	
Macrolides		
azithromycin inj 500mg	3	
azithromycin susr 100mg/5ml, 200mg/5ml	2	
azithromycin tabs 250mg, 500mg, 600mg	2	
clarithromycin er tb24 500mg	4	
clarithromycin susr 125mg/5ml, 250mg/5ml	4	
clarithromycin tabs 250mg, 500mg	2	
erythromycin dr tbec 250mg, 333mg, 500mg	4	
fidaxomicin tabs 200mg	5	
Quinolones		
ciprofloxacin hydrochloride tabs 250mg, 500mg, 750mg	1	
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	3	
levofloxacin in d5w inj 5%; 500mg/100ml, 5%; 750mg/150ml	4	
levofloxacin oral soln 25mg/ml	4	
levofloxacin tabs 250mg, 500mg, 750mg	2	
moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%	4	
moxifloxacin hydrochloride tabs 400mg	3	
Sulfonamides		
sulfadiazine tabs 500mg	5	
sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg	2	
sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml	3	
sulfamethoxazole/trimethoprim tabs 400mg; 80mg	2	
Tetracyclines		
demeclocycline hcl tabs 150mg, 300mg	4	
doxy 100 inj 100mg	4	
doxycycline hyclate caps 100mg, 50mg	2	
doxycycline hyclate inj 100mg	4	
doxycycline hyclate tabs 100mg	2	
doxycycline monohydrate caps 100mg, 50mg	2	
doxycycline monohydrate tabs 100mg, 50mg	2	
doxycycline monohydrate tabs 150mg, 75mg	3	
doxycycline susr 25mg/5ml	3	
minocycline hcl caps 75mg	3	
minocycline hydrochloride caps 100mg, 50mg	2	
tetracycline hydrochloride caps 250mg, 500mg	4	
Anticonvulsants		
Anticonvulsants, Other		

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

Drug Name	Drug Tier	Requirements/Limits
brivaracetam soln 10mg/ml	4	PA
brivaracetam tabs 100mg, 10mg, 25mg, 50mg, 75mg	4	PA
BRIVIACT SOLN 10MG/ML	5	PA
BRIVIACT TABS 100MG, 10MG, 25MG, 50MG, 75MG	5	PA
EPIDIOLEX SOLN 100MG/ML	5	PA
felbamate susp 600mg/5ml	4	
felbamate tabs 400mg, 600mg	4	
FINTEPLA SOLN 2.2MG/ML	5	PA
lamotrigine starter kit/blue kit 25mg	4	
lamotrigine starter kit/green kit 0	4	
lamotrigine starter kit/orange kit 0	4	
lamotrigine chew 25mg, 5mg	2	
lamotrigine tabs 100mg, 150mg, 200mg, 25mg	2	
levetiracetam er tb24 500mg, 750mg	2	
levetiracetam soln 100mg/ml	2	
levetiracetam tabs 1000mg, 250mg, 500mg, 750mg	2	
levetiracetam tb3d 250mg, 500mg	4	
NAYZILAM SOLN 5MG/0.1ML	4	QL(10 EA per 30 days)
perampanel susp 0.5mg/ml	5	
perampanel tabs 2mg	4	
perampanel tabs 10mg, 12mg, 4mg, 6mg, 8mg	5	
roweepra tabs 500mg	2	
SPRITAM TB3D 250MG, 500MG	4	
subvenite starter kit/blue kit 25mg	4	
subvenite starter kit/green kit 0	4	
subvenite starter kit/orange kit 0	4	
SUBVENITE SUSP 10MG/ML	4	
subvenite tabs 100mg, 150mg, 200mg, 25mg	2	
topiramate cpsp 15mg, 25mg, 50mg	3	
topiramate soln 25mg/ml	4	
topiramate tabs 100mg, 200mg, 25mg, 50mg	2	
valproic acid caps 250mg	2	
valproic acid soln 250mg/5ml	2	
Calcium Channel Modifying Agents		
ethosuximide caps 250mg	3	
ethosuximide soln 250mg/5ml	3	
methsuximide caps 300mg	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam susp 2.5mg/ml	4	
clobazam tabs 10mg, 20mg	4	
clonazepam odt tbdp 2mg	4	QL(300 EA per 30 days)
clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg	4	QL(90 EA per 30 days)
clonazepam tabs 2mg	2	QL(300 EA per 30 days)
clonazepam tabs 0.5mg, 1mg	2	QL(90 EA per 30 days)
DIACOMIT CAPS 250MG, 500MG	5	PA
DIACOMIT PACK 250MG, 500MG	5	PA
diazepam gel 10mg, 2.5mg, 20mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
divalproex sodium dr csdr 125mg	4	
divalproex sodium dr tbec 125mg, 250mg, 500mg	2	
divalproex sodium er tb24 250mg, 500mg	2	
gabapentin caps 400mg	2	QL(270 EA per 30 days)
gabapentin caps 100mg, 300mg	2	QL(360 EA per 30 days)
gabapentin caps 200mg	5	PA
gabapentin soln 250mg/5ml	4	QL(2160 ML per 30 days)
gabapentin tabs 800mg	2	QL(150 EA per 30 days)
gabapentin tabs 600mg	2	QL(180 EA per 30 days)
phenobarbital elix 20mg/5ml	4	
phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	4	
pregabalin caps 300mg	2	QL(60 EA per 30 days)
pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	2	QL(90 EA per 30 days)
pregabalin soln 20mg/ml	4	QL(900 ML per 30 days)
primidone tabs 125mg, 250mg, 50mg	2	
SYMPAZAN FILM 10MG, 5MG	4	
SYMPAZAN FILM 20MG	5	
tiagabine hydrochloride tabs 12mg, 16mg, 2mg, 4mg	4	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	5	QL(10 EA per 30 days)
vigabatrin pack 500mg	5	PA
vigabatrin tabs 500mg	5	PA
vigadrone pack 500mg	5	PA
vigadrone tabs 500mg	5	PA
VIGAFYDE SOLN 100MG/ML	5	PA
ZTALMY SUSP 50MG/ML	5	PA
Sodium Channel Agents		
carbamazepine er cp12 100mg, 200mg, 300mg	4	
carbamazepine er tb12 100mg, 200mg, 400mg	4	
carbamazepine chew 100mg, 200mg	2	
carbamazepine susp 100mg/5ml	4	
carbamazepine tabs 200mg	3	
DILANTIN CAPS 30MG	4	
eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg	4	
lacosamide soln 10mg/ml	4	
lacosamide tabs 100mg, 150mg, 200mg, 50mg	4	
oxcarbazepine susp 300mg/5ml	4	
oxcarbazepine tabs 150mg, 300mg, 600mg	2	
phenytek caps 200mg, 300mg	2	
phenytoin sodium extended caps 100mg	2	
phenytoin chew 50mg	2	
phenytoin susp 125mg/5ml	2	

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

Drug Name	Drug Tier	Requirements/Limits
rufinamide susp 40mg/ml	5	
rufinamide tabs 200mg	4	
rufinamide tabs 400mg	5	
XCOPRI TABS 100MG, 150MG, 200MG, 25MG, 50MG	5	PA
XCOPRI TBPK 12.5MG-25MG	4	PA
XCOPRI TBPK 50MG-100MG; 150MG-200MG (28 TAB PACK); 100MG-150MG; 150MG-200MG (56 TAB PACK)	5	PA
ZONISADE SUSP 100MG/5ML	4	ST
zonisamide caps 100mg, 25mg, 50mg	2	
Antidementia Agents		
Antidementia Agents, Other		
memantine/donepezil hydrochloride er cp24 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	3	QL(30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl tabs 10mg	2	
donepezil hcl tbdp 10mg, 5mg	2	
donepezil hydrochloride tabs 5mg	2	
galantamine hydrobromide er cp24 16mg, 24mg, 8mg	4	
galantamine hydrobromide soln 4mg/ml	4	
galantamine hydrobromide tabs 12mg, 4mg, 8mg	4	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	3	
rivastigmine transdermal system pt24 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hydrochloride tabs 10mg, 5mg	2	
Antidepressants		
Antidepressants, Other		
AUVELITY TBCR 105MG; 45MG	4	QL(60 EA per 30 days)
bupropion hydrochloride er (sr) tb12 150mg, 200mg	2	QL(60 EA per 30 days)
bupropion hydrochloride er (sr) tb12 100mg	2	QL(90 EA per 30 days)
bupropion hydrochloride er (xl) tb24 300mg	2	QL(30 EA per 30 days)
bupropion hydrochloride er (xl) tb24 150mg	2	QL(90 EA per 30 days)
bupropion hydrochloride tabs 100mg, 75mg	2	
EXXUA TITRATION PACK TB24 18.2MG	5	ST
EXXUA TB24 36.3MG, 54.5MG, 72.6MG	5	QL(30 EA per 30 days); ST
EXXUA TB24 18.2MG	5	ST
mirtazapine odt tbdp 15mg, 30mg, 45mg	3	
mirtazapine tabs 15mg, 30mg, 45mg, 7.5mg	2	
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM PT24 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL(30 EA per 30 days); ST
MARPLAN TABS 10MG	4	
phenelzine sulfate tabs 15mg	3	
tranylcypromine sulfate tabs 10mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide soln 10mg/5ml	4	
citalopram hydrobromide tabs 10mg, 20mg, 40mg	1	
desvenlafaxine er tb24 100mg	4	QL(120 EA per 30 days)
desvenlafaxine er tb24 25mg, 50mg	4	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL(90 EA per 30 days)
duloxetine hydrochloride dr cpep 120mg, 80mg, 90mg	2	QL(30 EA per 30 days)
duloxetine hydrochloride dr cpep 20mg, 60mg	2	QL(60 EA per 30 days)
duloxetine hydrochloride dr cpep 30mg	2	QL(90 EA per 30 days)
escitalopram oxalate soln 5mg/5ml	4	
escitalopram oxalate tabs 10mg, 20mg, 5mg	2	
FETZIMA TITRATION PACK C4PK 0	4	QL(56 EA per 365 days); ST
FETZIMA CP24 120MG, 20MG, 40MG, 80MG	4	QL(30 EA per 30 days); ST
fluoxetine hydrochloride caps 10mg, 20mg, 40mg	1	
fluoxetine hydrochloride soln 20mg/5ml	4	
fluvoxamine maleate tabs 100mg, 25mg, 50mg	3	
nefazodone hydrochloride tabs 100mg, 150mg, 200mg, 250mg, 50mg	4	
paroxetine hcl tabs 30mg, 40mg	2	
paroxetine hydrochloride susp 10mg/5ml	4	
paroxetine hydrochloride tabs 10mg, 20mg	2	
RALDESY SOLN 10MG/ML	5	
sertraline hcl conc 20mg/ml	3	
sertraline hcl tabs 50mg	1	
sertraline hydrochloride tabs 100mg, 25mg	1	
trazodone hydrochloride tabs 100mg, 150mg, 50mg	2	
TRINTELLIX TABS 10MG, 20MG, 5MG	4	QL(30 EA per 30 days)
venlafaxine hydrochloride er cp24 150mg, 37.5mg, 75mg	2	
venlafaxine hydrochloride tabs 100mg, 25mg, 37.5mg, 50mg, 75mg	2	
vilazodone hydrochloride tabs 10mg, 20mg, 40mg	4	QL(30 EA per 30 days)
Tricyclics		
amitriptyline hydrochloride tabs 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	2	
amoxapine tabs 100mg, 150mg, 25mg, 50mg	4	
clomipramine hydrochloride caps 25mg, 50mg, 75mg	4	
desipramine hydrochloride tabs 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	4	
doxepin hcl caps 75mg	3	
doxepin hcl conc 10mg/ml	4	
doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg	3	
imipramine hcl tabs 25mg, 50mg	4	
imipramine hydrochloride tabs 10mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hcl caps 25mg, 75mg	2	
nortriptyline hcl soln 10mg/5ml	4	
nortriptyline hydrochloride caps 10mg, 50mg	2	
protriptyline hcl tabs 10mg, 5mg	4	
trimipramine maleate caps 100mg, 25mg, 50mg	4	
Antiemetics		
Antiemetics, Other		
compro supp 25mg	4	
meclizine hcl tabs 12.5mg	4	
meclizine hydrochloride tabs 25mg	4	
prochlorperazine maleate tabs 10mg, 5mg	2	
prochlorperazine supp 25mg	4	
promethazine hcl supp 12.5mg	4	
promethazine hydrochloride soln 6.25mg/5ml	3	
promethazine hydrochloride supp 25mg	4	
promethazine hydrochloride tabs 12.5mg, 25mg, 50mg	3	
promethegan supp 25mg	4	
scopolamine pt72 1mg/3days	4	
Emetogenic Therapy Adjuncts		
aprepitant caps 40mg	4	QL(1 EA per 30 days); B/D
aprepitant caps 80mg	4	QL(8 EA per 30 days); B/D
aprepitant caps 125mg	5	QL(2 EA per 30 days); B/D
aprepitant cppk 0	4	QL(6 EA per 30 days); B/D
dronabinol caps 10mg, 2.5mg, 5mg	4	QL(60 EA per 30 days); PA
ondansetron hcl soln 4mg/5ml	4	QL(450 ML per 30 days); B/D
ondansetron hydrochloride tabs 4mg, 8mg	2	B/D
ondansetron odt tbdp 4mg, 8mg	2	B/D
Antifungals		
Antifungals		
amphotericin b liposome inj 50mg	5	B/D
amphotericin b inj 50mg	4	B/D
CASPOFUNGIN ACETATE INJ 70MG	4	
caspofungin acetate inj 50mg	4	
clotrimazole crea 1%	2	QL(90 GM per 30 days)
clotrimazole soln 1%	2	QL(60 ML per 30 days)
clotrimazole troc 10mg	3	
CRESEMBA CAPS 186MG, 74.5MG	5	PA
econazole nitrate crea 1%	2	
fluconazole in sodium chloride inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	3	
fluconazole susr 10mg/ml, 40mg/ml	3	
fluconazole tabs 100mg, 150mg, 200mg, 50mg	2	
flucytosine caps 250mg, 500mg	5	
griseofulvin microsize susp 125mg/5ml	4	
griseofulvin microsize tabs 500mg	4	
griseofulvin ultramicrosize tabs 125mg, 250mg	4	
itraconazole caps 100mg	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
JUBLIA SOLN 10%	5	
ketoconazole crea 2%	2	QL(90 GM per 30 days)
ketoconazole sham 2%	2	
ketoconazole tabs 200mg	2	
micafungin inj 100mg, 50mg	4	
nyamyc powd 100000unit/gm	2	QL(120 GM per 30 days)
nystatin crea 100000unit/gm	2	
nystatin oint 100000unit/gm	2	
nystatin powd 100000unit/gm	2	QL(120 GM per 30 days)
nystatin susp 100000unit/ml	2	
nystatin tabs 500000unit	3	
nystop powd 100000unit/gm	2	QL(120 GM per 30 days)
posaconazole dr tbec 100mg	5	PA
posaconazole susp 40mg/ml	5	PA
terbinafine hcl tabs 250mg	2	QL(84 EA per 180 days)
terconazole crea 0.4%, 0.8%	3	
voriconazole inj 200mg	5	PA
voriconazole susr 40mg/ml	5	
voriconazole tabs 200mg, 50mg	4	
Antigout Agents		
Antigout Agents		
allopurinol tabs 100mg, 300mg	2	
colchicine tabs 0.6mg	2	
probenecid/colchicine tabs 0.5mg; 500mg	2	
probenecid tabs 500mg	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJ 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJ 70MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJ 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJ 100MG/ML	5	QL(3 ML per 28 days); PA
QULIPTA TABS 10MG, 30MG, 60MG	5	QL(30 EA per 30 days); PA
UBRELVY TABS 100MG, 50MG	5	QL(16 EA per 30 days); PA
Ergot Alkaloids		
dihydroergotamine mesylate soln 4mg/ml	5	QL(8 ML per 30 days); PA
ergotamine tartrate/caffeine tabs 100mg; 1mg	3	QL(24 EA per 28 days)
Prophylactic		
timolol maleate tabs 10mg, 20mg, 5mg	3	
Serotonin (5-HT) Receptor Agonist		
rizatriptan benzoate odt tbdp 10mg, 5mg	3	QL(18 EA per 30 days)
rizatriptan benzoate tabs 10mg, 5mg	2	QL(18 EA per 30 days)
sumatriptan succinate inj 6mg/0.5ml	4	QL(5 ML per 30 days)
sumatriptan succinate tabs 100mg, 25mg, 50mg	2	QL(9 EA per 30 days)
sumatriptan soln 20mg/act, 5mg/act	4	QL(12 EA per 30 days)
zolmitriptan tabs 2.5mg, 5mg	4	QL(12 EA per 30 days)
Antimyasthenic Agents		

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

Drug Name	Drug Tier	Requirements/Limits
Parasympathomimetics		
pyridostigmine bromide tabs 60mg	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tabs 100mg, 25mg	3	
rifabutin caps 150mg	4	
Antituberculars		
cycloserine caps 250mg	5	
ethambutol hydrochloride tabs 100mg, 400mg	2	
isoniazid syrp 50mg/5ml	4	
isoniazid tabs 100mg, 300mg	1	
pyrazinamide tabs 500mg	4	
rifampin caps 150mg, 300mg	3	
rifampin inj 600mg	4	
rifapentine tabs 150mg	4	
SIRTURO TABS 100MG, 20MG	5	
Antineoplastics		
Alkylating Agents		
cyclophosphamide caps 25mg, 50mg	3	B/D
LEUKERAN TABS 2MG	5	
lomustine caps 10mg, 40mg	4	
lomustine caps 100mg	5	
MATULANE CAPS 50MG	5	
VALCHLOR GEL 0.016%	5	PA
Antiandrogens		
abiraterone acetate tabs 250mg, 500mg	5	PA
abirtega tabs 250mg	2	PA
bicalutamide tabs 50mg	2	
ERLEADA TABS 240MG, 60MG	5	PA
EULEXIN CAPS 125MG	4	
nilutamide tabs 150mg	5	
NUBEQA TABS 300MG	5	PA
XTANDI CAPS 40MG	5	PA
XTANDI TABS 40MG, 80MG	5	PA
YONSA TABS 125MG	5	PA
Antiangiogenic Agents		
lenalidomide caps 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	5	PA
pomalidomide caps 3mg, 4mg	5	PA
pomalidomide caps 1mg, 2mg	5	QL(30 EA per 30 days); PA
THALOMID CAPS 100MG, 50MG	5	PA
Antiestrogens/Modifiers		
INLURIYO TABS 200MG	5	PA
ORSERDU TABS 345MG, 86MG	5	PA
SOLTAMOX SOLN 10MG/5ML	5	
tamoxifen citrate tabs 10mg, 20mg	2	
toremifene citrate tabs 60mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
Antimetabolites		
DROXIA CAPS 200MG, 300MG, 400MG	3	
hydroxyurea caps 500mg	2	
mercaptopurine susp 2000mg/100ml	5	
mercaptopurine tabs 50mg	3	
TABLOID TABS 40MG	5	
Antineoplastics, Other		
AKEEGA TABS 500MG; 100MG, 500MG; 50MG	5	PA
IBRANCE TABS 100MG, 125MG, 75MG	5	PA
INREBIC CAPS 100MG	5	PA
ITOVEBI TABS 9MG	5	PA
ITOVEBI TABS 3MG	5	QL(60 EA per 30 days); PA
IWILFIN TABS 192MG	5	PA
KOMZIFTI CAPS 200MG	5	PA
LAZCLUZE TABS 240MG	5	PA
LAZCLUZE TABS 80MG	5	QL(60 EA per 30 days); PA
leucovorin calcium tabs 10mg, 5mg	2	
leucovorin calcium tabs 15mg, 25mg	3	
LONSURF TABS 6.14MG; 15MG, 8.19MG; 20MG	5	PA
LYSODREN TABS 500MG	5	
MODEYSO CAPS 125MG	5	PA
OGSIVEO TABS 100MG, 150MG	5	PA
OJEMDA SUSR 25MG/ML	5	PA
OJEMDA TABS 100MG	5	PA
ONUREG TABS 200MG, 300MG	5	PA
REVUFORJ TABS 110MG, 160MG, 25MG	5	PA
VONJO CAPS 100MG	5	PA
ZENBEXUS CAPS 0.75MG, 1MG	5	PA
ZOLINZA CAPS 100MG	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole tabs 1mg	2	
exemestane tabs 25mg	2	
letrozole tabs 2.5mg	2	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	5	PA
Molecular Target Inhibitors		
ALECENSA CAPS 150MG	5	PA
ALUNBRIG TABS 30MG	5	QL(120 EA per 30 days); PA
ALUNBRIG TABS 180MG, 90MG	5	QL(30 EA per 30 days); PA
ALUNBRIG TBPK 0	5	QL(60 EA per 365 days); PA
AUGTYRO CAPS 160MG, 40MG	5	PA
AYVAKIT TABS 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA
BALVERSA TABS 3MG, 4MG, 5MG	5	PA
BOSULIF CAPS 100MG, 50MG	5	PA
BOSULIF TABS 100MG, 500MG	5	PA
bosutinib tabs 400mg	5	PA
BRAFTOVI CAPS 75MG	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA TABS 160MG	5	PA
CABOMETYX TABS 40MG, 60MG	5	PA
CABOMETYX TABS 20MG	5	QL(30 EA per 30 days); PA
CALQUENCE TABS 100MG	5	PA
CAPRELSA TABS 300MG	5	PA
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ KIT 0, 20MG	5	PA
COPIKTRA CAPS 15MG, 25MG	5	PA
COTELLIC TABS 20MG	5	PA
DANZITEN TABS 71MG, 95MG	5	PA
dasatinib tabs 100mg, 140mg, 20mg, 50mg, 70mg, 80mg	5	PA
DAURISMO TABS 100MG, 25MG	5	PA
ENSACOVE CAPS 100MG, 25MG	5	PA
ERIVEDGE CAPS 150MG	5	PA
erlotinib hydrochloride tabs 150mg	4	PA
erlotinib hydrochloride tabs 100mg, 25mg	5	PA
everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg	5	QL(30 EA per 30 days); PA
everolimus tbso 2mg, 3mg, 5mg	5	PA
FOTIVDA CAPS 0.89MG, 1.34MG	5	PA
FRUZAQLA CAPS 1MG, 5MG	5	PA
GAVRETO CAPS 100MG	5	PA
gefitinib tabs 250mg	5	PA
GILOTRIF TABS 20MG, 30MG, 40MG	5	QL(30 EA per 30 days); PA
GOMEKLI CAPS 1MG, 2MG	5	PA
GOMEKLI TBSO 1MG	5	PA
HERNEXEOS TABS 60MG	5	PA
HYRNUO TABS 10MG	5	PA
IBRANCE CAPS 125MG	5	PA
IBTROZI CAPS 200MG	5	PA
ICLUSIG TABS 30MG, 45MG	5	PA
ICLUSIG TABS 10MG, 15MG	5	QL(30 EA per 30 days); PA
IDHIFA TABS 100MG, 50MG	5	QL(30 EA per 30 days); PA
imatinib mesylate tabs 100mg	3	PA
imatinib mesylate tabs 400mg	5	PA
IMBRUVICA CAPS 140MG	5	QL(120 EA per 30 days); PA
IMBRUVICA CAPS 70MG	5	QL(28 EA per 28 days); PA
IMBRUVICA SUSP 70MG/ML	5	PA
IMBRUVICA TABS 420MG	5	PA
IMBRUVICA TABS 140MG, 280MG	5	QL(28 EA per 28 days); PA
IMKELDI SOLN 80MG/ML	5	PA
INLYTA TABS 1MG, 5MG	5	PA
INQOVI TABS 100MG; 35MG	5	PA
JAKAFI XR TB24 11MG, 22MG, 33MG, 44MG, 55MG	5	QL(30 EA per 30 days); PA
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABS 10MG	5	QL(60 EA per 30 days); PA
JAYPIRCA TABS 100MG	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA TABS 50MG	5	QL(30 EA per 30 days); PA
JIDEYTRO TABS 100MG	5	QL(30 EA per 30 days); PA
JIDEYTRO TABS 25MG	5	QL(90 EA per 30 days); PA
KISQALI TBPK 200MG	5	PA
KOSELUGO CAPS 10MG, 25MG	5	PA
KOSELUGO CPSP 5MG, 7.5MG	5	PA
KRAZATI TABS 200MG	5	PA
lapatinib ditosylate tabs 250mg	5	PA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA
LIFYORLI CPPK 0	5	PA
LORBRENA TABS 100MG, 25MG	5	PA
LUMAKRAS TABS 120MG, 240MG, 320MG	5	PA
LYNPARZA TABS 100MG, 150MG	5	PA
LYTGOBI TBPK 4MG	5	PA
MEKINIST SOLR 0.05MG/ML	5	PA
MEKINIST TABS 0.5MG, 2MG	5	PA
MEKTOVI TABS 15MG	5	PA
NERLYNX TABS 40MG	5	QL(180 EA per 30 days); PA
nilotinib d-tartrate caps 150mg, 200mg, 50mg	5	PA
nilotinib hydrochloride caps 150mg, 200mg, 50mg	5	PA
NINLARO CAPS 2.3MG, 3MG, 4MG	5	PA
ODOMZO CAPS 200MG	5	PA
OJJAARA TABS 100MG, 200MG	5	PA
OJJAARA TABS 150MG	5	QL(30 EA per 30 days); PA
pazopanib hydrochloride tabs 200mg	5	PA
PEMAZYRE TABS 13.5MG, 4.5MG, 9MG	5	QL(30 EA per 30 days); PA
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TBPK 0	5	PA
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	PA
QINLOCK TABS 50MG	5	PA
RETEVMO TABS 120MG, 160MG	5	PA
RETEVMO TABS 80MG	5	QL(60 EA per 30 days); PA
RETEVMO TABS 40MG	5	QL(90 EA per 30 days); PA
REZLIDHIA CAPS 150MG	5	PA
ROMVIMZA CAPS 14MG, 20MG, 30MG	5	PA
ROZLYTREK CAPS 100MG, 200MG	5	PA
ROZLYTREK PACK 50MG	5	PA
RUBRACA TABS 250MG, 300MG	5	PA
RUBRACA TABS 200MG	5	QL(120 EA per 30 days); PA
RYDAPT CAPS 25MG	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABS 100MG	5	QL(120 EA per 30 days); PA
SCEMBLIX TABS 40MG	5	QL(240 EA per 30 days); PA
SCEMBLIX TABS 20MG	5	QL(60 EA per 30 days); PA
sorafenib tosylate tabs 200mg	5	PA
STIVARGA TABS 40MG	5	PA
sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg	5	PA
TABRECTA TABS 150MG, 200MG	5	QL(120 EA per 30 days); PA
TAFINLAR CAPS 50MG, 75MG	5	PA
TAFINLAR TBSO 10MG	5	PA
TAGRISSO TABS 80MG	5	PA
TAGRISSO TABS 40MG	5	QL(30 EA per 30 days); PA
TALZENNA CAPS 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA
TEPMETKO TABS 225MG	5	PA
TIBSOVO TABS 250MG	5	PA
torpenz tabs 10mg, 2.5mg, 5mg, 7.5mg	5	QL(30 EA per 30 days); PA
TRUQAP TABS 200MG	5	PA
TRUQAP TBPK 160MG	5	PA
TUKYSA TABS 150MG, 50MG	5	PA
TURALIO CAPS 125MG	5	PA
VANFLYTA TABS 17.7MG, 26.5MG	5	PA
VENCLEXTA STARTING PACK TBPK 0	5	PA
VENCLEXTA TABS 10MG	4	PA
VENCLEXTA TABS 100MG, 50MG	5	PA
VERZENIO TABS 100MG, 150MG, 200MG, 50MG	5	PA
VITRAKVI CAPS 100MG, 25MG	5	PA
VITRAKVI SOLN 20MG/ML	5	PA
XALKORI CAPS 200MG, 250MG	5	PA
XALKORI CPSP 150MG, 20MG, 50MG	5	PA
XOSPATA TABS 40MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	PA
XPOVIO TBPK 10MG, 40MG, 50MG, 60MG, 80MG	5	PA
yulithira tabs 10mg, 2.5mg, 5mg, 7.5mg	4	QL(30 EA per 30 days); PA
ZEJULA TABS 200MG, 300MG	5	PA
ZEJULA TABS 100MG	5	QL(30 EA per 30 days); PA
ZELBORAF TABS 240MG	5	PA
ZYKADIA TABS 150MG	5	PA
Retinoids		
bexarotene caps 75mg	5	PA
bexarotene gel 1%	5	PA
PANRETIN GEL 0.1%	5	
tretinoin caps 10mg	5	
Treatment Adjuncts		
mesna tabs 400mg	5	
VORANIGO TABS 40MG	5	PA
VORANIGO TABS 10MG	5	QL(60 EA per 30 days); PA

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

Drug Name	Drug Tier	Requirements/Limits
Antiparasitics		
Anthelmintics		
albendazole tabs 200mg	4	
ivermectin tabs 3mg, 6mg	2	PA
praziquantel tabs 600mg	4	
Antiprotozoals		
atovaquone/proguanil hcl tabs 62.5mg; 25mg	4	
atovaquone/proguanil hydrochloride tabs 250mg; 100mg	4	
atovaquone susp 750mg/5ml	4	
benznidazole tabs 100mg, 12.5mg	4	
chloroquine phosphate tabs 250mg, 500mg	4	
COARTEM TABS 20MG; 120MG	4	
hydroxychloroquine sulfate tabs 100mg, 200mg	2	
mefloquine hydrochloride tabs 250mg	2	
nitazoxanide tabs 500mg	5	
pentamidine isethionate inj 300mg	4	
pentamidine isethionate inhalation solr 300mg	4	B/D
primaquine phosphate tabs 26.3mg	3	
pyrimethamine tabs 25mg	5	PA
quinine sulfate caps 324mg	4	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tabs 0.5mg, 1mg, 2mg	2	
trihexyphenidyl hydrochloride tabs 2mg, 5mg	4	
Antiparkinson Agents, Other		
amantadine hcl caps 100mg	2	
amantadine hcl soln 50mg/5ml	2	
entacapone tabs 200mg	4	
Dopamine Agonists		
bromocriptine mesylate caps 5mg	4	
bromocriptine mesylate tabs 2.5mg	4	
pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	2	
ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tabs 0.25mg, 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa er tbcr 25mg; 100mg, 50mg; 200mg	3	
carbidopa/levodopa odt tbdp 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	4	
carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	2	
carbidopa tabs 25mg	4	
INBRIJA CAPS 42MG	5	PA
RYTARY CPCR 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		

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

Drug Name	Drug Tier	Requirements/Limits
rasagiline mesylate tabs 0.5mg, 1mg	4	
selegiline hcl caps 5mg	3	
selegiline hcl tabs 5mg	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hydrochloride conc 100mg/ml, 30mg/ml	4	
chlorpromazine hydrochloride tabs 100mg, 10mg, 200mg, 25mg, 50mg	4	
fluphenazine decanoate inj 25mg/ml	4	
fluphenazine hcl conc 5mg/ml	4	
fluphenazine hydrochloride elix 2.5mg/5ml	4	
fluphenazine hydrochloride inj 2.5mg/ml	4	
fluphenazine hydrochloride tabs 10mg, 1mg, 2.5mg, 5mg	4	
haloperidol decanoate inj 100mg/ml, 50mg/ml	3	
haloperidol lactate inj 5mg/ml	2	
haloperidol conc 2mg/ml	2	
haloperidol tabs 0.5mg, 10mg, 1mg, 2mg, 5mg	2	
haloperidol tabs 20mg	3	
loxapine caps 10mg, 25mg, 50mg, 5mg	2	
molindone hydrochloride tabs 10mg, 25mg, 5mg	4	
perphenazine tabs 2mg, 4mg	3	
perphenazine tabs 16mg, 8mg	4	
pimozide tabs 1mg, 2mg	4	
thioridazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg	3	
thiothixene caps 10mg, 1mg, 2mg, 5mg	4	
trifluoperazine hcl tabs 10mg, 2mg, 5mg	3	
trifluoperazine hydrochloride tabs 1mg	3	
2nd Generation/Atypical		
ABILIFY MAINTENA INJ 300MG, 400MG	5	
aripiprazole odt tbdp 10mg, 15mg	4	QL(60 EA per 30 days)
aripiprazole soln 1mg/ml	4	QL(750 ML per 30 days)
aripiprazole tabs 10mg, 15mg, 20mg, 2mg, 30mg, 5mg	2	QL(30 EA per 30 days)
ARISTADA INITIO INJ 675MG/2.4ML	5	
ARISTADA INJ 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	
asenapine maleate sl subl 10mg, 2.5mg, 5mg	4	QL(60 EA per 30 days)
CAPLYTA CAPS 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA
FANAPT TITRATION PACK A TABS 0	4	QL(16 EA per 365 days); ST
FANAPT TITRATION PACK B TABS 0	4	QL(24 EA per 365 days); ST
FANAPT TITRATION PACK C TABS 0	4	QL(16 EA per 365 days); ST
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST
INVEGA HAFYERA INJ 1092MG/3.5ML, 1560MG/5ML	5	ST
INVEGA SUSTENNA INJ 39MG/0.25ML	4	

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA INJ 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	
lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg	4	QL(30 EA per 30 days)
lurasidone hydrochloride tabs 80mg	4	QL(60 EA per 30 days)
LYBALVI TABS 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL(30 EA per 30 days); ST
NUPLAZID CAPS 34MG	5	PA
NUPLAZID TABS 10MG	5	PA
olanzapine odt tbdp 10mg, 15mg, 20mg, 5mg	4	QL(30 EA per 30 days)
olanzapine inj 10mg	4	
olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg	2	QL(30 EA per 30 days)
OPIPZA FILM 2MG	5	QL(30 EA per 30 days); PA
OPIPZA FILM 10MG, 5MG	5	QL(90 EA per 30 days); PA
paliperidone er tb24 1.5mg, 3mg, 9mg	4	QL(30 EA per 30 days)
paliperidone er tb24 6mg	4	QL(60 EA per 30 days)
quetiapine fumarate er tb24 300mg, 400mg, 50mg	2	QL(60 EA per 30 days)
quetiapine fumarate er tb24 200mg	2	QL(90 EA per 30 days)
quetiapine fumarate er tb24 150mg	3	QL(60 EA per 30 days)
quetiapine fumarate tabs 300mg, 400mg	2	QL(60 EA per 30 days)
quetiapine fumarate tabs 100mg, 150mg, 200mg, 25mg, 50mg	2	QL(90 EA per 30 days)
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	5	QL(30 EA per 30 days)
risperidone er inj 12.5mg, 25mg	4	
risperidone er inj 37.5mg, 50mg	5	
risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	4	QL(60 EA per 30 days)
risperidone soln 1mg/ml	2	QL(240 ML per 30 days)
risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	2	QL(60 EA per 30 days)
SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL(30 EA per 30 days); ST
UZEDY INJ 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML, 50MG/0.14ML, 75MG/0.21ML	5	
VRAYLAR CAPS 0.5MG, 0.75MG, 1.5MG, 3MG, 4.5MG, 6MG	5	QL(30 EA per 30 days)
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	2	QL(60 EA per 30 days)
ziprasidone mesylate inj 20mg	4	QL(60 EA per 30 days)
Treatment-Resistant		
clozapine odt tbdp 200mg	4	QL(120 EA per 30 days)
clozapine odt tbdp 150mg	4	QL(180 EA per 30 days)
clozapine odt tbdp 100mg, 25mg	4	QL(270 EA per 30 days)
clozapine odt tbdp 12.5mg	4	QL(90 EA per 30 days)
clozapine tabs 50mg	3	QL(180 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
clozapine tabs 25mg	3	QL(270 EA per 30 days)
clozapine tabs 200mg	4	QL(120 EA per 30 days)
clozapine tabs 100mg	4	QL(270 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen tabs 10mg, 20mg, 5mg	2	
dantrolene sodium caps 100mg, 25mg	4	
tizanidine hcl tabs 2mg	2	
tizanidine hydrochloride tabs 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY TABS 200MG	5	
PREVYMIS PACK 120MG, 20MG	5	
PREVYMIS TABS 240MG, 480MG	5	
valganciclovir hydrochloride solr 50mg/ml	5	
valganciclovir tabs 450mg	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tabs 10mg	4	
BARACLUDE SOLN 0.05MG/ML	5	QL(600 ML per 30 days)
entecavir tabs 0.5mg, 1mg	4	QL(30 EA per 30 days)
lamivudine tabs 100mg	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET PACK 50MG; 20MG	5	QL(560 EA per 365 days); PA
MAVYRET TABS 100MG; 40MG	5	QL(336 EA per 365 days); PA
ribavirin tabs 200mg	3	
sofosbuvir/velpatasvir tabs 400mg; 100mg	5	QL(84 EA per 365 days); PA
VOSEVI TABS 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABS 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL(30 EA per 30 days)
DOVATO TABS 50MG; 300MG	5	QL(30 EA per 30 days)
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days)
ISENTRESS HD TABS 600MG	5	QL(60 EA per 30 days)
ISENTRESS CHEW 25MG	3	QL(180 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL(180 EA per 30 days)
ISENTRESS PACK 100MG	5	QL(60 EA per 30 days)
ISENTRESS TABS 400MG	5	QL(60 EA per 30 days)
JULUCA TABS 50MG; 25MG	5	QL(30 EA per 30 days)
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days)
TIVICAY PD TBSO 5MG	4	QL(180 EA per 30 days)
TIVICAY TABS 50MG	5	QL(60 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO TABS 100MG; 300MG; 300MG	5	QL(30 EA per 30 days)
EDURANT PED TBSO 2.5MG	5	QL(180 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg	3	QL(30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg, 600mg; 300mg; 300mg	5	QL(30 EA per 30 days)
efavirenz tabs 600mg	4	QL(30 EA per 30 days)
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg	5	QL(30 EA per 30 days)
etravirine tabs 100mg, 200mg	5	QL(60 EA per 30 days)
IDVYNSO TABS 100MG; 0.25MG	5	QL(30 EA per 30 days)
INTELENCE TABS 25MG	4	QL(120 EA per 30 days)
nevirapine er tb24 400mg	4	QL(30 EA per 30 days)
nevirapine susp 50mg/5ml	4	QL(1200 ML per 30 days)
nevirapine tabs 200mg	2	QL(60 EA per 30 days)
PIFELTRO TABS 100MG	5	QL(30 EA per 30 days)
rilpivirine hydrochloride tabs 25mg	5	QL(30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine tabs 600mg; 300mg	4	QL(30 EA per 30 days)
abacavir soln 20mg/ml	4	QL(960 ML per 30 days)
abacavir tabs 300mg	3	QL(60 EA per 30 days)
CIMDUO TABS 300MG; 300MG	5	QL(30 EA per 30 days)
DESCOVY TABS 120MG; 15MG, 200MG; 25MG	5	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg	2	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg	4	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg	5	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil tabs 167mg; 250mg	4	QL(30 EA per 30 days)
emtricitabine caps 200mg	4	QL(30 EA per 30 days)
EMTRIVA SOLN 10MG/ML	4	QL(850 ML per 30 days)
lamivudine/zidovudine tabs 150mg; 300mg	3	QL(60 EA per 30 days)
lamivudine soln 10mg/ml	3	QL(960 ML per 30 days)
lamivudine tabs 150mg	2	QL(60 EA per 30 days)
lamivudine tabs 300mg	3	QL(30 EA per 30 days)
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL(30 EA per 30 days)
tenofovir disoproxil fumarate tabs 300mg	4	QL(30 EA per 30 days)
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	4	QL(180 EA per 30 days)
TRIUMEQ TABS 600MG; 50MG; 300MG	5	QL(30 EA per 30 days)
VIREAD POWD 40MG/GM	5	QL(240 GM per 30 days)
VIREAD TABS 150MG, 200MG, 250MG	5	QL(30 EA per 30 days)
zidovudine caps 100mg	4	QL(180 EA per 30 days)
zidovudine syrp 50mg/5ml	4	QL(1920 ML per 30 days)
zidovudine tabs 300mg	3	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
maraviroc tabs 300mg	5	QL(120 EA per 30 days)
maraviroc tabs 150mg	5	QL(60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RUKOBIA TB12 600MG	5	QL(60 EA per 30 days)
SUNLENCA TABS 300MG	5	QL(24 EA per 168 days)
SUNLENCA TBPK 300MG X 5 TABLETS	5	QL(10 EA per 365 days)
SUNLENCA TBPK 300MG X 4 TABLETS	5	QL(8 EA per 365 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS 250MG	5	QL(120 EA per 30 days)
atazanavir sulfate caps 300mg	4	QL(30 EA per 30 days)
atazanavir caps 150mg	4	
atazanavir caps 200mg	4	QL(60 EA per 30 days)
darunavir tabs 800mg	4	QL(30 EA per 30 days)
darunavir tabs 600mg	4	QL(60 EA per 30 days)
EVOTAZ TABS 300MG; 150MG	5	QL(30 EA per 30 days)
fosamprenavir calcium tabs 700mg	5	QL(120 EA per 30 days)
lopinavir/ritonavir tabs 100mg; 25mg, 200mg; 50mg	4	
PREZCOBIX TABS 150MG; 675MG, 150MG; 800MG	5	QL(30 EA per 30 days)
PREZISTA SUSP 100MG/ML	5	QL(400 ML per 30 days)
PREZISTA TABS 75MG	4	QL(300 EA per 30 days)
PREZISTA TABS 150MG	5	QL(180 EA per 30 days)
REYATAZ PACK 50MG	5	QL(180 EA per 30 days)
ritonavir tabs 100mg	3	QL(360 EA per 30 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days)
VIRACEPT TABS 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABS 250MG	5	QL(300 EA per 30 days)
Anti-influenza Agents		
oseltamivir phosphate caps 75mg	2	QL(110 EA per 365 days)
oseltamivir phosphate caps 30mg	2	QL(168 EA per 365 days)
oseltamivir phosphate caps 45mg	2	QL(84 EA per 365 days)
oseltamivir phosphate susr 6mg/ml	3	QL(1080 ML per 365 days)
XOFLUZA TBPK 40MG, 80MG	3	
Antiherpetic Agents		
acyclovir sodium inj 50mg/ml	4	B/D
acyclovir caps 200mg	2	
acyclovir susp 200mg/5ml	4	
acyclovir tabs 400mg, 800mg	2	
famciclovir tabs 125mg, 250mg, 500mg	3	
valacyclovir hydrochloride tabs 1gm, 500mg	3	QL(120 EA per 30 days)
Antiviral, Coronavirus Agents		
LAGEVRIO CAPS 200MG	3	QL(40 EA per 5 days)
PAXLOVID TBPK (300MG-100MG DAY 1; 150MG-100MG DAYS 2-5)	3	QL(11 EA per 5 days)
PAXLOVID TBPK (150MG-100MG)	3	QL(20 EA per 5 days)
PAXLOVID TBPK (300MG-100MG)	3	QL(30 EA per 5 days)
XOCOVA TABS 125MG	3	QL(7 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 15mg	1	
buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
Benzodiazepines		
alprazolam tabs 0.25mg, 0.5mg, 1mg	2	QL(120 EA per 30 days)
alprazolam tabs 2mg	2	QL(150 EA per 30 days)
clorazepate dipotassium tabs 15mg	4	QL(180 EA per 30 days)
clorazepate dipotassium tabs 7.5mg	4	QL(360 EA per 30 days)
clorazepate dipotassium tabs 3.75mg	4	QL(720 EA per 30 days)
diazepam intensol conc 5mg/ml	2	
diazepam soln 5mg/5ml	2	
diazepam tabs 10mg	2	QL(120 EA per 30 days)
diazepam tabs 5mg	2	QL(240 EA per 30 days)
diazepam tabs 2mg	2	QL(300 EA per 30 days)
lorazepam intensol conc 2mg/ml	3	
lorazepam tabs 2mg	2	QL(150 EA per 30 days)
lorazepam tabs 0.5mg, 1mg	2	QL(90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
lithium carbonate er tbcr 300mg, 450mg	2	
lithium carbonate caps 150mg, 300mg	1	
lithium carbonate caps 600mg	2	
lithium carbonate tabs 300mg	2	
lithium soln 8meq/5ml	4	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tabs 100mg, 25mg, 50mg	2	
dapagliflozin/metformin hydrochloride er tb24 10mg; 1000mg, 10mg; 500mg, 5mg; 1000mg, 5mg; 500mg	3	
glimepiride tabs 1mg, 2mg, 4mg	6	
glipizide er tb24 10mg, 2.5mg, 5mg	6	
glipizide/metformin hydrochloride tabs 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	6	
glipizide tabs 10mg, 2.5mg, 5mg	6	
glyburide/metformin hydrochloride tabs 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg	6	
glyburide tabs 1.25mg, 2.5mg, 5mg	6	
GLYXAMBI TABS 10MG; 5MG, 25MG; 5MG	3	
JANUMET XR TB24 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG	3	
JANUMET TABS 1000MG; 50MG, 500MG; 50MG	3	
JANUVIA TABS 100MG, 25MG, 50MG	3	QL(30 EA per 30 days)
JENTADUETO XR TB24 2.5MG; 1000MG, 5MG; 1000MG	3	
JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG	3	
metformin hydrochloride er tb24 500mg, 750mg	6	
metformin hydrochloride tabs 1000mg, 500mg, 850mg	6	
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
nateglinide tabs 120mg, 60mg	6	

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

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC TABS 4MG, 9MG	3	QL(30 EA per 30 days); PA
OZEMPIC TABS 1.5MG	3	QL(60 EA per 365 days); PA
pioglitazone hcl/metformin hcl tabs 500mg; 15mg, 850mg; 15mg	6	
pioglitazone hcl tabs 45mg	6	
pioglitazone hydrochloride tabs 15mg, 30mg	6	
repaglinide tabs 0.5mg, 1mg, 2mg	6	
sitagliptin phosphate/metformin hydrochloride tabs 1000mg; 50mg, 500mg; 50mg	3	
sitagliptin phosphate tabs 100mg, 25mg, 50mg	3	QL(30 EA per 30 days)
SOLIQUA 100/33 INJ 100UNIT/ML; 33MCG/ML	3	
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABS 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	
TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	
Glycemic Agents		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
diazoxide susp 50mg/ml	5	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 1MG/0.2ML	3	
Insulins		
FIASP FLEXTOUCH INJ 100UNIT/ML	3	
FIASP PENFILL INJ 100UNIT/ML	3	
FIASP INJ 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	
HUMULIN N INJ 100UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	3	
HUMULIN R INJ 100UNIT/ML	3	
insulin lispro inj 100unit/ml	3	
LANTUS SOLOSTAR INJ 100UNIT/ML	3	
LANTUS INJ 100UNIT/ML	3	
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
LYUMJEV INJ 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN INJ 100UNIT/ML	3	
NOVOLIN N INJ 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJ 100UNIT/ML	3	
NOVOLIN R INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJ 100UNIT/ML	3	
NOVOLOG INJ 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJ 100UNIT/ML	3	
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate caps 110mg, 150mg, 75mg	2	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TBPK 5MG	3	QL(148 EA per 365 days)
ELIQUIS CPSP 0.15MG	3	QL(84 EA per 28 days)
ELIQUIS TABS 5MG	3	
ELIQUIS TABS 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TBSO 0.5MG	3	QL(140 EA per 28 days)
ELIQUIS TBSO PACK 3 X 0.5 MG (1.5 MG)	3	QL(420 EA per 28 days)
ELIQUIS TBSO PACK 4 X 0.5 MG (2 MG)	3	QL(560 EA per 28 days)
enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	4	
fondaparinux sodium inj 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml	4	
fondaparinux sodium inj 10mg/0.8ml	5	
FRAGMIN INJ 2500UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
heparin sodium inj 5000unit/ml	3	

Drug Name	Drug Tier	Requirements/Limits
jantoven tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
rivaroxaban susr 1mg/ml	3	QL(600 ML per 30 days)
warfarin sodium tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
XARELTO STARTER PACK TBPK 0	3	QL(102 EA per 365 days)
XARELTO TABS 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABS 2.5MG	3	QL(360 EA per 30 days)
XARELTO TABS 15MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
anagrelide hydrochloride caps 0.5mg, 1mg	3	
eltrombopag olamine pack 12.5mg, 25mg	5	PA
eltrombopag olamine tabs 12.5mg, 25mg, 50mg, 75mg	5	PA
NEULASTA INJ 6MG/0.6ML	5	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
UDENYCA INJ 6MG/0.6ML	5	PA
XOLREMDI CAPS 100MG	5	QL(120 EA per 30 days); PA
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML	5	
Hemostasis Agents		
tranexamic acid tabs 650mg	3	
Platelet Modifying Agents		
ASPIRIN/DIPYRIDAMOLE ER CP12 25MG; 200MG	4	
CABLIVI INJ 11MG	5	QL(30 EA per 30 days); PA
cilostazol tabs 100mg, 50mg	2	
clopidogrel tabs 75mg	1	
clopidogrel tabs 300mg	2	
DOPTELET TABS 20MG	5	PA
prasugrel hydrochloride tabs 10mg, 5mg	2	
ticagrelor tabs 60mg, 90mg	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tabs 0.05mg, 0.1mg, 0.2mg, 0.3mg	1	
clonidine ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	3	
droxidopa caps 100mg	4	PA
droxidopa caps 200mg, 300mg	5	PA
methyldopa tabs 250mg, 500mg	4	
midodrine hydrochloride tabs 10mg, 2.5mg, 5mg	2	
Alpha-adrenergic Blocking Agents		
prazosin hydrochloride caps 1mg, 2mg, 5mg	2	
Angiotensin II Receptor Antagonists		

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

Drug Name	Drug Tier	Requirements/Limits
azilsartan medoxomil tabs 40mg, 80mg	4	
candesartan cilexetil tabs 16mg, 32mg, 4mg, 8mg	6	
irbesartan tabs 150mg, 300mg, 75mg	6	
losartan potassium tabs 100mg, 25mg, 50mg	6	
olmesartan medoxomil tabs 20mg, 40mg, 5mg	6	
telmisartan tabs 20mg, 40mg, 80mg	6	
valsartan tabs 160mg, 320mg, 40mg, 80mg	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tabs 10mg, 20mg, 40mg, 5mg	6	
captopril tabs 100mg, 12.5mg, 25mg, 50mg	6	
enalapril maleate tabs 10mg, 2.5mg, 20mg, 5mg	6	
fosinopril sodium tabs 10mg, 20mg, 40mg	6	
lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	6	
moexipril hydrochloride tabs 15mg, 7.5mg	6	
perindopril erbumine tabs 2mg, 4mg, 8mg	6	
quinapril hydrochloride tabs 10mg, 20mg, 40mg, 5mg	6	
ramipril caps 1.25mg, 10mg, 2.5mg, 5mg	6	
trandolapril tabs 1mg, 2mg, 4mg	6	
Antiarrhythmics		
amiodarone hydrochloride tabs 200mg	2	
amiodarone hydrochloride tabs 100mg	4	
digoxin soln 0.05mg/ml	4	
digoxin tabs 125mcg, 250mcg	2	
dofetilide caps 125mcg, 250mcg, 500mcg	4	
flecainide acetate tabs 100mg, 150mg, 50mg	2	
mexiletine hydrochloride caps 150mg	3	
mexiletine hydrochloride caps 200mg, 250mg	4	
PACERONE TABS 200MG	2	
PACERONE TABS 100MG	4	
propafenone hydrochloride tabs 150mg, 225mg, 300mg	2	
quinidine sulfate tabs 200mg, 300mg	4	
sotalol hcl tabs 120mg, 160mg, 240mg	2	
sotalol hydrochloride (af) tabs 120mg, 160mg, 80mg	2	
sotalol hydrochloride tabs 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride caps 200mg, 400mg	2	
atenolol tabs 100mg, 25mg, 50mg	1	
betaxolol hcl tabs 10mg, 20mg	4	
bisoprolol fumarate tabs 10mg, 5mg	2	
carvedilol tabs 12.5mg, 25mg, 3.125mg, 6.25mg	1	
labetalol hydrochloride tabs 100mg, 200mg, 300mg	2	
metoprolol succinate er tb24 100mg, 200mg, 25mg, 50mg	2	
metoprolol tartrate tabs 100mg, 25mg, 37.5mg, 50mg	1	
metoprolol tartrate tabs 75mg	2	
nadolol tabs 20mg, 40mg, 80mg	2	
nebivolol hydrochloride tabs 10mg, 2.5mg, 20mg, 5mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
pindolol tabs 10mg, 5mg	3	
propranolol hcl tabs 40mg	2	
propranolol hydrochloride er cp24 120mg, 160mg, 60mg, 80mg	2	
propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tabs 10mg, 2.5mg, 5mg	1	
felodipine er tb24 10mg, 2.5mg, 5mg	2	
nifedipine er tb24 30mg, 60mg, 90mg	2	
nimodipine caps 30mg	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt cp24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr cp24 120mg, 180mg, 240mg	2	
diltiazem hcl er cp24 420mg	2	
diltiazem hcl tabs 30mg, 60mg	2	
diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride er tb24 240mg, 300mg, 360mg	4	
diltiazem hydrochloride tabs 120mg, 90mg	2	
tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl er cp24 120mg, 180mg	4	
verapamil hcl er tbcr 120mg	2	
verapamil hydrochloride er tbcr 180mg, 240mg	2	
verapamil hydrochloride sr cp24 240mg, 360mg	4	
verapamil hydrochloride tabs 120mg, 40mg, 80mg	2	
Cardiovascular Agents, Other		
aliskiren tabs 150mg, 300mg	6	
amiloride/hydrochlorothiazide tabs 5mg; 50mg	2	
amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	6	
amlodipine besylate/valsartan tabs 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	6	
atenolol/chlorthalidone tabs 100mg; 25mg, 50mg; 25mg	2	
benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	6	
bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	2	
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg	6	
enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg, 5mg; 12.5mg	6	
ENTRESTO CPSP 15MG; 16MG, 6MG; 6MG	3	QL(240 EA per 30 days)
fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg	6	

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

Drug Name	Drug Tier	Requirements/Limits
irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg, 12.5mg; 300mg	6	
ivabradine hydrochloride tabs 5mg, 7.5mg	4	QL(60 EA per 30 days)
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	6	
losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	6	
metyrosine caps 250mg	5	PA
olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	6	
pentoxifylline er tbcr 400mg	2	
quinapril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	6	
ranolazine er tb12 1000mg, 500mg	4	
sacubitril/valsartan tabs 24mg; 26mg	3	QL(180 EA per 30 days)
sacubitril/valsartan tabs 49mg; 51mg, 97mg; 103mg	3	QL(60 EA per 30 days)
spironolactone/hydrochlorothiazide tabs 25mg; 25mg	2	
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg	6	
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg	1	
valsartan/hydrochlorothiazide tabs 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	6	
VYNDAMAX CAPS 61MG	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
bumetanide inj 0.25mg/ml	2	
bumetanide tabs 0.5mg, 1mg, 2mg	2	
furosemide inj 10mg/ml	2	
furosemide oral soln 10mg/ml, 40mg/5ml	1	
furosemide tabs 20mg, 40mg, 80mg	1	
torsemide tabs 100mg, 10mg, 20mg, 5mg	2	
Diuretics, Potassium-sparing		
amiloride hcl tabs 5mg	2	
triamterene caps 100mg, 50mg	4	
Diuretics, Thiazide		
chlorthalidone tabs 25mg, 50mg	2	
hydrochlorothiazide caps 12.5mg	1	
hydrochlorothiazide tabs 12.5mg, 25mg, 50mg	1	
indapamide tabs 1.25mg, 2.5mg	2	
metolazone tabs 10mg, 2.5mg, 5mg	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized caps 134mg, 200mg, 67mg	2	
fenofibrate tabs 145mg, 160mg, 48mg, 54mg	2	
fenofibric acid dr cpdr 135mg, 45mg	2	
gemfibrozil tabs 600mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg	6	
fluvastatin sodium er tb24 80mg	4	
fluvastatin caps 20mg, 40mg	4	
lovastatin tabs 10mg, 20mg, 40mg	6	
pitavastatin calcium tabs 1mg, 2mg, 4mg	4	
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	6	
rosuvastatin calcium tabs 10mg, 20mg, 40mg, 5mg	6	
simvastatin tabs 10mg, 20mg, 40mg, 5mg, 80mg	6	
Dyslipidemics, Other		
cholestyramine light pack 4gm	4	
cholestyramine pack 4gm	4	
colestipol hydrochloride tabs 1gm	3	
ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg	6	
ezetimibe tabs 10mg	2	
icosapent ethyl caps 0.5gm, 1gm	4	
NEXLETOL TABS 180MG	4	QL(30 EA per 30 days); PA
NEXLIZET TABS 180MG; 10MG	4	QL(30 EA per 30 days); PA
niacin er tbcr 1000mg, 500mg, 750mg	4	
omega-3-acid ethyl esters caps 375mg; 465mg; 1gm	4	
PRALUENT INJ 150MG/ML, 75MG/ML	3	QL(2 ML per 28 days); PA
prevalite pack 4gm	4	
REPATHA SURECLICK INJ 140MG/ML	3	QL(3 ML per 28 days); PA
REPATHA INJ 140MG/ML	3	QL(3 ML per 28 days); PA
TRYNGOLZA INJ 50MG/0.8ML, 80MG/0.8ML	5	QL(0.8 ML per 28 days); PA
Mineralocorticoid Receptor Antagonists		
eplerenone tabs 25mg, 50mg	2	
KERENDIA TABS 10MG, 20MG, 40MG	4	QL(30 EA per 30 days); PA
spironolactone tabs 100mg, 25mg, 50mg	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
dapagliflozin tabs 10mg, 5mg	3	QL(30 EA per 30 days)
JARDIANCE TABS 10MG, 25MG	3	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg	2	
isosorbide mononitrate er tb24 120mg, 30mg, 60mg	2	
isosorbide mononitrate tabs 10mg, 20mg	2	
nitroglycerin transdermal pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	2	
nitroglycerin subl 0.3mg, 0.4mg, 0.6mg	2	
VERQUVO TABS 10MG, 2.5MG, 5MG	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg	2	
minoxidil tabs 10mg, 2.5mg	2	
Central Nervous System Agents		

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

Drug Name	Drug Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine cp24 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	4	QL(60 EA per 30 days)
amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL(90 EA per 30 days)
dextroamphetamine sulfate tabs 10mg	3	QL(180 EA per 30 days)
dextroamphetamine sulfate tabs 5mg	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg	4	QL(30 EA per 30 days)
atomoxetine caps 10mg	4	QL(60 EA per 30 days)
dexmethylphenidate hcl tabs 10mg, 5mg	3	QL(60 EA per 30 days)
dexmethylphenidate hydrochloride tabs 2.5mg	3	QL(60 EA per 30 days)
guanfacine hydrochloride er tb24 1mg, 2mg, 3mg, 4mg	4	
methylphenidate hydrochloride soln 5mg/5ml	4	
methylphenidate hydrochloride tabs 10mg, 20mg, 5mg	2	QL(90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR TB24 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	5	QL(30 EA per 30 days); PA
AUSTEDO TABS 12MG, 6MG, 9MG	5	QL(120 EA per 30 days); PA
butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg	3	
COBENFY STARTER PACK CPPK 20MG; 0	5	QL(112 EA per 365 days); PA
COBENFY CAPS 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA
dextromethorphan hydrobromide/quinidine sulfate caps 20mg; 10mg	5	PA
INGREZZA CAPS 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPS 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CPPK 0	5	QL(56 EA per 365 days); PA
INGREZZA CPSP 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CPSP 40MG	5	QL(60 EA per 30 days); PA
riluzole tabs 50mg	4	
tetrabenazine tabs 12.5mg	4	PA
tetrabenazine tabs 25mg	5	PA
VEOZAH TABS 45MG	4	QL(30 EA per 30 days); PA
Fibromyalgia Agents		

Drug Name	Drug Tier	Requirements/Limits
milnacipran hydrochloride tabs 100mg, 12.5mg, 25mg, 50mg	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK MISC 0	3	QL(110 EA per 365 days)
SAVELLA TABS 100MG, 12.5MG, 25MG, 50MG	3	QL(60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INJ 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
AVONEX INJ 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON INJ 0.3MG	5	QL(15 EA per 30 days); PA
dalfampridine er tb12 10mg	3	QL(60 EA per 30 days); PA
dimethyl fumarate starterpack cdpk 0	4	QL(120 EA per 365 days); PA
dimethyl fumarate cpdr 120mg, 240mg	4	QL(60 EA per 30 days); PA
fingolimod hydrochloride caps 0.5mg	5	QL(30 EA per 30 days); PA
glatiramer acetate inj 40mg/ml	5	QL(12 ML per 28 days); PA
glatiramer acetate inj 20mg/ml	5	QL(30 ML per 30 days); PA
KESIMPTA INJ 20MG/0.4ML	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TBPK 0.25MG X 7 TABLETS	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TBPK 0.25MG X 12 TABLETS	5	QL(24 EA per 365 days); PA
MAYZENT TABS 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABS 1MG, 2MG	5	QL(30 EA per 30 days); PA
REBIF REBIDOSE TITRATION PACK INJ 0	5	QL(8.4 ML per 365 days); PA
REBIF REBIDOSE INJ 22MCG/0.5ML, 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
REBIF TITRATION PACK INJ 0	5	QL(8.4 ML per 365 days); PA
REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
VUMERITY CPDR 231MG	5	QL(120 EA per 30 days); PA
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate soln 0.12%	1	
doxycycline hyclate tabs 20mg	3	
kourzeq pste 0.1%	3	
lidocaine viscous soln 2%	2	
PERIOGARD SOLN 0.12%	1	
pilocarpine hydrochloride tabs 5mg, 7.5mg	4	
triamcinolone acetonide dental paste pste 0.1%	3	
Dermatological Agents		
Acne and Rosacea Agents		
acitretin caps 10mg, 17.5mg, 25mg	4	
adapalene/benzoyl peroxide gel 0.1%; 2.5%	3	
amnesteem caps 10mg, 20mg, 30mg, 40mg	4	
azelaic acid gel 15%	4	QL(100 GM per 30 days)
claravis caps 10mg, 20mg, 30mg, 40mg	4	
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	3	
erythromycin/benzoyl peroxide gel 5%; 3%	4	
FINACEA FOAM 15%	4	QL(50 GM per 30 days)
isotretinoin caps 10mg, 20mg, 30mg, 40mg	4	
metronidazole crea 0.75%	2	

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

Drug Name	Drug Tier	Requirements/Limits
metronidazole gel 0.75%	3	
metronidazole gel 1%	4	
tazarotene crea 0.1%	4	QL(60 GM per 30 days)
tretinoin crea 0.025%, 0.05%	4	PA
zenatane caps 10mg, 20mg, 30mg, 40mg	4	
Dermatitis and Pruritus Agents		
ADBRY INJ 150MG/ML	5	QL(6 ML per 28 days); PA
ADBRY INJ 300MG/2ML	5	QL(8 ML per 28 days); PA
ala-cort crea 1%	2	
alclometasone dipropionate crea 0.05%	2	
alclometasone dipropionate oint 0.05%	2	
ammonium lactate crea 12%	2	
ammonium lactate lotn 12%	2	
betamethasone dipropionate augmented crea 0.05%	2	
betamethasone dipropionate augmented gel 0.05%	4	
betamethasone dipropionate augmented lotn 0.05%	3	
betamethasone dipropionate augmented oint 0.05%	4	
betamethasone dipropionate crea 0.05%	3	
betamethasone dipropionate lotn 0.05%	3	
betamethasone dipropionate oint 0.05%	4	
betamethasone valerate crea 0.1%	3	
betamethasone valerate lotn 0.1%	3	
betamethasone valerate oint 0.1%	3	
clobetasol propionate emollient base crea 0.05%	2	
clobetasol propionate crea 0.05%	2	
clobetasol propionate foam 0.05%	3	
clobetasol propionate gel 0.05%	4	
clobetasol propionate oint 0.05%	2	
clobetasol propionate soln 0.05%	4	
desonide crea 0.05%	3	
desonide oint 0.05%	2	QL(120 GM per 30 days)
desoximetasone crea 0.25%	3	QL(100 GM per 30 days)
desoximetasone oint 0.25%	3	
EBGLYSS INJ 250MG/2ML	5	PA
EUCRISA OINT 2%	4	PA
fluocinolone acetonide crea 0.01%, 0.025%	4	
fluocinolone acetonide oint 0.025%	3	
fluocinolone acetonide soln 0.01%	4	
fluocinonide crea 0.1%	2	QL(120 GM per 30 days)
fluocinonide crea 0.05%	2	QL(60 GM per 30 days)
fluocinonide gel 0.05%	2	QL(60 GM per 30 days)
fluocinonide oint 0.05%	2	QL(60 GM per 30 days)
fluocinonide soln 0.05%	2	QL(60 ML per 30 days)
fluticasone propionate crea 0.05%	2	
fluticasone propionate oint 0.005%	2	
halobetasol propionate crea 0.05%	4	
halobetasol propionate oint 0.05%	4	

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

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone valerate crea 0.2%	3	QL(60 GM per 30 days)
hydrocortisone crea 1%	2	
hydrocortisone lotn 2.5%	2	
hydrocortisone oint 2.5%	2	
hydrocortisone oint 1%	2	QL(100 GM per 30 days)
mometasone furoate crea 0.1%	2	
mometasone furoate oint 0.1%	2	
mometasone furoate soln 0.1%	2	
pimecrolimus crea 1%	4	
selenium sulfide lotn 2.5%	2	
SPEVIGO INJ 150MG/ML, 300MG/2ML	5	QL(4 ML per 28 days); PA
tacrolimus oint 0.03%, 0.1%	4	
triamcinolone acetonide crea 0.025%, 0.1%, 0.5%	2	
triamcinolone acetonide lotn 0.1%	2	
triamcinolone acetonide lotn 0.025%	3	
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	2	
triderm crea 0.5%	2	
Dermatological Agents, Other		
calcipotriene crea 0.005%	4	QL(120 GM per 30 days)
calcipotriene oint 0.005%	4	QL(120 GM per 30 days)
calcipotriene soln 0.005%	3	QL(60 ML per 30 days)
clotrimazole/betamethasone dipropionate crea 0.05%; 1%	2	QL(90 GM per 30 days)
diclofenac sodium gel 3%	4	QL(300 GM per 30 days); ST
fluorouracil crea 0.5%	4	
fluorouracil crea 5%	4	QL(40 GM per 30 days)
fluorouracil soln 2%, 5%	3	
imiquimod crea 5%	3	QL(48 EA per 30 days)
nystatin/triamcinolone acetonide crea 100000unit/gm; 1mg/gm	3	
nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%	2	
OTEZLA TABS 20MG, 30MG	5	QL(60 EA per 30 days); PA
podofilox soln 0.5%	3	
SANTYL OINT 250UNIT/GM	4	
silver sulfadiazine crea 1%	2	
ssd crea 1%	2	
Pediculicides/Scabicides		
malathion lotn 0.5%	4	
permethrin crea 5%	3	
Topical Anti-infectives		
acyclovir oint 5%	4	QL(60 GM per 30 days)
ciclopirox nail lacquer soln 8%	2	PA
ciclopirox olamine crea 0.77%	2	
ciclopirox gel 0.77%	2	
ciclopirox sham 1%	3	
ciclopirox susp 0.77%	3	

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

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate topical soln 1%	3	QL(60 ML per 30 days)
ery pads 2%	3	
erythromycin gel 2%	3	
erythromycin soln 2%	2	
mupirocin crea 2%	3	
mupirocin oint 2%	2	QL(110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid tbso 200mg	5	
dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%	4	
dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%	4	
dextrose 5% inj 5%	2	
klor-con 10 tbcr 10meq	2	
klor-con 8 tbcr 8meq	2	
klor-con m10 tbcr 10meq	2	
klor-con m15 tbcr 15meq	3	
klor-con m20 tbcr 20meq	2	
magnesium sulfate inj 50%	3	
PLENAMINE INJ 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
potassium chloride er cpcr 10meq, 8meq	2	
potassium chloride er tbcr 10meq, 15meq, 20meq, 8meq	2	
potassium chloride er tbcr 15meq	3	
potassium chloride inj 10meq/100ml, 20meq/100ml, 40meq/100ml	2	
potassium chloride oral soln 10%	4	
potassium citrate er tbcr 1080mg, 15meq, 540mg	4	
sodium chloride 0.45% inj 0.45%	3	
sodium chloride inj 0.9%	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPS 100MG	5	
deferasirox pack 180mg, 360mg, 90mg	5	PA
deferasirox tabs 90mg	3	PA
deferasirox tabs 180mg, 360mg	4	PA
deferasirox tbso 125mg, 250mg	4	PA
deferasirox tbso 500mg	5	PA
penicillamine tabs 250mg	5	
tolvaptan tabs 15mg, 30mg	5	QL(120 EA per 30 days); PA
trientine hydrochloride caps 250mg	5	PA
Phosphate Binders		
calcium acetate tabs 667mg	3	
VELPHORO CHEW 500MG	5	

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

Drug Name	Drug Tier	Requirements/Limits
Potassium Binders		
KIONEX SUSP 15GM/60ML	3	
LOKELMA PACK 10GM, 5GM	4	QL(90 EA per 30 days)
sodium polystyrene sulfonate powd 0	3	
sodium polystyrene sulfonate susp 15gm/60ml	3	
sps susp 15gm/60ml	3	
VELTASSA PACK 16.8GM, 1GM, 25.2GM, 8.4GM	4	
Vitamins		
cyanocobalamin inj 1000mcg/ml	2	ED
folic acid tabs 1mg	2	QL(30 EA per 30 days); ED
prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	2	
vitamin d caps 50000unit	2	ED
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose soln 10gm/15ml	2	
enulose soln 10gm/15ml	2	
generlac soln 10gm/15ml	2	
lactulose soln 10gm/15ml	2	
LINZESS CAPS 145MCG, 290MCG, 72MCG	3	QL(30 EA per 30 days)
lubiprostone caps 24mcg, 8mcg	4	QL(60 EA per 30 days)
MOVANTIK TABS 12.5MG, 25MG	3	QL(30 EA per 30 days)
prucalopride tabs 1mg, 2mg	3	QL(30 EA per 30 days)
RELISTOR INJ 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJ 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR TABS 150MG	5	QL(90 EA per 30 days); ST
Anti-Diarrheal Agents		
alosetron hydrochloride tabs 0.5mg	4	PA
alosetron hydrochloride tabs 1mg	5	PA
diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg	3	
loperamide hydrochloride caps 2mg	2	
XERMELO TABS 250MG	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
dicyclomine hydrochloride caps 10mg	2	
dicyclomine hydrochloride tabs 20mg	2	
glycopyrrolate tabs 1mg, 2mg	3	PA
Gastrointestinal Agents, Other		
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
CTEXLI TABS 250MG	5	PA
gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	2	
gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
LIVMARLI SOLN 19MG/ML	5	QL(60 ML per 30 days); PA

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

Drug Name	Drug Tier	Requirements/Limits
LIVMARLI SOLN 9.5MG/ML	5	QL(90 ML per 30 days); PA
LIVMARLI TABS 30MG	5	QL(30 EA per 30 days); PA
LIVMARLI TABS 10MG, 15MG, 20MG	5	QL(60 EA per 30 days); PA
metoclopramide hcl soln 5mg/5ml	2	
metoclopramide hydrochloride tabs 10mg, 5mg	1	
NITROGLYCERIN OINT 0.4%	4	
peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	3	
SUTAB TABS 225MG; 188MG; 1479MG	3	
ursodiol tabs 250mg, 500mg	3	
VOQUEZNA TABS 10MG	4	QL(30 EA per 30 days); PA
VOQUEZNA TABS 20MG	4	QL(60 EA per 30 days); PA
VOWST CAPS 0	5	PA
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
famotidine tabs 20mg, 40mg	2	
nizatidine caps 150mg, 300mg	4	
Protectants		
misoprostol tabs 100mcg, 200mcg	3	
sucralfate tabs 1gm	2	
Proton Pump Inhibitors		
esomeprazole magnesium cpdr 20mg, 40mg	2	QL(60 EA per 30 days)
lansoprazole cpdr 15mg, 30mg	2	QL(60 EA per 30 days)
omeprazole dr cpdr 10mg	2	QL(60 EA per 30 days)
omeprazole cpdr 20mg, 40mg	2	QL(60 EA per 30 days)
pantoprazole sodium tbec 20mg, 40mg	2	QL(60 EA per 30 days)
rabeprazole sodium tbec 20mg	2	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine anhydrous powd 0	5	
CERDELGA CAPS 84MG	5	PA
CHOLBAM CAPS 250MG, 50MG	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
cromolyn sodium conc 100mg/5ml	4	
CYSTAGON CAPS 150MG, 50MG	4	
EVRYSDI SOLR 0.75MG/ML	5	QL(240 ML per 30 days); PA
l-glutamine pack 5gm	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
miglustat caps 100mg	5	PA
nitisinone caps 10mg, 20mg, 2mg, 5mg	5	
PROLASTIN-C INJ 1000MG/20ML	5	PA
PYRUKYND TAPER PACK TBPK 0, 5MG	5	QL(30 EA per 30 days); PA
PYRUKYND TABS 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABS 20MG, 5MG	5	QL(60 EA per 30 days); PA
REVCOVI INJ 2.4MG/1.5ML	5	PA
sapropterin dihydrochloride pack 100mg, 500mg	5	PA
sapropterin dihydrochloride tabs 100mg	5	PA
sodium phenylbutyrate powd 3gm/tsp	5	
SUCRAID SOLN 8500UNIT/ML	5	PA
WELIREG TABS 40MG	5	PA
YARGESA CAPS 100MG	5	PA
zelvysia pack 100mg, 500mg	5	PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
fesoterodine fumarate er tb24 4mg, 8mg	4	
GEMTESA TABS 75MG	4	
MYRBETRIQ SRER 8MG/ML	3	
MYRBETRIQ TB24 25MG, 50MG	3	
oxybutynin chloride er tb24 10mg, 15mg, 5mg	2	
oxybutynin chloride soln 5mg/5ml	2	
oxybutynin chloride tabs 5mg	2	
solifenacin succinate tabs 10mg, 5mg	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tb24 10mg	2	
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	2	
dutasteride caps 0.5mg	2	
finasteride tabs 5mg	2	
tadalafil tabs 2.5mg, 5mg	3	QL(30 EA per 30 days); PA
tamsulosin hydrochloride caps 0.4mg	2	
terazosin hcl caps 10mg, 1mg, 5mg	2	
terazosin hydrochloride caps 2mg	2	
Genitourinary Agents, Other		
bethanechol chloride tabs 10mg, 25mg, 50mg, 5mg	3	
ELMIRON CAPS 100MG	4	
sildenafil citrate tabs 100mg, 50mg	2	QL(6 EA per 30 days); ED; CB
sildenafil tabs 25mg	2	QL(6 EA per 30 days); ED; CB
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone soln 0.5mg/5ml	3	
dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tabs 0.1mg	2	
hydrocortisone tabs 10mg, 20mg, 5mg	2	
methylprednisolone dose pack tbpk 4mg	2	
methylprednisolone tabs 16mg, 32mg, 4mg, 8mg	2	
prednisolone sodium phosphate soln 25mg/5ml, 5mg/5ml	4	
prednisolone soln 15mg/5ml	2	
prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	2	
prednisone tbpk 10mg, 5mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate soln 0.01%	4	
desmopressin acetate tabs 0.1mg, 0.2mg	3	
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
GENOTROPIN INJ 12MG, 5MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
ISTURISA TABS 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABS 5MG	5	QL(360 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol caps 100mg, 200mg, 50mg	4	
testosterone cypionate inj 100mg/ml, 200mg/ml	2	PA
testosterone enanthate inj 200mg/ml	3	PA
testosterone pump gel 12.5mg/act, 20.25mg/act	4	PA
testosterone gel 25mg/2.5gm, 50mg/5gm	4	PA
Estrogens		
abigale lo tabs 0.5mg; 0.1mg	4	
abigale tabs 1mg; 0.5mg	4	
altavera tabs 30mcg; 0.15mg	3	
alyacen 1/35 tabs 35mcg; 1mg	3	
ashlyna tabs 0; 0	4	QL(91 EA per 91 days)
aubra eq tabs 20mcg; 0.1mg	3	
aviane tabs 20mcg; 0.1mg	3	
azurette tabs 0; 0	3	
balziva tabs 35mcg; 0.4mg	3	
blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
briellyn tabs 35mcg; 0.4mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
camrese lo tabs 0; 0	4	QL(91 EA per 91 days)
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	4	
conjugated estrogens tabs 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg	4	
cryselle tabs 30mcg; 0.3mg	3	
dolishale tabs 20mcg; 90mcg	3	
DOTTI PTTW 0.075MG/24HR, 0.1MG/24HR	4	
dotti pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr	4	
eluryng ring 0.015mg/24hr; 0.12mg/24hr	4	
enilloring ring 0.015mg/24hr; 0.12mg/24hr	4	
estarylla tabs 35mcg; 0.25mg	3	
estradiol/norethindrone acetate tabs 0.5mg; 0.1mg, 1mg; 0.5mg	4	
estradiol crea 0.1mg/gm	2	
estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm	4	
estradiol pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	4	
estradiol ptwk 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr	3	
estradiol oral tabs 0.5mg, 1mg, 2mg	2	
estradiol vaginal tabs 10mcg	4	
ESTRING RING 7.5MCG/24HR	4	QL(1 EA per 90 days)
etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	3	
falmina tabs 20mcg; 0.1mg	3	
feirza 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
feirza 1/20 tabs 20mcg; 75mg; 1mg	3	
fyavolv tabs 2.5mcg; 0.5mg, 5mcg; 1mg	4	
hailey fe 1/20 tabs 20mcg; 75mg; 1mg	3	
iclevia tabs 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
introvale tabs 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
jaimiess tabs 0; 0	4	QL(91 EA per 91 days)
jinteli tabs 5mcg; 1mg	4	
junel 1.5/30 tabs 30mcg; 1.5mg	3	
junel 1/20 tabs 20mcg; 1mg	3	
junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
junel fe 1/20 tabs 20mcg; 75mg; 1mg	3	
kariva tabs 0; 0	3	
kelnor 1/35 tabs 35mcg; 1mg	3	
kurvelo tabs 0.03mg; 0.15mg	3	
larin 1.5/30 tabs 30mcg; 1.5mg	3	
larin 1/20 tabs 20mcg; 1mg	3	
larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
larin fe 1/20 tabs 20mcg; 75mg; 1mg	3	
lessina tabs 20mcg; 0.1mg	3	
levonest tabs 0; 0	3	

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

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg	3	
levonorgestrel and ethinyl estradiol tabs 0; 0	4	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tabs 0; 0, 20mcg; 0.1mg	3	
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
lojaimiess tabs 0; 0	4	QL(91 EA per 91 days)
low-ogestrel tabs 30mcg; 0.3mg	3	
luizza 1.5/30 tabs 30mcg; 1.5mg	3	
luizza 1/20 tabs 20mcg; 1mg	3	
lyllana pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	4	
marlissa tabs 0.03mg; 0.15mg	3	
microgestin 1.5/30 tabs 30mcg; 1.5mg	3	
microgestin 1/20 tabs 20mcg; 1mg	3	
microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
microgestin fe 1/20 tabs 20mcg; 75mg; 1mg	3	
mili tabs 35mcg; 0.25mg	3	
mimvey tabs 1mg; 0.5mg	4	
necon 0.5/35-28 tabs 35mcg; 0.5mg	3	
norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr	4	
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg	3	
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg	4	
norgestimate/ethinyl estradiol tabs 0; 0, 35mcg; 0.25mg	3	
nortrel 0.5/35 (28) tabs 35mcg; 0.5mg	3	
nortrel 1/35 tabs 35mcg; 1mg	3	
nortrel 7/7/7 tabs 35mcg; 0	3	
nylia 1/35 tabs 35mcg; 1mg	3	
nylia 7/7/7 tabs 35mcg; 0	3	
pimtrea tabs 0; 0	3	
portia-28 tabs 0.03mg; 0.15mg	3	
PREMARIN CREA 0.625MG/GM	4	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE TABS 0.625MG; 5MG	4	
PREMPRO TABS 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG	4	
rivelsa tabs 0; 0	4	QL(91 EA per 91 days)
rosyrah tabs 0; 0	4	QL(91 EA per 91 days)
setlakin tabs 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
sprintec 28 tabs 35mcg; 0.25mg	3	
tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg	3	
tri-estarylla tabs 0; 0	3	
tri-mili tabs 0; 0	3	
tri-sprintec tabs 0; 0	3	
tri-vylibra tabs 0; 0	3	
turqoz tabs 30mcg; 0.3mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
valtya 1/35 tabs 35mcg; 1mg	3	
valtya 1/50 tabs 50mcg; 1mg	3	
vienva tabs 20mcg; 0.1mg	3	
viorele tabs 0; 0	3	
vyfemla tabs 35mcg; 0.4mg	3	
vylibra tabs 35mcg; 0.25mg	3	
xulane ptwk 35mcg/24hr; 150mcg/24hr	3	
yuvafem tabs 10mcg	4	
zafemy ptwk 35mcg/24hr; 150mcg/24hr	4	
zovia 1/35 tabs 35mcg; 1mg	3	
Progestins		
camila tabs 0.35mg	3	
deblitane tabs 0.35mg	3	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL(0.65 ML per 90 days)
errin tabs 0.35mg	3	
gallifrey tabs 5mg	2	
heather tabs 0.35mg	3	
incassia tabs 0.35mg	3	
LILETTA IUD 20.1MCG/DAY	3	
lyleq tabs 0.35mg	3	
lyza tabs 0.35mg	3	
medroxyprogesterone acetate inj 150mg/ml	2	QL(1 ML per 90 days)
medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg	1	
megestrol acetate susp 40mg/ml	3	
megestrol acetate tabs 20mg, 40mg	2	
meleya tabs 0.35mg	3	
NEXPLANON INJ 68MG	3	
nora-be tabs 0.35mg	3	
norethindrone acetate tabs 5mg	2	
norethindrone tabs 0.35mg	3	
ORQUIDEA TABS 0.35MG	3	
progesterone caps 100mg, 200mg	2	
sharobel tabs 0.35mg	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABS 60MG	3	QL(30 EA per 30 days); PA
raloxifene hydrochloride tabs 60mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	2	
liomny tabs 25mcg, 50mcg, 5mcg	2	

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Drug Name	Drug Tier	Requirements/Limits
liothyronine sodium tabs 25mcg, 50mcg, 5mcg	2	
REZDIFFRA TABS 100MG, 60MG, 80MG	5	QL(30 EA per 30 days); PA
unithroid tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tabs 0.5mg	3	
FIRMAGON INJ 80MG	4	QL(1 EA per 28 days); PA
FIRMAGON INJ 120MG/VIAL	5	QL(4 EA per 365 days); PA
leuprolide acetate inj 1mg/0.2ml	4	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG, 7.5MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG, 22.5MG	5	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH) INJ 30MG	5	QL(1 EA per 112 days); PA
LUPRON DEPOT (6-MONTH) INJ 45MG	5	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	QL(1 EA per 84 days); PA
mifepristone tabs 300mg	5	QL(120 EA per 30 days); PA
octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA
octreotide acetate inj 1000mcg/ml, 500mcg/ml	5	PA
ORGOVYX TABS 120MG	5	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG	5	PA
TRELSTAR MIXJECT INJ 22.5MG	4	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJ 11.25MG	4	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tabs 10mg, 5mg	2	
propylthiouracil tabs 50mg	2	
Immunological Agents		
Angioedema Agents		
CINRYZE INJ 500UNIT	5	PA
icatibant acetate inj 30mg/3ml	5	PA
Immunoglobulins		
BIVIGAM INJ 5GM/50ML	5	PA
PRIVIGEN INJ 20GM/200ML	5	PA
Immunological Agents, Other		
AVTOZMA INJ 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
BENLYSTA INJ 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY INJ 300MG/2ML	5	QL(10 ML per 28 days); PA
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJ 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJ 300MG/2ML	5	QL(8 ML per 28 days); PA
EBGLYSS INJ 250MG/2ML	5	PA
EMPAVELI INJ 1080MG/20ML	5	PA
KINERET INJ 100MG/0.67ML	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
ODACTRA SUBL 0; 0	3	QL(30 EA per 30 days); PA
ORENCIA CLICKJECT INJ 125MG/ML	5	QL(4 ML per 28 days); PA
ORENCIA INJ 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJ 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJ 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TBPK 0	5	QL(110 EA per 365 days); PA
RINVOQ LQ SOLN 1MG/ML	5	QL(360 ML per 30 days); PA
RINVOQ TB24 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN INJ 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJ 55MG/0.37ML	5	QL(0.37 ML per 28 days); PA
SKYRIZI INJ 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJ 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJ 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
STEQEYMA INJ 45MG/0.5ML	3	QL(3 ML per 84 days); PA
STEQEYMA INJ 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS CAPS 10MG	5	QL(180 EA per 30 days); PA
tofacitinib citrate er tb24 11mg, 22mg	5	QL(30 EA per 30 days); PA
tofacitinib citrate soln 1mg/ml	5	QL(300 ML per 30 days); PA
tofacitinib citrate tabs 10mg, 5mg	5	QL(60 EA per 30 days); PA
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJ 200MG/2ML	5	QL(4 ML per 28 days); PA
TREMFYA INJ 100MG/ML	5	QL(2 ML per 56 days); PA
TREMFYA INJ 200MG/2ML	5	QL(4 ML per 28 days); PA
TYENNE INJ 162MG/0.9ML	5	QL(4 ML per 28 days); PA
USTEKINUMAB INJ 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
ustekinumab inj 45mg/0.5ml	5	QL(3 ML per 84 days); PA
VYVGART HYTRULO INJ 1000MG/5ML; 10000UNIT/5ML	5	QL(20 ML per 28 days); PA
wezlana inj 45mg/0.5ml, 90mg/ml	5	QL(3 ML per 84 days); PA
XELJANZ XR TB24 11MG, 22MG	5	QL(30 EA per 30 days); PA
XELJANZ SOLN 1MG/ML	5	QL(300 ML per 30 days); PA
XELJANZ TABS 10MG, 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJ 75MG/0.5ML	5	QL(1 ML per 28 days); PA
XOLAIR INJ 150MG	5	QL(8 EA per 28 days); PA
XOLAIR INJ 150MG/ML, 300MG/2ML	5	QL(8 ML per 28 days); PA
Immunostimulants		
ACTIMMUNE INJ 100MCG/0.5ML	5	PA
BESREMI PEN INJ 500MCG/0.5ML	5	PA
BESREMI INJ 500MCG/ML	5	PA
PEGASYS INJ 180MCG/ML	5	PA
Immunosuppressants		
adalimumab-aaty 1-pen kit inj 80mg/0.8ml	5	QL(3 EA per 28 days); PA
adalimumab-aaty 2-pen kit inj 40mg/0.4ml	5	QL(6 EA per 28 days); PA
adalimumab-aaty 2-syringe inj 20mg/0.2ml	5	QL(2 EA per 28 days); PA
adalimumab-aaty 2-syringe inj 40mg/0.4ml	5	QL(6 EA per 28 days); PA

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

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-ADBM INJ 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-ADBM INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA
adalimumab-adbm inj 40mg/0.4ml	5	QL(6 EA per 28 days); PA
azathioprine tabs 50mg	2	B/D
cyclosporine modified caps 100mg, 25mg, 50mg	4	B/D
cyclosporine modified soln 100mg/ml	4	B/D
cyclosporine caps 100mg, 25mg	4	B/D
ENBREL MINI INJ 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK INJ 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL INJ 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJ 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARSUS XR TB24 0.75MG, 1MG	4	B/D
ENVARSUS XR TB24 4MG	5	B/D
everolimus tabs 0.25mg	4	B/D
everolimus tabs 0.5mg, 0.75mg, 1mg	5	B/D
gengraf caps 100mg, 25mg	4	B/D
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJ 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJ 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJ 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJ 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
JYLAMVO SOLN 2MG/ML	4	PA
leflunomide tabs 10mg, 20mg	2	
methotrexate sodium inj 50mg/2ml	2	
methotrexate sodium tabs 2.5mg	2	
methotrexate inj 50mg/2ml	2	
mycophenolate mofetil caps 250mg	4	B/D
mycophenolate mofetil susr 200mg/ml	5	B/D
mycophenolate mofetil tabs 500mg	4	B/D
mycophenolic acid dr tbec 180mg, 360mg	4	B/D
PEGASYS INJ 180MCG/0.5ML	5	PA
PROGRAF PACK 0.2MG, 1MG	4	B/D
REZUROCK TABS 200MG	5	QL(60 EA per 30 days); PA
sirolimus soln 1mg/ml	4	B/D
sirolimus tabs 0.5mg, 1mg, 2mg	4	B/D
tacrolimus caps 0.5mg, 1mg, 5mg	4	B/D
XATMEP SOLN 2.5MG/ML	4	PA
Vaccines		

Drug Name	Drug Tier	Requirements/Limits
ABRYSVO INJ 120MCG/0.5ML	1	QL(1 EA per 252 days)
ACTHIB INJ 0	1	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJ 120MCG/0.5ML	1	QL(1 EA per 999 days)
bcg vaccine inj 50mg	1	
BEXSERO INJ 0.5ML	1	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
ENGERIX-B INJ 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJ 0.5ML	1	
HAVRIX INJ 1440UNIT/ML	1	
HAVRIX INJ 720ELU/0.5ML	3	
HEPLISAV-B INJ 20MCG/0.5ML	1	B/D
HIBERIX INJ 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	1	B/D
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJ 0	1	
IXIARO INJ 0	1	
JYNNEOS INJ 0.5ML	1	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJ 0; 0; 0	1	
menquadfi inj 0.5ml	1	
MENVEO INJ 0	1	
MRESVIA INJ 50MCG/0.5ML	1	QL(0.5 ML per 999 days)
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAXHIB INJ 7.5MCG/0.5ML	3	
PENBRAYA INJ 0; 0	1	
PENMENVY INJ 0; 0	1	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PRIORIX INJ 0; 0; 0	1	
PROQUAD INJ 0; 0; 0; 0	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJ 0	1	B/D
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSP 0	3	
ROTATEQ SOLN 0	3	
SHINGRIX INJ 50MCG/0.5ML	1	
TENIVAC INJ 2LFU; 5LFU	1	
TICOVAC INJ 2.4MCG/0.5ML	1	
TICOVAC INJ 1.2MCG/0.25ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA INJ 0.5ML	1	
TWINRIX INJ 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJ 25MCG/0.5ML	1	
VAQTA INJ 50UNIT/ML	1	
VAQTA INJ 25UNIT/0.5ML	3	
VARIVAX INJ 1350PFU/0.5ML	1	
VAXCHORA SUSR 0	1	
VIMKUNYA INJ 40MCG/0.8ML	1	
VIVOTIF CPDR 0	1	
YF-VAX INJ 0	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium caps 750mg	4	
mesalamine er cpcr 500mg	4	
mesalamine enem 4gm	4	
mesalamine supp 1000mg	4	
sulfasalazine tabs 500mg	2	
sulfasalazine tbec 500mg	2	
Glucocorticoids		
budesonide er tb24 9mg	5	
budesonide cpep 3mg	4	
hydrocortisone crea 2.5%	2	
hydrocortisone enem 100mg/60ml	4	
procto-med hc crea 2.5%	2	
proctosol hc crea 2.5%	2	
proctozone-hc crea 2.5%	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium tabs 10mg, 35mg	6	
alendronate sodium tabs 70mg	6	QL(4 EA per 28 days)
calcitonin-salmon soln 200unit/act	3	QL(3.7 ML per 30 days)
calcitriol caps 0.25mcg, 0.5mcg	2	
cinacalcet hydrochloride tabs 30mg, 60mg, 90mg	4	
FORTEO INJ 560MCG/2.24ML	5	PA
ibandronate sodium tabs 150mg	6	QL(1 EA per 28 days)
JUBBONTI INJ 60MG/ML	4	QL(2 ML per 365 days)
OSENVELT INJ 120MG/1.7ML	5	PA
paricalcitol caps 1mcg, 2mcg, 4mcg	4	
RAYALDEE CPCR 30MCG	5	
risedronate sodium tabs 35mg	4	QL(4 EA per 28 days)
STOBOCLO INJ 60MG/ML	4	QL(2 ML per 365 days)
teriparatide inj 560mcg/2.24ml	5	PA
TYMLOS INJ 3120MCG/1.56ML	5	PA
WYOST INJ 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PADS 70%	1	

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

Drug Name	Drug Tier	Requirements/Limits
CURITY GAUZE PADS 2"X2" 12 PLY PADS	1	
INSULIN SYRINGES, NEEDLES MISC	1	QL(200 EA per 30 days)
KYGEVVI PACK 2GM; 2GM	5	PA
NUTRILIPID INJ 20GM/100ML	4	B/D
RIVFLOZA INJ 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJ 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SKYCLARYS CAPS 50MG	5	QL(90 EA per 30 days); PA
sodium chloride 0.9% soln 0.9%	2	
ZOKINVY CAPS 50MG, 75MG	5	QL(120 EA per 30 days); PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate soln 1%	3	
bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm	2	
COMBIGAN SOLN 0.2%; 0.5%	3	
cyclosporine emul 0.05%	3	
CYSTARAN SOLN 0.44%	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate soln 20mg/ml; 5mg/ml	2	
loteprednol etabonate/tobramycin susp 0.5%; 0.3%	4	
MIEBO SOLN 1.338GM/ML	4	QL(12 ML per 30 days)
neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm	3	
neomycin/polymyxin/bacitracin oint 400unit/gm; 5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml	3	
polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%	2	
RESTASIS MULTIDOSE EMUL 0.05%	3	
RESTASIS EMUL 0.05%	3	
ROCKLATAN SOLN 0.005%; 0.02%	3	QL(2.5 ML per 25 days)
SIMBRINZA SUSP 0.2%; 1%	3	
sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%	2	
TOBRADEX ST SUSP 0.05%; 0.3%	4	
tobramycin/dexamethasone susp 0.1%; 0.3%	4	
XIIDRA SOLN 5%	4	QL(60 EA per 30 days)
ZYLET SUSP 0.5%; 0.3%	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl soln 0.05%	2	
cromolyn sodium soln 4%	2	
Ophthalmic Anti-Infectives		
BESIVANCE SUSP 0.6%	4	
ciprofloxacin hydrochloride soln 0.3%	2	

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

Drug Name	Drug Tier	Requirements/Limits
erythromycin oint 5mg/gm	2	
gatifloxacin soln 0.5%	4	
gentamicin sulfate ophthalmic soln 0.3%	2	
levofloxacin ophthalmic soln 0.5%	3	
moxifloxacin hydrochloride soln 0.5%	2	
NATACYN SUSP 5%	4	
ofloxacin ophthalmic soln 0.3%	2	
sulfacetamide sodium soln 10%	2	
tobramycin soln 0.3%	2	
trifluridine soln 1%	4	
XDEMVY SOLN 0.25%	5	QL(10 ML per 42 days)
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
bromfenac sodium soln 0.07%	4	QL(12 ML per 365 days)
dexamethasone sodium phosphate soln 0.1%	3	
diclofenac sodium ophthalmic soln 0.1%	2	
FLAREX SUSP 0.1%	3	
flurbiprofen sodium soln 0.03%	3	
ketorolac tromethamine soln 0.5%	2	
LOTEMAX SM GEL 0.38%	4	QL(20 GM per 365 days)
prednisolone acetate susp 1%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl soln 0.5%	4	
carteolol hcl soln 1%	2	
levobunolol hcl soln 0.5%	2	
timolol maleate soln 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er cp12 500mg	4	
acetazolamide tabs 125mg, 250mg	3	
BRIMONIDINE TARTRATE SOLN 0.1%	3	
brimonidine tartrate soln 0.2%	2	
dorzolamide hydrochloride soln 2%	2	
pilocarpine hydrochloride soln 1%, 2%, 4%	3	
RHOPRESSA SOLN 0.02%	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost soln 0.005%	1	
LUMIGAN SOLN 0.01%	3	QL(2.5 ML per 25 days)
VYZULTA SOLN 0.024%	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid soln 2%	2	
neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml	3	
neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml	3	
ofloxacin otic soln 0.3%	2	
Respiratory Tract/Pulmonary Agents		

Drug Name	Drug Tier	Requirements/Limits
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEPB 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL(30 EA per 30 days)
ASMANEX HFA AERO 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH, 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	4	QL(1 EA per 30 days)
budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	QL(120 ML per 30 days); B/D
fluticasone propionate susp 50mcg/act	2	
mometasone furoate susp 50mcg/act	4	QL(34 GM per 30 days)
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	3	QL(21.2 GM per 30 days)
Antihistamines		
azelastine hydrochloride soln 0.1%	2	QL(60 ML per 30 days)
cetirizine hydrochloride soln 5mg/5ml	2	
cyproheptadine hydrochloride tabs 4mg	4	
hydroxyzine hcl tabs 50mg	2	
hydroxyzine hydrochloride syrp 10mg/5ml	4	
hydroxyzine hydrochloride tabs 10mg, 25mg	2	
hydroxyzine pamoate caps 100mg, 25mg, 50mg	4	
levocetirizine dihydrochloride tabs 5mg	2	
Antileukotrienes		
montelukast sodium chew 4mg, 5mg	2	
montelukast sodium pack 4mg	4	
montelukast sodium tabs 10mg	2	
zafirlukast tabs 10mg, 20mg	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL(30 EA per 30 days)
ipratropium bromide hfa aers 17mcg/act	4	QL(25.8 GM per 30 days)
ipratropium bromide nasal soln 0.03%, 0.06%	2	
ipratropium bromide inhalation soln 0.02%	2	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL(8 GM per 30 days)
tiotropium bromide caps 18mcg	4	QL(30 EA per 30 days)
YUPELRI NEBU 175MCG/3ML	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aers 108mcg/act x 7gm	2	QL(13.4 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act x 8gm	2	QL(17 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act x 18gm	2	QL(48 GM per 30 days)
albuterol sulfate nebu 2.5mg/0.5ml	2	QL(100 EA per 30 days); B/D
albuterol sulfate nebu 0.083%	2	QL(525 ML per 30 days); B/D
albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml	4	QL(375 ML per 30 days); B/D
arformoterol tartrate nebu 15mcg/2ml	4	QL(120 ML per 30 days); PA

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

Drug Name	Drug Tier	Requirements/Limits
epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml	3	
epinephrine inj 0.3mg/0.3ml	3	Applies to product manufactured by Mylan Specialty L.P. Only
epinephrine inj 0.3mg/0.3ml	3	Applies to products manufactured by Impax or Lineage Therapeutics
levalbuterol hydrochloride nebu 0.63mg/3ml	4	QL(540 ML per 30 days); B/D
levalbuterol tartrate hfa aero 45mcg/act	3	QL(30 GM per 30 days)
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON SOLR 75MG	5	PA
KALYDECO PACK 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA
KALYDECO TABS 150MG	5	QL(60 EA per 30 days); PA
ORKAMBI TABS 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA
PULMOZYME SOLN 2.5MG/2.5ML	5	PA
tobramycin nebu 300mg/5ml	5	B/D
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
cromolyn sodium nebu 20mg/2ml	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast tabs 250mcg, 500mcg	4	PA
THEOPHYLLINE ER TB12 100MG, 200MG	4	
theophylline er tb12 300mg, 450mg	4	
theophylline er tb24 400mg, 600mg	2	
Pulmonary Antihypertensives		
ADEMPAS TABS 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL(90 EA per 30 days); PA
alyq tabs 20mg	4	QL(60 EA per 30 days); PA
ambrisentan tabs 10mg, 5mg	5	QL(30 EA per 30 days); PA
macitentan tabs 10mg	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	5	QL(504 EA per 365 days); PA
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
sildenafil citrate tabs 20mg	3	QL(90 EA per 30 days); PA
tadalafil tabs 20mg	4	QL(60 EA per 30 days); PA
WINREVAIR INJ 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		
nintedanib esylate caps 100mg, 150mg	5	PA
pirfenidone caps 267mg	5	PA
PIRFENIDONE TABS 534MG	5	PA
pirfenidone tabs 267mg, 801mg	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
AIRSUPRA AERO 90MCG/ACT; 80MCG/ACT	3	QL(32.1 GM per 30 days)
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
breyna aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	3	QL(10.7 GM per 30 days)
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(23.6 GM per 28 days)
budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	4	QL(10.3 GM per 30 days)
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN INJ 30MG/ML	5	QL(1 ML per 28 days); PA
FASENRA INJ 10MG/0.5ML	5	QL(0.5 ML per 28 days); PA
FASENRA INJ 30MG/ML	5	QL(1 ML per 28 days); PA
fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml	2	QL(540 ML per 30 days); B/D
NUCALA INJ 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJ 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJ 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
wixela inhub aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tabs 10mg, 5mg	3	PA
methocarbamol tabs 500mg, 750mg	2	
orphenadrine citrate er tb12 100mg	3	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA TABS 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days)
doxepin hydrochloride tabs 3mg, 6mg	3	QL(30 EA per 30 days)
ESZOPICLONE TABS 1MG, 2MG, 3MG	4	QL(30 EA per 30 days)
temazepam caps 15mg, 30mg	2	QL(30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
zaleplon caps 5mg	4	QL(30 EA per 30 days)
zaleplon caps 10mg	4	QL(60 EA per 30 days)
zolpidem tartrate er tbcr 12.5mg, 6.25mg	4	QL(30 EA per 30 days)
zolpidem tartrate tabs 10mg, 5mg	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
ARMODAFINIL TABS 150MG, 200MG, 250MG	4	QL(30 EA per 30 days); PA
ARMODAFINIL TABS 50MG	4	QL(60 EA per 30 days); PA
modafinil tabs 100mg, 200mg	3	QL(30 EA per 30 days); PA
sodium oxybate soln 500mg/ml	5	QL(540 ML per 30 days); PA

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Notice of Availability of Language Assistance Services

ATTENTION: If you speak English, free language assistance services and free communications in other formats, such as large print, are available to you. Call 1-866-535-8343. (TTY: 711).

Spanish: ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al 1-866-535-8343. (TTY: 711).

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-535-8343 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Chinese:
注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-535-8343（文本电话：711）或咨询您的服务提供商。

Korean: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-535-8343 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Arabic: تنبيه :إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية .كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا .اتصل على الرقم- أو تحدث إلى مقدم الخدمة

Urdu :دھیان دیں :اگر آپ اردو بولتے ہیں تو مفت زبان میں مدد کی خدمات اور مفت مواصلات

دوسرے فارمیٹس، جیسے بڑے پرنٹ، آپ کے لیے دستیاب ہیں۔ 1-866-535-8343 پر کال کریں۔

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-535-8343 (TTY: 711) o makipag-usap sa iyong provider.

French: ATTENTION: Si vous parlez français, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le 1-866-535-8343. (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-535-8343. (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

توجه :اگر به زبان فارسی صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، برای شما در دسترس است .با شماره 1-866-535-8343 (TTY: 711) تماس بگیرید **Persian**

German: ACHTUNG: Falls Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie 1-866-535-8343. (TTY: 711).

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો મફત ભાષા સહાય સેવાઓ અને મોટા અક્ષરો જેવા અન્ય ફોર્મેટમાં મફત સંદેશાવ્યવહાર તમારા માટે ઉપલબ્ધ છે. 1-866-535-8343 પર કૉલ કરો. (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-535-8343 (TTY: 711) или обратитесь к своему поставщику услуг.

Japanese:
日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-866-535-8343（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

Laotian: ຊຶ່ນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-866-535-8343 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

METHOD	KelseyCare Advantage Member Services - Contact Information
CALL	**1-866-535-8343** Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used weekends, after hours and on federal holidays. Member Services also has free language interpreter services available for non-English speakers.
TTY	**711** Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used weekends, after hours and on federal holidays.
FAX	713-442-5450
WRITE	KelseyCare Advantage ATTN: Member Services P.O. Box 841569 Pearland, TX 77584-9832
WEBSITE	www.KelseyCareAdvantage.com

Health Information Counseling and Advocacy Program (HICAP)

Health Information Counseling and Advocacy Program (HICAP) is a state program that gets money from the Federal Government to give free local health insurance counseling to people with Medicare.

METHOD	Health Information Counseling and Advocacy Program (HICAP) (Texas' SHIP) - Contact Information
CALL	1-800-252-9240
TTY	1-800-735-2989 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	701 West 51st Street MC: W275 Austin, TX 78751
WEBSITE	https://hhs.texas.gov/services/health/medicare

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