**American Health Advantage of Oklahoma (HMO I-SNP)**
**American Health Advantage of Utah (HMO I-SNP)**
**American Health Advantage of Idaho (HMO I-SNP)**
**American Health Advantage of Missouri (HMO I-SNP)**
**American Health Advantage of Missouri Choice (HMO I-SNP)**
**American Health Advantage of Florida (HMO I-SNP)**
**Iowa Health Advantage (HMO I-SNP)**
**Iowa Health Advantage Choice (HMO I-SNP)**
**American Health Advantage of Texas (HMO I-SNP)**
**American Health Advantage of Tennessee (HMO I-SNP)**
**Georgia Health Advantage (HMO I-SNP)**
**Georgia Health Advantage Choice (HMO I-SNP)**
**American Health Advantage of Louisiana (HMO I-SNP)**
**American Health Advantage of Indiana (HMO I-SNP)**
**American Health Advantage of Mississippi (HMO I-SNP)**
**American Health Advantage of Pennsylvania (HMO I-SNP)**

# 2026 Formulary
# (List of Covered Drugs or "Drug List")

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**
Formulary File Submission ID 26171, Version Number 7

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact Our Plan Member Services, at number provided or, for TTY/ TDD:1-833-312-0046, hours of operation: October 1st through March 31st are 8:00 A.M to 8:00P.M., seven days a week; April 1st through September 30th are 8:00 A.M to 8:00 P.M., Monday through Friday, or Website provided.

| Plan Name | Member Services | Website |
|---|---|---|
| American Health Advantage of Oklahoma (HMO I-SNP) | 866-583-4649 | OK.AmHealthPlans.com |
| American Health Advantage of Utah (HMO I-SNP) | 855-521-0627 | UT.AmHealthPlans.com |
| American Health Advantage of Idaho (HMO I-SNP) | 855-521-0627 | ID.AmHealthPlans.com |
| American Health Advantage of Missouri (HMO I-SNP) | 844-228-7934 | MO.AmHealthPlans.com |
| American Health Advantage of Missouri Choice (HMO I-SNP) | 844-228-7934 | MO.AmHealthPlans.com |
| American Health Advantage of Florida (HMO I-SNP) | 855-521-0626 | FL.AmHealthPlans.com |
| Iowa Health Advantage (HMO I-SNP) | 866-327-0523 | IowaHealthAdvantage.com |
| Iowa Health Advantage Choice (HMO I-SNP) | 866-327-0523 | IowaHealthAdvantage.com |
| American Health Advantage of Texas (HMO I-SNP) | 855-521-0628 | TX.AmHealthPlans.com |
| American Health Advantage of Tennessee (HMO I-SNP) | 844-321-1763 | TN.AmHealthPlans.com |
| Georgia Health Advantage (HMO I-SNP) | 844-917-0645 | GeorgiaHealthAdvantage.com |
| Georgia Health Advantage Choice (HMO I-SNP) | 844-917-0645 | GeorgiaHealthAdvantage.com |
| American Health Advantage of Louisiana (HMO I-SNP) | 866-266-6010 | LA.AmHealthPlans.com |
| American Health Advantage of Indiana (HMO I-SNP) | 844-657-0447 | IN.AmHealthPlans.com |
| American Health Advantage of Mississippi (HMO I-SNP) | 844-917-0642 | MS.AmHealthPlans.com |
| American Health Advantage of Pennsylvania (HMO I-SNP) | 855-239-1022 | PA.AmhealthPlans.com |

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

When this Drug List (Formulary) refers to "we," "us", or "our," it means Oklahoma Superior Select, Inc., American Health Plan of UT, Inc., American Health Plan of Missouri, Inc., American Health Plan of FL, Inc., American Health Plan of Iowa, Inc., American Health Plan of TX, Inc., American Health Plan, Inc., Georgia Assurance, Inc., Dignity Care Corporation, American Health Plan of Indiana, Inc., American Health Plan of Mississippi, Inc, American Health Plan of Pennsylvania, Inc.. When it refers to "plan" or "our plan," it means American Health Advantage of Oklahoma (HMO I-SNP), American Health Advantage of Utah (HMO I-SNP), American Health Advantage of Idaho (HMO I-SNP), American Health Advantage of Missouri (HMO I-SNP), American Health Advantage of Missouri Choice (HMO I-SNP), American Health Advantage of Florida (HMO I-SNP), Iowa Health Advantage (HMO I-SNP), Iowa Health Advantage Choice (HMO I-SNP), American Health Advantage of Texas (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), Georgia Health Advantage Choice (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Mississippi (HMO I-SNP), American Health Advantage of Pennsylvania (HMO I-SNP)

This document includes Drug List (formulary) for our plan which is current as of 01/01/2026. 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 American Health Advantage of Oklahoma (HMO I-SNP), American Health Advantage of Utah (HMO I-SNP), American Health Advantage of Idaho (HMO I-SNP), American Health Advantage of Missouri (HMO I-SNP), American Health Advantage of Missouri Choice (HMO I-SNP), American Health Advantage of Florida (HMO I-SNP), Iowa Health Advantage (HMO I-SNP), Iowa Health Advantage Choice (HMO I-SNP), American Health Advantage of Texas (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), Georgia Health Advantage Choice (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Mississippi (HMO I-SNP), American Health Advantage of Pennsylvania (HMO I-SNP) Formulary?**

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

**Can the formulary change?**

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

Updates to the formulary are posted monthly to our website here:

| Plan Name | Member Services | Website |
|---|---|---|
| American Health Advantage of Oklahoma (HMO I-SNP) | 866-583-4649 | OK.AmHealthPlans.com |
| American Health Advantage of Utah (HMO I-SNP) | 855-521-0627 | UT.AmHealthPlans.com |
| American Health Advantage of Idaho (HMO I-SNP) | 855-521-0627 | ID.AmHealthPlans.com |
| American Health Advantage of Missouri (HMO I-SNP) | 844-228-7934 | MO.AmHealthPlans.com |
| American Health Advantage of Missouri Choice (HMO I-SNP) | 844-228-7934 | MO.AmHealthPlans.com |
| American Health Advantage of Florida (HMO I-SNP) | 855-521-0626 | FL.AmHealthPlans.com |
| Iowa Health Advantage (HMO I-SNP) | 866-327-0523 | IowaHealthAdvantage.com |
| Iowa Health Advantage Choice (HMO I-SNP) | 866-327-0523 | IowaHealthAdvantage.com |
| American Health Advantage of Texas (HMO I-SNP) | 855-521-0628 | TX.AmHealthPlans.com |
| American Health Advantage of Tennessee (HMO I-SNP) | 844-321-1763 | TN.AmHealthPlans.com |
| Georgia Health Advantage (HMO I-SNP) | 844-917-0645 | GeorgiaHealthAdvantage.com |
| Georgia Health Advantage Choice (HMO I-SNP) | 844-917-0645 | GeorgiaHealthAdvantage.com |

| | | |
|---|---|---|
| American Health Advantage of Louisiana (HMO I-SNP) | 866-266-6010 | LA.AmHealthPlans.com |
| American Health Advantage of Indiana (HMO I-SNP) | 844-657-0447 | IN.AmHealthPlans.com |
| American Health Advantage of Mississippi (HMO I-SNP) | 844-917-0642 | MS.AmHealthPlans.com |
| American Health Advantage of Pennsylvania (HMO I-SNP) | 855-239-1022 | PA.AmhealthPlans.com |

**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. 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.

  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 American Health Advantage of Oklahoma (HMO I-SNP), American Health Advantage of Utah (HMO I-SNP), American Health Advantage of Idaho (HMO I-SNP), American Health Advantage of Missouri (HMO I-SNP), American Health Advantage of Missouri Choice (HMO I-SNP), American Health Advantage of Florida (HMO I-SNP), Iowa Health Advantage (HMO I-SNP), Iowa Health Advantage Choice (HMO I-SNP), American Health Advantage of Texas (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), Georgia Health Advantage Choice (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Mississippi (HMO I-SNP), American Health Advantage of Pennsylvania (HMO I-SNP) Formulary?"

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand

name drug or original biological product. 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, 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 American Health Advantage of Oklahoma (HMO I-SNP), American Health Advantage of Utah (HMO I-SNP), American Health Advantage of Idaho (HMO I-SNP), American Health Advantage of Missouri (HMO I-SNP), American Health Advantage of Missouri Choice (HMO I-SNP), American Health Advantage of Florida (HMO I-SNP), Iowa Health Advantage (HMO I-SNP), Iowa Health Advantage Choice (HMO I-SNP), American Health Advantage of Texas (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), Georgia Health Advantage Choice (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Mississippi (HMO I-SNP), American Health Advantage of Pennsylvania (HMO I-SNP)?"

**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 01/01/2026. To get updated information about the drugs covered by Our Plan please contact us. Our contact information appears on the front and back cover pages.

*Our Plan will send you a notice in the event of a mid-year-non-maintenance formulary change. The notice will generally be sent 60 days prior to the change.*

**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 agents". 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 83. 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?**

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

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5 "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:** Our Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Our Plan before you fill your prescriptions. If you don't get approval, Our Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Our Plan limits the amount of the drug that Our Plan will cover. For example, Our Plan 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, Our Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Our Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Our Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 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 our prior authorization and step therapy restrictions.

You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Our Plan 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 Our Plan's formulary?" on page VII 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. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Our Plan does not cover your drug, you have two options:

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

**How do I request an exception to the American Health Advantage of Oklahoma (HMO I-SNP), American Health Advantage of Utah (HMO I-SNP), American Health Advantage of Idaho (HMO I-SNP), American Health Advantage of Missouri (HMO I-SNP), American Health Advantage of Missouri Choice (HMO I-SNP), American Health Advantage of Florida (HMO I-SNP), Iowa Health Advantage (HMO I-SNP), Iowa Health Advantage Choice (HMO I-SNP), American Health Advantage of Texas (HMO I-SNP), American Health Advantage of Tennessee (HMO I-SNP), Georgia Health Advantage (HMO I-SNP), Georgia Health Advantage Choice (HMO I-SNP), American Health Advantage of Louisiana (HMO I-SNP), American Health Advantage of Indiana (HMO I-SNP), American Health Advantage of Mississippi (HMO I-SNP), American Health Advantage of Pennsylvania (HMO I-SNP) Formulary?**

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

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

Generally, Our Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, 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 members who are outside their transition period, and experience a change in the level of care when changing from one treatment setting to another (example: long-term care facility to hospital, hospital to long-term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility, hospice to home):

We will allow an early refill for a 30-day supply of medication in the retail setting and up to a 31-day supply in the long-term setting for formulary medications and an emergency transition fill for the non-formulary medication (including those medications that are on the formulary but require prior authorization, step therapy or are subject to quantity limit restrictions).

**For more information**
For more detailed information about your Our Plan Prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

**Our Plans' Formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered by Our Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 83.

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

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

- Standard Benefits
  Drug Tier 1:25%

**Guide to Abbreviations**

Non-Extended Day Supply (NDS): You may be able to receive greater than a 1-month supply of most of the drugs on your Formulary via mail order at a reduced cost share. Drugs noted with "NDS" are limited to a 1-month supply for both Retail, Mail Order and Specialty.

Prior Authorization (PA): The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from The Plan before you fill your prescriptions. If you don't get approval, The Plan may not cover the drug.

Prior Authorization Restriction for Part B vs Part D Determination (PA_BvD): This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from The Plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, The Plan may not cover this drug.

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

Quantity Limits (QL): For certain drugs, The Plan limits the amount of the drug that The Plan will cover. This could include a: per fill, daily, monthly, or yearly limitation.

Vaccine (VAC): Medicare Part D Vaccines covered at $0.

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|---|---|
| **ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS** | | |
| **AMPHETAMINES** | | |
| *amphetamine/dextroamphetamine 10mg er cap* | 1 | |
| *amphetamine/dextroamphetamine 10mg tab* | 1 | |
| *amphetamine/dextroamphetamine 12.5mg tab* | 1 | |
| *amphetamine/dextroamphetamine 15mg er cap* | 1 | |
| *amphetamine/dextroamphetamine 15mg tab* | 1 | |
| *amphetamine/dextroamphetamine 20mg er cap* | 1 | |
| *amphetamine/dextroamphetamine 20mg tab* | 1 | |
| *amphetamine/dextroamphetamine 25mg er cap* | 1 | |
| *amphetamine/dextroamphetamine 30mg er cap* | 1 | |
| *amphetamine/dextroamphetamine 30mg tab* | 1 | |
| *amphetamine/dextroamphetamine 5mg er cap* | 1 | |
| *amphetamine/dextroamphetamine 5mg tab* | 1 | |
| *amphetamine/dextroamphetamine 7.5mg tab* | 1 | |
| *dextroamphetamine sulfate 10mg tab* | 1 | |
| *dextroamphetamine sulfate 5mg tab* | 1 | |
| *lisdexamfetamine dimesylate 10mg cap* | 1 | |
| *lisdexamfetamine dimesylate 20mg cap* | 1 | |
| *lisdexamfetamine dimesylate 30mg cap* | 1 | |
| *lisdexamfetamine dimesylate 40mg cap* | 1 | |
| *lisdexamfetamine dimesylate 50mg cap* | 1 | |
| *lisdexamfetamine dimesylate 60mg cap* | 1 | |
| *lisdexamfetamine dimesylate 70mg cap* | 1 | |
| **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS** | | |
| *atomoxetine 100mg cap* | 1 | QL=30 EA/30 Days |
| *atomoxetine 10mg cap* | 1 | QL=60 EA/30 Days |
| *atomoxetine 18mg cap* | 1 | QL=60 EA/30 Days |
| *atomoxetine 25mg cap* | 1 | QL=60 EA/30 Days |
| *atomoxetine 40mg cap* | 1 | QL=60 EA/30 Days |
| *atomoxetine 60mg cap* | 1 | QL=60 EA/30 Days |
| *atomoxetine 80mg cap* | 1 | QL=30 EA/30 Days |
| *clonidine 0.1mg er tab* | 1 | |
| *guanfacine 1mg er tab* | 1 | |
| *guanfacine 2mg er tab* | 1 | |
| *guanfacine 3mg er tab* | 1 | |
| *guanfacine 4mg er tab* | 1 | |
| **STIMULANTS - MISC.** | | |
| *armodafinil 150mg tab* | 1 | PA QL=30 EA/30 Days |
| *armodafinil 200mg tab* | 1 | PA QL=30 EA/30 Days |
| *armodafinil 250mg tab* | 1 | PA QL=30 EA/30 Days |
| *armodafinil 50mg tab* | 1 | PA QL=30 EA/30 Days |
| *dexmethylphenidate 10mg tab* | 1 | |
| *dexmethylphenidate 2.5mg tab* | 1 | |
| *dexmethylphenidate 5mg tab* | 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 |
|---|---|---|
| *methylphenidate 10mg er tab* | 1 | |
| *methylphenidate 10mg tab* | 1 | |
| *methylphenidate 18mg er osmotic tab* | 1 | |
| *methylphenidate 1mg/ml oral soln* | 1 | QL=1800 ML/30 Days |
| *methylphenidate 20mg er tab* | 1 | |
| *methylphenidate 20mg tab* | 1 | |
| *methylphenidate 27mg er osmotic tab* | 1 | |
| *methylphenidate 27mg er tab* | 1 | |
| *methylphenidate 2mg/ml oral soln* | 1 | QL=900 ML/30 Days |
| *methylphenidate 36mg er osmotic tab* | 1 | |
| *methylphenidate 36mg er tab* | 1 | |
| *methylphenidate 54mg er osmotic tab* | 1 | |
| *methylphenidate 54mg er tab* | 1 | |
| *methylphenidate 5mg tab* | 1 | |
| *modafinil 100mg tab* | 1 | PA QL=60 EA/30 Days |
| *modafinil 200mg tab* | 1 | PA QL=60 EA/30 Days |
| **AMINOGLYCOSIDES** | | |
| **AMINOGLYCOSIDES** | | |
| *amikacin 250mg/ml inj* | 1 | |
| ARIKAYCE 590MG/8.4ML INH SUSP | 1 | NDS PA QL=235.20 ML/28 Days |
| GENTAMICIN 0.8MG/ML INJ | 1 | |
| GENTAMICIN 1.2MG/ML INJ | 1 | |
| GENTAMICIN 1.6MG/ML INJ | 1 | |
| GENTAMICIN 1MG/ML INJ | 1 | |
| *gentamicin 40mg/ml inj* | 1 | |
| *neomycin sulfate 500mg tab* | 1 | |
| STREPTOMYCIN 1GM INJ | 1 | |
| TOBRAMYCIN 10MG/ML INJ | 1 | |
| *tobramycin 300mg/5ml inh soln* | 1 | PA QL=280 ML/28 Days |
| *tobramycin 80mg/2ml inj* | 1 | |
| **ANALGESICS - ANTI-INFLAMMATORY** | | |
| **ANTIRHEUMATIC - ENZYME INHIBITORS** | | |
| *leflunomide 10mg tab* | 1 | QL=30 EA/30 Days |
| *leflunomide 20mg tab* | 1 | QL=30 EA/30 Days |
| OLUMIANT 1MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| OLUMIANT 2MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| OLUMIANT 4MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| RINVOQ 15MG ER TAB | 1 | NDS PA QL=30 EA/30 Days |
| RINVOQ 1MG/ML ORAL SOLN | 1 | NDS PA QL=360 ML/30 Days |
| RINVOQ 30MG ER TAB | 1 | NDS PA QL=30 EA/30 Days |
| RINVOQ 45MG ER TAB | 1 | NDS PA QL=30 EA/30 Days |
| XELJANZ 10MG TAB | 1 | NDS PA QL=60 EA/30 Days |
| XELJANZ 1MG/ML ORAL SOLN | 1 | NDS PA QL=300 ML/30 Days |
| XELJANZ 5MG TAB | 1 | NDS PA QL=60 EA/30 Days |
| XELJANZ XR 11MG TAB | 1 | NDS PA QL=30 EA/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 |
|---|---|---|
| XELJANZ XR 22MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES** | | |
| CIMZIA 200MG INJ | 1 | NDS PA QL=2 EA/28 Days |
| CIMZIA 200MG/ML SYRINGE | 1 | NDS PA QL=2 EA/28 Days |
| ENBREL 25MG/0.5ML INJ | 1 | NDS PA QL=8 ML/28 Days |
| ENBREL 25MG/0.5ML SYRINGE | 1 | NDS PA QL=8 ML/28 Days |
| ENBREL 50MG/ML AUTO-INJECTOR | 1 | NDS PA QL=8 ML/28 Days |
| ENBREL 50MG/ML CARTRIDGE | 1 | NDS PA QL=8 ML/28 Days |
| ENBREL 50MG/ML SYRINGE | 1 | NDS PA QL=8 ML/28 Days |
| HADLIMA 40MG/0.4ML AUTO-INJECTOR | 1 | NDS PA QL=2.40 ML/28 Days |
| HADLIMA 40MG/0.4ML SYRINGE | 1 | NDS PA QL=2.40 ML/28 Days |
| HADLIMA 40MG/0.8ML AUTO-INJECTOR | 1 | NDS PA QL=4.80 ML/28 Days |
| HADLIMA 40MG/0.8ML SYRINGE | 1 | NDS PA QL=4.80 ML/28 Days |
| SIMLANDI 20MG/0.2ML SYRINGE | 1 | NDS PA QL=2 EA/28 Days |
| SIMLANDI 40MG/0.4ML AUTO-INJECTOR | 1 | NDS PA QL=6 EA/28 Days |
| SIMLANDI 40MG/0.4ML SYRINGE | 1 | NDS PA QL=6 EA/28 Days |
| SIMLANDI 80MG/0.8ML AUTO-INJECTOR | 1 | NDS PA QL=3 EA/28 Days |
| SIMLANDI 80MG/0.8ML SYRINGE | 1 | NDS PA QL=3 EA/28 Days |
| **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)** | | |
| *celecoxib 100mg cap* | 1 | |
| *celecoxib 200mg cap* | 1 | |
| *celecoxib 400mg cap* | 1 | |
| *celecoxib 50mg cap* | 1 | |
| *diclofenac potassium 50mg tab* | 1 | |
| *diclofenac sodium 1.5% topical soln* | 1 | QL=300 ML/30 Days |
| *diclofenac sodium 100mg er tab* | 1 | QL=60 EA/30 Days |
| *diclofenac sodium 25mg dr tab* | 1 | QL=240 EA/30 Days |
| *diclofenac sodium 50mg dr tab* | 1 | QL=120 EA/30 Days |
| *diclofenac sodium 75mg dr tab* | 1 | QL=60 EA/30 Days |
| *diflunisal 500mg tab* | 1 | QL=90 EA/30 Days |
| *etodolac 200mg cap* | 1 | QL=150 EA/30 Days |
| *etodolac 300mg cap* | 1 | QL=90 EA/30 Days |
| *etodolac 400mg tab* | 1 | QL=60 EA/30 Days |
| *etodolac 500mg tab* | 1 | QL=60 EA/30 Days |
| FLURBIPROFEN 100MG TAB | 1 | QL=90 EA/30 Days |
| *ibu 600mg tab* | 1 | |
| *ibu 800mg tab* | 1 | |
| *ibuprofen 400mg tab* | 1 | |
| *ibuprofen 600mg tab* | 1 | |
| *ibuprofen 800mg tab* | 1 | |
| *indomethacin 25mg cap* | 1 | |
| *indomethacin 50mg cap* | 1 | |
| *indomethacin 75mg er cap* | 1 | |
| *ketorolac tromethamine 10mg tab* | 1 | QL=20 EA/5 Days |
| *meloxicam 15mg tab* | 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 |
|---|---|---|
| *meloxicam 7.5mg tab* | 1 | |
| *nabumetone 500mg tab* | 1 | QL=120 EA/30 Days |
| *nabumetone 750mg tab* | 1 | QL=60 EA/30 Days |
| *naproxen 250mg tab* | 1 | |
| *naproxen 375mg dr tab* | 1 | QL=120 EA/30 Days |
| *naproxen 375mg tab* | 1 | |
| *naproxen 500mg tab* | 1 | |
| *piroxicam 10mg cap* | 1 | QL=60 EA/30 Days |
| *piroxicam 20mg cap* | 1 | QL=30 EA/30 Days |
| *sulindac 150mg tab* | 1 | QL=60 EA/30 Days |
| *sulindac 200mg tab* | 1 | QL=60 EA/30 Days |
| **ANALGESICS - OPIOID** | | |
| **OPIOID AGONISTS** | | |
| *fentanyl 100mcg/hr patch* | 1 | QL=10 EA/30 Days |
| *fentanyl 12mcg/hr patch* | 1 | QL=10 EA/30 Days |
| *fentanyl 25mcg/hr patch* | 1 | QL=10 EA/30 Days |
| *fentanyl 50mcg/hr patch* | 1 | QL=10 EA/30 Days |
| *fentanyl 75mcg/hr patch* | 1 | QL=10 EA/30 Days |
| *hydromorphone 2mg tab* | 1 | QL=450 EA/30 Days |
| *hydromorphone 4mg tab* | 1 | QL=240 EA/30 Days |
| *hydromorphone 8mg tab* | 1 | QL=120 EA/30 Days |
| *methadone 10mg tab* | 1 | QL=360 EA/30 Days |
| METHADONE 1MG/ML ORAL SOLN | 1 | QL=3600 ML/30 Days |
| METHADONE 2MG/ML ORAL SOLN | 1 | QL=1800 ML/30 Days |
| *methadone 5mg tab* | 1 | QL=360 EA/30 Days |
| *morphine sulfate 100mg er tab* | 1 | QL=120 EA/30 Days |
| *morphine sulfate 15mg er tab* | 1 | QL=120 EA/30 Days |
| *morphine sulfate 15mg tab* | 1 | QL=180 EA/30 Days |
| *morphine sulfate 200mg er tab* | 1 | QL=120 EA/30 Days |
| *morphine sulfate 20mg/ml oral soln* | 1 | QL=180 ML/30 Days |
| MORPHINE SULFATE 2MG/ML ORAL SOLN | 1 | QL=1800 ML/30 Days |
| *morphine sulfate 30mg er tab* | 1 | QL=120 EA/30 Days |
| *morphine sulfate 30mg tab* | 1 | QL=180 EA/30 Days |
| MORPHINE SULFATE 4MG/ML ORAL SOLN | 1 | QL=900 ML/30 Days |
| *morphine sulfate 60mg er tab* | 1 | QL=120 EA/30 Days |
| *oxycodone 10mg tab* | 1 | QL=180 EA/30 Days |
| *oxycodone 15mg tab* | 1 | QL=180 EA/30 Days |
| *oxycodone 1mg/ml oral soln* | 1 | QL=5400 ML/30 Days |
| *oxycodone 20mg tab* | 1 | QL=180 EA/30 Days |
| *oxycodone 30mg tab* | 1 | QL=180 EA/30 Days |
| *oxycodone 5mg tab* | 1 | QL=360 EA/30 Days |
| *tramadol 100mg er tab* | 1 | QL=30 EA/30 Days |
| *tramadol 200mg er tab* | 1 | QL=30 EA/30 Days |
| *tramadol 300mg er tab* | 1 | QL=30 EA/30 Days |
| *tramadol 50mg tab* | 1 | QL=240 EA/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 |
|---|---|---|
| **OPIOID COMBINATIONS** | | |
| *codeine phosphate/acetaminophen 15-300mg tab* | 1 | QL=390 EA/30 Days |
| CODEINE PHOSPHATE/ACETAMINOPHEN 2.4-24MG/ML ORAL SOLN | 1 | QL=4980 ML/30 Days |
| *codeine phosphate/acetaminophen 30-300mg tab* | 1 | QL=390 EA/30 Days |
| *codeine phosphate/acetaminophen 60-300mg tab* | 1 | QL=390 EA/30 Days |
| *hydrocodone bitartrate/acetaminophen 0.5-21.7mg/ml oral soln* | 1 | QL=5400 ML/30 Days |
| *hydrocodone bitartrate/acetaminophen 10-325mg tab* | 1 | QL=360 EA/30 Days |
| *hydrocodone bitartrate/acetaminophen 5-325mg tab* | 1 | QL=360 EA/30 Days |
| *hydrocodone bitartrate/acetaminophen 7.5-325mg tab* | 1 | QL=360 EA/30 Days |
| *hydrocodone bitartrate/ibuprofen 7.5-200mg tab* | 1 | QL=480 EA/30 Days |
| *oxycodone/acetaminophen 10-325mg tab* | 1 | QL=360 EA/30 Days |
| *oxycodone/acetaminophen 2.5-325mg tab* | 1 | QL=360 EA/30 Days |
| *oxycodone/acetaminophen 5-325mg tab* | 1 | QL=360 EA/30 Days |
| *oxycodone/acetaminophen 7.5-325mg tab* | 1 | QL=360 EA/30 Days |
| *tramadol/acetaminophen 37.5-325mg tab* | 1 | QL=360 EA/30 Days |
| **OPIOID PARTIAL AGONISTS** | | |
| *buprenorphine 10mcg/hr weekly patch* | 1 | QL=4 EA/28 Days |
| *buprenorphine 15mcg/hr weekly patch* | 1 | QL=4 EA/28 Days |
| *buprenorphine 20mcg/hr weekly patch* | 1 | QL=4 EA/28 Days |
| *buprenorphine 2mg sl tab* | 1 | QL=120 EA/30 Days |
| *buprenorphine 5mcg/hr weekly patch* | 1 | QL=4 EA/28 Days |
| *buprenorphine 7.5mcg/hr weekly patch* | 1 | QL=4 EA/28 Days |
| *buprenorphine 8mg sl tab* | 1 | QL=120 EA/30 Days |
| *buprenorphine/naloxone 12-3mg sl film* | 1 | |
| *buprenorphine/naloxone 2-0.5mg sl film* | 1 | QL=120 EA/30 Days |
| *buprenorphine/naloxone 2-0.5mg sl tab* | 1 | QL=120 EA/30 Days |
| *buprenorphine/naloxone 4-1mg sl film* | 1 | QL=120 EA/30 Days |
| *buprenorphine/naloxone 8-2mg sl film* | 1 | QL=120 EA/30 Days |
| *buprenorphine/naloxone 8-2mg sl tab* | 1 | QL=120 EA/30 Days |
| **ANDROGENS-ANABOLIC** | | |
| **ANDROGENS** | | |
| *danazol 100mg cap* | 1 | |
| *danazol 200mg cap* | 1 | |
| *danazol 50mg cap* | 1 | |
| *testosterone 1% (12.5mg/act) topical gel pump* | 1 | PA QL=300 GM/30 Days |
| *testosterone 1% (25mg) topical gel packet* | 1 | PA QL=300 GM/30 Days |
| *testosterone 1% (50mg) topical gel packet* | 1 | PA QL=300 GM/30 Days |
| *testosterone 1.62% (20.25mg/act) topical gel pump* | 1 | PA QL=150 GM/30 Days |
| *testosterone 30mg/act topical soln* | 1 | PA QL=180 ML/30 Days |
| *testosterone cypionate 100mg/ml inj* | 1 | |
| *testosterone cypionate 200mg/ml (1ml) inj* | 1 | |
| *testosterone cypionate 200mg/ml inj* | 1 | |
| TESTOSTERONE ENANTHATE 200MG/ML INJ | 1 | QL=5 ML/28 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 |
|---|---|---|
| **ANORECTAL AND RELATED PRODUCTS** | | |
| **RECTAL PRODUCTS - MISC.** | | |
| *hydrocortisone 1.67mg/ml enema* | 1 | |
| *hydrocortisone 2.5% topical cream* | 1 | QL=60 GM/30 Days |
| *nitroglycerin 0.4% rectal ointment* | 1 | QL=30 GM/30 Days |
| *procto-med 2.5% topical cream* | 1 | QL=60 GM/30 Days |
| *proctosol 2.5% topical cream* | 1 | QL=60 GM/30 Days |
| *proctozone hc 2.5% topical cream* | 1 | QL=60 GM/30 Days |
| **ANTHELMINTICS** | | |
| **ANTHELMINTICS** | | |
| *albendazole 200mg tab* | 1 | QL=672 EA/365 Days |
| *ivermectin 3mg tab* | 1 | PA QL=30 EA/90 Days |
| *praziquantel 600mg tab* | 1 | |
| **ANTIANGINAL AGENTS** | | |
| **NITRATES** | | |
| *isosorbide dinitrate 10mg tab* | 1 | |
| *isosorbide dinitrate 20mg tab* | 1 | |
| *isosorbide dinitrate 30mg tab* | 1 | |
| *isosorbide dinitrate 5mg tab* | 1 | |
| ISOSORBIDE MONONITRATE 10MG TAB | 1 | |
| *isosorbide mononitrate 120mg er tab* | 1 | |
| ISOSORBIDE MONONITRATE 20MG TAB | 1 | |
| *isosorbide mononitrate 30mg er tab* | 1 | |
| *isosorbide mononitrate 60mg er tab* | 1 | |
| NITRO-BID 2% TOPICAL OINTMENT | 1 | |
| *nitroglycerin 0.1mg/hr patch* | 1 | |
| *nitroglycerin 0.2mg/hr patch* | 1 | |
| *nitroglycerin 0.3mg sl tab* | 1 | |
| *nitroglycerin 0.4mg sl tab* | 1 | |
| *nitroglycerin 0.4mg/hr patch* | 1 | |
| *nitroglycerin 0.6mg sl tab* | 1 | |
| *nitroglycerin 0.6mg/hr patch* | 1 | |
| **ANTIANXIETY AGENTS** | | |
| **ANTIANXIETY AGENTS - MISC.** | | |
| *buspirone 10mg tab* | 1 | |
| *buspirone 15mg tab* | 1 | |
| *buspirone 30mg tab* | 1 | |
| *buspirone 5mg tab* | 1 | |
| *buspirone 7.5mg tab* | 1 | |
| *hydroxyzine 10mg tab* | 1 | |
| *hydroxyzine 25mg tab* | 1 | |
| *hydroxyzine 2mg/ml oral soln* | 1 | |
| *hydroxyzine 50mg tab* | 1 | |
| *hydroxyzine pamoate 25mg cap* | 1 | |
| *hydroxyzine pamoate 50mg cap* | 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 0.25mg tab* | 1 | |
| *alprazolam 0.5mg tab* | 1 | |
| *alprazolam 1mg tab* | 1 | |
| *alprazolam 2mg tab* | 1 | |
| *chlordiazepoxide 10mg cap* | 1 | QL=120 EA/30 Days |
| *chlordiazepoxide 25mg cap* | 1 | QL=120 EA/30 Days |
| *chlordiazepoxide 5mg cap* | 1 | QL=120 EA/30 Days |
| *clorazepate dipotassium 15mg tab* | 1 | QL=180 EA/30 Days |
| *clorazepate dipotassium 3.75mg tab* | 1 | QL=90 EA/30 Days |
| *clorazepate dipotassium 7.5mg tab* | 1 | QL=180 EA/30 Days |
| *diazepam 10mg tab* | 1 | |
| *diazepam 1mg/ml oral soln* | 1 | QL=1200 ML/30 Days |
| *diazepam 2mg tab* | 1 | |
| *diazepam 5mg tab* | 1 | |
| *diazepam 5mg/ml oral soln* | 1 | QL=240 ML/30 Days |
| *lorazepam 0.5mg tab* | 1 | |
| *lorazepam 1mg tab* | 1 | |
| *lorazepam 2mg tab* | 1 | |
| *lorazepam 2mg/ml oral soln* | 1 | |
| **ANTIASTHMATIC AND BRONCHODILATOR AGENTS** | | |
| **ANTIASTHMATIC - MONOCLONAL ANTIBODIES** | | |
| DUPIXENT 200MG/1.14ML AUTO-INJECTOR | 1 | NDS PA QL=4.56 ML/28 Days |
| DUPIXENT 200MG/1.14ML SYRINGE | 1 | NDS PA QL=4.56 ML/28 Days |
| DUPIXENT 300MG/2ML AUTO-INJECTOR | 1 | NDS PA QL=8 ML/28 Days |
| DUPIXENT 300MG/2ML SYRINGE | 1 | NDS PA QL=8 ML/28 Days |
| FASENRA 10MG/0.5ML SYRINGE | 1 | PA QL=.50 ML/28 Days |
| FASENRA 30MG/ML AUTO-INJECTOR | 1 | PA QL=1 ML/28 Days |
| FASENRA 30MG/ML SYRINGE | 1 | PA QL=1 ML/28 Days |
| NUCALA 100MG INJ | 1 | NDS PA QL=3 EA/28 Days |
| NUCALA 100MG/ML AUTO-INJECTOR | 1 | NDS PA QL=3 ML/28 Days |
| NUCALA 100MG/ML SYRINGE | 1 | NDS PA QL=3 ML/28 Days |
| NUCALA 40MG/0.4ML SYRINGE | 1 | NDS PA QL=.40 ML/28 Days |
| XOLAIR 150MG INJ | 1 | NDS PA QL=8 EA/28 Days |
| XOLAIR 150MG/ML AUTO-INJECTOR | 1 | NDS PA QL=2 ML/28 Days |
| XOLAIR 150MG/ML SYRINGE | 1 | NDS PA QL=2 ML/28 Days |
| XOLAIR 300MG/2ML AUTO-INJECTOR | 1 | NDS PA QL=8 ML/28 Days |
| XOLAIR 300MG/2ML SYRINGE | 1 | NDS PA QL=8 ML/28 Days |
| XOLAIR 75MG/0.5ML AUTO-INJECTOR | 1 | NDS PA QL=1 ML/28 Days |
| XOLAIR 75MG/0.5ML SYRINGE | 1 | NDS PA QL=1 ML/28 Days |
| **ANTI-INFLAMMATORY AGENTS** | | |
| *cromolyn sodium 10mg/ml inh soln* | 1 | PA_BvD |
| **BRONCHODILATORS - ANTICHOLINERGICS** | | |
| ATROVENT 17MCG HFA INHALER | 1 | QL=25.80 GM/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 |
|---|---|---|
| INCRUSE ELLIPTA 62.5MCG/INH POWDER INHALER | 1 | QL=30 EA/30 Days |
| *ipratropium bromide 0.02% inh soln* | 1 | PA_BvD |
| SPIRIVA RESPIMAT 1.25MCG/ACT INHALER | 1 | QL=4 GM/30 Days |
| **LEUKOTRIENE MODULATORS** | | |
| *montelukast 10mg tab* | 1 | |
| *montelukast 4mg chew tab* | 1 | |
| *montelukast 5mg chew tab* | 1 | |
| *zafirlukast 10mg tab* | 1 | QL=60 EA/30 Days |
| *zafirlukast 20mg tab* | 1 | QL=60 EA/30 Days |
| **STEROID INHALANTS** | | |
| ALVESCO 160MCG INHALER | 1 | QL=12.20 GM/30 Days |
| ALVESCO 80MCG INHALER | 1 | QL=12.20 GM/30 Days |
| ARNUITY 100MCG POWDER INHALER | 1 | QL=30 EA/30 Days |
| ARNUITY 200MCG POWDER INHALER | 1 | QL=30 EA/30 Days |
| ARNUITY 50MCG POWDER INHALER | 1 | QL=30 EA/30 Days |
| ASMANEX 100MCG HFA INHALER | 1 | QL=13 GM/30 Days |
| ASMANEX 110MCG (30ACT) TWISTHALER | 1 | QL=1 EA/30 Days |
| ASMANEX 200MCG HFA INHALER | 1 | QL=13 GM/30 Days |
| ASMANEX 220MCG (120ACT) TWISTHALER | 1 | QL=1 EA/30 Days |
| ASMANEX 220MCG (30ACT) TWISTHALER | 1 | QL=1 EA/30 Days |
| ASMANEX 220MCG (60ACT) TWISTHALER | 1 | QL=1 EA/30 Days |
| ASMANEX 50MCG HFA INHALER | 1 | QL=13 GM/30 Days |
| *budesonide 0.25mg/2ml inh susp* | 1 | PA_BvD QL=120 ML/30 Days |
| *budesonide 0.5mg/2ml inh susp* | 1 | PA_BvD QL=120 ML/30 Days |
| *budesonide 1mg/2ml inh susp* | 1 | PA_BvD QL=120 ML/30 Days |
| QVAR 40MCG REDIHALER | 1 | QL=10.60 GM/30 Days |
| QVAR 80MCG REDIHALER | 1 | QL=21.20 GM/30 Days |
| **SYMPATHOMIMETICS** | | |
| ADVAIR 115-21MCG HFA INHALER | 1 | QL=12 GM/30 Days |
| ADVAIR 230-21MCG HFA INHALER | 1 | QL=12 GM/30 Days |
| ADVAIR 45-21MCG/ACT HFA INHALER | 1 | QL=12 GM/30 Days |
| *albuterol 0.21mg/ml (0.63mg/3ml) inh soln* | 1 | PA_BvD |
| *albuterol 0.4mg/ml (2mg/5ml) oral soln* | 1 | |
| *albuterol 0.83mg/ml (0.083%) inh soln* | 1 | PA_BvD |
| *albuterol 1.25mg/3ml neb soln* | 1 | PA_BvD |
| *albuterol 108mcg HFA inhaler (6.7gm, Proventil equiv)* | 1 | QL=13.40 GM/30 Days |
| *albuterol 108mcg HFA inhaler (8.5gm, Proair equiv)* | 1 | QL=17 GM/30 Days |
| *albuterol 5mg/ml (0.5%) inh soln* | 1 | PA_BvD |
| ANORO ELLIPTA 62.5-25MCG POWDER INHALER | 1 | QL=60 EA/30 Days |
| *arformoterol tartrate 15mcg/2ml neb soln* | 1 | PA_BvD QL=120 ML/30 Days |
| BREO ELLIPTA 100-25MCG POWDER INHALER | 1 | QL=60 EA/30 Days |
| BREO ELLIPTA 200-25MCG POWDER INHALER | 1 | QL=60 EA/30 Days |
| BREO ELLIPTA 50-25MCG POWDER INHALER | 1 | QL=60 EA/30 Days |
| *breyna 160-4.5mcg/act inhaler* | 1 | QL=10.30 GM/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 |
|---|---|---|
| *breyna 80-4.5mcg/act inhaler* | 1 | QL=10.30 GM/30 Days |
| BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER | 1 | QL=10.70 GM/30 Days |
| *budesonide/formoterol fumarate 160-45mcg inhaler* | 1 | QL=10.20 GM/30 Days |
| *budesonide/formoterol fumarate 80-45mcg inhaler* | 1 | QL=10.20 GM/30 Days |
| COMBIVENT 20-100MCG/ACT INHALER | 1 | QL=8 GM/30 Days |
| DULERA 100-5MCG INHALER | 1 | QL=13 GM/30 Days |
| DULERA 200-5MCG INHALER | 1 | QL=13 GM/30 Days |
| DULERA 50-5MCG INHALER | 1 | QL=13 GM/30 Days |
| *epinephrine 0.15mg/0.3ml auto-injector (2pack)* | 1 | QL=2 EA/15 Days |
| *epinephrine 0.3mg/0.3ml auto-injector (2pack)* | 1 | QL=2 EA/15 Days |
| *fluticasone propionate/salmeterol 100-50mcg/act powder inhaler* | 1 | QL=60 EA/30 Days |
| *fluticasone propionate/salmeterol 250-50mcg/act powder inhaler* | 1 | QL=60 EA/30 Days |
| *fluticasone propionate/salmeterol 500-50mcg/act powder inhaler* | 1 | QL=60 EA/30 Days |
| *ipratropium/albuterol 0.5-2.5mg/3ml inh soln* | 1 | PA_BvD |
| STIOLTO 2.5-2.5MCG/ACT INHALER | 1 | QL=4 GM/30 Days |
| STRIVERDI 2.5MCG/ACT INHALER | 1 | QL=4 GM/30 Days |
| TRELEGY ELLIPTA 100-62.5-25MCG POWDER INHALER | 1 | QL=60 EA/30 Days |
| TRELEGY ELLIPTA 200-62.5-25MCG POWDER INHALER | 1 | QL=60 EA/30 Days |
| VENTOLIN 108MCG HFA INHALER | 1 | QL=36 GM/30 Days |
| *wixela 100-50mcg powder inhaler* | 1 | QL=60 EA/30 Days |
| *wixela 250-50mcg powder inhaler* | 1 | QL=60 EA/30 Days |
| *wixela 500-50mcg powder inhaler* | 1 | QL=60 EA/30 Days |
| **ANTICOAGULANTS** | | |
| **ANTICOAGULANTS - MISC.** | | |
| *dabigatran etexilate 110mg cap* | 1 | QL=60 EA/30 Days |
| *dabigatran etexilate 150mg cap* | 1 | QL=60 EA/30 Days |
| *dabigatran etexilate 75mg cap* | 1 | QL=60 EA/30 Days |
| ELIQUIS 2.5MG TAB | 1 | |
| ELIQUIS 5MG 30-DAY STARTER PACK (74) | 1 | QL=74 EA/30 Days |
| ELIQUIS 5MG TAB | 1 | |
| *enoxaparin sodium 100mg/1ml syringe* | 1 | |
| *enoxaparin sodium 120mg/0.8ml syringe* | 1 | |
| *enoxaparin sodium 150mg/1ml syringe* | 1 | |
| *enoxaparin sodium 30mg/0.3ml syringe* | 1 | |
| *enoxaparin sodium 40mg/0.4ml syringe* | 1 | |
| *enoxaparin sodium 60mg/0.6ml syringe* | 1 | |
| *enoxaparin sodium 80mg/0.8ml syringe* | 1 | |
| *fondaparinux sodium 10mg/0.8ml syringe* | 1 | |
| *fondaparinux sodium 2.5mg/0.5ml syringe* | 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 |
|---|---|---|
| *fondaparinux sodium 5mg/0.4ml syringe* | 1 | |
| *fondaparinux sodium 7.5mg/0.6ml syringe* | 1 | |
| *heparin sodium porcine 10000unit/ml inj* | 1 | |
| *heparin sodium porcine 1000unit/ml inj* | 1 | |
| *heparin sodium porcine 20000unit/ml inj* | 1 | |
| *heparin sodium porcine 5000unit/ml inj* | 1 | |
| *jantoven 10mg tab* | 1 | |
| *jantoven 1mg tab* | 1 | |
| *jantoven 2.5mg tab* | 1 | |
| *jantoven 2mg tab* | 1 | |
| *jantoven 3mg tab* | 1 | |
| *jantoven 4mg tab* | 1 | |
| *jantoven 5mg tab* | 1 | |
| *jantoven 6mg tab* | 1 | |
| *jantoven 7.5mg tab* | 1 | |
| *rivaroxaban 1mg/ml oral susp* | 1 | QL=620 ML/30 Days |
| *rivaroxaban 2.5mg tab* | 1 | QL=60 EA/30 Days |
| *warfarin sodium 10mg tab* | 1 | |
| *warfarin sodium 1mg tab* | 1 | |
| *warfarin sodium 2.5mg tab* | 1 | |
| *warfarin sodium 2mg tab* | 1 | |
| *warfarin sodium 3mg tab* | 1 | |
| *warfarin sodium 4mg tab* | 1 | |
| *warfarin sodium 5mg tab* | 1 | |
| *warfarin sodium 6mg tab* | 1 | |
| *warfarin sodium 7.5mg tab* | 1 | |
| XARELTO 10MG TAB | 1 | QL=30 EA/30 Days |
| XARELTO 15MG TAB | 1 | QL=60 EA/30 Days |
| XARELTO 1MG/ML ORAL SUSP | 1 | QL=620 ML/30 Days |
| XARELTO 2.5MG TAB | 1 | QL=60 EA/30 Days |
| XARELTO 20MG TAB | 1 | QL=30 EA/30 Days |
| XARELTO TAB STARTER PACK (51) | 1 | QL=51 EA/30 Days |
| **ANTICONVULSANTS** | | |
| **ANTICONVULSANTS - BENZODIAZEPINES** | | |
| *clobazam 10mg tab* | 1 | QL=60 EA/30 Days |
| *clobazam 2.5mg/ml oral susp* | 1 | QL=480 ML/30 Days |
| *clobazam 20mg tab* | 1 | QL=60 EA/30 Days |
| *clonazepam 0.125mg odt* | 1 | |
| *clonazepam 0.25mg odt* | 1 | |
| *clonazepam 0.5mg odt* | 1 | |
| *clonazepam 0.5mg tab* | 1 | |
| *clonazepam 1mg odt* | 1 | |
| *clonazepam 1mg tab* | 1 | |
| *clonazepam 2mg odt* | 1 | |
| *clonazepam 2mg tab* | 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 |
|---|---|---|
| *diazepam 10mg/2ml rectal gel* | 1 | QL=10 EA/30 Days |
| DIAZEPAM 2.5MG/0.5ML RECTAL GEL | 1 | QL=10 EA/30 Days |
| *diazepam 20mg/4ml rectal gel* | 1 | QL=10 EA/30 Days |
| NAYZILAM 5MG/0.1ML NASAL SPRAY | 1 | QL=10 EA/30 Days |
| SYMPAZAN 10MG ORAL FILM | 1 | PA_NSO QL=60 EA/30 Days |
| SYMPAZAN 20MG ORAL FILM | 1 | PA_NSO QL=60 EA/30 Days |
| SYMPAZAN 5MG ORAL FILM | 1 | PA_NSO QL=60 EA/30 Days |
| VALTOCO 10MG (10MG/0.1ML) NASAL SPRAY DOSE PACK | 1 | QL=10 EA/30 Days |
| VALTOCO 15MG (7.5MG/0.1ML) NASAL SPRAY DOSE PACK | 1 | QL=10 EA/30 Days |
| VALTOCO 20MG (10MG/0.1ML) NASAL SPRAY DOSE PACK | 1 | QL=10 EA/30 Days |
| VALTOCO 5MG (5MG/0.1ML) NASAL SPRAY DOSE PACK | 1 | QL=10 EA/30 Days |
| **ANTICONVULSANTS - MISC.** | | |
| BRIVIACT 100MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| BRIVIACT 10MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| BRIVIACT 10MG/ML ORAL SOLN | 1 | PA_NSO QL=600 ML/30 Days |
| BRIVIACT 25MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| BRIVIACT 50MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| BRIVIACT 75MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| *carbamazepine 100mg chew tab* | 1 | |
| *carbamazepine 100mg er cap* | 1 | |
| *carbamazepine 100mg er tab* | 1 | |
| *carbamazepine 200mg er cap* | 1 | |
| *carbamazepine 200mg er tab* | 1 | |
| *carbamazepine 200mg tab* | 1 | |
| *carbamazepine 20mg/ml oral susp* | 1 | |
| *carbamazepine 300mg er cap* | 1 | |
| *carbamazepine 400mg er tab* | 1 | |
| DIACOMIT 250MG CAP | 1 | NDS PA_NSO QL=360 EA/30 Days |
| DIACOMIT 250MG POWDER FOR ORAL SUSP | 1 | NDS PA_NSO QL=360 EA/30 Days |
| DIACOMIT 500MG CAP | 1 | NDS PA_NSO QL=180 EA/30 Days |
| DIACOMIT 500MG POWDER FOR ORAL SUSP | 1 | NDS PA_NSO QL=180 EA/30 Days |
| DILANTIN 30MG ER CAP | 1 | |
| EPIDIOLEX 100MG/ML ORAL SOLN | 1 | NDS PA_NSO QL=600 ML/30 Days |
| *eslicarbazepine acetate 200mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| *eslicarbazepine acetate 400mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| *eslicarbazepine acetate 600mg tab* | 1 | PA_NSO QL=60 EA/30 Days |
| *eslicarbazepine acetate 800mg tab* | 1 | PA_NSO QL=60 EA/30 Days |
| FINTEPLA 2.2MG/ML ORAL SOLN | 1 | NDS PA_NSO QL=360 ML/30 Days |
| FYCOMPA 0.5MG/ML ORAL SUSP | 1 | PA_NSO QL=720 ML/30 Days |
| *gabapentin 100mg cap* | 1 | QL=360 EA/30 Days |
| *gabapentin 300mg cap* | 1 | QL=360 EA/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 |
|---|---|---|
| *gabapentin 400mg cap* | 1 | QL=270 EA/30 Days |
| *gabapentin 50mg/ml oral soln* | 1 | QL=2160 ML/30 Days |
| *gabapentin 600mg tab (Neurontin equiv)* | 1 | QL=180 EA/30 Days |
| *gabapentin 800mg tab* | 1 | QL=135 EA/30 Days |
| *lacosamide 100mg tab* | 1 | QL=60 EA/30 Days |
| *lacosamide 10mg/ml oral soln* | 1 | QL=1200 ML/30 Days |
| *lacosamide 150mg tab* | 1 | QL=60 EA/30 Days |
| *lacosamide 200mg tab* | 1 | QL=60 EA/30 Days |
| *lacosamide 50mg tab* | 1 | QL=120 EA/30 Days |
| *lamotrigine 100mg er tab* | 1 | |
| *lamotrigine 100mg tab* | 1 | |
| *lamotrigine 150mg tab* | 1 | |
| *lamotrigine 200mg tab* | 1 | |
| *lamotrigine 25mg chew tab* | 1 | |
| *lamotrigine 25mg tab* | 1 | |
| *lamotrigine 50mg er tab* | 1 | |
| *lamotrigine 5mg chew tab* | 1 | |
| *levetiracetam 1000mg tab* | 1 | |
| *levetiracetam 100mg/ml oral soln* | 1 | |
| *levetiracetam 250mg tab* | 1 | |
| *levetiracetam 500mg er tab* | 1 | QL=180 EA/30 Days |
| *levetiracetam 500mg tab* | 1 | |
| *levetiracetam 750mg er tab* | 1 | QL=120 EA/30 Days |
| *levetiracetam 750mg tab* | 1 | |
| *oxcarbazepine 150mg tab* | 1 | |
| *oxcarbazepine 300mg tab* | 1 | |
| *oxcarbazepine 600mg tab* | 1 | |
| *oxcarbazepine 60mg/ml oral susp* | 1 | |
| *perampanel 10mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| *perampanel 12mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| *perampanel 2mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| *perampanel 4mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| *perampanel 6mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| *perampanel 8mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| *phenobarbital 100mg tab* | 1 | QL=120 EA/30 Days |
| *phenobarbital 15mg tab* | 1 | QL=120 EA/30 Days |
| *phenobarbital 16.2mg tab* | 1 | QL=120 EA/30 Days |
| *phenobarbital 30mg tab* | 1 | QL=120 EA/30 Days |
| *phenobarbital 32.4mg tab* | 1 | QL=120 EA/30 Days |
| *phenobarbital 4mg/ml oral soln* | 1 | QL=1500 ML/30 Days |
| *phenobarbital 60mg tab* | 1 | QL=120 EA/30 Days |
| *phenobarbital 64.8mg tab* | 1 | QL=120 EA/30 Days |
| *phenobarbital 97.2mg tab* | 1 | QL=120 EA/30 Days |
| *phenytek 200mg er cap* | 1 | |
| *phenytek 300mg er cap* | 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 |
|---|---|---|
| *phenytoin 25mg/ml oral susp* | 1 | |
| *phenytoin 50mg chew tab* | 1 | |
| *phenytoin sodium 100mg er cap* | 1 | |
| *pregabalin 100mg cap* | 1 | QL=120 EA/30 Days |
| *pregabalin 150mg cap* | 1 | QL=90 EA/30 Days |
| *pregabalin 200mg cap* | 1 | QL=90 EA/30 Days |
| *pregabalin 20mg/ml oral soln* | 1 | QL=900 ML/30 Days |
| *pregabalin 225mg cap* | 1 | QL=60 EA/30 Days |
| *pregabalin 25mg cap* | 1 | QL=120 EA/30 Days |
| *pregabalin 300mg cap* | 1 | QL=60 EA/30 Days |
| *pregabalin 50mg cap* | 1 | QL=120 EA/30 Days |
| *pregabalin 75mg cap* | 1 | QL=120 EA/30 Days |
| *primidone 250mg tab* | 1 | |
| *primidone 50mg tab* | 1 | |
| *roweepra 500mg tab* | 1 | |
| *rufinamide 200mg tab* | 1 | PA_NSO QL=480 EA/30 Days |
| *rufinamide 400mg tab* | 1 | PA_NSO QL=240 EA/30 Days |
| *rufinamide 40mg/ml oral susp* | 1 | PA_NSO QL=2760 ML/30 Days |
| SPRITAM 250MG TAB FOR ORAL SUSP | 1 | PA_NSO QL=360 EA/30 Days |
| SPRITAM 500MG TAB FOR ORAL SUSP | 1 | PA_NSO QL=180 EA/30 Days |
| *topiramate 100mg tab* | 1 | |
| *topiramate 15mg cap* | 1 | |
| *topiramate 200mg tab* | 1 | |
| *topiramate 25mg cap* | 1 | |
| *topiramate 25mg tab* | 1 | |
| *topiramate 25mg/ml oral soln* | 1 | PA_NSO QL=480 ML/30 Days |
| *topiramate 50mg tab* | 1 | |
| ZONISADE 100MG/5ML ORAL SUSP | 1 | PA_NSO QL=900 ML/30 Days |
| *zonisamide 100mg cap* | 1 | |
| *zonisamide 25mg cap* | 1 | |
| *zonisamide 50mg cap* | 1 | |
| ZTALMY 50MG/ML ORAL SUSP | 1 | NDS PA_NSO QL=1100 ML/30 Days |
| **CARBAMATES** | | |
| *felbamate 120mg/ml oral susp* | 1 | |
| *felbamate 400mg tab* | 1 | |
| *felbamate 600mg tab* | 1 | |
| XCOPRI 100MG TAB | 1 | PA_NSO QL=30 EA/30 Days |
| XCOPRI 150MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| XCOPRI 200MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| XCOPRI 25MG TAB | 1 | PA_NSO QL=30 EA/30 Days |
| XCOPRI 50MG TAB | 1 | PA_NSO QL=30 EA/30 Days |
| XCOPRI TAB 100/150MG MAINTENANCE PACK (56) | 1 | PA_NSO QL=56 EA/28 Days |
| XCOPRI TAB 12.5/25MG TITRATION PACK (28) | 1 | PA_NSO QL=28 EA/28 Days |
| XCOPRI TAB 150/200MG PACK (56) | 1 | PA_NSO QL=56 EA/28 Days |
| XCOPRI TAB 150/200MG TITRATION PACK (28) | 1 | PA_NSO QL=28 EA/28 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 |
|---|---|---|
| XCOPRI TAB 50/100MG TITRATION PACK (28) | 1 | PA_NSO QL=28 EA/28 Days |
| **GABA MODULATORS** | | |
| *tiagabine 12mg tab* | 1 | |
| *tiagabine 16mg tab* | 1 | |
| *tiagabine 2mg tab* | 1 | |
| *tiagabine 4mg tab* | 1 | |
| *vigabatrin 500mg powder for oral soln* | 1 | NDS PA_NSO QL=180 EA/30 Days |
| *vigabatrin 500mg tab* | 1 | NDS PA_NSO QL=180 EA/30 Days |
| VIGAFYDE 100MG/ML ORAL SOLN | 1 | NDS PA_NSO QL=720 ML/30 Days |
| *vigpoder 500mg powder for oral soln* | 1 | NDS PA_NSO QL=180 EA/30 Days |
| **SUCCINIMIDES** | | |
| *ethosuximide 250mg cap* | 1 | |
| *ethosuximide 50mg/ml oral soln* | 1 | |
| *methsuximide 300mg cap* | 1 | |
| **VALPROIC ACID** | | |
| *divalproex sodium 125mg dr cap* | 1 | |
| *divalproex sodium 125mg dr tab* | 1 | |
| *divalproex sodium 250mg dr tab* | 1 | |
| *divalproex sodium 500mg dr tab* | 1 | |
| *valproic acid 250mg cap* | 1 | |
| *valproic acid 50mg/ml oral soln* | 1 | |
| **ANTIDEPRESSANTS** | | |
| **ANTIDEPRESSANTS - MISC.** | | |
| AUVELITY 105-45MG ER TAB | 1 | PA_NSO QL=60 EA/30 Days |
| *bupropion 100mg sr (12hr) tab* | 1 | |
| *bupropion 100mg tab* | 1 | |
| *bupropion 150mg sr (12 hr) tab* | 1 | |
| *bupropion 200mg sr (12hr) tab* | 1 | |
| *bupropion 75mg tab* | 1 | |
| *bupropion xl 150mg (24 hr) tab* | 1 | |
| *bupropion xl 300mg (24hr) tab* | 1 | |
| *mirtazapine 15mg odt* | 1 | |
| *mirtazapine 15mg tab* | 1 | |
| *mirtazapine 30mg odt* | 1 | |
| *mirtazapine 30mg tab* | 1 | |
| *mirtazapine 45mg odt* | 1 | |
| *mirtazapine 45mg tab* | 1 | |
| *mirtazapine 7.5mg tab* | 1 | |
| ZURZUVAE 20MG CAP | 1 | NDS PA_NSO QL=28 EA/14 Days |
| ZURZUVAE 25MG CAP | 1 | NDS PA_NSO QL=28 EA/14 Days |
| ZURZUVAE 30MG CAP | 1 | NDS PA_NSO QL=14 EA/14 Days |
| **MONOAMINE OXIDASE INHIBITORS (MAOIS)** | | |
| EMSAM 12MG/24HR PATCH | 1 | PA_NSO QL=30 EA/30 Days |
| EMSAM 6MG/24HR PATCH | 1 | PA_NSO QL=30 EA/30 Days |
| EMSAM 9MG/24HR PATCH | 1 | PA_NSO QL=30 EA/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 |
|---|---|---|
| MARPLAN 10MG TAB | 1 | QL=180 EA/30 Days |
| PHENELZINE 15MG TAB | 1 | |
| *tranylcypromine 10mg tab* | 1 | |
| **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)** | | |
| *citalopram 10mg tab* | 1 | |
| *citalopram 20mg tab* | 1 | |
| *citalopram 2mg/ml oral soln* | 1 | QL=600 ML/30 Days |
| *citalopram 40mg tab* | 1 | |
| *escitalopram 10mg tab* | 1 | |
| *escitalopram 1mg/ml oral soln* | 1 | QL=600 ML/30 Days |
| *escitalopram 20mg tab* | 1 | |
| *escitalopram 5mg tab* | 1 | |
| *fluoxetine 10mg cap* | 1 | |
| *fluoxetine 20mg cap* | 1 | |
| *fluoxetine 40mg cap* | 1 | |
| *fluoxetine 4mg/ml oral soln* | 1 | QL=600 ML/30 Days |
| *fluoxetine 60mg tab* | 1 | |
| *fluvoxamine maleate 100mg tab* | 1 | |
| *fluvoxamine maleate 25mg tab* | 1 | |
| *fluvoxamine maleate 50mg tab* | 1 | |
| *paroxetine 10mg tab* | 1 | |
| PAROXETINE 10MG/5ML ORAL SUSP | 1 | QL=900 ML/30 Days |
| *paroxetine 12.5mg er tab* | 1 | QL=30 EA/30 Days |
| *paroxetine 20mg tab* | 1 | |
| *paroxetine 25mg er tab* | 1 | QL=60 EA/30 Days |
| *paroxetine 30mg tab* | 1 | |
| *paroxetine 37.5mg er tab* | 1 | QL=60 EA/30 Days |
| *paroxetine 40mg tab* | 1 | |
| *sertraline 100mg tab* | 1 | |
| *sertraline 20mg/ml oral soln* | 1 | QL=300 ML/30 Days |
| *sertraline 25mg tab* | 1 | |
| *sertraline 50mg tab* | 1 | |
| **SEROTONIN MODULATORS** | | |
| NEFAZODONE 100MG TAB | 1 | |
| NEFAZODONE 150MG TAB | 1 | |
| NEFAZODONE 200MG TAB | 1 | |
| NEFAZODONE 250MG TAB | 1 | |
| NEFAZODONE 50MG TAB | 1 | |
| RALDESY 10MG/ML ORAL SOLN | 1 | PA_NSO QL=1200 ML/30 Days |
| *trazodone 100mg tab* | 1 | |
| *trazodone 150mg tab* | 1 | |
| *trazodone 50mg tab* | 1 | |
| TRINTELLIX 10MG TAB | 1 | ST_NSO QL=30 EA/30 Days |
| TRINTELLIX 20MG TAB | 1 | ST_NSO QL=30 EA/30 Days |
| TRINTELLIX 5MG TAB | 1 | ST_NSO QL=30 EA/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 |
|---|---|---|
| *vilazodone 10mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| *vilazodone 20mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| *vilazodone 40mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| **SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)** | | |
| *desvenlafaxine succinate 100mg er tab* | 1 | QL=30 EA/30 Days |
| *desvenlafaxine succinate 25mg er tab* | 1 | QL=30 EA/30 Days |
| *desvenlafaxine succinate 50mg er tab* | 1 | QL=30 EA/30 Days |
| DRIZALMA 20MG DR SPRINKLE CAP | 1 | PA_NSO QL=60 EA/30 Days |
| DRIZALMA 30MG DR SPRINKLE CAP | 1 | PA_NSO QL=60 EA/30 Days |
| DRIZALMA 40MG DR SPRINKLE CAP | 1 | PA_NSO QL=60 EA/30 Days |
| DRIZALMA 60MG DR SPRINKLE CAP | 1 | PA_NSO QL=60 EA/30 Days |
| *duloxetine 20mg dr cap* | 1 | QL=60 EA/30 Days |
| *duloxetine 30mg dr cap* | 1 | QL=60 EA/30 Days |
| *duloxetine 60mg dr cap* | 1 | QL=60 EA/30 Days |
| FETZIMA 120MG ER CAP | 1 | PA_NSO QL=30 EA/30 Days |
| FETZIMA 20MG ER CAP | 1 | PA_NSO QL=30 EA/30 Days |
| FETZIMA 40MG ER CAP | 1 | PA_NSO QL=30 EA/30 Days |
| FETZIMA 80MG ER CAP | 1 | PA_NSO QL=30 EA/30 Days |
| FETZIMA ER CAP TITRATION PACK (28) | 1 | PA_NSO QL=30 EA/30 Days |
| *venlafaxine 100mg tab* | 1 | |
| *venlafaxine 150mg er cap* | 1 | |
| *venlafaxine 25mg tab* | 1 | |
| *venlafaxine 37.5mg er cap* | 1 | |
| *venlafaxine 37.5mg tab* | 1 | |
| *venlafaxine 50mg tab* | 1 | |
| *venlafaxine 75mg er cap* | 1 | |
| *venlafaxine 75mg tab* | 1 | |
| **TRICYCLIC AGENTS** | | |
| *amitriptyline 100mg tab* | 1 | |
| *amitriptyline 10mg tab* | 1 | |
| *amitriptyline 150mg tab* | 1 | |
| *amitriptyline 25mg tab* | 1 | |
| *amitriptyline 50mg tab* | 1 | |
| *amitriptyline 75mg tab* | 1 | |
| *amoxapine 100mg tab* | 1 | |
| *amoxapine 150mg tab* | 1 | |
| *amoxapine 25mg tab* | 1 | |
| *amoxapine 50mg tab* | 1 | |
| *clomipramine 25mg cap* | 1 | |
| *clomipramine 50mg cap* | 1 | |
| *clomipramine 75mg cap* | 1 | |
| *desipramine 100mg tab* | 1 | |
| *desipramine 10mg tab* | 1 | |
| *desipramine 150mg tab* | 1 | |
| *desipramine 25mg tab* | 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 |
|---|---|---|
| *desipramine 50mg tab* | 1 | |
| *desipramine 75mg tab* | 1 | |
| *doxepin 100mg cap* | 1 | |
| *doxepin 10mg cap* | 1 | |
| *doxepin 10mg/ml oral soln* | 1 | |
| *doxepin 150mg cap* | 1 | |
| *doxepin 25mg cap* | 1 | |
| *doxepin 50mg cap* | 1 | |
| *doxepin 75mg cap* | 1 | |
| *imipramine 10mg tab* | 1 | |
| *imipramine 25mg tab* | 1 | |
| *imipramine 50mg tab* | 1 | |
| *nortriptyline 10mg cap* | 1 | |
| *nortriptyline 25mg cap* | 1 | |
| *nortriptyline 2mg/ml oral soln* | 1 | |
| *nortriptyline 50mg cap* | 1 | |
| *nortriptyline 75mg cap* | 1 | |
| *protriptyline 10mg tab* | 1 | |
| *protriptyline 5mg tab* | 1 | |
| *trimipramine 100mg cap* | 1 | QL=60 EA/30 Days |
| *trimipramine 25mg cap* | 1 | QL=120 EA/30 Days |
| *trimipramine 50mg cap* | 1 | QL=120 EA/30 Days |
| **ANTIDIABETICS** | | |
| **ANTIDIABETIC COMBINATIONS** | | |
| *glipizide/metformin 2.5-250mg tab* | 1 | QL=240 EA/30 Days |
| *glipizide/metformin 2.5-500mg tab* | 1 | QL=120 EA/30 Days |
| *glipizide/metformin 5-500mg tab* | 1 | QL=120 EA/30 Days |
| *glyburide/metformin 1.25-250mg tab* | 1 | |
| *glyburide/metformin 2.5-500mg tab* | 1 | |
| *glyburide/metformin 5-500mg tab* | 1 | |
| GLYXAMBI 10-5MG TAB | 1 | QL=30 EA/30 Days |
| GLYXAMBI 25-5MG TAB | 1 | QL=30 EA/30 Days |
| JANUMET 50-1000MG TAB | 1 | QL=60 EA/30 Days |
| JANUMET 50-500MG TAB | 1 | QL=60 EA/30 Days |
| JANUMET XR 100-1000MG TAB | 1 | QL=30 EA/30 Days |
| JANUMET XR 50-1000MG TAB | 1 | QL=60 EA/30 Days |
| JANUMET XR 50-500MG TAB | 1 | QL=60 EA/30 Days |
| JENTADUETO 2.5-1000MG TAB | 1 | QL=60 EA/30 Days |
| JENTADUETO 2.5-500MG TAB | 1 | QL=60 EA/30 Days |
| JENTADUETO XR 2.5-1000MG TAB | 1 | QL=60 EA/30 Days |
| JENTADUETO XR 5-1000MG TAB | 1 | QL=30 EA/30 Days |
| *metformin/pioglitazone 150-15mg tab* | 1 | QL=90 EA/30 Days |
| *metformin/pioglitazone 850-15mg tab* | 1 | QL=90 EA/30 Days |
| SYNJARDY 12.5-1000MG TAB | 1 | QL=60 EA/30 Days |
| SYNJARDY 12.5-500MG TAB | 1 | QL=60 EA/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 |
|---|---|---|
| SYNJARDY 5-1000MG TAB | 1 | QL=60 EA/30 Days |
| SYNJARDY 5-500MG TAB | 1 | QL=60 EA/30 Days |
| SYNJARDY XR 10-1000MG TAB | 1 | QL=30 EA/30 Days |
| SYNJARDY XR 12.5-1000MG TAB | 1 | QL=60 EA/30 Days |
| SYNJARDY XR 25-1000MG TAB | 1 | QL=30 EA/30 Days |
| SYNJARDY XR 5-1000MG TAB | 1 | QL=60 EA/30 Days |
| TRIJARDY XR 10-5-1000MG TAB | 1 | QL=30 EA/30 Days |
| TRIJARDY XR 12.5-2.5-1000MG TAB | 1 | QL=60 EA/30 Days |
| TRIJARDY XR 25-5-1000MG TAB | 1 | QL=30 EA/30 Days |
| TRIJARDY XR 5-2.5-1000MG TAB | 1 | QL=60 EA/30 Days |
| XIGDUO XR 10-1000MG TAB | 1 | QL=30 EA/30 Days |
| XIGDUO XR 10-500MG TAB | 1 | QL=30 EA/30 Days |
| XIGDUO XR 2.5-1000MG TAB | 1 | QL=60 EA/30 Days |
| XIGDUO XR 5-1000MG TAB | 1 | QL=60 EA/30 Days |
| XIGDUO XR 5-500MG TAB | 1 | QL=30 EA/30 Days |
| **DIABETIC OTHER** | | |
| *acarbose 100mg tab* | 1 | QL=90 EA/30 Days |
| *acarbose 25mg tab* | 1 | QL=90 EA/30 Days |
| *acarbose 50mg tab* | 1 | QL=90 EA/30 Days |
| BAQSIMI 3MG/DOSE NASAL POWDER | 1 | QL=2 EA/7 Days |
| *diazoxide 50mg/ml oral susp* | 1 | |
| *glucagon (rdna) 1mg inj* | 1 | |
| GVOKE 0.5MG/0.1ML AUTO-INJECTOR | 1 | QL=.20 ML/7 Days |
| GVOKE 1MG/0.2ML AUTO-INJECTOR | 1 | QL=.40 ML/7 Days |
| GVOKE 1MG/0.2ML INJ | 1 | QL=.40 ML/7 Days |
| GVOKE 1MG/0.2ML SYRINGE | 1 | QL=.40 ML/7 Days |
| *metformin 1000mg tab* | 1 | |
| *metformin 500mg er tab* | 1 | |
| *metformin 500mg tab* | 1 | |
| *metformin 750mg er tab* | 1 | |
| *metformin 850mg tab* | 1 | |
| *mifepristone 300mg tab* | 1 | NDS PA QL=120 EA/30 Days |
| *nateglinide 120mg tab* | 1 | QL=90 EA/30 Days |
| *nateglinide 60mg tab* | 1 | QL=90 EA/30 Days |
| *pioglitazone 15mg tab* | 1 | |
| *pioglitazone 30mg tab* | 1 | |
| *pioglitazone 45mg tab* | 1 | |
| *repaglinide 0.5mg tab* | 1 | QL=120 EA/30 Days |
| *repaglinide 1mg tab* | 1 | QL=120 EA/30 Days |
| *repaglinide 2mg tab* | 1 | QL=240 EA/30 Days |
| **DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS** | | |
| JANUVIA 100MG TAB | 1 | QL=30 EA/30 Days |
| JANUVIA 25MG TAB | 1 | QL=30 EA/30 Days |
| JANUVIA 50MG TAB | 1 | QL=30 EA/30 Days |
| TRADJENTA 5MG TAB | 1 | QL=30 EA/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 |
|---|---|---|
| **INCRETIN MIMETIC AGENTS** | | |
| *liraglutide 18mg/3ml pen inj* | 1 | PA QL=9 ML/30 Days |
| MOUNJARO 10MG/0.5ML AUTO-INJECTOR | 1 | PA QL=2 ML/28 Days |
| MOUNJARO 12.5MG/0.5ML AUTO-INJECTOR | 1 | PA QL=2 ML/28 Days |
| MOUNJARO 15MG/0.5ML AUTO-INJECTOR | 1 | PA QL=2 ML/28 Days |
| MOUNJARO 2.5MG/0.5ML AUTO-INJECTOR | 1 | PA QL=2 ML/28 Days |
| MOUNJARO 5MG/0.5ML AUTO-INJECTOR | 1 | PA QL=2 ML/28 Days |
| MOUNJARO 7.5MG/0.5ML AUTO-INJECTOR | 1 | PA QL=2 ML/28 Days |
| OZEMPIC 2MG/3ML PEN INJ | 1 | PA QL=3 ML/28 Days |
| OZEMPIC 4MG/3ML PEN INJ | 1 | PA QL=3 ML/28 Days |
| OZEMPIC 8MG/3ML PEN INJ | 1 | PA QL=3 ML/28 Days |
| RYBELSUS 14MG TAB | 1 | PA QL=30 EA/30 Days |
| RYBELSUS 3MG TAB | 1 | PA QL=30 EA/30 Days |
| RYBELSUS 7MG TAB | 1 | PA QL=30 EA/30 Days |
| TRULICITY 0.75MG/0.5ML AUTO-INJECTOR | 1 | PA QL=2 ML/28 Days |
| TRULICITY 1.5MG/0.5ML AUTO-INJECTOR | 1 | PA QL=2 ML/28 Days |
| TRULICITY 3MG/0.5ML AUTO-INJECTOR | 1 | PA QL=2 ML/28 Days |
| TRULICITY 4.5MG/0.5ML AUTO-INJECTOR | 1 | PA QL=2 ML/28 Days |
| **INSULIN** | | |
| FIASP 100UNIT/ML CARTRIDGE | 1 | INS |
| FIASP 100UNIT/ML INJ | 1 | INS PA_BvD |
| FIASP 100UNIT/ML PEN INJ (3ML) | 1 | INS |
| HUMALOG 100UNIT/ML CARTRIDGE | 1 | INS |
| HUMALOG 100UNIT/ML KWIKPEN (3ML) | 1 | INS |
| HUMALOG 200UNIT/ML KWIKPEN (3ML) | 1 | INS |
| HUMALOG JUNIOR 100UNIT/ML PEN INJ (3ML) | 1 | INS |
| HUMALOG MIX (50/50) 100UNIT/ML PEN INJ (3ML) | 1 | INS |
| HUMALOG MIX (75/25) 100UNIT/ML INJ | 1 | INS |
| HUMALOG MIX (75/25) 100UNIT/ML KWIKPEN (3ML) | 1 | INS |
| HUMULIN (70/30) 100UNIT/ML INJ | 1 | INS |
| HUMULIN (70/30) 100UNIT/ML PEN INJ (3ML) | 1 | INS |
| HUMULIN N 100UNIT/ML INJ | 1 | INS |
| HUMULIN N 100UNIT/ML PEN INJ (3ML) | 1 | INS |
| HUMULIN R 100UNIT/ML INJ | 1 | INS |
| HUMULIN R 500UNIT/ML INJ | 1 | INS PA_BvD |
| HUMULIN R 500UNIT/ML PEN INJ (3ML) | 1 | INS |
| INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML) | 1 | INS |
| INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML) | 1 | INS |
| INSULIN GLARGINE-YFGN 100UNIT/ML INJ | 1 | INS |
| INSULIN GLARGINE-YFGN 100UNIT/ML PEN INJ (3ML) | 1 | INS |
| INSULIN LISPRO 100UNIT/ML INJ | 1 | INS PA_BvD |
| INSULIN LISPRO 100UNIT/ML PEN INJ (3ML) | 1 | INS |

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 |
|---|---|---|
| INSULIN LISPRO JUNIOR 100UNIT/ML PEN INJ (3ML) | 1 | INS |
| INSULIN LISPRO PROTAMINE HUMAN (75/25) 100UNIT/ML PEN INJ (3ML) | 1 | INS |
| NOVOLIN MIX (70/30) 100UNIT/ML FLEXPEN (3ML) | 1 | INS |
| NOVOLIN MIX (70/30) 100UNIT/ML INJ | 1 | INS |
| NOVOLIN N 100UNIT/ML INJ | 1 | INS |
| NOVOLIN N 100UNIT/ML PEN INJ (3ML) | 1 | INS |
| NOVOLIN R 100UNIT/ML INJ | 1 | INS |
| NOVOLIN R 100UNIT/ML PEN INJ (3ML) | 1 | INS |
| NOVOLOG 100UNIT/ML CARTRIDGE | 1 | INS |
| NOVOLOG 100UNIT/ML INJ | 1 | INS PA_BvD |
| NOVOLOG 100UNIT/ML PEN INJ (3ML) | 1 | INS |
| NOVOLOG MIX (70/30) 100UNIT/ML FLEXPEN (3ML) | 1 | INS |
| NOVOLOG MIX (70/30) 100UNIT/ML INJ | 1 | INS |
| TOUJEO 300UNIT/ML PEN INJ (1.5ML) | 1 | INS |
| TOUJEO MAX 300UNIT/ML PEN INJ (3ML) | 1 | INS |
| TRESIBA 100UNIT/ML INJ | 1 | INS |
| TRESIBA 100UNIT/ML PEN INJ (3ML) | 1 | INS |
| TRESIBA 200UNIT/ML PEN INJ (3ML) | 1 | INS |
| **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS** | | |
| DAPAGLIFLOZIN 10MG TAB | 1 | QL=30 EA/30 Days |
| DAPAGLIFLOZIN 5MG TAB | 1 | QL=30 EA/30 Days |
| FARXIGA 10MG TAB | 1 | QL=30 EA/30 Days |
| FARXIGA 5MG TAB | 1 | QL=30 EA/30 Days |
| JARDIANCE 10MG TAB | 1 | QL=30 EA/30 Days |
| JARDIANCE 25MG TAB | 1 | QL=30 EA/30 Days |
| **SULFONYLUREAS** | | |
| *glimepiride 1mg tab* | 1 | |
| *glimepiride 2mg tab* | 1 | |
| *glimepiride 4mg tab* | 1 | |
| *glipizide 10mg er tab* | 1 | |
| *glipizide 10mg tab* | 1 | |
| *glipizide 2.5mg er tab* | 1 | |
| *glipizide 5mg er tab* | 1 | |
| *glipizide 5mg tab* | 1 | |
| *glyburide 1.25mg tab* | 1 | |
| *glyburide 2.5mg tab* | 1 | |
| *glyburide 5mg tab* | 1 | |
| **ANTIDIARRHEALS** | | |
| **ANTIDIARRHEAL AGENTS - MISC.** | | |
| *alosetron 0.5mg tab* | 1 | QL=60 EA/30 Days |
| *alosetron 1mg tab* | 1 | QL=60 EA/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 |
|---|---|---|
| *atropine sulfate/diphenoxylate 0.025-2.5mg tab* | 1 | |
| *loperamide 2mg cap* | 1 | |
| XERMELO 250MG TAB | 1 | NDS PA QL=84 EA/28 Days |
| **ANTIDOTES AND SPECIFIC ANTAGONISTS** | | |
| **OPIOID ANTAGONISTS** | | |
| KLOXXADO 8MG/0.1ML NASAL SPRAY | 1 | |
| NALOXONE 0.4MG/ML CARTRIDGE | 1 | |
| *naloxone 0.4mg/ml inj* | 1 | |
| *naloxone 0.4mg/ml syringe* | 1 | |
| *naloxone 2mg/2ml syringe* | 1 | |
| *naltrexone 50mg tab* | 1 | |
| OPVEE 2.7MG/0.1ML NASAL SPRAY | 1 | |
| VIVITROL 380MG INJ | 1 | NDS |
| **ANTIEMETICS** | | |
| **5-HT3 RECEPTOR ANTAGONISTS** | | |
| *granisetron 1mg tab* | 1 | PA_BvD QL=60 EA/30 Days |
| *ondansetron 0.8mg/ml oral soln* | 1 | PA_BvD QL=900 ML/30 Days |
| *ondansetron 4mg odt* | 1 | |
| *ondansetron 4mg tab* | 1 | |
| *ondansetron 8mg odt* | 1 | |
| *ondansetron 8mg tab* | 1 | |
| **ANTIEMETICS - ANTICHOLINERGIC** | | |
| *meclizine 12.5mg tab* | 1 | |
| *meclizine 25mg tab* | 1 | |
| *scopolamine 1mg/72hr patch* | 1 | QL=10 EA/30 Days |
| **ANTIEMETICS - MISCELLANEOUS** | | |
| *aprepitant 125mg cap* | 1 | PA_BvD QL=3 EA/2 Days |
| *aprepitant 125mg/80mg cap therapy pack (3)* | 1 | PA_BvD QL=6 EA/4 Days |
| *aprepitant 40mg cap* | 1 | PA_BvD QL=3 EA/2 Days |
| *aprepitant 80mg cap* | 1 | PA_BvD QL=6 EA/4 Days |
| *dronabinol 10mg cap* | 1 | PA QL=60 EA/30 Days |
| *dronabinol 2.5mg cap* | 1 | PA QL=60 EA/30 Days |
| *dronabinol 5mg cap* | 1 | PA QL=60 EA/30 Days |
| **ANTIFUNGALS** | | |
| **ANTIFUNGALS** | | |
| AMPHOTERICIN B 50MG INJ | 1 | PA_BvD |
| *amphotericin b liposomal 50mg inj* | 1 | PA_BvD |
| *caspofungin acetate 50mg inj* | 1 | |
| *caspofungin acetate 70mg inj* | 1 | |
| CRESEMBA 186MG CAP | 1 | NDS PA |
| CRESEMBA 74.5MG CAP | 1 | NDS PA |
| *fluconazole 100mg tab* | 1 | |
| *fluconazole 10mg/ml oral susp* | 1 | |
| *fluconazole 150mg tab* | 1 | |
| *fluconazole 200mg tab* | 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 |
|---|---|---|
| *fluconazole 200mg/100ml inj* | 1 | |
| *fluconazole 400mg/200ml inj* | 1 | |
| *fluconazole 40mg/ml oral susp* | 1 | |
| *fluconazole 50mg tab* | 1 | |
| *flucytosine 250mg cap* | 1 | |
| *flucytosine 500mg cap* | 1 | |
| *griseofulvin 125mg tab* | 1 | |
| *griseofulvin 250mg tab* | 1 | |
| *griseofulvin 25mg/ml oral susp* | 1 | |
| *griseofulvin 500mg tab* | 1 | |
| *itraconazole 100mg cap* | 1 | QL=120 EA/30 Days |
| *ketoconazole 200mg tab* | 1 | |
| *micafungin sodium 100mg inj* | 1 | |
| *micafungin sodium 50mg inj* | 1 | |
| *nystatin 500000unit tab* | 1 | |
| *posaconazole 100mg dr tab* | 1 | PA QL=96 EA/30 Days |
| *posaconazole 40mg/ml oral susp* | 1 | PA QL=630 ML/30 Days |
| *terbinafine 250mg tab* | 1 | QL=30 EA/30 Days |
| *voriconazole 200mg inj* | 1 | PA |
| *voriconazole 200mg tab* | 1 | PA QL=120 EA/30 Days |
| *voriconazole 40mg/ml oral susp* | 1 | PA QL=400 ML/30 Days |
| *voriconazole 50mg tab* | 1 | PA QL=480 EA/30 Days |
| **ANTIHYPERLIPIDEMICS** | | |
| **ANTIHYPERLIPIDEMICS - MISC.** | | |
| *ezetimibe 10mg tab* | 1 | QL=30 EA/30 Days |
| *ezetimibe/simvastatin 10-10mg tab* | 1 | QL=30 EA/30 Days |
| *ezetimibe/simvastatin 10-20mg tab* | 1 | QL=30 EA/30 Days |
| *ezetimibe/simvastatin 10-40mg tab* | 1 | QL=30 EA/30 Days |
| *ezetimibe/simvastatin 10-80mg tab* | 1 | QL=30 EA/30 Days |
| *icosapent ethyl 1000mg cap* | 1 | QL=120 EA/30 Days |
| *icosapent ethyl 500mg cap* | 1 | QL=120 EA/30 Days |
| NEXLETOL 180MG TAB | 1 | PA QL=30 EA/30 Days |
| NEXLIZET 180-10MG TAB | 1 | PA QL=30 EA/30 Days |
| *niacin 1000mg er tab* | 1 | QL=60 EA/30 Days |
| *niacin 500mg er tab* | 1 | QL=60 EA/30 Days |
| *niacin 750mg er tab* | 1 | QL=60 EA/30 Days |
| *omega-3 acid ethyl esters (usp) 1gm cap* | 1 | QL=120 EA/30 Days |
| REPATHA 140MG/ML AUTO-INJECTOR | 1 | PA QL=2 ML/28 Days |
| REPATHA 140MG/ML SYRINGE | 1 | PA QL=2 ML/28 Days |
| **BILE ACID SEQUESTRANTS** | | |
| *cholestyramine resin (sugar-free) 4gm powder for oral susp* | 1 | |
| *cholestyramine resin 4gm powder for oral susp* | 1 | |
| *colesevelam 625mg tab* | 1 | |
| *colestipol 1gm tab* | 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 |
|---|---|---|
| *colestipol 5000mg granules for oral susp* | 1 | |
| **FIBRIC ACID DERIVATIVES** | | |
| *fenofibrate 134mg cap* | 1 | |
| *fenofibrate 145mg tab* | 1 | |
| *fenofibrate 160mg tab* | 1 | |
| *fenofibrate 200mg cap* | 1 | |
| *fenofibrate 43mg cap* | 1 | |
| *fenofibrate 48mg tab* | 1 | |
| *fenofibrate 54mg tab* | 1 | |
| *fenofibrate 67mg cap* | 1 | |
| *fenofibric acid 135mg dr cap* | 1 | |
| *fenofibric acid 45mg dr cap* | 1 | |
| *gemfibrozil 600mg tab* | 1 | |
| **HMG COA REDUCTASE INHIBITORS** | | |
| *atorvastatin 10mg tab* | 1 | |
| *atorvastatin 20mg tab* | 1 | |
| *atorvastatin 40mg tab* | 1 | |
| *atorvastatin 80mg tab* | 1 | |
| *lovastatin 10mg tab* | 1 | |
| *lovastatin 20mg tab* | 1 | |
| *lovastatin 40mg tab* | 1 | |
| *pravastatin sodium 10mg tab* | 1 | |
| *pravastatin sodium 20mg tab* | 1 | |
| *pravastatin sodium 40mg tab* | 1 | |
| *pravastatin sodium 80mg tab* | 1 | |
| *rosuvastatin calcium 10mg tab* | 1 | |
| *rosuvastatin calcium 20mg tab* | 1 | |
| *rosuvastatin calcium 40mg tab* | 1 | |
| *rosuvastatin calcium 5mg tab* | 1 | |
| *simvastatin 10mg tab* | 1 | |
| *simvastatin 20mg tab* | 1 | |
| *simvastatin 40mg tab* | 1 | |
| *simvastatin 5mg tab* | 1 | |
| *simvastatin 80mg tab* | 1 | |
| **ANTIHYPERTENSIVES** | | |
| **ACE INHIBITORS** | | |
| *benazepril 10mg tab* | 1 | |
| *benazepril 20mg tab* | 1 | |
| *benazepril 40mg tab* | 1 | |
| *benazepril 5mg tab* | 1 | |
| *captopril 100mg tab* | 1 | QL=120 EA/30 Days |
| *captopril 12.5mg tab* | 1 | QL=90 EA/30 Days |
| *captopril 25mg tab* | 1 | QL=90 EA/30 Days |
| *captopril 50mg tab* | 1 | QL=90 EA/30 Days |
| *enalapril maleate 10mg tab* | 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 |
|---|---|---|
| *enalapril maleate 2.5mg tab* | 1 | |
| *enalapril maleate 20mg tab* | 1 | |
| *enalapril maleate 5mg tab* | 1 | |
| *fosinopril sodium 10mg tab* | 1 | |
| *fosinopril sodium 20mg tab* | 1 | |
| *fosinopril sodium 40mg tab* | 1 | |
| *lisinopril 10mg tab* | 1 | |
| *lisinopril 2.5mg tab* | 1 | |
| *lisinopril 20mg tab* | 1 | |
| *lisinopril 30mg tab* | 1 | |
| *lisinopril 40mg tab* | 1 | |
| *lisinopril 5mg tab* | 1 | |
| *moexipril 15mg tab* | 1 | |
| *moexipril 7.5mg tab* | 1 | |
| PERINDOPRIL ERBUMINE 2MG TAB | 1 | |
| *perindopril erbumine 4mg tab* | 1 | |
| PERINDOPRIL ERBUMINE 8MG TAB | 1 | |
| *quinapril 10mg tab* | 1 | |
| *quinapril 20mg tab* | 1 | |
| *quinapril 40mg tab* | 1 | |
| *quinapril 5mg tab* | 1 | |
| *ramipril 1.25mg cap* | 1 | |
| *ramipril 10mg cap* | 1 | |
| *ramipril 2.5mg cap* | 1 | |
| *ramipril 5mg cap* | 1 | |
| *trandolapril 1mg tab* | 1 | |
| *trandolapril 2mg tab* | 1 | |
| *trandolapril 4mg tab* | 1 | |
| **ANGIOTENSIN II RECEPTOR ANTAGONISTS** | | |
| *candesartan cilexetil 16mg tab* | 1 | QL=60 EA/30 Days |
| *candesartan cilexetil 32mg tab* | 1 | QL=30 EA/30 Days |
| *candesartan cilexetil 4mg tab* | 1 | QL=60 EA/30 Days |
| *candesartan cilexetil 8mg tab* | 1 | QL=60 EA/30 Days |
| *irbesartan 150mg tab* | 1 | |
| *irbesartan 300mg tab* | 1 | |
| *irbesartan 75mg tab* | 1 | |
| *losartan potassium 100mg tab* | 1 | |
| *losartan potassium 25mg tab* | 1 | |
| *losartan potassium 50mg tab* | 1 | |
| *olmesartan medoxomil 20mg tab* | 1 | |
| *olmesartan medoxomil 40mg tab* | 1 | |
| *olmesartan medoxomil 5mg tab* | 1 | |
| *telmisartan 20mg tab* | 1 | QL=30 EA/30 Days |
| *telmisartan 40mg tab* | 1 | QL=30 EA/30 Days |
| *telmisartan 80mg tab* | 1 | QL=30 EA/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 |
|---|---|---|
| *valsartan 160mg tab* | 1 | |
| *valsartan 320mg tab* | 1 | |
| *valsartan 40mg tab* | 1 | |
| *valsartan 80mg tab* | 1 | |
| **ANTIADRENERGIC ANTIHYPERTENSIVES** | | |
| *clonidine 0.1mg tab* | 1 | |
| *clonidine 0.1mg/24hr weekly patch* | 1 | QL=4 EA/28 Days |
| *clonidine 0.2mg tab* | 1 | |
| *clonidine 0.2mg/24hr weekly patch* | 1 | QL=4 EA/28 Days |
| *clonidine 0.3mg tab* | 1 | |
| *clonidine 0.3mg/24hr weekly patch* | 1 | QL=4 EA/28 Days |
| *doxazosin 1mg tab* | 1 | |
| *doxazosin 2mg tab* | 1 | |
| *doxazosin 4mg tab* | 1 | |
| *doxazosin 8mg tab* | 1 | |
| *guanfacine 1mg tab* | 1 | |
| *guanfacine 2mg tab* | 1 | |
| *prazosin 1mg cap* | 1 | |
| *prazosin 2mg cap* | 1 | |
| *prazosin 5mg cap* | 1 | |
| *terazosin 10mg cap* | 1 | |
| *terazosin 1mg cap* | 1 | |
| *terazosin 2mg cap* | 1 | |
| *terazosin 5mg cap* | 1 | |
| **ANTIHYPERTENSIVE COMBINATIONS** | | |
| *amlodipine/benazepril 10-20mg cap* | 1 | |
| *amlodipine/benazepril 10-40mg cap* | 1 | |
| *amlodipine/benazepril 2.5-10mg cap* | 1 | |
| *amlodipine/benazepril 5-10mg cap* | 1 | |
| *amlodipine/benazepril 5-20mg cap* | 1 | |
| *amlodipine/benazepril 5-40mg cap* | 1 | |
| *amlodipine/olmesartan medoxomil 10-20mg tab* | 1 | QL=30 EA/30 Days |
| *amlodipine/olmesartan medoxomil 10-40mg tab* | 1 | QL=30 EA/30 Days |
| *amlodipine/olmesartan medoxomil 5-20mg tab* | 1 | QL=30 EA/30 Days |
| *amlodipine/olmesartan medoxomil 5-40mg tab* | 1 | QL=30 EA/30 Days |
| *amlodipine/valsartan 10-160mg tab* | 1 | QL=30 EA/30 Days |
| *amlodipine/valsartan 10-320mg tab* | 1 | QL=30 EA/30 Days |
| *amlodipine/valsartan 5-160mg tab* | 1 | QL=30 EA/30 Days |
| *amlodipine/valsartan 5-320mg tab* | 1 | QL=30 EA/30 Days |
| *atenolol/chlorthalidone 100-25mg tab* | 1 | |
| *atenolol/chlorthalidone 50-25mg tab* | 1 | |
| *benazepril/hydrochlorothiazide 10-12.5mg tab* | 1 | QL=30 EA/30 Days |
| *benazepril/hydrochlorothiazide 20-12.5mg tab* | 1 | QL=30 EA/30 Days |
| *benazepril/hydrochlorothiazide 20-25mg tab* | 1 | QL=30 EA/30 Days |
| *benazepril/hydrochlorothiazide 5-6.25mg tab* | 1 | QL=30 EA/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 |
|---|---|---|
| *bisoprolol fumarate/hydrochlorothiazide 10-6.25mg tab* | 1 | |
| *bisoprolol fumarate/hydrochlorothiazide 2.5-6.25mg tab* | 1 | |
| *bisoprolol fumarate/hydrochlorothiazide 5-6.25mg tab* | 1 | |
| *enalapril maleate/hydrochlorothiazide 10-25mg tab* | 1 | QL=60 EA/30 Days |
| *enalapril maleate/hydrochlorothiazide 5-12.5mg tab* | 1 | QL=120 EA/30 Days |
| *fosinopril sodium/hydrochlorothiazide 10-12.5mg tab* | 1 | |
| *fosinopril sodium/hydrochlorothiazide 20-12.5mg tab* | 1 | |
| *hydrochlorothiazide/irbesartan 12.5-150mg tab* | 1 | QL=60 EA/30 Days |
| *hydrochlorothiazide/irbesartan 12.5-300mg tab* | 1 | QL=30 EA/30 Days |
| *hydrochlorothiazide/lisinopril 12.5-10mg tab* | 1 | |
| *hydrochlorothiazide/lisinopril 12.5-20mg tab* | 1 | |
| *hydrochlorothiazide/lisinopril 25-20mg tab* | 1 | |
| *hydrochlorothiazide/losartan potassium 12.5-100mg tab* | 1 | |
| *hydrochlorothiazide/losartan potassium 12.5-50mg tab* | 1 | |
| *hydrochlorothiazide/losartan potassium 25-100mg tab* | 1 | |
| *hydrochlorothiazide/metoprolol tartrate 25-100mg tab* | 1 | |
| *hydrochlorothiazide/metoprolol tartrate 25-50mg tab* | 1 | |
| *hydrochlorothiazide/metoprolol tartrate 50-100mg tab* | 1 | |
| *hydrochlorothiazide/olmesartan medoxomil 12.5-20mg tab* | 1 | QL=30 EA/30 Days |
| *hydrochlorothiazide/olmesartan medoxomil 12.5-40mg tab* | 1 | QL=30 EA/30 Days |
| *hydrochlorothiazide/olmesartan medoxomil 25-40mg tab* | 1 | QL=30 EA/30 Days |
| *hydrochlorothiazide/valsartan 12.5-160mg tab* | 1 | QL=30 EA/30 Days |
| *hydrochlorothiazide/valsartan 12.5-320mg tab* | 1 | QL=30 EA/30 Days |
| *hydrochlorothiazide/valsartan 12.5-80mg tab* | 1 | QL=30 EA/30 Days |
| *hydrochlorothiazide/valsartan 25-160mg tab* | 1 | QL=30 EA/30 Days |
| *hydrochlorothiazide/valsartan 25-320mg tab* | 1 | QL=30 EA/30 Days |
| **ANTIHYPERTENSIVES - MISC.** | | |
| *aliskiren 150mg tab* | 1 | QL=30 EA/30 Days |
| *aliskiren 300mg tab* | 1 | QL=30 EA/30 Days |
| *eplerenone 25mg tab* | 1 | |
| *eplerenone 50mg tab* | 1 | |
| *metyrosine 250mg cap* | 1 | NDS PA |
| **VASODILATORS** | | |
| *hydralazine 100mg tab* | 1 | |
| *hydralazine 10mg tab* | 1 | |
| *hydralazine 25mg tab* | 1 | |
| *hydralazine 50mg tab* | 1 | |
| *minoxidil 10mg tab* | 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 |
|---|---|---|
| *minoxidil 2.5mg tab* | 1 | |
| **ANTI-INFECTIVE AGENTS - MISC.** | | |
| **ANTI-INFECTIVE AGENTS - MISC.** | | |
| *atovaquone 750mg/5ml oral susp* | 1 | QL=300 ML/30 Days |
| *azithromycin 20mg/ml oral susp* | 1 | |
| *azithromycin 250mg pack (6)* | 1 | |
| *azithromycin 250mg tab* | 1 | |
| *azithromycin 40mg/ml oral susp* | 1 | |
| *azithromycin 500mg inj* | 1 | |
| *azithromycin 500mg tab* | 1 | |
| *azithromycin 500mg tab pack (3)* | 1 | |
| *azithromycin 600mg tab* | 1 | |
| *aztreonam 1gm inj* | 1 | |
| *aztreonam 2gm inj* | 1 | |
| *cefepime 1000mg inj* | 1 | |
| *cefepime 2000mg inj* | 1 | |
| CILASTATIN/IMIPENEM 250-250MG INJ | 1 | |
| *cilastatin/imipenem 500-500mg inj* | 1 | |
| *clarithromycin 250mg tab* | 1 | |
| CLARITHROMYCIN 25MG/ML ORAL SUSP | 1 | |
| *clarithromycin 500mg tab* | 1 | |
| CLARITHROMYCIN 50MG/ML ORAL SUSP | 1 | |
| *clindamycin 150mg cap* | 1 | |
| *clindamycin 300mg cap* | 1 | |
| *clindamycin 300mg/2ml inj* | 1 | |
| *clindamycin 300mg/50ml inj* | 1 | |
| *clindamycin 600mg/4ml inj* | 1 | |
| *clindamycin 600mg/50ml inj* | 1 | |
| *clindamycin 75mg cap* | 1 | |
| *clindamycin 75mg/5ml oral soln* | 1 | |
| *clindamycin 900mg/50ml inj* | 1 | |
| *clindamycin 900mg/6ml inj* | 1 | |
| *colistin 75mg/ml inj* | 1 | |
| *daptomycin 350mg inj* | 1 | |
| *daptomycin 500mg inj* | 1 | |
| DIFICID 200MG TAB | 1 | PA QL=20 EA/10 Days |
| DIFICID 40MG/ML ORAL SUSP | 1 | PA QL=136 ML/10 Days |
| *ertapenem 1gm inj* | 1 | |
| *erythromycin 250mg dr tab* | 1 | |
| *erythromycin 250mg tab* | 1 | |
| *erythromycin 333mg dr tab* | 1 | |
| *erythromycin 500mg dr tab* | 1 | |
| *erythromycin 500mg tab* | 1 | |
| *fosfomycin 3gm powder for oral soln* | 1 | |
| IMPAVIDO 50MG CAP | 1 | NDS PA QL=84 EA/28 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 |
|---|---|---|
| *linezolid 100mg/5ml oral susp* | 1 | QL=1800 ML/30 Days |
| *linezolid 600mg tab* | 1 | QL=60 EA/30 Days |
| *linezolid 600mg/300ml inj* | 1 | |
| *meropenem 1gm inj* | 1 | |
| *meropenem 500mg inj* | 1 | |
| *methenamine hippurate 1gm tab* | 1 | |
| *metronidazole 250mg tab* | 1 | |
| *metronidazole 500mg tab* | 1 | |
| *metronidazole 5mg/ml inj* | 1 | |
| *nitazoxanide 500mg tab* | 1 | NDS PA QL=6 EA/3 Days |
| *nitrofurantoin macro/nitrofurantoin mono 100mg cap* | 1 | |
| *nitrofurantoin macrocrystals 100mg cap* | 1 | |
| *nitrofurantoin macrocrystals 50mg cap* | 1 | |
| *pentamidine isethionate 300mg inj* | 1 | |
| *pentamidine isethionate 300mg/6ml inh soln* | 1 | PA_BvD QL=1 EA/28 Days |
| TEFLARO 400MG INJ | 1 | NDS |
| TEFLARO 600MG INJ | 1 | NDS |
| *tigecycline 50mg inj* | 1 | |
| *tinidazole 250mg tab* | 1 | |
| *tinidazole 500mg tab* | 1 | |
| *trimethoprim 100mg tab* | 1 | |
| *vancomycin 100mg/ml inj* | 1 | |
| *vancomycin 125mg cap* | 1 | QL=120 EA/30 Days |
| *vancomycin 1gm inj* | 1 | |
| *vancomycin 250mg cap* | 1 | QL=120 EA/30 Days |
| *vancomycin 500mg inj* | 1 | |
| *vancomycin 750mg inj* | 1 | |
| XIFAXAN 550MG TAB | 1 | PA QL=60 EA/30 Days |
| ZERBAXA 1000-500MG INJ | 1 | |
| **ANTIMALARIALS** | | |
| **ANTIMALARIALS** | | |
| *atovaquone/proguanil 250-100mg tab* | 1 | |
| *atovaquone/proguanil 62.5-25mg tab* | 1 | |
| CHLOROQUINE PHOSPHATE 250MG TAB | 1 | |
| *chloroquine phosphate 500mg tab* | 1 | |
| COARTEM 20-120MG TAB | 1 | QL=24 EA/3 Days |
| *hydroxychloroquine sulfate 200mg tab* | 1 | QL=90 EA/30 Days |
| *mefloquine 250mg tab* | 1 | |
| PRIMAQUINE PHOSPHATE 26.3MG TAB | 1 | |
| *pyrimethamine 25mg tab* | 1 | NDS PA QL=90 EA/30 Days |
| *quinine sulfate 324mg cap* | 1 | PA QL=42 EA/7 Days |
| **ANTIMYCOBACTERIAL AGENTS** | | |
| **ANTIMYCOBACTERIAL AGENTS** | | |
| *dapsone 100mg tab* | 1 | |
| *dapsone 25mg tab* | 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 |
|---|---|---|
| *ethambutol 100mg tab* | 1 | |
| *ethambutol 400mg tab* | 1 | |
| *isoniazid 100mg tab* | 1 | |
| *isoniazid 10mg/ml oral soln* | 1 | |
| *isoniazid 300mg tab* | 1 | |
| PRIFTIN 150MG TAB | 1 | |
| *pyrazinamide 500mg tab* | 1 | |
| *rifabutin 150mg cap* | 1 | |
| *rifampin 150mg cap* | 1 | |
| *rifampin 300mg cap* | 1 | |
| *rifampin 600mg inj* | 1 | |
| SIRTURO 100MG TAB | 1 | NDS PA |
| SIRTURO 20MG TAB | 1 | NDS PA |
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES** | | |
| **ALKYLATING AGENTS** | | |
| *cyclophosphamide 25mg cap* | 1 | PA_BvD |
| CYCLOPHOSPHAMIDE 25MG TAB | 1 | PA_BvD |
| *cyclophosphamide 50mg cap* | 1 | PA_BvD |
| CYCLOPHOSPHAMIDE 50MG TAB | 1 | PA_BvD |
| GLEOSTINE 100MG CAP | 1 | |
| GLEOSTINE 10MG CAP | 1 | |
| GLEOSTINE 40MG CAP | 1 | |
| LEUKERAN 2MG TAB | 1 | NDS |
| **ANTIMETABOLITES** | | |
| *mercaptopurine 20mg/ml susp* | 1 | PA_NSO QL=300 ML/30 Days |
| *mercaptopurine 50mg tab* | 1 | |
| *methotrexate 2.5mg tab* | 1 | |
| METHOTREXATE 25MG/ML INJ | 1 | |
| *methotrexate 50mg/2ml inj* | 1 | |
| ONUREG 200MG TAB | 1 | NDS PA_NSO QL=14 EA/28 Days |
| ONUREG 300MG TAB | 1 | NDS PA_NSO QL=14 EA/28 Days |
| TABLOID 40MG TAB | 1 | NDS |
| XATMEP 2.5MG/ML ORAL SOLN | 1 | PA_BvD |
| **ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS** | | |
| FRUZAQLA 1MG CAP | 1 | NDS PA_NSO QL=84 EA/28 Days |
| FRUZAQLA 5MG CAP | 1 | NDS PA_NSO QL=21 EA/28 Days |
| INLYTA 1MG TAB | 1 | NDS PA_NSO QL=180 EA/30 Days |
| INLYTA 5MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| LENVIMA 10MG DAILY DOSE PACK (30) | 1 | NDS PA_NSO QL=30 EA/30 Days |
| LENVIMA 12MG DAILY DOSE PACK (90) | 1 | NDS PA_NSO QL=90 EA/30 Days |
| LENVIMA 14MG DAILY DOSE PACK (60) | 1 | NDS PA_NSO QL=60 EA/30 Days |
| LENVIMA 18MG DAILY DOSE PACK (90) | 1 | NDS PA_NSO QL=90 EA/30 Days |
| LENVIMA 20MG DAILY DOSE PACK (60) | 1 | NDS PA_NSO QL=60 EA/30 Days |
| LENVIMA 24MG DAILY DOSE PACK (90) | 1 | NDS PA_NSO QL=90 EA/30 Days |
| LENVIMA 4MG DAILY DOSE PACK (30) | 1 | NDS PA_NSO QL=30 EA/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 |
|---|---|---|
| LENVIMA 8MG DAILY DOSE PACK (60) | 1 | NDS PA_NSO QL=60 EA/30 Days |
| **ANTINEOPLASTIC - EGFR INHIBITORS** | | |
| *erlotinib 100mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| *erlotinib 150mg tab* | 1 | PA_NSO QL=30 EA/30 Days |
| *erlotinib 25mg tab* | 1 | PA_NSO QL=90 EA/30 Days |
| *gefitinib 250mg tab* | 1 | NDS PA_NSO QL=60 EA/30 Days |
| GILOTRIF 20MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| GILOTRIF 30MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| GILOTRIF 40MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| LAZCLUZE 240MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| LAZCLUZE 80MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| TAGRISSO 40MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| TAGRISSO 80MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| VIZIMPRO 15MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| VIZIMPRO 30MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| VIZIMPRO 45MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| **ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS** | | |
| DAURISMO 100MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| DAURISMO 25MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| ERIVEDGE 150MG CAP | 1 | NDS PA_NSO QL=28 EA/28 Days |
| ODOMZO 200MG CAP | 1 | NDS PA_NSO QL=30 EA/30 Days |
| **ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS** | | |
| *abiraterone acetate 250mg tab* | 1 | QL=120 EA/30 Days |
| *abirtega 250mg tab* | 1 | QL=120 EA/30 Days |
| AKEEGA 500-100MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| AKEEGA 500-50MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| *anastrozole 1mg tab* | 1 | QL=30 EA/30 Days |
| *bicalutamide 50mg tab* | 1 | QL=30 EA/30 Days |
| ELIGARD 22.5MG SYRINGE | 1 | QL=1 EA/84 Days |
| ELIGARD 30MG SYRINGE | 1 | QL=1 EA/112 Days |
| ELIGARD 45MG SYRINGE | 1 | QL=1 EA/168 Days |
| ELIGARD 7.5MG SYRINGE | 1 | QL=1 EA/28 Days |
| ERLEADA 240MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| ERLEADA 60MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| EULEXIN 125MG CAP | 1 | NDS QL=180 EA/30 Days |
| *exemestane 25mg tab* | 1 | QL=60 EA/30 Days |
| FIRMAGON 120MG INJ | 1 | PA_NSO QL=4 EA/365 Days |
| FIRMAGON 80MG INJ | 1 | PA_NSO QL=1 EA/28 Days |
| *letrozole 2.5mg tab* | 1 | QL=30 EA/30 Days |
| LUPRON 11.25MG SYRINGE (3 MONTH) | 1 | QL=1 EA/84 Days |
| LUPRON 3.75MG SYRINGE (1 MONTH) | 1 | NDS QL=1 EA/28 Days |
| LYSODREN 500MG TAB | 1 | NDS |
| *megestrol acetate 20mg tab* | 1 | PA_NSO |
| *megestrol acetate 40mg tab* | 1 | PA_NSO |
| *megestrol acetate 40mg/ml oral susp* | 1 | 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 |
|---|---|---|
| *nilutamide 150mg tab* | 1 | NDS QL=60 EA/30 Days |
| NUBEQA 300MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| ORGOVYX 120MG TAB | 1 | NDS PA_NSO QL=30 EA/28 Days |
| ORSERDU 345MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| ORSERDU 86MG TAB | 1 | NDS PA_NSO QL=90 EA/30 Days |
| SOLTAMOX 10MG/5ML ORAL SOLN | 1 | PA_NSO QL=600 ML/30 Days |
| *tamoxifen 10mg tab* | 1 | |
| *tamoxifen 20mg tab* | 1 | |
| *toremifene 60mg tab* | 1 | QL=30 EA/30 Days |
| TRELSTAR 11.25MG INJ | 1 | QL=1 EA/84 Days |
| TRELSTAR 22.5MG INJ | 1 | QL=1 EA/168 Days |
| TRELSTAR 3.75MG INJ | 1 | QL=1 EA/28 Days |
| XTANDI 40MG CAP | 1 | NDS PA_NSO QL=120 EA/30 Days |
| XTANDI 40MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| XTANDI 80MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| **ANTINEOPLASTIC COMBINATIONS** | | |
| AVMAPKI/FAKZYNJA CO-PACK (66) | 1 | NDS PA_NSO QL=66 EA/28 Days |
| INQOVI 35-100MG TAB PACK (5) | 1 | NDS PA_NSO QL=5 EA/28 Days |
| KISQALI/FEMARA 400 CO-PACK (70) | 1 | NDS PA_NSO QL=70 EA/28 Days |
| KISQALI/FEMARA 600 CO-PACK (91) | 1 | NDS PA_NSO QL=91 EA/28 Days |
| LONSURF 6.14-15MG TAB | 1 | NDS PA_NSO QL=100 EA/28 Days |
| LONSURF 8.19-20MG TAB | 1 | NDS PA_NSO QL=80 EA/28 Days |
| **ANTINEOPLASTIC ENZYME INHIBITORS** | | |
| ALECENSA 150MG CAP | 1 | NDS PA_NSO QL=240 EA/30 Days |
| ALUNBRIG 180MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| ALUNBRIG 30MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| ALUNBRIG 90MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| ALUNBRIG TAB INITIATION PACK (30) | 1 | NDS PA_NSO QL=30 EA/30 Days |
| AUGTYRO 160MG CAP | 1 | NDS PA_NSO QL=60 EA/30 Days |
| AUGTYRO 40MG CAP | 1 | NDS PA_NSO QL=240 EA/30 Days |
| BALVERSA 3MG TAB | 1 | NDS PA_NSO QL=56 EA/28 Days |
| BALVERSA 4MG TAB | 1 | NDS PA_NSO QL=56 EA/28 Days |
| BALVERSA 5MG TAB | 1 | NDS PA_NSO QL=28 EA/28 Days |
| BOSULIF 100MG CAP | 1 | NDS PA_NSO QL=180 EA/30 Days |
| BOSULIF 100MG TAB | 1 | NDS PA_NSO QL=90 EA/30 Days |
| BOSULIF 400MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| BOSULIF 500MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| BOSULIF 50MG CAP | 1 | NDS PA_NSO QL=30 EA/30 Days |
| BRAFTOVI 75MG CAP | 1 | NDS PA_NSO QL=180 EA/30 Days |
| BRUKINSA 80MG CAP | 1 | NDS PA_NSO QL=120 EA/30 Days |
| CABOMETYX 20MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| CABOMETYX 40MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| CABOMETYX 60MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| CALQUENCE 100MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| CAPRELSA 100MG TAB | 1 | NDS PA_NSO QL=60 EA/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 |
|---|---|---|
| CAPRELSA 300MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| COMETRIQ CAP 100MG DAILY DOSE PACK (56) | 1 | NDS PA_NSO QL=56 EA/28 Days |
| COMETRIQ CAP 140MG DAILY DOSE PACK (112) | 1 | NDS PA_NSO QL=112 EA/28 Days |
| COMETRIQ CAP 60MG DAILY DOSE PACK (84) | 1 | NDS PA_NSO QL=84 EA/28 Days |
| COPIKTRA 15MG CAP | 1 | NDS PA_NSO QL=56 EA/28 Days |
| COPIKTRA 25MG CAP | 1 | NDS PA_NSO QL=56 EA/28 Days |
| COTELLIC 20MG TAB | 1 | NDS PA_NSO QL=63 EA/28 Days |
| *dasatinib 100mg tab* | 1 | NDS PA_NSO QL=30 EA/30 Days |
| *dasatinib 140mg tab* | 1 | NDS PA_NSO QL=30 EA/30 Days |
| *dasatinib 20mg tab* | 1 | NDS PA_NSO QL=90 EA/30 Days |
| *dasatinib 50mg tab* | 1 | NDS PA_NSO QL=30 EA/30 Days |
| *dasatinib 70mg tab* | 1 | NDS PA_NSO QL=30 EA/30 Days |
| *dasatinib 80mg tab* | 1 | NDS PA_NSO QL=30 EA/30 Days |
| *everolimus 10mg tab* | 1 | NDS PA_NSO QL=30 EA/30 Days |
| *everolimus 2.5mg tab* | 1 | NDS PA_NSO QL=30 EA/30 Days |
| *everolimus 2mg tab for oral susp* | 1 | NDS PA_NSO QL=150 EA/30 Days |
| *everolimus 3mg tab for oral susp* | 1 | NDS PA_NSO QL=90 EA/30 Days |
| *everolimus 5mg tab* | 1 | NDS PA_NSO QL=30 EA/30 Days |
| *everolimus 5mg tab for oral susp* | 1 | NDS PA_NSO QL=60 EA/30 Days |
| *everolimus 7.5mg tab* | 1 | NDS PA_NSO QL=30 EA/30 Days |
| FOTIVDA 0.89MG CAP | 1 | NDS PA_NSO QL=21 EA/28 Days |
| FOTIVDA 1.34MG CAP | 1 | NDS PA_NSO QL=21 EA/28 Days |
| GAVRETO 100MG CAP | 1 | NDS PA_NSO QL=120 EA/30 Days |
| GOMEKLI 1MG CAP | 1 | NDS PA_NSO QL=42 EA/28 Days |
| GOMEKLI 1MG TAB FOR ORAL SUSP | 1 | NDS PA_NSO QL=168 EA/28 Days |
| GOMEKLI 2MG CAP | 1 | NDS PA_NSO QL=84 EA/28 Days |
| IBRANCE 100MG CAP | 1 | NDS PA_NSO QL=21 EA/28 Days |
| IBRANCE 100MG TAB | 1 | NDS PA_NSO QL=21 EA/28 Days |
| IBRANCE 125MG CAP | 1 | NDS PA_NSO QL=21 EA/28 Days |
| IBRANCE 125MG TAB | 1 | NDS PA_NSO QL=21 EA/28 Days |
| IBRANCE 75MG CAP | 1 | NDS PA_NSO QL=21 EA/28 Days |
| IBRANCE 75MG TAB | 1 | NDS PA_NSO QL=21 EA/28 Days |
| IBTROZI 200MG CAP | 1 | NDS PA_NSO QL=90 EA/30 Days |
| ICLUSIG 10MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| ICLUSIG 15MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| ICLUSIG 30MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| ICLUSIG 45MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| IDHIFA 100MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| IDHIFA 50MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| *imatinib 100mg tab* | 1 | QL=90 EA/30 Days |
| *imatinib 400mg tab* | 1 | QL=60 EA/30 Days |
| IMBRUVICA 140MG CAP | 1 | NDS PA_NSO QL=90 EA/30 Days |
| IMBRUVICA 140MG TAB | 1 | NDS PA_NSO QL=28 EA/28 Days |
| IMBRUVICA 280MG TAB | 1 | NDS PA_NSO QL=28 EA/28 Days |
| IMBRUVICA 420MG TAB | 1 | NDS PA_NSO QL=30 EA/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 |
|---|---|---|
| IMBRUVICA 70MG CAP | 1 | NDS PA_NSO QL=28 EA/28 Days |
| IMBRUVICA 70MG/ML ORAL SUSP | 1 | NDS PA_NSO QL=216 ML/27 Days |
| IMKELDI 80MG/ML ORAL SOLN | 1 | NDS PA_NSO QL=280 ML/28 Days |
| INREBIC 100MG CAP | 1 | NDS PA_NSO QL=120 EA/30 Days |
| ITOVEBI 3MG TAB | 1 | NDS PA_NSO QL=56 EA/28 Days |
| ITOVEBI 9MG TAB | 1 | NDS PA_NSO QL=28 EA/28 Days |
| JAKAFI 10MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| JAKAFI 15MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| JAKAFI 20MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| JAKAFI 25MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| JAKAFI 5MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| JAYPIRCA 100MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| JAYPIRCA 50MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| KISQALI TAB 200MG DAILY DOSE PACK (21) | 1 | NDS PA_NSO QL=21 EA/28 Days |
| KISQALI TAB 400MG DAILY DOSE PACK (42) | 1 | NDS PA_NSO QL=42 EA/28 Days |
| KISQALI TAB 600MG DAILY DOSE PACK (63) | 1 | NDS PA_NSO QL=63 EA/28 Days |
| KOSELUGO 10MG CAP | 1 | NDS PA_NSO QL=240 EA/30 Days |
| KOSELUGO 25MG CAP | 1 | NDS PA_NSO QL=120 EA/30 Days |
| KRAZATI 200MG TAB | 1 | NDS PA_NSO QL=180 EA/30 Days |
| *lapatinib 250mg tab* | 1 | NDS PA_NSO QL=180 EA/30 Days |
| LORBRENA 100MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| LORBRENA 25MG TAB | 1 | NDS PA_NSO QL=90 EA/30 Days |
| LUMAKRAS 120MG TAB | 1 | NDS PA_NSO QL=240 EA/30 Days |
| LUMAKRAS 240MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| LUMAKRAS 320MG TAB | 1 | NDS PA_NSO QL=90 EA/30 Days |
| LYNPARZA 100MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| LYNPARZA 150MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| LYTGOBI TAB 12MG DAILEY DOSE PACK (21) | 1 | NDS PA_NSO QL=84 EA/28 Days |
| LYTGOBI TAB 16MG DAILEY DOSE PACK (28) | 1 | NDS PA_NSO QL=112 EA/28 Days |
| LYTGOBI TAB 20MG DAILEY DOSE PACK (35) | 1 | NDS PA_NSO QL=140 EA/28 Days |
| MEKINIST 0.05MG/ML ORAL SOLN | 1 | NDS PA_NSO QL=1260 ML/30 Days |
| MEKINIST 0.5MG TAB | 1 | NDS PA_NSO QL=90 EA/30 Days |
| MEKINIST 2MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| MEKTOVI 15MG TAB | 1 | NDS PA_NSO QL=180 EA/30 Days |
| NERLYNX 40MG TAB | 1 | NDS PA_NSO QL=180 EA/30 Days |
| *nilotinib 150mg cap* | 1 | NDS PA_NSO QL=112 EA/28 Days |
| *nilotinib 200mg cap* | 1 | NDS PA_NSO QL=112 EA/28 Days |
| *nilotinib 50mg cap* | 1 | NDS PA_NSO QL=120 EA/30 Days |
| NINLARO 2.3MG CAP | 1 | NDS PA_NSO QL=3 EA/28 Days |
| NINLARO 3MG CAP | 1 | NDS PA_NSO QL=3 EA/28 Days |
| NINLARO 4MG CAP | 1 | NDS PA_NSO QL=3 EA/28 Days |
| OGSIVEO 100MG TAB 7-DAY PACK (14) | 1 | NDS PA_NSO QL=56 EA/28 Days |
| OGSIVEO 150MG TAB 7-DAY PACK (14) | 1 | NDS PA_NSO QL=56 EA/28 Days |
| OGSIVEO 50MG TAB | 1 | NDS PA_NSO QL=180 EA/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 |
|---|---|---|
| OJEMDA 100MG TAB PACK (400MG ONCE WEEKLY) (16) | 1 | NDS PA_NSO QL=16 EA/28 Days |
| OJEMDA 100MG TAB PACK (500MG ONCE WEEKLY) (20) | 1 | NDS PA_NSO QL=20 EA/28 Days |
| OJEMDA 100MG TAB PACK (600MG ONCE WEEKLY) (24) | 1 | NDS PA_NSO QL=24 EA/28 Days |
| OJEMDA 25MG/ML POWDER FOR ORAL SUSP | 1 | NDS PA_NSO QL=96 ML/28 Days |
| OJJAARA 100MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| OJJAARA 150MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| OJJAARA 200MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| *pazopanib 200mg tab* | 1 | NDS PA_NSO QL=120 EA/30 Days |
| PEMAZYRE 13.5MG TAB | 1 | NDS PA_NSO QL=28 EA/28 Days |
| PEMAZYRE 4.5MG TAB | 1 | NDS PA_NSO QL=28 EA/28 Days |
| PEMAZYRE 9MG TAB | 1 | NDS PA_NSO QL=28 EA/28 Days |
| PIQRAY TAB 200MG DAILY DOSE PACK (28) | 1 | NDS PA_NSO QL=28 EA/28 Days |
| PIQRAY TAB 250MG DAILY DOSE PACK (56) | 1 | NDS PA_NSO QL=56 EA/28 Days |
| PIQRAY TAB 300MG DAILY DOSE PACK (56) | 1 | NDS PA_NSO QL=56 EA/28 Days |
| QINLOCK 50MG TAB | 1 | NDS PA_NSO QL=90 EA/30 Days |
| RETEVMO 120MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| RETEVMO 160MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| RETEVMO 40MG TAB | 1 | NDS PA_NSO QL=90 EA/30 Days |
| RETEVMO 80MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| REZLIDHIA 150MG CAP | 1 | NDS PA_NSO QL=60 EA/30 Days |
| ROMVIMZA 14MG CAP | 1 | NDS PA_NSO QL=8 EA/28 Days |
| ROMVIMZA 20MG CAP | 1 | NDS PA_NSO QL=8 EA/28 Days |
| ROMVIMZA 30MG CAP | 1 | NDS PA_NSO QL=8 EA/28 Days |
| ROZLYTREK 100MG CAP | 1 | NDS PA_NSO QL=150 EA/30 Days |
| ROZLYTREK 200MG CAP | 1 | NDS PA_NSO QL=90 EA/30 Days |
| ROZLYTREK 50MG ORAL PELLET | 1 | NDS PA_NSO QL=336 EA/28 Days |
| RUBRACA 200MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| RUBRACA 250MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| RUBRACA 300MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| RYDAPT 25MG CAP | 1 | NDS PA_NSO QL=224 EA/28 Days |
| SCEMBLIX 100MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| SCEMBLIX 20MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| SCEMBLIX 40MG TAB | 1 | NDS PA_NSO QL=240 EA/30 Days |
| *sorafenib 200mg tab* | 1 | NDS PA_NSO QL=120 EA/30 Days |
| STIVARGA 40MG TAB | 1 | NDS PA_NSO QL=84 EA/28 Days |
| *sunitinib 12.5mg cap* | 1 | NDS PA_NSO QL=28 EA/28 Days |
| *sunitinib 25mg cap* | 1 | NDS PA_NSO QL=28 EA/28 Days |
| *sunitinib 37.5mg cap* | 1 | NDS PA_NSO QL=28 EA/28 Days |
| *sunitinib 50mg cap* | 1 | NDS PA_NSO QL=28 EA/28 Days |
| TABRECTA 150MG TAB | 1 | NDS PA_NSO QL=112 EA/28 Days |
| TABRECTA 200MG TAB | 1 | NDS PA_NSO QL=112 EA/28 Days |
| TAFINLAR 10MG TAB FOR ORAL SUSP | 1 | NDS PA_NSO QL=840 EA/28 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 |
|---|---|---|
| TAFINLAR 50MG CAP | 1 | NDS PA_NSO QL=120 EA/30 Days |
| TAFINLAR 75MG CAP | 1 | NDS PA_NSO QL=120 EA/30 Days |
| TALZENNA 0.1MG CAP | 1 | NDS PA_NSO QL=30 EA/30 Days |
| TALZENNA 0.25MG CAP | 1 | NDS PA_NSO QL=30 EA/30 Days |
| TALZENNA 0.35MG CAP | 1 | NDS PA_NSO QL=30 EA/30 Days |
| TALZENNA 0.5MG CAP | 1 | NDS PA_NSO QL=30 EA/30 Days |
| TALZENNA 0.75MG CAP | 1 | NDS PA_NSO QL=30 EA/30 Days |
| TALZENNA 1MG CAP | 1 | NDS PA_NSO QL=30 EA/30 Days |
| TAZVERIK 200MG TAB | 1 | NDS PA_NSO QL=240 EA/30 Days |
| TEPMETKO 225MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| TIBSOVO 250MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| TRUQAP 160MG TAB | 1 | NDS PA_NSO QL=64 EA/28 Days |
| TRUQAP 200MG TAB | 1 | NDS PA_NSO QL=64 EA/28 Days |
| TURALIO 125MG CAP | 1 | NDS PA_NSO QL=120 EA/30 Days |
| VANFLYTA 17.7MG TAB | 1 | NDS PA_NSO QL=28 EA/28 Days |
| VANFLYTA 26.5MG TAB | 1 | NDS PA_NSO QL=56 EA/28 Days |
| VERZENIO 100MG TAB | 1 | NDS PA_NSO QL=56 EA/28 Days |
| VERZENIO 150MG TAB | 1 | NDS PA_NSO QL=56 EA/28 Days |
| VERZENIO 200MG TAB | 1 | NDS PA_NSO QL=56 EA/28 Days |
| VERZENIO 50MG TAB | 1 | NDS PA_NSO QL=56 EA/28 Days |
| VITRAKVI 100MG CAP | 1 | NDS PA_NSO QL=60 EA/30 Days |
| VITRAKVI 20MG/ML ORAL SOLN | 1 | NDS PA_NSO QL=300 ML/30 Days |
| VITRAKVI 25MG CAP | 1 | NDS PA_NSO QL=180 EA/30 Days |
| VONJO 100MG CAP | 1 | NDS PA_NSO QL=120 EA/30 Days |
| VORANIGO 10MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| VORANIGO 40MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| XALKORI 150MG ORAL PELLET | 1 | NDS PA_NSO QL=180 EA/30 Days |
| XALKORI 200MG CAP | 1 | NDS PA_NSO QL=60 EA/30 Days |
| XALKORI 20MG ORAL PELLET | 1 | NDS PA_NSO QL=120 EA/30 Days |
| XALKORI 250MG CAP | 1 | NDS PA_NSO QL=120 EA/30 Days |
| XALKORI 50MG ORAL PELLET | 1 | NDS PA_NSO QL=120 EA/30 Days |
| XOSPATA 40MG TAB | 1 | NDS PA_NSO QL=90 EA/30 Days |
| ZEJULA 100MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| ZEJULA 200MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| ZEJULA 300MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| ZELBORAF 240MG TAB | 1 | NDS PA_NSO QL=240 EA/30 Days |
| ZOLINZA 100MG CAP | 1 | NDS PA_NSO QL=120 EA/30 Days |
| ZYDELIG 100MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| ZYDELIG 150MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| ZYKADIA 150MG TAB | 1 | NDS PA_NSO QL=90 EA/30 Days |
| **ANTINEOPLASTICS MISC.** | | |
| ACTIMMUNE 2000000UNIT/0.5ML INJ | 1 | NDS PA_NSO |
| AYVAKIT 100MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| AYVAKIT 200MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| AYVAKIT 25MG TAB | 1 | NDS PA_NSO QL=30 EA/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 |
|---|---|---|
| AYVAKIT 300MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| AYVAKIT 50MG TAB | 1 | NDS PA_NSO QL=30 EA/30 Days |
| BESREMI 500MCG/ML SYRINGE | 1 | NDS PA_NSO QL=2 ML/28 Days |
| *bexarotene 75mg cap* | 1 | NDS PA_NSO QL=300 EA/30 Days |
| HERNEXEOS 60MG TAB | 1 | NDS PA_NSO QL=90 EA/30 Days |
| *hydroxyurea 500mg cap* | 1 | |
| MATULANE 50MG CAP | 1 | NDS |
| MODEYSO 125MG CAP | 1 | NDS PA_NSO QL=20 EA/28 Days |
| POMALYST 1MG CAP | 1 | NDS PA_NSO QL=21 EA/28 Days |
| POMALYST 2MG CAP | 1 | NDS PA_NSO QL=21 EA/28 Days |
| POMALYST 3MG CAP | 1 | NDS PA_NSO QL=21 EA/28 Days |
| POMALYST 4MG CAP | 1 | NDS PA_NSO QL=21 EA/28 Days |
| REVUFORJ 110MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| REVUFORJ 160MG TAB | 1 | NDS PA_NSO QL=60 EA/30 Days |
| REVUFORJ 25MG TAB | 1 | NDS PA_NSO QL=240 EA/30 Days |
| *tretinoin 10mg cap* | 1 | |
| TUKYSA 150MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| TUKYSA 50MG TAB | 1 | NDS PA_NSO QL=120 EA/30 Days |
| VENCLEXTA 100MG TAB | 1 | NDS PA_NSO QL=180 EA/30 Days |
| VENCLEXTA 10MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| VENCLEXTA 50MG TAB | 1 | PA_NSO QL=30 EA/30 Days |
| VENCLEXTA TAB STARTER PACK (42) | 1 | NDS PA_NSO QL=42 EA/28 Days |
| WELIREG 40MG TAB | 1 | NDS PA_NSO QL=90 EA/30 Days |
| XPOVIO TAB 100MG ONCE WEEKLY CARTON (8) | 1 | NDS PA_NSO QL=8 EA/28 Days |
| XPOVIO TAB 40MG ONCE WEEKLY CARTON (16) | 1 | NDS PA_NSO QL=16 EA/28 Days |
| XPOVIO TAB 40MG ONCE WEEKLY CARTON (4) | 1 | NDS PA_NSO QL=4 EA/28 Days |
| XPOVIO TAB 40MG TWICE WEEKLY CARTON (8) | 1 | NDS PA_NSO QL=8 EA/28 Days |
| XPOVIO TAB 60MG ONCE WEEKLY CARTON (4) | 1 | NDS PA_NSO QL=4 EA/28 Days |
| XPOVIO TAB 60MG TWICE WEEKLY CARTON (24) | 1 | NDS PA_NSO QL=24 EA/28 Days |
| XPOVIO TAB 80MG ONCE WEEKLY CARTON (8) | 1 | NDS PA_NSO QL=8 EA/28 Days |
| XPOVIO TAB 80MG TWICE WEEKLY CARTON (32) | 1 | NDS PA_NSO QL=32 EA/28 Days |
| **CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS** | | |
| IWILFIN 192MG TAB | 1 | NDS PA_NSO QL=240 EA/30 Days |
| *leucovorin 10mg tab* | 1 | |
| *leucovorin 15mg tab* | 1 | |
| *leucovorin 25mg tab* | 1 | |
| *leucovorin 5mg tab* | 1 | |
| *mesna 400mg tab* | 1 | |
| **ANTIPARKINSON AND RELATED THERAPY AGENTS** | | |
| **ANTIPARKINSON ADJUNCTIVE THERAPY** | | |
| *carbidopa 25mg tab* | 1 | |
| *entacapone 200mg tab* | 1 | QL=300 EA/30 Days |
| **ANTIPARKINSON ANTICHOLINERGICS** | | |
| *benztropine mesylate 0.5mg tab* | 1 | |
| *benztropine mesylate 1mg tab* | 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 |
|---|---|---|
| *benztropine mesylate 2mg tab* | 1 | |
| *trihexyphenidyl 2mg tab* | 1 | |
| *trihexyphenidyl 5mg tab* | 1 | |
| **ANTIPARKINSON DOPAMINERGICS** | | |
| *amantadine 100mg cap* | 1 | |
| *amantadine 10mg/ml oral soln* | 1 | |
| *bromocriptine 2.5mg tab* | 1 | |
| *bromocriptine 5mg cap* | 1 | |
| *carbidopa/entacapone/levodopa 12.5-200-50mg tab* | 1 | |
| *carbidopa/entacapone/levodopa 18.75-200-75mg tab* | 1 | |
| *carbidopa/entacapone/levodopa 25-200-100mg tab* | 1 | |
| *carbidopa/entacapone/levodopa 31.25-200-125mg tab* | 1 | |
| *carbidopa/entacapone/levodopa 37.5-200-150mg tab* | 1 | |
| *carbidopa/entacapone/levodopa 50-200-200mg tab* | 1 | |
| CARBIDOPA/LEVODOPA 10-100MG ODT | 1 | |
| *carbidopa/levodopa 10-100mg tab* | 1 | |
| *carbidopa/levodopa 25-100mg er tab* | 1 | |
| CARBIDOPA/LEVODOPA 25-100MG ODT | 1 | |
| *carbidopa/levodopa 25-100mg tab* | 1 | |
| CARBIDOPA/LEVODOPA 25-250MG ODT | 1 | |
| *carbidopa/levodopa 25-250mg tab* | 1 | |
| *carbidopa/levodopa 50-200mg er tab* | 1 | |
| *pramipexole 0.125mg tab* | 1 | |
| *pramipexole 0.25mg tab* | 1 | |
| *pramipexole 0.5mg tab* | 1 | |
| *pramipexole 0.75mg tab* | 1 | |
| *pramipexole 1.5mg tab* | 1 | |
| *pramipexole 1mg tab* | 1 | |
| *ropinirole 0.25mg tab* | 1 | |
| *ropinirole 0.5mg tab* | 1 | |
| *ropinirole 1mg tab* | 1 | |
| *ropinirole 2mg tab* | 1 | |
| *ropinirole 3mg tab* | 1 | |
| *ropinirole 4mg tab* | 1 | |
| *ropinirole 5mg tab* | 1 | |
| **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS** | | |
| *rasagiline 0.5mg tab* | 1 | QL=30 EA/30 Days |
| *rasagiline 1mg tab* | 1 | QL=30 EA/30 Days |
| *selegiline 5mg cap* | 1 | |
| *selegiline 5mg tab* | 1 | |
| **ANTIPSYCHOTICS/ANTIMANIC AGENTS** | | |
| **ANTIMANIC AGENTS** | | |
| *divalproex sodium 250mg er tab* | 1 | |
| *divalproex sodium 500mg er tab* | 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 |
|---|---|---|
| *lithium carbonate 150mg cap* | 1 | |
| *lithium carbonate 300mg cap* | 1 | |
| *lithium carbonate 300mg er tab* | 1 | |
| *lithium carbonate 300mg tab* | 1 | |
| *lithium carbonate 450mg er tab* | 1 | |
| LITHIUM CARBONATE 600MG CAP | 1 | |
| *lithium citrate 60mg/ml oral soln* | 1 | |
| **ANTIPSYCHOTICS - MISC.** | | |
| CAPLYTA 10.5MG CAP | 1 | PA_NSO QL=30 EA/30 Days |
| CAPLYTA 21MG CAP | 1 | PA_NSO QL=30 EA/30 Days |
| CAPLYTA 42MG CAP | 1 | PA_NSO QL=30 EA/30 Days |
| COBENFY 20-100MG CAP | 1 | PA_NSO QL=60 EA/30 Days |
| COBENFY 20-50MG CAP | 1 | PA_NSO QL=60 EA/30 Days |
| COBENFY 30-125MG CAP | 1 | PA_NSO QL=60 EA/30 Days |
| COBENFY CAP 28-DAY STARTER KIT PACK (56) | 1 | PA_NSO QL=56 EA/28 Days |
| *haloperidol 0.5mg tab* | 1 | |
| *haloperidol 10mg tab* | 1 | |
| *haloperidol 1mg tab* | 1 | |
| *haloperidol 20mg tab* | 1 | |
| *haloperidol 2mg tab* | 1 | |
| *haloperidol 2mg/ml oral soln* | 1 | |
| *haloperidol 5mg tab* | 1 | |
| *haloperidol 5mg/ml inj* | 1 | |
| *haloperidol decanoate 100mg/ml (1ml) inj* | 1 | |
| *haloperidol decanoate 100mg/ml (5ml) inj* | 1 | |
| *haloperidol decanoate 50mg/ml (1ml) inj* | 1 | |
| *haloperidol decanoate 50mg/ml (5ml) inj* | 1 | |
| *lurasidone 120mg tab* | 1 | QL=30 EA/30 Days |
| *lurasidone 20mg tab* | 1 | QL=30 EA/30 Days |
| *lurasidone 40mg tab* | 1 | QL=30 EA/30 Days |
| *lurasidone 60mg tab* | 1 | QL=30 EA/30 Days |
| *lurasidone 80mg tab* | 1 | QL=60 EA/30 Days |
| MOLINDONE 10MG TAB | 1 | |
| MOLINDONE 25MG TAB | 1 | |
| MOLINDONE 5MG TAB | 1 | |
| NUPLAZID 10MG TAB | 1 | PA_NSO QL=30 EA/30 Days |
| NUPLAZID 34MG CAP | 1 | PA_NSO QL=30 EA/30 Days |
| *thiothixene 10mg cap* | 1 | |
| *thiothixene 1mg cap* | 1 | |
| *thiothixene 2mg cap* | 1 | |
| *thiothixene 5mg cap* | 1 | |
| VRAYLAR 1.5MG CAP | 1 | PA_NSO QL=30 EA/30 Days |
| VRAYLAR 3MG CAP | 1 | PA_NSO QL=30 EA/30 Days |
| VRAYLAR 4.5MG CAP | 1 | PA_NSO QL=30 EA/30 Days |
| VRAYLAR 6MG CAP | 1 | PA_NSO QL=30 EA/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 |
|---|---|---|
| *ziprasidone 20mg cap* | 1 | |
| *ziprasidone 20mg inj* | 1 | QL=6 EA/3 Days |
| *ziprasidone 40mg cap* | 1 | |
| *ziprasidone 60mg cap* | 1 | |
| *ziprasidone 80mg cap* | 1 | |
| **BENZISOXAZOLES** | | |
| FANAPT 10MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| FANAPT 12MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| FANAPT 1MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| FANAPT 2MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| FANAPT 4MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| FANAPT 6MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| FANAPT 8MG TAB | 1 | PA_NSO QL=60 EA/30 Days |
| FANAPT TAB TITRATION PACK (8) | 1 | PA_NSO QL=60 EA/30 Days |
| INVEGA HAFYERA 1092MG/3.5ML SYRINGE | 1 | QL=3.50 ML/166 Days |
| INVEGA HAFYERA 1560MG/5ML SYRINGE | 1 | QL=5 ML/166 Days |
| INVEGA SUSTENNA 117MG/0.75ML SYRINGE | 1 | NDS QL=.75 ML/28 Days |
| INVEGA SUSTENNA 156MG/ML SYRINGE | 1 | NDS QL=1 ML/28 Days |
| INVEGA SUSTENNA 234MG/1.5ML SYRINGE | 1 | NDS QL=1.50 ML/28 Days |
| INVEGA SUSTENNA 39MG/0.25ML SYRINGE | 1 | QL=.25 ML/28 Days |
| INVEGA SUSTENNA 78MG/0.5ML SYRINGE | 1 | NDS QL=.50 ML/28 Days |
| INVEGA TRINZA 273MG/0.88ML SYRINGE | 1 | QL=.88 ML/70 Days |
| INVEGA TRINZA 410MG/1.32ML SYRINGE | 1 | QL=1.32 ML/70 Days |
| INVEGA TRINZA 546MG/1.75ML SYRINGE | 1 | QL=1.75 ML/70 Days |
| INVEGA TRINZA 819MG/2.63ML SYRINGE | 1 | QL=2.63 ML/70 Days |
| *paliperidone 1.5mg er tab* | 1 | QL=30 EA/30 Days |
| *paliperidone 3mg er tab* | 1 | QL=30 EA/30 Days |
| *paliperidone 6mg er tab* | 1 | QL=60 EA/30 Days |
| *paliperidone 9mg er tab* | 1 | QL=30 EA/30 Days |
| RISPERIDONE 0.25MG ODT | 1 | QL=60 EA/30 Days |
| *risperidone 0.25mg tab* | 1 | |
| *risperidone 0.5mg odt* | 1 | QL=60 EA/30 Days |
| *risperidone 0.5mg tab* | 1 | |
| *risperidone 1mg odt* | 1 | QL=60 EA/30 Days |
| *risperidone 1mg tab* | 1 | |
| *risperidone 1mg/ml oral soln* | 1 | QL=240 ML/30 Days |
| *risperidone 2mg odt* | 1 | QL=60 EA/30 Days |
| *risperidone 2mg tab* | 1 | |
| *risperidone 3mg odt* | 1 | QL=60 EA/30 Days |
| *risperidone 3mg tab* | 1 | |
| *risperidone 4mg odt* | 1 | QL=60 EA/30 Days |
| *risperidone 4mg tab* | 1 | |
| *risperidone microspheres 12.5mg inj* | 1 | QL=2 EA/28 Days |
| *risperidone microspheres 25mg inj* | 1 | QL=2 EA/28 Days |
| *risperidone microspheres 37.5mg inj* | 1 | QL=2 EA/28 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 |
|---|---|---|
| *risperidone microspheres 50mg inj* | 1 | QL=2 EA/28 Days |
| **DIBENZAPINES** | | |
| *asenapine 10mg sl tab* | 1 | QL=60 EA/30 Days |
| *asenapine 2.5mg sl tab* | 1 | QL=60 EA/30 Days |
| *asenapine 5mg sl tab* | 1 | QL=60 EA/30 Days |
| *clozapine 100mg odt* | 1 | QL=270 EA/30 Days |
| *clozapine 100mg tab* | 1 | |
| CLOZAPINE 12.5MG ODT | 1 | QL=90 EA/30 Days |
| *clozapine 150mg odt* | 1 | QL=180 EA/30 Days |
| *clozapine 200mg odt* | 1 | QL=120 EA/30 Days |
| *clozapine 200mg tab* | 1 | |
| *clozapine 25mg odt* | 1 | QL=270 EA/30 Days |
| *clozapine 25mg tab* | 1 | |
| *clozapine 50mg tab* | 1 | |
| *loxapine 10mg cap* | 1 | |
| *loxapine 25mg cap* | 1 | |
| *loxapine 50mg cap* | 1 | |
| *loxapine 5mg cap* | 1 | |
| *olanzapine 10mg inj* | 1 | QL=3 EA/1 Days |
| *olanzapine 10mg odt* | 1 | |
| *olanzapine 10mg tab* | 1 | |
| *olanzapine 15mg odt* | 1 | |
| *olanzapine 15mg tab* | 1 | |
| *olanzapine 2.5mg tab* | 1 | |
| *olanzapine 20mg odt* | 1 | |
| *olanzapine 20mg tab* | 1 | |
| *olanzapine 5mg odt* | 1 | |
| *olanzapine 5mg tab* | 1 | |
| *olanzapine 7.5mg tab* | 1 | |
| *quetiapine 100mg tab* | 1 | |
| *quetiapine 150mg er tab* | 1 | QL=30 EA/30 Days |
| *quetiapine 200mg er tab* | 1 | QL=30 EA/30 Days |
| *quetiapine 200mg tab* | 1 | |
| *quetiapine 25mg tab* | 1 | |
| *quetiapine 300mg er tab* | 1 | QL=60 EA/30 Days |
| *quetiapine 300mg tab* | 1 | |
| *quetiapine 400mg er tab* | 1 | QL=60 EA/30 Days |
| *quetiapine 400mg tab* | 1 | |
| *quetiapine 50mg er tab* | 1 | QL=60 EA/30 Days |
| *quetiapine 50mg tab* | 1 | |
| SECUADO 3.8MG/24HR PATCH | 1 | PA_NSO QL=30 EA/30 Days |
| SECUADO 5.7MG/24HR PATCH | 1 | PA_NSO QL=30 EA/30 Days |
| SECUADO 7.6MG/24HR PATCH | 1 | PA_NSO QL=30 EA/30 Days |
| VERSACLOZ 50MG/ML ORAL SUSP | 1 | PA_NSO QL=600 ML/30 Days |
| **PHENOTHIAZINES** | | |

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 |
|---|---|---|
| *chlorpromazine 100mg tab* | 1 | |
| CHLORPROMAZINE 100MG/ML ORAL SOLN | 1 | |
| *chlorpromazine 10mg tab* | 1 | |
| *chlorpromazine 200mg tab* | 1 | |
| *chlorpromazine 25mg tab* | 1 | |
| CHLORPROMAZINE 30MG/ML ORAL SOLN | 1 | |
| *chlorpromazine 50mg tab* | 1 | |
| *compro 25mg rectal supp* | 1 | |
| FLUPHENAZINE 0.5MG/ML ORAL SOLN | 1 | |
| *fluphenazine 10mg tab* | 1 | |
| *fluphenazine 1mg tab* | 1 | |
| *fluphenazine 2.5mg tab* | 1 | |
| FLUPHENAZINE 2.5MG/ML INJ | 1 | |
| *fluphenazine 5mg tab* | 1 | |
| FLUPHENAZINE 5MG/ML ORAL SOLN | 1 | |
| *fluphenazine decanoate 25mg/ml inj* | 1 | |
| *perphenazine 16mg tab* | 1 | |
| *perphenazine 2mg tab* | 1 | |
| *perphenazine 4mg tab* | 1 | |
| *perphenazine 8mg tab* | 1 | |
| *prochlorperazine 10mg tab* | 1 | |
| *prochlorperazine 25mg rectal supp* | 1 | |
| *prochlorperazine 5mg tab* | 1 | |
| *thioridazine 100mg tab* | 1 | |
| *thioridazine 10mg tab* | 1 | |
| *thioridazine 25mg tab* | 1 | |
| *thioridazine 50mg tab* | 1 | |
| *trifluoperazine 10mg tab* | 1 | |
| *trifluoperazine 1mg tab* | 1 | |
| *trifluoperazine 2mg tab* | 1 | |
| *trifluoperazine 5mg tab* | 1 | |
| **QUINOLINONE DERIVATIVES** | | |
| ABILIFY MAINTENA 300MG INJ | 1 | NDS QL=1 EA/28 Days |
| ABILIFY MAINTENA 300MG/1.5ML SYRINGE | 1 | NDS QL=1 EA/28 Days |
| ABILIFY MAINTENA 400MG INJ | 1 | NDS QL=1 EA/28 Days |
| ABILIFY MAINTENA 400MG/2ML SYRINGE | 1 | NDS QL=1 EA/28 Days |
| *aripiprazole 10mg odt* | 1 | PA_NSO QL=60 EA/30 Days |
| *aripiprazole 10mg tab* | 1 | |
| *aripiprazole 15mg odt* | 1 | PA_NSO QL=60 EA/30 Days |
| *aripiprazole 15mg tab* | 1 | |
| *aripiprazole 1mg/ml oral soln* | 1 | QL=900 ML/30 Days |
| *aripiprazole 20mg tab* | 1 | |
| *aripiprazole 2mg tab* | 1 | |
| *aripiprazole 30mg tab* | 1 | |
| *aripiprazole 5mg tab* | 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 |
|---|---|---|
| ARISTADA 1064MG/3.9ML SYRINGE | 1 | QL=3.90 ML/56 Days |
| ARISTADA 441MG/1.6ML SYRINGE | 1 | NDS QL=1.60 ML/28 Days |
| ARISTADA 662MG/2.4ML SYRINGE | 1 | NDS QL=2.40 ML/28 Days |
| ARISTADA 675MG/2.4ML SYRINGE | 1 | QL=2.40 ML/42 Days |
| ARISTADA 882MG/3.2ML SYRINGE | 1 | QL=3.20 ML/28 Days |
| OPIPZA 10MG ORAL FILM | 1 | PA_NSO QL=90 EA/30 Days |
| OPIPZA 2MG ORAL FILM | 1 | PA_NSO QL=30 EA/30 Days |
| OPIPZA 5MG ORAL FILM | 1 | PA_NSO QL=30 EA/30 Days |
| REXULTI 0.25MG TAB | 1 | PA_NSO QL=30 EA/30 Days |
| REXULTI 0.5MG TAB | 1 | PA_NSO QL=30 EA/30 Days |
| REXULTI 1MG TAB | 1 | PA_NSO QL=30 EA/30 Days |
| REXULTI 2MG TAB | 1 | PA_NSO QL=30 EA/30 Days |
| REXULTI 3MG TAB | 1 | PA_NSO QL=30 EA/30 Days |
| REXULTI 4MG TAB | 1 | PA_NSO QL=30 EA/30 Days |
| **ANTISPASTICITY AGENTS** | | |
| **ANTISPASTICITY AGENTS** | | |
| *baclofen 10mg tab* | 1 | |
| *baclofen 20mg tab* | 1 | |
| *baclofen 5mg tab* | 1 | |
| *carisoprodol 350mg tab* | 1 | |
| *chlorzoxazone 500mg tab* | 1 | QL=180 EA/30 Days |
| *cyclobenzaprine 10mg tab* | 1 | |
| *cyclobenzaprine 5mg tab* | 1 | |
| *dantrolene sodium 100mg cap* | 1 | |
| *dantrolene sodium 25mg cap* | 1 | |
| *dantrolene sodium 50mg cap* | 1 | |
| *metaxalone 800mg tab* | 1 | |
| *methocarbamol 500mg tab* | 1 | |
| *methocarbamol 750mg tab* | 1 | |
| *orphenadrine citrate 100mg er tab* | 1 | |
| *pyridostigmine bromide 60mg tab* | 1 | |
| *tizanidine 2mg tab* | 1 | |
| *tizanidine 4mg tab* | 1 | |
| **ANTIVIRALS** | | |
| **ANTIRETROVIRALS** | | |
| *abacavir 20mg/ml oral soln* | 1 | QL=960 ML/30 Days |
| *abacavir 300mg tab* | 1 | QL=60 EA/30 Days |
| *abacavir/lamivudine 600-300mg tab* | 1 | QL=30 EA/30 Days |
| APTIVUS 250MG CAP | 1 | QL=120 EA/30 Days |
| *atazanavir 150mg cap* | 1 | QL=30 EA/30 Days |
| *atazanavir 200mg cap* | 1 | QL=60 EA/30 Days |
| *atazanavir 300mg cap* | 1 | QL=30 EA/30 Days |
| BIKTARVY 30-120-15MG TAB | 1 | QL=30 EA/30 Days |
| BIKTARVY 50-200-25MG TAB | 1 | QL=30 EA/30 Days |
| CIMDUO 300-300MG TAB | 1 | QL=30 EA/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 |
|---|---|---|
| *darunavir 600mg tab* | 1 | QL=60 EA/30 Days |
| *darunavir 800mg tab* | 1 | QL=30 EA/30 Days |
| DELSTRIGO 100-300-300MG TAB | 1 | QL=30 EA/30 Days |
| DESCOVY 120-15MG TAB | 1 | QL=30 EA/30 Days |
| DESCOVY 200-25MG TAB | 1 | QL=30 EA/30 Days |
| DOVATO 50-300MG TAB | 1 | QL=30 EA/30 Days |
| EDURANT 2.5MG TAB FOR ORAL SUSP | 1 | QL=180 EA/30 Days |
| EDURANT 25MG TAB | 1 | QL=30 EA/30 Days |
| *efavirenz 600mg tab* | 1 | QL=30 EA/30 Days |
| *efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab* | 1 | QL=30 EA/30 Days |
| EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE 400-300-300MG TAB | 1 | QL=30 EA/30 Days |
| *efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab* | 1 | QL=30 EA/30 Days |
| *emtricitabine 200mg cap* | 1 | QL=30 EA/30 Days |
| *emtricitabine/rilpivirine/tenofovir disoproxil fumarate 200-25-300mg tab* | 1 | QL=30 EA/30 Days |
| *emtricitabine/tenofovir disoproxil fumarate 100-150mg tab* | 1 | QL=30 EA/30 Days |
| *emtricitabine/tenofovir disoproxil fumarate 133-200mg tab* | 1 | QL=30 EA/30 Days |
| *emtricitabine/tenofovir disoproxil fumarate 167-250mg tab* | 1 | QL=30 EA/30 Days |
| *emtricitabine/tenofovir disoproxil fumarate 200-300mg tab* | 1 | QL=30 EA/30 Days |
| EMTRIVA 10MG/ML ORAL SOLN | 1 | QL=850 ML/30 Days |
| *etravirine 100mg tab* | 1 | QL=60 EA/30 Days |
| *etravirine 200mg tab* | 1 | QL=60 EA/30 Days |
| EVOTAZ 300-150MG TAB | 1 | QL=30 EA/30 Days |
| *fosamprenavir 700mg tab* | 1 | QL=120 EA/30 Days |
| GENVOYA 150-150-200-10MG TAB | 1 | QL=30 EA/30 Days |
| INTELENCE 25MG TAB | 1 | QL=120 EA/30 Days |
| ISENTRESS 100MG CHEW TAB | 1 | QL=180 EA/30 Days |
| ISENTRESS 100MG GRANULES FOR ORAL SUSP | 1 | QL=60 EA/30 Days |
| ISENTRESS 25MG CHEW TAB | 1 | QL=180 EA/30 Days |
| ISENTRESS 400MG TAB | 1 | QL=60 EA/30 Days |
| ISENTRESS 600MG TAB | 1 | QL=60 EA/30 Days |
| JULUCA 50-25MG TAB | 1 | QL=30 EA/30 Days |
| KALETRA 80-20MG/ML ORAL SOLN | 1 | QL=480 ML/30 Days |
| *lamivudine 10mg/ml oral soln* | 1 | QL=960 ML/30 Days |
| *lamivudine 150mg tab* | 1 | QL=60 EA/30 Days |
| *lamivudine 300mg tab* | 1 | QL=30 EA/30 Days |
| *lamivudine/zidovudine 150-300mg tab* | 1 | QL=60 EA/30 Days |
| *lopinavir/ritonavir 100-25mg tab* | 1 | QL=300 EA/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 |
|---|---|---|
| *lopinavir/ritonavir 200-50mg tab* | 1 | QL=120 EA/30 Days |
| *maraviroc 150mg tab* | 1 | QL=60 EA/30 Days |
| *maraviroc 300mg tab* | 1 | QL=120 EA/30 Days |
| NEVIRAPINE 10MG/ML ORAL SUSP | 1 | QL=1200 ML/30 Days |
| *nevirapine 200mg tab* | 1 | QL=60 EA/30 Days |
| *nevirapine 400mg er tab* | 1 | QL=30 EA/30 Days |
| NORVIR 100MG ORAL POWDER | 1 | QL=360 EA/30 Days |
| ODEFSEY 200-25-25MG TAB | 1 | QL=30 EA/30 Days |
| PIFELTRO 100MG TAB | 1 | QL=30 EA/30 Days |
| PREZCOBIX 150-800MG TAB | 1 | QL=30 EA/30 Days |
| PREZISTA 100MG/ML ORAL SUSP | 1 | QL=400 ML/30 Days |
| PREZISTA 150MG TAB | 1 | QL=240 EA/30 Days |
| PREZISTA 75MG TAB | 1 | QL=480 EA/30 Days |
| REYATAZ 50MG ORAL POWDER | 1 | QL=240 EA/30 Days |
| *ritonavir 100mg tab* | 1 | QL=360 EA/30 Days |
| RUKOBIA 600MG ER TAB | 1 | QL=60 EA/30 Days |
| SELZENTRY 20MG/ML ORAL SOLN | 1 | QL=1840 ML/30 Days |
| STRIBILD 150-150-200-300MG TAB | 1 | QL=30 EA/30 Days |
| SUNLENCA 300MG TAB | 1 | QL=4 EA/28 Days |
| SUNLENCA 300MG TAB THERAPY PACK (4) | 1 | QL=4 EA/28 Days |
| SUNLENCA 300MG TAB THERAPY PACK (5) | 1 | QL=5 EA/28 Days |
| SYMTUZA 150-800-200-10MG TAB | 1 | QL=30 EA/30 Days |
| *tenofovir disoproxil fumarate 300mg tab* | 1 | QL=30 EA/30 Days |
| TIVICAY 50MG TAB | 1 | QL=60 EA/30 Days |
| TIVICAY 5MG TAB FOR ORAL SUSP | 1 | QL=180 EA/30 Days |
| TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP | 1 | QL=180 EA/30 Days |
| TRIUMEQ 600-50-300MG TAB | 1 | QL=30 EA/30 Days |
| TYBOST 150MG TAB | 1 | QL=30 EA/30 Days |
| VIRACEPT 250MG TAB | 1 | QL=300 EA/30 Days |
| VIRACEPT 625MG TAB | 1 | QL=120 EA/30 Days |
| VIREAD 150MG TAB | 1 | QL=30 EA/30 Days |
| VIREAD 200MG TAB | 1 | QL=30 EA/30 Days |
| VIREAD 250MG TAB | 1 | QL=30 EA/30 Days |
| VIREAD 40MG/GM ORAL POWDER | 1 | QL=240 GM/30 Days |
| *zidovudine 100mg cap* | 1 | QL=180 EA/30 Days |
| *zidovudine 10mg/ml oral soln* | 1 | QL=1920 ML/30 Days |
| *zidovudine 300mg tab* | 1 | QL=60 EA/30 Days |
| **HEPATITIS AGENTS** | | |
| *adefovir dipivoxil 10mg tab* | 1 | QL=30 EA/30 Days |
| *entecavir 0.5mg tab* | 1 | QL=30 EA/30 Days |
| *entecavir 1mg tab* | 1 | QL=30 EA/30 Days |
| *lamivudine 100mg tab* | 1 | QL=90 EA/30 Days |
| MAVYRET 100-40MG TAB | 1 | NDS PA QL=84 EA/28 Days |
| MAVYRET 50-20MG ORAL PELLET | 1 | NDS PA QL=140 EA/28 Days |
| PEGASYS 180MCG/0.5ML SYRINGE | 1 | NDS QL=2 ML/28 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 |
|---|---|---|
| PEGASYS 180MCG/ML INJ | 1 | NDS QL=4 ML/28 Days |
| RIBAVIRIN 200MG CAP | 1 | QL=210 EA/30 Days |
| RIBAVIRIN 200MG TAB | 1 | QL=210 EA/30 Days |
| SOFOSBUVIR/VELPATASVIR 400-100MG TAB | 1 | NDS PA QL=28 EA/28 Days |
| VOSEVI 400-100-100MG TAB | 1 | NDS PA QL=28 EA/28 Days |
| **HERPES AGENTS** | | |
| *acyclovir 200mg cap* | 1 | |
| *acyclovir 400mg tab* | 1 | |
| *acyclovir 40mg/ml oral susp* | 1 | |
| *acyclovir 50mg/ml inj* | 1 | PA_BvD |
| *acyclovir 800mg tab* | 1 | |
| *famciclovir 125mg tab* | 1 | QL=60 EA/30 Days |
| *famciclovir 250mg tab* | 1 | QL=60 EA/30 Days |
| *famciclovir 500mg tab* | 1 | QL=90 EA/30 Days |
| *valacyclovir 1000mg tab* | 1 | QL=120 EA/30 Days |
| *valacyclovir 500mg tab* | 1 | QL=60 EA/30 Days |
| **INFLUENZA AGENTS** | | |
| *oseltamivir 30mg cap* | 1 | QL=84 EA/180 Days |
| *oseltamivir 45mg cap* | 1 | QL=42 EA/180 Days |
| *oseltamivir 6mg/ml oral susp* | 1 | QL=540 ML/180 Days |
| *oseltamivir 75mg cap* | 1 | QL=42 EA/180 Days |
| RELENZA 5MG/BLISTER POWDER INHALER | 1 | QL=120 EA/365 Days |
| RIMANTADINE 100MG TAB | 1 | |
| XOFLUZA 40MG TAB | 1 | QL=2 EA/30 Days |
| XOFLUZA 80MG TAB | 1 | QL=1 EA/30 Days |
| **MISC. ANTIVIRALS** | | |
| LIVTENCITY 200MG TAB | 1 | NDS PA QL=120 EA/30 Days |
| PAXLOVID 150MG/100MG TAB PACK (20) | 1 | QL=20 EA/5 Days |
| PAXLOVID 150MG/100MG TAB PACK (30) | 1 | QL=30 EA/5 Days |
| PAXLOVID 300MG/100MG AND 150MG/100MG TAB DOSE PACK (11) | 1 | QL=11 EA/5 Days |
| PREVYMIS 120MG ORAL PELLET | 1 | NDS PA QL=120 EA/30 Days |
| PREVYMIS 240MG TAB | 1 | NDS PA QL=28 EA/28 Days |
| PREVYMIS 480MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| *valganciclovir 450mg tab* | 1 | QL=120 EA/30 Days |
| *valganciclovir 50mg/ml oral soln* | 1 | QL=1056 ML/30 Days |
| **BETA BLOCKERS** | | |
| **ALPHA-BETA BLOCKERS** | | |
| *carvedilol 12.5mg tab* | 1 | |
| *carvedilol 25mg tab* | 1 | |
| *carvedilol 3.125mg tab* | 1 | |
| *carvedilol 6.25mg tab* | 1 | |
| *labetalol 100mg tab* | 1 | |
| *labetalol 200mg tab* | 1 | |
| *labetalol 300mg tab* | 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 |
|---|---|---|
| **BETA BLOCKERS CARDIO-SELECTIVE** | | |
| *acebutolol 200mg cap* | 1 | |
| *acebutolol 400mg cap* | 1 | |
| *atenolol 100mg tab* | 1 | |
| *atenolol 25mg tab* | 1 | |
| *atenolol 50mg tab* | 1 | |
| *betaxolol 10mg tab* | 1 | |
| *betaxolol 20mg tab* | 1 | |
| *bisoprolol fumarate 10mg tab* | 1 | |
| *bisoprolol fumarate 5mg tab* | 1 | |
| *metoprolol succinate 100mg er tab* | 1 | |
| *metoprolol succinate 200mg er tab* | 1 | |
| *metoprolol succinate 25mg er tab* | 1 | |
| *metoprolol succinate 50mg er tab* | 1 | |
| *metoprolol tartrate 100mg tab* | 1 | |
| *metoprolol tartrate 25mg tab* | 1 | |
| *metoprolol tartrate 37.5mg tab* | 1 | |
| *metoprolol tartrate 50mg tab* | 1 | |
| *metoprolol tartrate 75mg tab* | 1 | |
| *nebivolol 10mg tab* | 1 | QL=60 EA/30 Days |
| *nebivolol 2.5mg tab* | 1 | QL=60 EA/30 Days |
| *nebivolol 20mg tab* | 1 | QL=60 EA/30 Days |
| *nebivolol 5mg tab* | 1 | QL=60 EA/30 Days |
| **BETA BLOCKERS NON-SELECTIVE** | | |
| *nadolol 20mg tab* | 1 | |
| *nadolol 40mg tab* | 1 | |
| *nadolol 80mg tab* | 1 | |
| *pindolol 10mg tab* | 1 | |
| *pindolol 5mg tab* | 1 | |
| *propranolol 10mg tab* | 1 | |
| *propranolol 120mg er cap* | 1 | |
| *propranolol 160mg er cap* | 1 | |
| *propranolol 20mg tab* | 1 | |
| *propranolol 40mg tab* | 1 | |
| PROPRANOLOL 4MG/ML ORAL SOLN | 1 | |
| *propranolol 60mg er cap* | 1 | |
| *propranolol 60mg tab* | 1 | |
| *propranolol 80mg er cap* | 1 | |
| *propranolol 80mg tab* | 1 | |
| PROPRANOLOL 8MG/ML ORAL SOLN | 1 | |
| *sotalol 120mg tab* | 1 | |
| *sotalol 160mg tab* | 1 | |
| *sotalol 240mg tab* | 1 | |
| *sotalol 80mg tab* | 1 | |
| *sotalol af 120mg tab* | 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 |
|---|---|---|
| *sotalol af 160mg tab* | 1 | |
| *sotalol af 80mg tab* | 1 | |
| *timolol 10mg tab* | 1 | |
| *timolol 5mg tab* | 1 | |
| **CALCIUM CHANNEL BLOCKERS** | | |
| **CALCIUM CHANNEL BLOCKERS** | | |
| *amlodipine 10mg tab* | 1 | |
| *amlodipine 2.5mg tab* | 1 | |
| *amlodipine 5mg tab* | 1 | |
| *cartia 120mg er (24hr) cap* | 1 | |
| *cartia 180mg er (24hr) cap* | 1 | |
| *cartia 240mg er (24hr) cap* | 1 | |
| *cartia 300mg er (24hr) cap* | 1 | |
| *dilt 120mg er (24hr) cap* | 1 | |
| *dilt 180mg er (24hr) cap* | 1 | |
| *dilt 240mg er (24hr) cap* | 1 | |
| *diltiazem 120mg er (12hr) cap* | 1 | |
| *diltiazem 120mg er (24hr) cap* | 1 | |
| *diltiazem 120mg tab* | 1 | |
| *diltiazem 180mg er (24hr) cap* | 1 | |
| *diltiazem 240mg er (24hr) cap* | 1 | |
| *diltiazem 300mg er (24hr) cap* | 1 | |
| *diltiazem 30mg tab* | 1 | |
| *diltiazem 360mg er (24hr) cap* | 1 | |
| *diltiazem 420mg er (24hr) cap* | 1 | |
| *diltiazem 60mg er (12hr) cap* | 1 | |
| *diltiazem 60mg tab* | 1 | |
| *diltiazem 90mg er (12hr) cap* | 1 | |
| *diltiazem 90mg tab* | 1 | |
| *felodipine 10mg er tab* | 1 | |
| *felodipine 2.5mg er tab* | 1 | |
| *felodipine 5mg er tab* | 1 | |
| *nifedipine 10mg cap* | 1 | |
| *nifedipine 20mg cap* | 1 | |
| *nifedipine 30mg er tab* | 1 | |
| *nifedipine 30mg osmotic er tab* | 1 | |
| *nifedipine 60mg er tab* | 1 | |
| *nifedipine 60mg osmotic er tab* | 1 | |
| *nifedipine 90mg er tab* | 1 | |
| *nifedipine 90mg osmotic er tab* | 1 | |
| *nimodipine 30mg cap* | 1 | |
| *tiadylt 120mg er (24hr) cap* | 1 | |
| *tiadylt 180mg er (24hr) cap* | 1 | |
| *tiadylt 240mg er (24hr) cap* | 1 | |
| *tiadylt 300mg er (24hr) cap* | 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 |
|---|---|---|
| *tiadylt 360mg er (24hr) cap* | 1 | |
| *tiadylt 420mg er (24hr) cap* | 1 | |
| *verapamil 120mg er cap* | 1 | |
| *verapamil 120mg er tab* | 1 | |
| *verapamil 120mg tab* | 1 | |
| *verapamil 180mg er cap* | 1 | |
| *verapamil 180mg er tab* | 1 | |
| *verapamil 240mg er cap* | 1 | |
| *verapamil 240mg er tab* | 1 | |
| VERAPAMIL 360MG ER CAP | 1 | |
| *verapamil 40mg tab* | 1 | |
| *verapamil 80mg tab* | 1 | |
| **CARDIOVASCULAR AGENTS** | | |
| **ALPHA-ADRENERGIC AGONISTS** | | |
| *droxidopa 100mg cap* | 1 | PA QL=90 EA/30 Days |
| *droxidopa 200mg cap* | 1 | PA QL=180 EA/30 Days |
| *droxidopa 300mg cap* | 1 | PA QL=180 EA/30 Days |
| *midodrine 10mg tab* | 1 | |
| *midodrine 2.5mg tab* | 1 | |
| *midodrine 5mg tab* | 1 | |
| **ANTIARRHYTHMICS** | | |
| *amiodarone 100mg tab* | 1 | |
| *amiodarone 200mg tab* | 1 | |
| *amiodarone 400mg tab* | 1 | |
| *disopyramide 100mg cap* | 1 | |
| *disopyramide 150mg cap* | 1 | |
| *dofetilide 0.125mg cap* | 1 | |
| *dofetilide 0.25mg cap* | 1 | |
| *dofetilide 0.5mg cap* | 1 | |
| *flecainide acetate 100mg tab* | 1 | |
| *flecainide acetate 150mg tab* | 1 | |
| *flecainide acetate 50mg tab* | 1 | |
| *mexiletine 150mg cap* | 1 | |
| *mexiletine 200mg cap* | 1 | |
| *mexiletine 250mg cap* | 1 | |
| MULTAQ 400MG TAB | 1 | QL=60 EA/30 Days |
| *propafenone 150mg tab* | 1 | |
| *propafenone 225mg er cap* | 1 | |
| *propafenone 225mg tab* | 1 | |
| *propafenone 300mg tab* | 1 | |
| *propafenone 325mg er cap* | 1 | |
| *propafenone 425mg er cap* | 1 | |
| QUINIDINE SULFATE 200MG TAB | 1 | |
| QUINIDINE SULFATE 300MG TAB | 1 | |
| **CARDIOVASCULAR AGENTS, 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 |
|---|---|---|
| ATTRUBY 356MG TAB | 1 | NDS PA QL=112 EA/28 Days |
| *digoxin 0.125mg tab* | 1 | |
| *digoxin 0.25mg tab* | 1 | |
| ENTRESTO 15-16MG ORAL PELLET | 1 | QL=240 EA/30 Days |
| ENTRESTO 6-6MG ORAL PELLET | 1 | QL=240 EA/30 Days |
| *ivabradine 5mg tab* | 1 | PA QL=60 EA/30 Days |
| *ivabradine 7.5mg tab* | 1 | PA QL=60 EA/30 Days |
| *pentoxifylline 400mg er tab* | 1 | |
| *ranolazine 1000mg er tab* | 1 | QL=60 EA/30 Days |
| *ranolazine 500mg er tab* | 1 | QL=60 EA/30 Days |
| *sacubitril/valsartan 24-26mg tab* | 1 | QL=60 EA/30 Days |
| *sacubitril/valsartan 49-51mg tab* | 1 | QL=60 EA/30 Days |
| *sacubitril/valsartan 97-103mg tab* | 1 | QL=60 EA/30 Days |
| VERQUVO 10MG TAB | 1 | PA QL=30 EA/30 Days |
| VERQUVO 2.5MG TAB | 1 | PA QL=30 EA/30 Days |
| VERQUVO 5MG TAB | 1 | PA QL=30 EA/30 Days |
| **CENTRAL NERVOUS SYSTEM AGENTS** | | |
| **CENTRAL NERVOUS SYSTEM, OTHER** | | |
| EVRYSDI 0.75MG/ML ORAL SOLN | 1 | NDS PA QL=240 ML/30 Days |
| EVRYSDI 5MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| RADICAVA 105MG/5ML ORAL SUSP | 1 | NDS PA QL=70 ML/28 Days |
| *riluzole 50mg tab* | 1 | QL=60 EA/30 Days |
| **CEPHALOSPORINS** | | |
| **CEPHALOSPORINS - 1ST GENERATION** | | |
| *cefadroxil 100mg/ml oral susp* | 1 | |
| *cefadroxil 500mg cap* | 1 | |
| *cefadroxil 50mg/ml oral susp* | 1 | |
| *cefazolin 1000mg inj* | 1 | |
| *cefazolin 200mg/ml inj* | 1 | |
| *cefazolin 500mg inj* | 1 | |
| *cephalexin 250mg cap* | 1 | |
| *cephalexin 25mg/ml oral susp* | 1 | |
| *cephalexin 500mg cap* | 1 | |
| *cephalexin 50mg/ml oral susp* | 1 | |
| **CEPHALOSPORINS - 2ND GENERATION** | | |
| CEFACLOR 250MG CAP | 1 | |
| CEFACLOR 500MG CAP | 1 | |
| *cefoxitin 1gm inj* | 1 | |
| *cefoxitin 200mg/ml inj* | 1 | |
| *cefoxitin 2gm inj* | 1 | |
| *cefprozil 250mg tab* | 1 | |
| *cefprozil 25mg/ml oral susp* | 1 | |
| *cefprozil 500mg tab* | 1 | |
| *cefprozil 50mg/ml oral susp* | 1 | |
| *cefuroxime 1500mg inj* | 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 |
|---|---|---|
| *cefuroxime 250mg tab* | 1 | |
| *cefuroxime 500mg tab* | 1 | |
| *cefuroxime 750mg inj* | 1 | |
| **CEPHALOSPORINS - 3RD GENERATION** | | |
| *cefdinir 25mg/ml oral susp* | 1 | |
| *cefdinir 300mg cap* | 1 | |
| *cefdinir 50mg/ml oral susp* | 1 | |
| *cefixime 400mg cap* | 1 | |
| *cefpodoxime 100mg tab* | 1 | |
| CEFPODOXIME 10MG/ML ORAL SUSP | 1 | |
| *cefpodoxime 200mg tab* | 1 | |
| CEFPODOXIME 20MG/ML ORAL SUSP | 1 | |
| *ceftazidime 1gm inj* | 1 | |
| CEFTAZIDIME 200MG/ML INJ | 1 | |
| *ceftazidime 2gm inj* | 1 | |
| *ceftriaxone 10gm inj* | 1 | |
| *ceftriaxone 1gm inj* | 1 | |
| *ceftriaxone 250mg inj* | 1 | |
| *ceftriaxone 2gm inj* | 1 | |
| *ceftriaxone 500mg inj* | 1 | |
| *tazicef 1gm inj* | 1 | |
| *tazicef 2gm inj* | 1 | |
| TAZICEF 6GM INJ | 1 | |
| **DENTAL AND ORAL AGENTS** | | |
| **DENTAL AND ORAL AGENTS** | | |
| *cevimeline 30mg cap* | 1 | |
| *chlorhexidine gluconate 0.12% mouthwash* | 1 | |
| *clotrimazole 10mg lozenge* | 1 | |
| *kourzeq 0.1% oral paste* | 1 | |
| *lidocaine viscous 2% mucous membrane topical soln* | 1 | |
| *nystatin 100000unit/ml oral susp* | 1 | |
| *periogard 0.12% mouthwash* | 1 | |
| *pilocarpine 5mg tab* | 1 | |
| *pilocarpine 7.5mg tab* | 1 | |
| *triamcinolone acetonide 0.1% oral paste* | 1 | |
| **DERMATOLOGICALS** | | |
| **ACNE PRODUCTS** | | |
| *accutane 10mg cap* | 1 | |
| *accutane 20mg cap* | 1 | |
| *accutane 40mg cap* | 1 | |
| *amnesteem 10mg cap* | 1 | |
| *amnesteem 20mg cap* | 1 | |
| *amnesteem 30mg cap* | 1 | |
| *amnesteem 40mg cap* | 1 | |
| *claravis 10mg cap* | 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 |
|---|---|---|
| *claravis 20mg cap* | 1 | |
| *claravis 30mg cap* | 1 | |
| *claravis 40mg cap* | 1 | |
| *clindamycin 1% pad* | 1 | QL=60 EA/30 Days |
| *clindamycin 1% topical gel (once-daily)* | 1 | QL=75 ML/30 Days |
| *clindamycin 1% topical gel (twice-daily)* | 1 | QL=75 GM/30 Days |
| *clindamycin 1% topical lotion* | 1 | QL=60 ML/30 Days |
| *clindamycin 1% topical soln* | 1 | QL=60 ML/30 Days |
| ERY 2% PAD | 1 | QL=60 EA/30 Days |
| *erythromycin 2% topical gel* | 1 | QL=60 GM/30 Days |
| *erythromycin 2% topical soln* | 1 | QL=60 ML/30 Days |
| *isotretinoin 10mg cap* | 1 | |
| *isotretinoin 20mg cap* | 1 | |
| *isotretinoin 30mg cap* | 1 | |
| *isotretinoin 40mg cap* | 1 | |
| *sulfacetamide sodium 10% topical lotion* | 1 | QL=118 ML/30 Days |
| *tretinoin 0.01% topical gel* | 1 | PA QL=45 GM/30 Days |
| *tretinoin 0.025% topical cream* | 1 | PA QL=45 GM/30 Days |
| *tretinoin 0.025% topical gel* | 1 | PA QL=45 GM/30 Days |
| *tretinoin 0.05% topical cream* | 1 | PA QL=45 GM/30 Days |
| *tretinoin 0.1% topical cream* | 1 | PA QL=45 GM/30 Days |
| *zenatane 10mg cap* | 1 | |
| *zenatane 20mg cap* | 1 | |
| *zenatane 30mg cap* | 1 | |
| *zenatane 40mg cap* | 1 | |
| **ANTIBIOTICS - TOPICAL** | | |
| *gentamicin 0.1% topical cream* | 1 | QL=30 GM/30 Days |
| *gentamicin 0.1% topical ointment* | 1 | QL=30 GM/30 Days |
| *mupirocin 2% topical ointment* | 1 | QL=220 GM/30 Days |
| **ANTIFUNGALS - TOPICAL** | | |
| *ciclopirox 0.77% topical cream* | 1 | QL=90 GM/30 Days |
| *ciclopirox 0.77% topical gel* | 1 | QL=100 GM/30 Days |
| *ciclopirox 0.77% topical lotion* | 1 | QL=60 ML/30 Days |
| *ciclopirox 1% shampoo* | 1 | QL=120 ML/30 Days |
| *ciclopirox 8% topical soln* | 1 | QL=13.20 ML/30 Days |
| *clotrimazole 1% topical cream* | 1 | QL=45 GM/30 Days |
| *clotrimazole/betamethasone 1-0.05% topical cream* | 1 | QL=90 GM/30 Days |
| *econazole nitrate 1% topical cream* | 1 | QL=85 GM/30 Days |
| *ketoconazole 2% shampoo* | 1 | QL=240 ML/30 Days |
| *ketoconazole 2% topical cream* | 1 | QL=120 GM/30 Days |
| *nyamyc 100000unit/gm topical powder* | 1 | QL=60 GM/30 Days |
| *nystatin 100000 unit/gm topical ointment* | 1 | QL=30 GM/30 Days |
| *nystatin 100000unit/gm topical powder* | 1 | QL=60 GM/30 Days |
| *nystatin 100000unit/ml topical cream* | 1 | QL=30 GM/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 |
|---|---|---|
| *nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% topical ointment* | 1 | QL=60 GM/30 Days |
| *nystatin/triamcinolone acetonide 100000-0.1unit/gm-% topical cream* | 1 | QL=60 GM/30 Days |
| *nystop 100000unit/gm topical powder* | 1 | QL=60 GM/30 Days |
| **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL** | | |
| *bexarotene 1% topical gel* | 1 | NDS PA_NSO QL=60 GM/30 Days |
| *diclofenac sodium 3% topical gel* | 1 | PA QL=100 GM/30 Days |
| FLUOROURACIL 2% TOPICAL SOLN | 1 | QL=10 ML/30 Days |
| *fluorouracil 5% topical cream* | 1 | QL=40 GM/30 Days |
| *fluorouracil 5% topical soln* | 1 | QL=10 ML/30 Days |
| PANRETIN 0.1% TOPICAL GEL | 1 | NDS PA_NSO QL=60 GM/30 Days |
| VALCHLOR 0.016% TOPICAL GEL | 1 | NDS PA_NSO QL=60 GM/30 Days |
| **ANTIPSORIATICS** | | |
| *acitretin 10mg cap* | 1 | |
| *acitretin 17.5mg cap* | 1 | |
| *acitretin 25mg cap* | 1 | |
| *calcipotriene 0.005% topical cream* | 1 | PA QL=120 GM/30 Days |
| *calcipotriene 0.005% topical ointment* | 1 | PA QL=120 GM/30 Days |
| CALCIPOTRIENE 0.005% TOPICAL SOLN | 1 | PA QL=120 ML/30 Days |
| COSENTYX 150MG/ML AUTO-INJECTOR | 1 | NDS PA QL=8 ML/28 Days |
| COSENTYX 150MG/ML SYRINGE | 1 | NDS PA QL=8 ML/28 Days |
| COSENTYX 75MG/0.5ML SYRINGE | 1 | NDS PA QL=2 ML/28 Days |
| COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR | 1 | NDS PA QL=8 ML/28 Days |
| METHOXSALEN 10MG CAP | 1 | |
| OTEZLA 10/20/30MG TAB 28-DAY STARTER PACK (55) | 1 | NDS PA QL=55 EA/28 Days |
| OTEZLA 10/20MG TAB 28-DAY STARTER PACK (55) | 1 | NDS PA QL=55 EA/28 Days |
| OTEZLA 20MG TAB | 1 | NDS PA QL=60 EA/30 Days |
| OTEZLA 30MG TAB | 1 | NDS PA QL=60 EA/30 Days |
| SKYRIZI 150MG/ML AUTO-INJECTOR | 1 | PA QL=7 ML/365 Days |
| SKYRIZI 150MG/ML SYRINGE | 1 | PA QL=7 ML/365 Days |
| STELARA 45MG/0.5ML INJ | 1 | PA QL=.50 ML/28 Days |
| STELARA 45MG/0.5ML SYRINGE | 1 | PA QL=.50 ML/28 Days |
| STELARA 90MG/ML SYRINGE | 1 | PA QL=1 ML/28 Days |
| STEQEYMA 90MG/ML SYRINGE | 1 | PA QL=1 ML/28 Days |
| *tazarotene 0.1% topical cream* | 1 | PA QL=60 GM/30 Days |
| TREMFYA 100MG/ML AUTO-INJECTOR | 1 | PA QL=2 ML/28 Days |
| TREMFYA 100MG/ML SYRINGE | 1 | PA QL=2 ML/28 Days |
| USTEKINUMAB 45MG/0.5ML INJ | 1 | PA QL=.50 ML/28 Days |
| USTEKINUMAB 45MG/0.5ML SYRINGE | 1 | PA QL=.50 ML/28 Days |
| USTEKINUMAB 90MG/ML SYRINGE | 1 | PA QL=1 ML/28 Days |
| YESINTEK 90MG/ML SYRINGE | 1 | PA QL=1 ML/28 Days |
| **CORTICOSTEROIDS - TOPICAL** | | |

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 |
|---|---|---|
| *alclometasone dipropionate 0.05% topical cream* | 1 | QL=120 GM/30 Days |
| ALCLOMETASONE DIPROPIONATE 0.05% TOPICAL OINTMENT | 1 | QL=120 GM/30 Days |
| *betamethasone 0.05% aug topical cream* | 1 | QL=100 GM/30 Days |
| *betamethasone 0.05% aug topical lotion* | 1 | QL=120 ML/30 Days |
| *betamethasone 0.05% aug topical ointment* | 1 | QL=100 GM/30 Days |
| *betamethasone 0.05% topical cream* | 1 | QL=90 GM/30 Days |
| *betamethasone 0.05% topical lotion* | 1 | QL=120 ML/30 Days |
| *betamethasone 0.05% topical ointment* | 1 | QL=90 GM/30 Days |
| *betamethasone 0.1% topical cream* | 1 | QL=135 GM/30 Days |
| BETAMETHASONE 0.1% TOPICAL LOTION | 1 | QL=120 ML/30 Days |
| *betamethasone 0.1% topical ointment* | 1 | QL=135 GM/30 Days |
| *clobetasol propionate 0.05% shampoo* | 1 | QL=236 ML/30 Days |
| *clobetasol propionate 0.05% topical cream* | 1 | QL=120 GM/30 Days |
| *clobetasol propionate 0.05% topical e cream* | 1 | QL=120 GM/30 Days |
| *clobetasol propionate 0.05% topical foam* | 1 | QL=100 GM/30 Days |
| *clobetasol propionate 0.05% topical gel* | 1 | QL=120 GM/30 Days |
| *clobetasol propionate 0.05% topical lotion* | 1 | QL=118 ML/30 Days |
| *clobetasol propionate 0.05% topical ointment* | 1 | QL=120 GM/30 Days |
| *clobetasol propionate 0.05% topical soln* | 1 | QL=100 ML/30 Days |
| *desonide 0.05% topical cream* | 1 | QL=60 GM/30 Days |
| *desonide 0.05% topical ointment* | 1 | QL=120 GM/30 Days |
| *desoximetasone 0.25% topical cream* | 1 | QL=100 GM/30 Days |
| *desoximetasone 0.25% topical ointment* | 1 | QL=120 GM/30 Days |
| *fluocinolone acetonide 0.01% topical cream* | 1 | QL=120 GM/30 Days |
| *fluocinolone acetonide 0.01% topical oil* | 1 | QL=120 ML/30 Days |
| *fluocinolone acetonide 0.01% topical soln* | 1 | QL=90 ML/30 Days |
| *fluocinolone acetonide 0.025% topical cream* | 1 | QL=120 GM/30 Days |
| *fluocinolone acetonide 0.025% topical ointment* | 1 | QL=120 GM/30 Days |
| *fluocinonide 0.05% topical cream* | 1 | QL=60 GM/30 Days |
| *fluocinonide 0.05% topical e cream* | 1 | QL=120 GM/30 Days |
| *fluocinonide 0.05% topical ointment* | 1 | QL=60 GM/30 Days |
| *fluocinonide 0.05% topical soln* | 1 | QL=60 ML/30 Days |
| *fluocinonide 0.1% topical cream* | 1 | QL=60 GM/30 Days |
| *fluticasone propionate 0.005% topical ointment* | 1 | QL=240 GM/30 Days |
| *fluticasone propionate 0.05% topical cream* | 1 | QL=240 GM/30 Days |
| *halobetasol propionate 0.05% topical cream* | 1 | QL=50 GM/30 Days |
| *halobetasol propionate 0.05% topical ointment* | 1 | QL=50 GM/30 Days |
| *hydrocortisone 1% topical cream* | 1 | QL=240 GM/30 Days |
| HYDROCORTISONE 2.5% TOPICAL LOTION | 1 | QL=118 ML/30 Days |
| *hydrocortisone 2.5% topical ointment* | 1 | QL=240 GM/30 Days |
| *mometasone furoate 0.1% topical cream* | 1 | QL=180 GM/30 Days |
| *mometasone furoate 0.1% topical lotion* | 1 | QL=180 ML/30 Days |
| *mometasone furoate 0.1% topical ointment* | 1 | QL=180 GM/30 Days |
| *triamcinolone acetonide 0.025% topical cream* | 1 | QL=454 GM/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 |
|---|---|---|
| *triamcinolone acetonide 0.025% topical lotion* | 1 | QL=120 ML/30 Days |
| *triamcinolone acetonide 0.025% topical ointment* | 1 | QL=454 GM/30 Days |
| *triamcinolone acetonide 0.1% topical cream* | 1 | QL=454 GM/30 Days |
| *triamcinolone acetonide 0.1% topical lotion* | 1 | QL=120 ML/30 Days |
| *triamcinolone acetonide 0.1% topical ointment* | 1 | QL=454 GM/30 Days |
| *triamcinolone acetonide 0.5% topical cream* | 1 | QL=454 GM/30 Days |
| *triamcinolone acetonide 0.5% topical ointment* | 1 | QL=120 GM/30 Days |
| **LOCAL ANESTHETICS - TOPICAL** | | |
| *lidocaine 4% mucous membrane topical soln* | 1 | QL=50 ML/30 Days |
| *lidocaine 5% patch* | 1 | PA QL=90 EA/30 Days |
| *lidocaine 5% topical ointment* | 1 | PA QL=107 GM/30 Days |
| *lidocaine/prilocaine 2.5-2.5% topical cream* | 1 | QL=30 GM/30 Days |
| **MISC. DERMATOLOGICAL PRODUCTS** | | |
| *acyclovir 5% topical ointment* | 1 | QL=30 GM/30 Days |
| *ammonium lactate 12% topical cream* | 1 | |
| *ammonium lactate 12% topical lotion* | 1 | |
| EUCRISA 2% TOPICAL OINTMENT | 1 | PA QL=100 GM/30 Days |
| *imiquimod 5% topical cream* | 1 | QL=24 EA/30 Days |
| LITFULO 50MG CAP | 1 | NDS PA QL=28 EA/28 Days |
| *malathion 0.5% topical lotion* | 1 | |
| NEMLUVIO 30MG AUTO-INJECTOR | 1 | NDS PA QL=2 EA/28 Days |
| *permethrin 5% topical cream* | 1 | |
| *pimecrolimus 1% topical cream* | 1 | QL=100 GM/30 Days |
| PODOFILOX 0.5% TOPICAL SOLN | 1 | QL=7 ML/30 Days |
| *selenium sulfide 2.5% shampoo* | 1 | QL=120 ML/30 Days |
| *tacrolimus 0.03% topical ointment* | 1 | QL=100 GM/30 Days |
| *tacrolimus 0.1% topical ointment* | 1 | QL=100 GM/30 Days |
| **ROSACEA AGENTS** | | |
| *azelaic acid 15% topical gel* | 1 | QL=50 GM/30 Days |
| *metronidazole 0.75% topical cream* | 1 | QL=45 GM/30 Days |
| *metronidazole 0.75% topical gel* | 1 | QL=45 GM/30 Days |
| *metronidazole 1% topical gel* | 1 | QL=60 GM/30 Days |
| **WOUND CARE PRODUCTS** | | |
| SANTYL 250UNIT/GM TOPICAL OINTMENT | 1 | PA QL=90 GM/30 Days |
| *silver sulfadiazine 1% topical cream* | 1 | |
| *ssd 1% topical cream* | 1 | |
| **DIURETICS** | | |
| **CARBONIC ANHYDRASE INHIBITORS** | | |
| *acetazolamide 125mg tab* | 1 | |
| *acetazolamide 250mg tab* | 1 | |
| *acetazolamide 500mg er cap* | 1 | |
| *methazolamide 25mg tab* | 1 | |
| *methazolamide 50mg tab* | 1 | |
| **DIURETIC COMBINATIONS** | | |

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 |
|---|---|---|
| AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB | 1 | |
| *hydrochlorothiazide/spironolactone 25-25mg tab* | 1 | |
| *hydrochlorothiazide/triamterene 25-37.5mg cap* | 1 | |
| *hydrochlorothiazide/triamterene 25-37.5mg tab* | 1 | |
| *hydrochlorothiazide/triamterene 50-75mg tab* | 1 | |
| **LOOP DIURETICS** | | |
| *bumetanide 0.25mg/ml inj* | 1 | |
| *bumetanide 0.5mg tab* | 1 | |
| *bumetanide 1mg tab* | 1 | |
| *bumetanide 2mg tab* | 1 | |
| FUROSCIX 80MG/10ML CARTRIDGE | 1 | NDS QL=8 EA/7 Days |
| *furosemide 10mg/ml inj* | 1 | |
| *furosemide 10mg/ml oral soln* | 1 | |
| *furosemide 20mg tab* | 1 | |
| *furosemide 40mg tab* | 1 | |
| *furosemide 80mg tab* | 1 | |
| FUROSEMIDE 8MG/ML ORAL SOLN | 1 | |
| *torsemide 100mg tab* | 1 | |
| *torsemide 10mg tab* | 1 | |
| *torsemide 20mg tab* | 1 | |
| *torsemide 5mg tab* | 1 | |
| **POTASSIUM SPARING DIURETICS** | | |
| *amiloride 5mg tab* | 1 | |
| *spironolactone 100mg tab* | 1 | |
| *spironolactone 25mg tab* | 1 | |
| *spironolactone 50mg tab* | 1 | |
| **THIAZIDES AND THIAZIDE-LIKE DIURETICS** | | |
| *chlorthalidone 25mg tab* | 1 | |
| *chlorthalidone 50mg tab* | 1 | |
| *hydrochlorothiazide 12.5mg cap* | 1 | |
| *hydrochlorothiazide 12.5mg tab* | 1 | |
| *hydrochlorothiazide 25mg tab* | 1 | |
| *hydrochlorothiazide 50mg tab* | 1 | |
| *indapamide 1.25mg tab* | 1 | |
| *indapamide 2.5mg tab* | 1 | |
| *metolazone 10mg tab* | 1 | |
| *metolazone 2.5mg tab* | 1 | |
| *metolazone 5mg tab* | 1 | |
| **ENDOCRINE AND METABOLIC AGENTS - MISC.** | | |
| **BONE DENSITY REGULATORS** | | |
| *alendronate sodium 10mg tab* | 1 | QL=30 EA/30 Days |
| *alendronate sodium 35mg tab* | 1 | QL=4 EA/28 Days |
| *alendronate sodium 70mg tab* | 1 | QL=4 EA/28 Days |
| BOMYNTRA 120MG/1.7ML INJ | 1 | NDS PA QL=1.70 ML/28 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 |
|---|---|---|
| BOMYNTRA 120MG/1.7ML SYRINGE | 1 | NDS PA QL=1.70 ML/28 Days |
| CONEXXENCE 60MG/ML SYRINGE | 1 | ST QL=1 ML/168 Days |
| *ibandronate 150mg tab* | 1 | QL=1 EA/28 Days |
| JUBBONTI 60MG/ML SYRINGE | 1 | ST QL=1 ML/168 Days |
| *raloxifene 60mg tab* | 1 | |
| *risedronate sodium 150mg tab* | 1 | QL=1 EA/28 Days |
| *risedronate sodium 30mg tab* | 1 | QL=30 EA/30 Days |
| *risedronate sodium 35mg tab* | 1 | QL=4 EA/28 Days |
| *risedronate sodium 35mg tab pack (12)* | 1 | QL=4 EA/28 Days |
| *risedronate sodium 35mg tab pack (4)* | 1 | QL=4 EA/28 Days |
| *risedronate sodium 5mg tab* | 1 | QL=30 EA/30 Days |
| *salmon calcitonin 200unit/act nasal spray* | 1 | QL=3.70 ML/28 Days |
| TERIPARATIDE 620MCG/2.48ML PEN INJ | 1 | NDS QL=2.48 ML/28 Days |
| TYMLOS 3120MCG/1.56ML PEN INJ | 1 | NDS QL=1.56 ML/30 Days |
| WYOST 120MG/1.7ML INJ | 1 | NDS PA QL=1.70 ML/28 Days |
| **METABOLIC MODIFIERS** | | |
| *calcitriol 0.25mcg cap* | 1 | |
| *calcitriol 0.5mcg cap* | 1 | |
| *calcitriol 1mcg/ml oral soln* | 1 | |
| *carglumic acid 200mg tab for oral susp* | 1 | NDS PA |
| *cinacalcet 30mg tab* | 1 | QL=60 EA/30 Days |
| *cinacalcet 60mg tab* | 1 | QL=60 EA/30 Days |
| *cinacalcet 90mg tab* | 1 | QL=120 EA/30 Days |
| CYSTADANE 1GM POWDER FOR ORAL SOLN | 1 | NDS |
| *glutamine 5000mg powder for oral soln* | 1 | NDS PA QL=180 EA/30 Days |
| *levocarnitine 100mg/ml oral soln* | 1 | |
| *levocarnitine 330mg tab* | 1 | |
| *paricalcitol 1mcg cap* | 1 | |
| *paricalcitol 2mcg cap* | 1 | |
| *paricalcitol 4mcg cap* | 1 | |
| REVCOVI 2.4MG/1.5ML INJ | 1 | NDS PA |
| *sapropterin 100mg powder for oral soln* | 1 | NDS PA |
| *sapropterin 100mg tab* | 1 | NDS PA |
| *sapropterin 500mg powder for oral soln* | 1 | NDS PA |
| *sodium phenylbutyrate 3gm/tsp oral powder* | 1 | |
| **SOMATOSTATIC AGENTS** | | |
| *octreotide 0.05mg/ml inj* | 1 | PA |
| *octreotide 0.1mg/ml inj* | 1 | PA |
| *octreotide 0.2mg/ml inj* | 1 | PA |
| *octreotide 0.5mg/ml inj* | 1 | PA |
| *octreotide 1mg/ml inj* | 1 | PA |
| SIGNIFOR 0.3MG/ML INJ | 1 | NDS PA QL=60 ML/30 Days |
| SIGNIFOR 0.6MG/ML INJ | 1 | NDS PA QL=60 ML/30 Days |
| SIGNIFOR 0.9MG/ML INJ | 1 | NDS PA QL=60 ML/30 Days |
| **VASOPRESSIN 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 |
|---|---|---|
| *tolvaptan 15mg tab* | 1 | NDS PA QL=120 EA/30 Days |
| *tolvaptan 15mg tab therapy pack (56)* | 1 | NDS PA QL=56 EA/28 Days |
| *tolvaptan 15mg/30mg tab pack (56)* | 1 | NDS PA QL=56 EA/28 Days |
| *tolvaptan 15mg/45mg tab pack (56)* | 1 | NDS PA QL=56 EA/28 Days |
| *tolvaptan 30mg tab* | 1 | NDS PA QL=120 EA/30 Days |
| *tolvaptan 30mg/60mg tab pack (56)* | 1 | NDS PA QL=56 EA/28 Days |
| **ENDOCRINE MEDICATIONS** | | |
| **OTHER ENDOCRINE DRUGS** | | |
| *cabergoline 0.5mg tab* | 1 | |
| *desmopressin acetate 0.01% (0.01mg/act) nasal spray* | 1 | |
| *desmopressin acetate 0.1mg tab* | 1 | |
| *desmopressin acetate 0.2mg tab* | 1 | |
| INCRELEX 40MG/4ML INJ | 1 | NDS PA |
| KERENDIA 10MG TAB | 1 | PA QL=30 EA/30 Days |
| KERENDIA 20MG TAB | 1 | PA QL=30 EA/30 Days |
| KERENDIA 40MG TAB | 1 | PA QL=30 EA/30 Days |
| NORDITROPIN 10MG/1.5ML PEN INJ | 1 | NDS PA |
| NORDITROPIN 15MG/1.5ML PEN INJ | 1 | NDS PA |
| NORDITROPIN 30MG/3ML PEN INJ | 1 | NDS PA |
| NORDITROPIN 5MG/1.5ML PEN INJ | 1 | NDS PA |
| OMNITROPE 10MG/1.5ML CARTRIDGE | 1 | NDS PA |
| OMNITROPE 5.8MG INJ | 1 | NDS PA |
| OMNITROPE 5MG/1.5ML CARTRIDGE | 1 | NDS PA |
| SOMAVERT 10MG INJ | 1 | NDS PA QL=60 EA/30 Days |
| SOMAVERT 15MG INJ | 1 | NDS PA QL=60 EA/30 Days |
| SOMAVERT 20MG INJ | 1 | NDS PA QL=60 EA/30 Days |
| SOMAVERT 25MG INJ | 1 | NDS PA QL=30 EA/30 Days |
| SOMAVERT 30MG INJ | 1 | NDS PA QL=30 EA/30 Days |
| **ESTROGENS** | | |
| **ESTROGEN COMBINATIONS** | | |
| *abigale 1/0.5mg tab 28-day pack* | 1 | |
| *abigale lo tab 0.5/0.1mg 28-day pack* | 1 | |
| *altavera tab 28-day pack* | 1 | |
| *alyacen 1/35 tab 28-day pack* | 1 | |
| *apri tab 28-day pack* | 1 | |
| *aranelle tab 28-day pack* | 1 | |
| *ashlyna tab 91-day pack* | 1 | QL=91 EA/91 Days |
| *aubra tab 28-day pack* | 1 | |
| *aviane tab 28-day pack* | 1 | |
| *azurette 28-day pack* | 1 | |
| *balziva tab 28-day pack* | 1 | |
| *blisovi 21 fe tab 1.5/30 28-day pack* | 1 | |
| *briellyn tab 28-day pack* | 1 | |
| *camreselo tab 91-day pack* | 1 | QL=91 EA/91 Days |
| *cryselle tab 28-day pack* | 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 |
|---|---|---|
| *cyred tab 28-day pack* | 1 | |
| *drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg tab 28-day pack* | 1 | |
| *drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg tab 28-day pack* | 1 | |
| *eluryng 0.120-0.015mg/24hr vaginal system* | 1 | QL=1 EA/28 Days |
| *enilloring 0.120-0.015mg/24hr vaginal system* | 1 | QL=1 EA/28 Days |
| *enskyce tab 28-day pack* | 1 | |
| *estarylla tab 28-day pack* | 1 | |
| *estradiol/norethindrone acetate 0.5-0.1mg 28-day pack* | 1 | |
| *estradiol/norethindrone acetate 1-0.5mg 28-day pack* | 1 | |
| *ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg tab 91-day pack* | 1 | QL=91 EA/91 Days |
| *ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system* | 1 | QL=1 EA/28 Days |
| *ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg tab 28-day pack* | 1 | |
| *ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 28-day pack* | 1 | |
| *ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 91-day pack* | 1 | QL=91 EA/91 Days |
| *ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg tab 28-day pack* | 1 | |
| *ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack* | 1 | |
| *ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack* | 1 | |
| *ethinyl estradiol/norethindrone acetate 0.02-1mg tab 21-day pack* | 1 | |
| *ethinyl estradiol/norgestimate 0.18-25/0.215-25/0.25-25mg-mcg tab 28-day pack* | 1 | |
| *ethinyl estradiol/norgestimate 0.18-35/0.215-35/0.25-35mg-mcg tab 28-day pack* | 1 | |
| *falmina tab 28-day pack* | 1 | |
| *feirza 1.5/30 28-day pack* | 1 | |
| *feirza 1/20 28-day pack* | 1 | |
| *fyavolv 0.0025-0.5mg tab* | 1 | |
| *fyavolv 0.005-1mg tab* | 1 | |
| *haloette 0.120-0.015mg/24hr vaginal system* | 1 | QL=1 EA/28 Days |
| *iclevia tab 91-day pack* | 1 | QL=91 EA/91 Days |
| *introvale tab 91-day pack* | 1 | QL=91 EA/91 Days |
| *isibloom tab 28-day pack* | 1 | |
| *jaimiess tab 91-day pack* | 1 | QL=91 EA/91 Days |
| *jasmiel tab 28-day pack* | 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 |
|---|---|---|
| *jinteli 0.005-1mg tab* | 1 | |
| *juleber tab 28-day pack* | 1 | |
| *junel 1.5/30 tab 21-day pack* | 1 | |
| *junel 1/20 tab 21-day pack* | 1 | |
| *junel fe tab 1.5/30 28-day pack* | 1 | |
| *junel fe tab 1/20 28-day pack* | 1 | |
| *kariva tab 28-day pack* | 1 | |
| *kelnor 1mg-35mcg tab 28-day pack* | 1 | |
| *kurvelo tab 28-day pack* | 1 | |
| *larin 1.5/30 tab 21-day pack* | 1 | |
| *larin 1/20 tab 21-day pack* | 1 | |
| *larin fe tab 1.5/30 28-day pack* | 1 | |
| *larin fe tab 1/20 28-day pack* | 1 | |
| *lessina tab 28-day pack* | 1 | |
| *levonest tab 28-day pack* | 1 | |
| *levonorgestrel/ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg tab 28-day pack* | 1 | |
| *levora 0.15/30 tab 28-day pack* | 1 | |
| *lo jaimiess tab 91-day pack* | 1 | QL=91 EA/91 Days |
| *loryna tab 28-day pack* | 1 | |
| *low-ogestrel tab 28-day pack* | 1 | |
| *lutera tab 28-day pack* | 1 | |
| *marlissa tab 28-day pack* | 1 | |
| *microgestin 1.5/30 tab 21-day pack* | 1 | |
| *microgestin 1/20 tab 21-day pack* | 1 | |
| *microgestin fe tab 1.5/30 28-day pack* | 1 | |
| *microgestin fe tab 1/20 28-day pack* | 1 | |
| *mili tab 28-day pack* | 1 | |
| *mimvey 28-day pack* | 1 | |
| *necon 0.5/35 tab 28-day pack* | 1 | |
| *nikki tab 28-day pack* | 1 | |
| *norelgestromin/ethinyl estradiol 150-35 mcg/24hr patch* | 1 | QL=3 EA/28 Days |
| *nortrel 0.5/35 tab 28-day pack* | 1 | |
| *nortrel 1/35 tab 21-day pack* | 1 | |
| *nortrel 1/35 tab 28-day pack* | 1 | |
| *nortrel 7/7/7 tab 28-day pack* | 1 | |
| *nylia 1/35 tab 28-day pack* | 1 | |
| *nylia 7/7/7 tab 28-day pack* | 1 | |
| *ocella tab 28-day pack* | 1 | |
| *pimtrea tab 28-day pack* | 1 | |
| *portia tab 28-day pack* | 1 | |
| PREMPHASE 28-DAY PACK | 1 | |
| PREMPRO 0.3/1.5MG 28-DAY PACK | 1 | |
| PREMPRO 0.45/1.5MG 28-DAY PACK | 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 |
|---|---|---|
| PREMPRO 0.625/2.5MG 28-DAY PACK | 1 | |
| PREMPRO 0.625/5MG 28-DAY PACK | 1 | |
| *reclipsen tab 28-day pack* | 1 | |
| *setlakin tab 91-day pack* | 1 | QL=91 EA/91 Days |
| *sprintec tab 28-day pack* | 1 | |
| *sronyx tab 28-day pack* | 1 | |
| *syeda tab 28-day pack* | 1 | |
| *tarina fe tab 1/20 28-day pack* | 1 | |
| *tri-estarylla tab 28-day pack* | 1 | |
| *tri-lo- estarylla tab 28-day pack* | 1 | |
| *tri-lo-sprintec tab 28-day pack* | 1 | |
| *tri-mili tab 28-day pack* | 1 | |
| *tri-sprintec tab 28-day pack* | 1 | |
| *tri-vylibra lo tab 28-day pack* | 1 | |
| *tri-vylibra tab 28-day pack* | 1 | |
| *turqoz tab 28-day pack* | 1 | |
| *valtya tab 1/50 28-day pack* | 1 | |
| VELIVET TAB 28-DAY PACK | 1 | |
| *vestura tab 3-0.02mg 28-day pack* | 1 | |
| *vienva tab 28-day pack* | 1 | |
| *vyfemla tab 28-day pack* | 1 | |
| *vylibra tab 28-day pack* | 1 | |
| *xulane 150-35mcg/24hr patch* | 1 | QL=3 EA/28 Days |
| *zafemy 150-35mcg/24hr patch* | 1 | QL=3 EA/28 Days |
| *zovia 1mg-35mcg tab 28-day pack* | 1 | |
| **ESTROGENS** | | |
| *dotti 0.025mg/24hr twice weekly patch* | 1 | QL=8 EA/28 Days |
| *dotti 0.0375mg/24hr twice weekly patch* | 1 | QL=8 EA/28 Days |
| *dotti 0.05mg/24hr twice weekly patch* | 1 | QL=8 EA/28 Days |
| *dotti 0.075mg/24hr twice weekly patch* | 1 | QL=8 EA/28 Days |
| *dotti 0.1mg/24hr twice weekly patch* | 1 | QL=8 EA/28 Days |
| *estradiol 0.0025mg/hr weekly patch* | 1 | QL=4 EA/28 Days |
| *estradiol 0.01mg/24hr twice weekly patch* | 1 | QL=8 EA/28 Days |
| *estradiol 0.01mg/24hr weekly patch* | 1 | QL=4 EA/28 Days |
| *estradiol 0.025mg/24hr twice weekly patch* | 1 | QL=8 EA/28 Days |
| *estradiol 0.025mg/24hr weekly patch* | 1 | QL=4 EA/28 Days |
| *estradiol 0.0375mg/24hr twice weekly patch* | 1 | QL=8 EA/28 Days |
| *estradiol 0.0375mg/24hr weekly patch* | 1 | QL=4 EA/28 Days |
| *estradiol 0.05mg/24hr twice weekly patch* | 1 | QL=8 EA/28 Days |
| *estradiol 0.05mg/24hr weekly patch* | 1 | QL=4 EA/28 Days |
| *estradiol 0.075mg/24hr twice weekly patch* | 1 | QL=8 EA/28 Days |
| *estradiol 0.075mg/24hr weekly patch* | 1 | QL=4 EA/28 Days |
| *estradiol 0.5mg tab* | 1 | |
| *estradiol 1mg tab* | 1 | |
| *estradiol 2mg tab* | 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 |
|---|---|---|
| *estradiol valerate 10mg/ml inj* | 1 | |
| *estradiol valerate 20mg/ml inj* | 1 | |
| *estradiol valerate 40mg/ml inj* | 1 | |
| PREMARIN 0.3MG TAB | 1 | |
| PREMARIN 0.45MG TAB | 1 | |
| PREMARIN 0.625MG TAB | 1 | |
| PREMARIN 0.9MG TAB | 1 | |
| PREMARIN 1.25MG TAB | 1 | |
| **FLUOROQUINOLONES** | | |
| **FLUOROQUINOLONES** | | |
| *ciprofloxacin 250mg tab* | 1 | |
| CIPROFLOXACIN 2MG/ML INJ | 1 | |
| *ciprofloxacin 500mg tab* | 1 | |
| *ciprofloxacin 750mg tab* | 1 | |
| *levofloxacin 250mg tab* | 1 | |
| *levofloxacin 25mg/ml oral soln* | 1 | |
| *levofloxacin 500mg tab* | 1 | |
| *levofloxacin 500mg/100ml inj* | 1 | |
| *levofloxacin 750mg tab* | 1 | |
| *levofloxacin 750mg/150ml inj* | 1 | |
| MOXIFLOXACIN 1.6MG/ML INJ | 1 | |
| *moxifloxacin 400mg tab* | 1 | |
| **GASTROINTESTINAL AGENTS** | | |
| **GASTROINTESTINAL AGENTS, OTHER** | | |
| CREON 120000-24000-76000UNIT DR CAP | 1 | |
| CREON 15000-3000-9500UNIT DR CAP | 1 | |
| CREON 180000-36000-114000UNIT DR CAP | 1 | |
| CREON 30000-6000-19000UNIT DR CAP | 1 | |
| CREON 60000-12000-38000UNIT DR CAP | 1 | |
| *cromolyn sodium 20mg/ml oral soln* | 1 | |
| *enulose 10gm/15ml oral soln* | 1 | |
| *generlac 10gm/15ml oral soln* | 1 | |
| *metoclopramide 10mg tab* | 1 | |
| *metoclopramide 1mg/ml oral soln* | 1 | |
| *metoclopramide 5mg tab* | 1 | |
| REZDIFFRA 100MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| REZDIFFRA 60MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| REZDIFFRA 80MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| *ursodiol 250mg tab* | 1 | |
| *ursodiol 300mg cap* | 1 | |
| *ursodiol 500mg tab* | 1 | |
| VOWST 30000000UNIT CAP | 1 | PA QL=12 EA/90 Days |
| **GASTROINTESTINAL AGENTS - MISC.** | | |
| **INFLAMMATORY BOWEL AGENTS** | | |
| *balsalazide disodium 750mg cap* | 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 |
|---|---|---|
| *mesalamine 1200mg dr tab* | 1 | QL=120 EA/30 Days |
| *mesalamine 1gm rectal supp* | 1 | QL=30 EA/30 Days |
| *mesalamine 375mg er cap* | 1 | QL=120 EA/30 Days |
| *mesalamine 400mg dr cap* | 1 | QL=180 EA/30 Days |
| *mesalamine 66.7mg/ml enema* | 1 | QL=1800 ML/30 Days |
| SKYRIZI 180MG/1.2ML CARTRIDGE | 1 | PA QL=1.20 ML/56 Days |
| SKYRIZI 360MG/2.4ML CARTRIDGE | 1 | PA QL=2.40 ML/56 Days |
| *sulfasalazine 500mg dr tab* | 1 | |
| *sulfasalazine 500mg tab* | 1 | |
| TREMFYA 200MG/2ML AUTO-INJECTOR | 1 | NDS PA QL=2 ML/28 Days |
| TREMFYA 200MG/2ML AUTO-INJECTOR INDUCTION PACK FOR CROHNS (2) | 1 | NDS PA QL=4 ML/28 Days |
| TREMFYA 200MG/2ML SYRINGE | 1 | NDS PA QL=2 ML/28 Days |
| **GENITOURINARY AGENTS** | | |
| **ANTISPASMODICS, URINARY** | | |
| *bethanechol chloride 10mg tab* | 1 | |
| *bethanechol chloride 25mg tab* | 1 | |
| *bethanechol chloride 50mg tab* | 1 | |
| *bethanechol chloride 5mg tab* | 1 | |
| *fesoterodine fumarate 4mg er tab* | 1 | QL=30 EA/30 Days |
| *fesoterodine fumarate 8mg er tab* | 1 | QL=30 EA/30 Days |
| GEMTESA 75MG TAB | 1 | QL=30 EA/30 Days |
| MYRBETRIQ 25MG ER TAB | 1 | QL=30 EA/30 Days |
| MYRBETRIQ 50MG ER TAB | 1 | QL=30 EA/30 Days |
| *oxybutynin chloride 10mg er tab* | 1 | |
| *oxybutynin chloride 15mg er tab* | 1 | |
| *oxybutynin chloride 1mg/ml oral soln* | 1 | QL=600 ML/30 Days |
| *oxybutynin chloride 5mg er tab* | 1 | |
| *oxybutynin chloride 5mg tab* | 1 | |
| *solifenacin succinate 10mg tab* | 1 | |
| *solifenacin succinate 5mg tab* | 1 | |
| *tolterodine tartrate 1mg tab* | 1 | QL=60 EA/30 Days |
| *tolterodine tartrate 2mg er cap* | 1 | QL=30 EA/30 Days |
| *tolterodine tartrate 2mg tab* | 1 | QL=60 EA/30 Days |
| *tolterodine tartrate 4mg er cap* | 1 | QL=30 EA/30 Days |
| *trospium chloride 20mg tab* | 1 | QL=60 EA/30 Days |
| **BENIGN PROSTATIC HYPERTROPHY AGENTS** | | |
| *alfuzosin 10mg er tab* | 1 | |
| *dutasteride 0.5mg cap* | 1 | QL=30 EA/30 Days |
| *finasteride 5mg tab* | 1 | |
| *silodosin 4mg cap* | 1 | QL=30 EA/30 Days |
| *silodosin 8mg cap* | 1 | QL=30 EA/30 Days |
| *tadalafil 2.5mg tab* | 1 | PA QL=30 EA/30 Days |
| *tadalafil 5mg tab* | 1 | PA QL=30 EA/30 Days |
| *tamsulosin 0.4mg cap* | 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 |
|---|---|---|
| **GENITOURINARY AGENTS, OTHER** | | |
| CYSTAGON 150MG CAP | 1 | |
| CYSTAGON 50MG CAP | 1 | |
| *potassium citrate 10meq er tab* | 1 | |
| *potassium citrate 15meq er tab* | 1 | |
| *potassium citrate 5meq er tab* | 1 | |
| *sodium chloride 0.9% irrigation soln* | 1 | |
| **GOUT AGENTS** | | |
| **GOUT AGENTS** | | |
| *allopurinol 100mg tab* | 1 | |
| *allopurinol 300mg tab* | 1 | |
| *colchicine 0.6mg tab* | 1 | |
| *colchicine/probenecid 0.5-500mg tab* | 1 | |
| *febuxostat 40mg tab* | 1 | ST QL=30 EA/30 Days |
| *febuxostat 80mg tab* | 1 | ST QL=30 EA/30 Days |
| *probenecid 500mg tab* | 1 | |
| **HEMATOLOGICAL AGENTS - MISC.** | | |
| **PLATELET AGGREGATION INHIBITORS** | | |
| *anagrelide 0.5mg cap* | 1 | |
| *anagrelide 1mg cap* | 1 | |
| *aspirin/dipyridamole 25-200mg er cap* | 1 | QL=60 EA/30 Days |
| *cilostazol 100mg tab* | 1 | |
| *cilostazol 50mg tab* | 1 | |
| *clopidogrel 75mg tab* | 1 | |
| *dipyridamole 25mg tab* | 1 | |
| *dipyridamole 50mg tab* | 1 | |
| *dipyridamole 75mg tab* | 1 | |
| *prasugrel 10mg tab* | 1 | QL=30 EA/30 Days |
| *prasugrel 5mg tab* | 1 | QL=30 EA/30 Days |
| *ticagrelor 60mg tab* | 1 | QL=60 EA/30 Days |
| *ticagrelor 90mg tab* | 1 | QL=60 EA/30 Days |
| **HEMATOPOIETIC AGENTS** | | |
| **HEMATOPOIETIC GROWTH FACTORS** | | |
| DOPTELET 20MG TAB | 1 | NDS PA QL=60 EA/30 Days |
| DOPTELET TAB 40MG DAILY DOSE PACK (10) | 1 | NDS PA QL=10 EA/5 Days |
| DOPTELET TAB 60MG DAILY DOSE PACK (15) | 1 | NDS PA QL=15 EA/5 Days |
| *eltrombopag 12.5mg powder for oral susp* | 1 | NDS PA QL=90 EA/30 Days |
| *eltrombopag 12.5mg tab* | 1 | NDS PA QL=30 EA/30 Days |
| *eltrombopag 25mg powder for oral susp* | 1 | NDS PA QL=180 EA/30 Days |
| *eltrombopag 25mg tab* | 1 | NDS PA QL=30 EA/30 Days |
| *eltrombopag 50mg tab* | 1 | NDS PA QL=60 EA/30 Days |
| *eltrombopag 75mg tab* | 1 | NDS PA QL=60 EA/30 Days |
| FULPHILA 6MG/0.6ML SYRINGE | 1 | NDS |
| NIVESTYM 300MCG/0.5ML SYRINGE | 1 | NDS |
| NIVESTYM 300MCG/ML INJ | 1 | NDS |

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 |
|---|---|---|
| NIVESTYM 480MCG/0.8ML SYRINGE | 1 | NDS |
| NIVESTYM 480MCG/1.6ML INJ | 1 | NDS |
| NYVEPRIA 6MG/0.6ML SYRINGE | 1 | NDS |
| PROCRIT 10000UNIT/ML INJ | 1 | PA QL=12 ML/28 Days |
| PROCRIT 20000UNIT/ML INJ | 1 | PA QL=12 ML/28 Days |
| PROCRIT 2000UNIT/ML INJ | 1 | PA QL=12 ML/28 Days |
| PROCRIT 3000UNIT/ML INJ | 1 | PA QL=12 ML/28 Days |
| PROCRIT 40000UNIT/ML INJ | 1 | PA QL=4 ML/28 Days |
| PROCRIT 4000UNIT/ML INJ | 1 | PA QL=12 ML/28 Days |
| RETACRIT 10000UNIT/ML INJ | 1 | PA QL=12 ML/28 Days |
| RETACRIT 20000UNIT/2ML INJ | 1 | PA QL=12 ML/28 Days |
| RETACRIT 20000UNIT/ML INJ | 1 | PA QL=12 ML/28 Days |
| RETACRIT 2000UNIT/ML INJ | 1 | PA QL=12 ML/28 Days |
| RETACRIT 3000UNIT/ML INJ | 1 | PA QL=12 ML/28 Days |
| RETACRIT 40000UNIT/ML INJ | 1 | PA QL=4 ML/28 Days |
| RETACRIT 4000UNIT/ML INJ | 1 | PA QL=12 ML/28 Days |
| **HEMOSTATICS** | | |
| **HEMOSTATICS - SYSTEMIC** | | |
| *tranexamic acid 650mg tab* | 1 | QL=30 EA/5 Days |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)** | | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)** | | |
| *budesonide 3mg dr cap* | 1 | QL=90 EA/30 Days |
| *budesonide 9mg er tab* | 1 | PA QL=30 EA/30 Days |
| DEXAMETHASONE 0.1MG/ML ORAL SOLN | 1 | |
| *dexamethasone 0.5mg tab* | 1 | |
| *dexamethasone 0.75mg tab* | 1 | |
| *dexamethasone 1.5mg tab* | 1 | |
| *dexamethasone 1mg tab* | 1 | |
| *dexamethasone 2mg tab* | 1 | |
| *dexamethasone 4mg tab* | 1 | |
| *dexamethasone 6mg tab* | 1 | |
| *fludrocortisone acetate 0.1mg tab* | 1 | |
| *hydrocortisone 10mg tab* | 1 | |
| *hydrocortisone 20mg tab* | 1 | |
| *hydrocortisone 5mg tab* | 1 | |
| *methylprednisolone 16mg tab* | 1 | PA_BvD |
| *methylprednisolone 32mg tab* | 1 | PA_BvD |
| *methylprednisolone 4mg tab* | 1 | PA_BvD |
| *methylprednisolone 4mg tab pack (21)* | 1 | |
| *methylprednisolone 8mg tab* | 1 | PA_BvD |
| *prednisolone 1mg/ml oral soln* | 1 | PA_BvD |
| *prednisolone 3mg/ml oral soln* | 1 | PA_BvD |
| *prednisolone 5mg/ml oral soln* | 1 | PA_BvD |
| *prednisone 10mg tab* | 1 | PA_BvD |
| *prednisone 10mg tab (21)* | 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 |
|---|---|---|
| *prednisone 10mg tab pack (48)* | 1 | |
| *prednisone 1mg tab* | 1 | PA_BvD |
| PREDNISONE 1MG/ML ORAL SOLN | 1 | PA_BvD |
| *prednisone 2.5mg tab* | 1 | PA_BvD |
| *prednisone 20mg tab* | 1 | PA_BvD |
| *prednisone 50mg tab* | 1 | PA_BvD |
| *prednisone 5mg tab* | 1 | PA_BvD |
| *prednisone 5mg tab pack (21)* | 1 | |
| *prednisone 5mg tab pack (48)* | 1 | |
| **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS** | | |
| **NON-BARBITURATE HYPNOTICS** | | |
| *eszopiclone 1mg tab* | 1 | QL=30 EA/30 Days |
| *eszopiclone 2mg tab* | 1 | QL=30 EA/30 Days |
| *eszopiclone 3mg tab* | 1 | QL=30 EA/30 Days |
| *ramelteon 8mg tab* | 1 | QL=30 EA/30 Days |
| *temazepam 15mg cap* | 1 | QL=30 EA/30 Days |
| *temazepam 30mg cap* | 1 | QL=30 EA/30 Days |
| *zaleplon 10mg cap* | 1 | QL=30 EA/30 Days |
| *zaleplon 5mg cap* | 1 | QL=30 EA/30 Days |
| *zolpidem tartrate 10mg tab* | 1 | QL=30 EA/30 Days |
| *zolpidem tartrate 12.5mg er tab* | 1 | QL=30 EA/30 Days |
| *zolpidem tartrate 5mg tab* | 1 | QL=60 EA/30 Days |
| *zolpidem tartrate 6.25mg er tab* | 1 | QL=30 EA/30 Days |
| **IMMUNOLOGICAL AGENTS** | | |
| **ANGIOEDEMA (HAE) AGENTS** | | |
| HAEGARDA 2000UNIT INJ | 1 | NDS PA QL=30 EA/30 Days |
| HAEGARDA 3000UNIT INJ | 1 | NDS PA QL=20 EA/30 Days |
| *icatibant 30mg/3ml syringe* | 1 | NDS PA QL=27 ML/30 Days |
| **IMMUNIZING AGENTS, PASSIVE** | | |
| GAMMAGARD 10GM INJ | 1 | NDS PA |
| GAMMAGARD 2.5GM/25ML INJ | 1 | NDS PA |
| GAMMAGARD 5GM INJ | 1 | NDS PA |
| GAMUNEX 1GM/10ML INJ | 1 | NDS PA |
| PRIVIGEN 20GM/200ML INJ | 1 | NDS PA |
| **VACCINES** | | |
| ABRYSVO 120MCG/0.5ML INJ | 1 | QL=1 EA/365 DaysVAC |
| ACTHIB INJ | 1 | |
| ADACEL INJ | 1 | VAC |
| ADACEL SYRINGE | 1 | VAC |
| AREXVY 120MCG/0.5ML INJ | 1 | QL=1 EA/999 DaysVAC |
| BCG LIVE TICE STRAIN 50MG INJ | 1 | VAC |
| BEXSERO SYRINGE | 1 | VAC |
| BOOSTRIX INJ | 1 | VAC |
| BOOSTRIX SYRINGE | 1 | VAC |
| DAPTACEL INJ | 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 |
|---|---|---|
| ENGERIX-B 10MCG/0.5ML SYRINGE | 1 | PA_BvD VAC |
| ENGERIX-B 20MCG/ML INJ | 1 | PA_BvD VAC |
| ENGERIX-B 20MCG/ML SYRINGE | 1 | PA_BvD VAC |
| GARDASIL 9 INJ | 1 | VAC |
| GARDASIL 9 SYRINGE | 1 | VAC |
| HAVRIX 1440ELU/ML SYRINGE | 1 | VAC |
| HAVRIX 720ELU/0.5ML SYRINGE | 1 | |
| HEPLISAV-B 20MCG/0.5ML SYRINGE | 1 | PA_BvD VAC |
| HIBERIX 10MCG INJ | 1 | |
| IMOVAX 2.5UNIT/ML INJ | 1 | PA_BvD VAC |
| INFANRIX SYRINGE | 1 | |
| IPOL INJ | 1 | VAC |
| IXIARO 0.006MG/0.5ML SYRINGE | 1 | VAC |
| JYNNEOS 0.5ML INJ | 1 | PA_BvD VAC |
| KINRIX SYRINGE | 1 | |
| M-M-R II INJ | 1 | VAC |
| MENQUADFI INJ | 1 | VAC |
| MENVEO INJ | 1 | VAC |
| MRESVIA 50MCG/0.5ML SYRINGE | 1 | QL=.50 ML/999 DaysVAC |
| PEDIARIX SYRINGE | 1 | |
| PEDVAXHIB 7.5MCG/0.5ML INJ | 1 | |
| PENBRAYA INJ | 1 | VAC |
| PENMENVY INJ | 1 | VAC |
| PENTACEL 96-30-68UNIT/ML INJ | 1 | |
| PRIORIX INJ | 1 | VAC |
| PROQUAD INJ | 1 | |
| QUADRACEL INJ | 1 | |
| QUADRACEL SYRINGE | 1 | |
| RABAVERT 2.5UNIT/ML INJ | 1 | PA_BvD VAC |
| RECOMBIVAX 10MCG/ML INJ | 1 | PA_BvD VAC |
| RECOMBIVAX 10MCG/ML SYRINGE | 1 | PA_BvD VAC |
| RECOMBIVAX 40MCG/ML INJ | 1 | PA_BvD VAC |
| RECOMBIVAX 5MCG/0.5ML INJ | 1 | PA_BvD VAC |
| RECOMBIVAX 5MCG/0.5ML SYRINGE | 1 | PA_BvD VAC |
| ROTARIX 667000UNIT/ML ORAL SUSP | 1 | |
| ROTATEQ ORAL SUSP | 1 | |
| SHINGRIX 50MCG/0.5ML INJ | 1 | QL=2 EA/999 DaysVAC |
| TENIVAC 4-10UNIT/ML INJ | 1 | PA_BvD VAC |
| TENIVAC 4-10UNIT/ML SYRINGE | 1 | PA_BvD VAC |
| TICOVAC 1.2MCG/0.25ML SYRINGE | 1 | |
| TICOVAC 2.4MCG/0.5ML SYRINGE | 1 | VAC |
| TRUMENBA SYRINGE | 1 | VAC |
| TWINRIX SYRINGE | 1 | VAC |
| TYPHIM VI 25MCG/0.5ML INJ | 1 | VAC |
| TYPHIM VI 25MCG/0.5ML SYRINGE | 1 | VAC |

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 |
|---|---|---|
| VAQTA 25UNIT/0.5ML INJ | 1 | |
| VAQTA 25UNIT/0.5ML SYRINGE | 1 | |
| VAQTA 50UNIT/ML INJ | 1 | VAC |
| VAQTA 50UNIT/ML SYRINGE | 1 | VAC |
| VARIVAX 1350PFU/0.5ML INJ | 1 | VAC |
| VAXCHORA ORAL SUSP | 1 | VAC |
| VIMKUNYA 40MCG/0.8ML SYRINGE | 1 | VAC |
| VIVOTIF DR CAP | 1 | VAC |
| YF-VAX INJ | 1 | VAC |
| **LAXATIVES** | | |
| **LAXATIVE COMBINATIONS** | | |
| GAVILYTE-C POWDER FOR ORAL SOLN | 1 | |
| *gavilyte-g powder for oral soln* | 1 | |
| *gavilyte-n powder for oral soln* | 1 | |
| *peg 3350 powder for oral soln (100gm Moviprep equiv)* | 1 | |
| *peg 3350/electrolyte powder for oral soln* | 1 | |
| *peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln* | 1 | |
| *sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit* | 1 | |
| *sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit (480ml)* | 1 | |
| SUFLAVE ORAL SOLN PACK | 1 | |
| SUTAB 225-188-1479MG TAB | 1 | |
| **LAXATIVES - MISCELLANEOUS** | | |
| *constulose 10gm/15ml oral soln* | 1 | |
| *lactulose 667mg/ml oral soln* | 1 | |
| LINZESS 145MCG CAP | 1 | QL=30 EA/30 Days |
| LINZESS 290MCG CAP | 1 | QL=30 EA/30 Days |
| LINZESS 72MCG CAP | 1 | QL=30 EA/30 Days |
| *lubiprostone 24mcg cap* | 1 | QL=60 EA/30 Days |
| *lubiprostone 8mcg cap* | 1 | QL=60 EA/30 Days |
| MOVANTIK 12.5MG TAB | 1 | QL=30 EA/30 Days |
| MOVANTIK 25MG TAB | 1 | QL=30 EA/30 Days |
| TRULANCE 3MG TAB | 1 | QL=30 EA/30 Days |
| **MEDICAL DEVICES AND SUPPLIES** | | |
| **PARENTERAL THERAPY SUPPLIES** | | |
| ALCOHOL SWAB 1X1 (DIABETIC) | 1 | |
| GAUZE PAD (2 X 2) | 1 | |
| INSULIN PEN NEEDLE | 1 | |
| INSULIN SYRINGE | 1 | |
| INSULIN SYRINGE (DISP) U-100 0.3ML | 1 | |
| INSULIN SYRINGE (DISP) U-100 1/2ML | 1 | |
| INSULIN SYRINGE (DISP) U-100 1ML | 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 |
|---|---|---|
| **MIGRAINE PRODUCTS** | | |
| **MIGRAINE PRODUCTS** | | |
| AIMOVIG 140MG/ML AUTO-INJECTOR | 1 | PA QL=1 ML/30 Days |
| AIMOVIG 70MG/ML AUTO-INJECTOR | 1 | PA QL=1 ML/30 Days |
| *dihydroergotamine mesylate 0.5mg/act nasal inhaler* | 1 | PA QL=16 ML/30 Days |
| EMGALITY 100MG/ML SYRINGE | 1 | PA QL=3 ML/30 Days |
| EMGALITY 120MG/ML AUTO-INJECTOR | 1 | PA QL=2 ML/30 Days |
| EMGALITY 120MG/ML SYRINGE | 1 | PA QL=2 ML/30 Days |
| UBRELVY 100MG TAB | 1 | PA QL=16 EA/30 Days |
| UBRELVY 50MG TAB | 1 | PA QL=16 EA/30 Days |
| ZAVZPRET 10MG/ACT NASAL SPRAY | 1 | PA QL=6 EA/30 Days |
| **SEROTONIN AGONISTS** | | |
| *naratriptan 1mg tab* | 1 | QL=18 EA/30 Days |
| *naratriptan 2.5mg tab* | 1 | QL=18 EA/30 Days |
| *rizatriptan 10mg odt* | 1 | QL=36 EA/60 Days |
| *rizatriptan 10mg tab* | 1 | QL=36 EA/60 Days |
| *rizatriptan 5mg odt* | 1 | QL=36 EA/60 Days |
| *rizatriptan 5mg tab* | 1 | QL=36 EA/60 Days |
| *sumatriptan 100mg tab* | 1 | QL=18 EA/30 Days |
| *sumatriptan 20mg/act nasal spray* | 1 | QL=12 EA/30 Days |
| *sumatriptan 25mg tab* | 1 | QL=18 EA/30 Days |
| *sumatriptan 4mg/0.5ml cartridge* | 1 | QL=5 ML/30 Days |
| *sumatriptan 50mg tab* | 1 | QL=18 EA/30 Days |
| *sumatriptan 5mg/act nasal spray* | 1 | QL=12 EA/30 Days |
| *sumatriptan 6mg/0.5ml auto-injector* | 1 | QL=5 ML/30 Days |
| *sumatriptan 6mg/0.5ml cartridge* | 1 | QL=5 ML/30 Days |
| *sumatriptan 6mg/0.5ml inj* | 1 | QL=5 ML/30 Days |
| *zolmitriptan 2.5mg tab* | 1 | QL=18 EA/30 Days |
| *zolmitriptan 5mg tab* | 1 | QL=18 EA/30 Days |
| **MISCELLANEOUS THERAPEUTIC CLASSES** | | |
| **CHELATING AGENTS** | | |
| *deferasirox 180mg tab* | 1 | PA |
| *deferasirox 360mg tab* | 1 | PA |
| *deferasirox 90mg tab* | 1 | PA |
| *penicillamine 250mg tab* | 1 | NDS |
| *trientine 250mg cap* | 1 | PA QL=240 EA/30 Days |
| **IMMUNOMODULATORS** | | |
| *lenalidomide 10mg cap* | 1 | NDS PA_NSO QL=28 EA/28 Days |
| *lenalidomide 15mg cap* | 1 | NDS PA_NSO QL=28 EA/28 Days |
| *lenalidomide 2.5mg cap* | 1 | NDS PA_NSO QL=28 EA/28 Days |
| *lenalidomide 20mg cap* | 1 | NDS PA_NSO QL=28 EA/28 Days |
| *lenalidomide 25mg cap* | 1 | NDS PA_NSO QL=28 EA/28 Days |
| *lenalidomide 5mg cap* | 1 | NDS PA_NSO QL=28 EA/28 Days |
| REZUROCK 200MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| THALOMID 100MG CAP | 1 | NDS QL=120 EA/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 |
|---|---|---|
| THALOMID 50MG CAP | 1 | NDS QL=240 EA/30 Days |
| **IMMUNOSUPPRESSIVE AGENTS** | | |
| ARCALYST 220MG INJ | 1 | NDS PA |
| *azathioprine 50mg tab* | 1 | PA_BvD |
| BENLYSTA 200MG/ML AUTO-INJECTOR | 1 | NDS PA QL=4 ML/28 Days |
| BENLYSTA 200MG/ML SYRINGE | 1 | NDS PA QL=4 ML/28 Days |
| *cyclosporine 100mg cap* | 1 | PA_BvD |
| *cyclosporine 25mg cap* | 1 | PA_BvD |
| *cyclosporine modified 100mg cap* | 1 | PA_BvD |
| *cyclosporine modified 100mg/ml oral soln* | 1 | PA_BvD |
| *cyclosporine modified 25mg cap* | 1 | PA_BvD |
| *cyclosporine modified 50mg cap* | 1 | PA_BvD |
| ENVARSUS XR 0.75MG TAB | 1 | PA_BvD |
| ENVARSUS XR 1MG TAB | 1 | PA_BvD |
| ENVARSUS XR 4MG TAB | 1 | PA_BvD |
| *everolimus 0.25mg tab* | 1 | PA_BvD QL=60 EA/30 Days |
| *everolimus 0.5mg tab* | 1 | PA_BvD QL=120 EA/30 Days |
| *everolimus 0.75mg tab* | 1 | PA_BvD QL=60 EA/30 Days |
| *everolimus 1mg tab* | 1 | PA_BvD QL=60 EA/30 Days |
| *mycophenolate mofetil 200mg/ml oral susp* | 1 | PA_BvD |
| *mycophenolate mofetil 250mg cap* | 1 | PA_BvD |
| *mycophenolate mofetil 500mg tab* | 1 | PA_BvD |
| *mycophenolic acid 180mg dr tab* | 1 | PA_BvD |
| *mycophenolic acid 360mg dr tab* | 1 | PA_BvD |
| ORENCIA 125MG/ML AUTO-INJECTOR | 1 | NDS PA QL=4 ML/28 Days |
| ORENCIA 125MG/ML SYRINGE | 1 | NDS PA QL=4 ML/28 Days |
| ORENCIA 50MG/0.4ML SYRINGE | 1 | NDS PA QL=1.60 ML/28 Days |
| ORENCIA 87.5MG/0.7ML SYRINGE | 1 | NDS PA QL=2.80 ML/28 Days |
| PROGRAF 0.2MG GRANULES FOR ORAL SUSP | 1 | PA_BvD |
| PROGRAF 1MG GRANULES FOR ORAL SUSP | 1 | PA_BvD |
| *sirolimus 0.5mg tab* | 1 | PA_BvD |
| *sirolimus 1mg tab* | 1 | PA_BvD |
| *sirolimus 1mg/ml oral soln* | 1 | PA_BvD |
| *sirolimus 2mg tab* | 1 | PA_BvD |
| *tacrolimus 0.5mg cap* | 1 | PA_BvD |
| *tacrolimus 1mg cap* | 1 | PA_BvD |
| *tacrolimus 5mg cap* | 1 | PA_BvD |
| TYENNE 162MG/0.9ML AUTO-INJECTOR | 1 | NDS PA QL=3.60 ML/28 Days |
| TYENNE 162MG/0.9ML SYRINGE | 1 | NDS PA QL=3.60 ML/28 Days |
| **POTASSIUM REMOVING AGENTS** | | |
| *kionex 15gm/60ml oral susp* | 1 | |
| LOKELMA 10GM POWDER FOR ORAL SUSP | 1 | QL=90 EA/30 Days |
| LOKELMA 5GM POWDER FOR ORAL SUSP | 1 | QL=30 EA/30 Days |
| *sodium polystyrene sulfonate 15000mg powder for oral susp* | 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 |
|---|---|---|
| *sps 15gm/60ml oral susp* | 1 | |
| VELTASSA 16.8GM POWDER FOR ORAL SUSP | 1 | QL=30 EA/30 Days |
| VELTASSA 1GM POWDER FOR ORAL SUSP | 1 | QL=120 EA/30 Days |
| VELTASSA 25.2GM POWDER FOR ORAL SUSP | 1 | QL=30 EA/30 Days |
| VELTASSA 8.4GM POWDER FOR ORAL SUSP | 1 | QL=30 EA/30 Days |
| **NASAL AGENTS - SYSTEMIC AND TOPICAL** | | |
| **NASAL ANTIALLERGY** | | |
| *azelastine 0.1% (137mcg/act) nasal inhaler* | 1 | QL=60 ML/30 Days |
| *flunisolide 25% (25mcg/act) nasal inhaler* | 1 | QL=50 ML/30 Days |
| *fluticasone propionate 50mcg/act nasal inhaler* | 1 | QL=32 GM/30 Days |
| *ipratropium bromide 0.03% (0.021mg/act) nasal inhaler* | 1 | QL=30 ML/30 Days |
| *ipratropium bromide 0.06% (0.042mg/act) nasal inhaler* | 1 | QL=45 ML/30 Days |
| *olopatadine 0.6% (0.665mg/act) nasal inhaler* | 1 | QL=30.50 GM/30 Days |
| **NUTRIENTS** | | |
| **MISC. NUTRITIONAL SUBSTANCES** | | |
| CLINIMIX 4.25/10 INJ | 1 | PA_BvD |
| CLINIMIX 4.25/5 INJ | 1 | PA_BvD |
| CLINIMIX 5/15 INJ | 1 | PA_BvD |
| CLINIMIX 5/20 INJ | 1 | PA_BvD |
| *clinisol 15% inj* | 1 | PA_BvD |
| DEXTROSE 10% INJ | 1 | PA_BvD |
| *electrolyte-148 inj* | 1 | |
| GLUCOSE 100MG/ML/SODIUM CHLORIDE 2MG/ML INJ | 1 | PA_BvD |
| GLUCOSE 100MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ | 1 | PA_BvD |
| *glucose 50mg/ml inj* | 1 | |
| *glucose 50mg/ml/potassium chloride 0.01meq/ml/sodium chloride 4.5mg/ml inj* | 1 | |
| *glucose 50mg/ml/potassium chloride 0.02meq/ml inj* | 1 | |
| *glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 2.25mg/ml inj* | 1 | |
| *glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 4.5mg/ml inj* | 1 | |
| *glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 9mg/ml inj* | 1 | |
| *glucose 50mg/ml/potassium chloride 0.03meq/ml/sodium chloride 4.5mg/ml inj* | 1 | |
| *glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 4.5mg/ml inj* | 1 | |
| *glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 9mg/ml inj* | 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 |
|---|---|---|
| GLUCOSE 50MG/ML/SODIUM CHLORIDE 2MG/ML INJ | 1 | |
| GLUCOSE 50MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ | 1 | |
| *glucose 50mg/ml/sodium chloride 9mg/ml inj* | 1 | |
| GLUCOSE/SODIUM CHLORIDE 25MG/ML-4.5MG/ML INJ | 1 | |
| KCL/D5W/LR INJ 0.15% | 1 | |
| *kcl/nacl 20meq-0.45% inj* | 1 | |
| *kcl/nacl 20meq-0.9% inj* | 1 | |
| *kcl/nacl 40meq-9% inj* | 1 | |
| *klor-con 10meq er tab* | 1 | |
| *klor-con 10meq micro er tab* | 1 | |
| *klor-con 15meq micro er tab* | 1 | |
| *klor-con 20meq micro er tab* | 1 | |
| *klor-con 20meq powder for oral soln* | 1 | |
| KLOR-CON 8MEQ ER TAB | 1 | |
| *magnesium sulfate 500mg/ml inj* | 1 | |
| *magnesium sulfate 500mg/ml syringe* | 1 | |
| *plenamine 15% inj* | 1 | PA_BvD |
| *potassium chloride 1.33meq/ml oral soln* | 1 | |
| *potassium chloride 10meq er cap* | 1 | |
| *potassium chloride 10meq er tab* | 1 | |
| *potassium chloride 10meq micro er tab* | 1 | |
| POTASSIUM CHLORIDE 10MEQ/100ML INJ | 1 | |
| POTASSIUM CHLORIDE 15MEQ ER TAB | 1 | |
| *potassium chloride 15meq micro er tab* | 1 | |
| *potassium chloride 2.67meq/ml oral soln* | 1 | |
| *potassium chloride 20meq er tab* | 1 | |
| *potassium chloride 20meq micro er tab* | 1 | |
| *potassium chloride 20meq powder for oral soln* | 1 | |
| POTASSIUM CHLORIDE 20MEQ/100ML INJ | 1 | |
| *potassium chloride 2meq/ml (20ml) inj* | 1 | |
| *potassium chloride 2meq/ml inj* | 1 | |
| POTASSIUM CHLORIDE 40MEQ/100ML INJ | 1 | |
| *potassium chloride 8meq er cap* | 1 | |
| *potassium chloride 8meq er tab* | 1 | |
| PROSOL 20% INJ | 1 | PA_BvD |
| *sodium chloride 0.45% inj* | 1 | |
| *sodium chloride 0.9% inj* | 1 | |
| *sodium chloride 3% inj* | 1 | |
| *sodium chloride 50mg/ml inj* | 1 | |
| TPN ELECTROLYTES INJ | 1 | PA_BvD |
| TRAVASOL 10% INJ | 1 | PA_BvD |
| **OPHTHALMIC 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 |
|---|---|---|
| **BETA-BLOCKERS - OPHTHALMIC** | | |
| BETAXOLOL 0.5% OPHTH SOLN | 1 | |
| *brimonidine tartrate/timolol 0.2-0.5% ophth soln* | 1 | |
| CARTEOLOL 1% OPHTH SOLN | 1 | |
| *dorzolamide/timolol 22.3-6.8mg/ml ophth soln* | 1 | |
| LEVOBUNOLOL 0.5% OPHTH SOLN | 1 | |
| *timolol 0.25% ophth gel* | 1 | |
| *timolol 0.25% ophth soln* | 1 | |
| *timolol 0.5% ophth gel* | 1 | |
| *timolol 0.5% ophth soln* | 1 | |
| **OPHTHALMIC ADRENERGIC AGENTS** | | |
| APRACLONIDINE 0.5% OPHTH SOLN | 1 | |
| *brimonidine tartrate 0.1% ophth soln* | 1 | |
| *brimonidine tartrate 0.15% ophth soln* | 1 | |
| *brimonidine tartrate 0.2% ophth soln* | 1 | |
| SIMBRINZA 0.2-1% OPHTH SUSP | 1 | QL=16 ML/30 Days |
| **OPHTHALMIC ANTI-INFECTIVES** | | |
| BACITRACIN 500UNIT/GM OPHTH OINTMENT | 1 | |
| *bacitracin/polymyxin b 0.5-10unit/mg ophth ointment* | 1 | QL=7 GM/7 Days |
| *ciprofloxacin 0.3% ophth soln* | 1 | QL=30 ML/30 Days |
| *erythromycin 0.5% ophth ointment* | 1 | QL=7 GM/7 Days |
| *gentamicin 0.3% ophth soln* | 1 | QL=10 ML/7 Days |
| *moxifloxacin 0.5% ophth soln* | 1 | QL=6 ML/7 Days |
| NATACYN 5% OPHTH SUSP | 1 | QL=15 ML/7 Days |
| *neo-polycin 5mg-400unit-10000unit ophth ointment* | 1 | QL=7 GM/7 Days |
| *neomycin/bacitracin/polymyxin 5mg-400unit-10000unit ophth ointment* | 1 | QL=7 GM/7 Days |
| NEOMYCIN/POLYMYXIN B/GRAMICIDIN 1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN | 1 | QL=10 ML/7 Days |
| *ofloxacin 0.3% ophth soln* | 1 | QL=60 ML/30 Days |
| *polycin 0.5-10unit/mg ophth ointment* | 1 | QL=7 GM/7 Days |
| *polymyxin b/trimethoprim 10000 unit/ml-0.1% ophth soln* | 1 | QL=10 ML/7 Days |
| SULFACETAMIDE SODIUM 10% OPHTH SOLN | 1 | QL=15 ML/7 Days |
| *tobramycin 0.3% ophth soln* | 1 | QL=30 ML/30 Days |
| TRIFLURIDINE 1% OPHTH SOLN | 1 | QL=15 ML/7 Days |
| XDEMVY 0.25% OPHTH SOLN | 1 | PA QL=10 ML/42 Days |
| **OPHTHALMIC KINASE INHIBITORS** | | |
| RHOPRESSA 0.02% OPHTH SOLN | 1 | QL=5 ML/30 Days |
| ROCKLATAN 0.02-0.005% OPHTH SOLN | 1 | QL=5 ML/30 Days |
| **OPHTHALMIC STEROIDS** | | |
| DEXAMETHASONE PHOSPHATE 0.1% OPHTH SOLN | 1 | |
| *dexamethasone/neomycin/polymyxin b 0.1% ophth ointment* | 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 |
|---|---|---|
| *dexamethasone/tobramycin 0.3-0.1% ophth susp* | 1 | |
| *difluprednate 0.05% ophth susp* | 1 | |
| *fluorometholone 0.1% ophth susp* | 1 | |
| *loteprednol etabonate 0.5% ophth gel* | 1 | |
| *loteprednol etabonate 0.5% ophth susp* | 1 | |
| *neo-polycin hc ophth ointment* | 1 | |
| *neomycin/polymyxin/bacitracin/hydrocortisone 1% ophth ointment* | 1 | |
| *neomycin/polymyxin/dexamethasone 0.1% ophth susp* | 1 | |
| PREDNISOLONE 1% OPHTH SOLN | 1 | |
| *prednisolone acetate 1% ophth susp* | 1 | |
| SULFACETAMIDE/PREDNISOLONE 10-0.25% OPHTH SOLN | 1 | |
| **OPHTHALMICS - MISC.** | | |
| *atropine sulfate 1% ophth soln* | 1 | |
| *azelastine 0.05% ophth soln* | 1 | |
| CROMOLYN SODIUM 4% OPHTH SOLN | 1 | |
| *cyclosporine 0.05% ophth susp* | 1 | QL=60 EA/30 Days |
| CYSTADROPS 0.37% OPHTH SOLN | 1 | NDS PA QL=20 ML/28 Days |
| *diclofenac sodium 0.1% ophth soln* | 1 | QL=20 ML/365 Days |
| *dorzolamide 2% ophth soln* | 1 | |
| FLURBIPROFEN SODIUM 0.03% OPHTH SOLN | 1 | |
| *ketorolac tromethamine 0.4% ophth soln* | 1 | QL=20 ML/365 Days |
| *ketorolac tromethamine 0.5% ophth soln* | 1 | |
| MIEBO 1.338GM/ML OPHTH SOLN | 1 | QL=3 ML/30 Days |
| *pilocarpine 1% ophth soln* | 1 | |
| *pilocarpine 2% ophth soln* | 1 | |
| *pilocarpine 4% ophth soln* | 1 | |
| XIIDRA 5% OPHTH SOLN | 1 | QL=60 EA/30 Days |
| **PROSTAGLANDINS - OPHTHALMIC** | | |
| *bimatoprost 0.03% ophth soln* | 1 | QL=5 ML/30 Days |
| *latanoprost 0.005% ophth soln* | 1 | QL=5 ML/30 Days |
| LUMIGAN 0.01% OPHTH SOLN | 1 | QL=5 ML/30 Days |
| *travoprost 0.004% ophth soln* | 1 | QL=5 ML/30 Days |
| **OTIC AGENTS** | | |
| **OTIC AGENTS - MISCELLANEOUS** | | |
| *acetic acid 2% otic soln* | 1 | |
| *ciprofloxacin/dexamethasone 0.3-0.1% otic susp* | 1 | QL=7.50 ML/7 Days |
| *fluocinolone acetonide 0.01% otic soln* | 1 | |
| *neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic soln* | 1 | |
| *neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic susp* | 1 | |
| *ofloxacin 0.3% otic soln* | 1 | |
| **PENICILLINS** | | |

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 |
|---|---|---|
| **AMINOPENICILLINS** | | |
| AMOXICILLIN 125MG CHEW TAB | 1 | |
| *amoxicillin 250mg cap* | 1 | |
| AMOXICILLIN 250MG CHEW TAB | 1 | |
| *amoxicillin 25mg/ml oral susp* | 1 | |
| *amoxicillin 40mg/ml oral susp* | 1 | |
| *amoxicillin 500mg cap* | 1 | |
| *amoxicillin 500mg tab* | 1 | |
| *amoxicillin 50mg/ml oral susp* | 1 | |
| *amoxicillin 80mg/ml oral susp* | 1 | |
| *amoxicillin 875mg tab* | 1 | |
| *ampicillin 1000mg inj* | 1 | |
| *ampicillin 100mg/ml inj* | 1 | |
| *ampicillin 500mg cap* | 1 | |
| **NATURAL PENICILLINS** | | |
| BICILLIN L-A 1200000UNIT/2ML SYRINGE | 1 | |
| BICILLIN L-A 2400000UNIT/4ML SYRINGE | 1 | |
| BICILLIN L-A 600000UNIT/ML SYRINGE | 1 | |
| *penicillin g potassium 1000000unit/ml inj* | 1 | |
| PENICILLIN G SODIUM 100000UNIT/ML INJ | 1 | |
| *penicillin v potassium 250mg tab* | 1 | |
| PENICILLIN V POTASSIUM 25MG/ML ORAL SOLN | 1 | |
| *penicillin v potassium 500mg tab* | 1 | |
| PENICILLIN V POTASSIUM 50MG/ML ORAL SOLN | 1 | |
| **PENICILLIN COMBINATIONS** | | |
| *amoxicillin/clavulanate 250-125mg tab* | 1 | |
| *amoxicillin/clavulanate 500-125mg tab* | 1 | |
| *amoxicillin/clavulanate 875-125mg tab* | 1 | |
| *amoxicillin/k clavulanate 200-28.5mg/5ml oral susp* | 1 | |
| *amoxicillin/k clavulanate 250-62.5mg/5ml oral susp* | 1 | |
| *amoxicillin/k clavulanate 400-57mg/5ml oral susp* | 1 | |
| *amoxicillin/k clavulanate 600-42.9mg/5ml oral susp* | 1 | |
| *ampicillin/sulbactam 100-50mg/ml inj* | 1 | |
| *ampicillin/sulbactam 1000-500mg inj* | 1 | |
| *ampicillin/sulbactam 2000-1000mg inj* | 1 | |
| BICILLIN C-R 900000-300000UNIT/2ML SYRINGE | 1 | |
| *piperacillin/tazobactam 2000-250mg inj* | 1 | |
| *piperacillin/tazobactam 3000-375mg inj* | 1 | |
| *piperacillin/tazobactam 36-4.5gm inj* | 1 | |
| *piperacillin/tazobactam 4000-500mg inj* | 1 | |
| **PENICILLINASE-RESISTANT PENICILLINS** | | |
| *dicloxacillin 250mg cap* | 1 | |
| *dicloxacillin 500mg cap* | 1 | |
| *nafcillin 100mg/ml inj* | 1 | |
| *nafcillin 1gm inj* | 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 |
|---|---|---|
| *nafcillin 2gm inj* | 1 | |
| *oxacillin 100mg/ml inj* | 1 | |
| *oxacillin 1gm inj* | 1 | |
| *oxacillin 2gm inj* | 1 | |
| **PROGESTINS** | | |
| **PROGESTINS** | | |
| *camila 0.35mg tab 28-day pack* | 1 | |
| *deblitane 0.35mg tab 28-day pack* | 1 | |
| DEPO-SUBQ PROVERA 104MG/0.65ML SYRINGE | 1 | QL=.65 ML/84 Days |
| *errin 0.35mg tab 28-day pack* | 1 | |
| *gallifrey 5mg tab* | 1 | |
| *heather 0.35mg 28-day pack* | 1 | |
| *incassia 0.35mg tab 28-day pack* | 1 | |
| LILETTA 20.1MCG/DAY INTRAUTERINE SYSTEM | 1 | |
| *lyleq 0.35mg tab 28-day pack* | 1 | |
| *lyza 0.35mg tab 28-day pack* | 1 | |
| *medroxyprogesterone acetate 10mg tab* | 1 | |
| *medroxyprogesterone acetate 150mg/ml inj* | 1 | QL=1 ML/90 Days |
| *medroxyprogesterone acetate 150mg/ml syringe* | 1 | QL=1 ML/90 Days |
| *medroxyprogesterone acetate 2.5mg tab* | 1 | |
| *medroxyprogesterone acetate 5mg tab* | 1 | |
| MEGESTROL ACETATE 125MG/ML ORAL SUSP | 1 | PA |
| *meleya 0.35mg tab 28-day pack* | 1 | |
| NEXPLANON 68MG IMPLANT | 1 | |
| *nora-be 0.35mg tab 28-day pack* | 1 | |
| *norethindrone 0.35mg 28-day pack* | 1 | |
| *norethindrone acetate 5mg tab* | 1 | |
| *orquidea 0.35mg tab 28-day pack* | 1 | |
| *progesterone 100mg cap* | 1 | |
| *progesterone 200mg cap* | 1 | |
| *sharobel 0.35mg tab 28-day pack* | 1 | |
| **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.** | | |
| **AGENTS FOR CHEMICAL DEPENDENCY** | | |
| *acamprosate calcium 333mg dr tab* | 1 | |
| *disulfiram 250mg tab* | 1 | |
| **ANTIDEMENTIA AGENTS** | | |
| *donepezil 10mg odt* | 1 | QL=30 EA/30 Days |
| *donepezil 10mg tab* | 1 | |
| *donepezil 23mg tab* | 1 | QL=30 EA/30 Days |
| *donepezil 5mg odt* | 1 | QL=30 EA/30 Days |
| *donepezil 5mg tab* | 1 | |
| *galantamine 12mg tab* | 1 | QL=60 EA/30 Days |
| *galantamine 4mg tab* | 1 | QL=60 EA/30 Days |
| *galantamine 8mg tab* | 1 | QL=60 EA/30 Days |
| *galantamine hydrobromide 16mg er cap* | 1 | QL=30 EA/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 |
|---|---|---|
| *galantamine hydrobromide 24mg er cap* | 1 | QL=30 EA/30 Days |
| GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN | 1 | QL=200 ML/30 Days |
| *galantamine hydrobromide 8mg er cap* | 1 | QL=30 EA/30 Days |
| *memantine 10mg tab* | 1 | |
| *memantine 14mg er cap* | 1 | QL=30 EA/30 Days |
| *memantine 21mg er cap* | 1 | QL=30 EA/30 Days |
| *memantine 28mg er cap* | 1 | QL=30 EA/30 Days |
| *memantine 2mg/ml oral soln* | 1 | QL=300 ML/30 Days |
| *memantine 5mg tab* | 1 | |
| *memantine 7mg er cap* | 1 | QL=30 EA/30 Days |
| *rivastigmine 1.5mg cap* | 1 | QL=60 EA/30 Days |
| *rivastigmine 13.3mg/24hr patch* | 1 | QL=30 EA/30 Days |
| *rivastigmine 3mg cap* | 1 | QL=60 EA/30 Days |
| *rivastigmine 4.5mg cap* | 1 | QL=60 EA/30 Days |
| *rivastigmine 4.6mg/24hr patch* | 1 | QL=30 EA/30 Days |
| *rivastigmine 6mg cap* | 1 | QL=60 EA/30 Days |
| *rivastigmine 9.5mg/24hr patch* | 1 | QL=30 EA/30 Days |
| **MOVEMENT DISORDER DRUG THERAPY** | | |
| AUSTEDO 12MG TAB | 1 | NDS PA QL=120 EA/30 Days |
| AUSTEDO 30MG ER TAB | 1 | NDS PA QL=30 EA/30 Days |
| AUSTEDO 36MG ER TAB | 1 | NDS PA QL=30 EA/30 Days |
| AUSTEDO 42MG ER TAB | 1 | NDS PA QL=30 EA/30 Days |
| AUSTEDO 48MG ER TAB | 1 | NDS PA QL=30 EA/30 Days |
| AUSTEDO 6MG TAB | 1 | NDS PA QL=120 EA/30 Days |
| AUSTEDO 9MG TAB | 1 | NDS PA QL=120 EA/30 Days |
| AUSTEDO XR 12MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| AUSTEDO XR 18MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| AUSTEDO XR 24MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| AUSTEDO XR 6MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATIO PACK (28) | 1 | NDS PA QL=28 EA/28 Days |
| INGREZZA 40MG CAP | 1 | NDS PA QL=30 EA/30 Days |
| INGREZZA 40MG SPRINKLE CAP | 1 | NDS PA QL=30 EA/30 Days |
| INGREZZA 60MG CAP | 1 | NDS PA QL=30 EA/30 Days |
| INGREZZA 60MG SPRINKLE CAP | 1 | NDS PA QL=30 EA/30 Days |
| INGREZZA 80MG CAP | 1 | NDS PA QL=30 EA/30 Days |
| INGREZZA 80MG SPRINKLE CAP | 1 | NDS PA QL=30 EA/30 Days |
| INGREZZA CAP THERAPY PACK (28) | 1 | NDS PA QL=28 EA/28 Days |
| *tetrabenazine 12.5mg tab* | 1 | QL=90 EA/30 Days |
| *tetrabenazine 25mg tab* | 1 | QL=120 EA/30 Days |
| **MULTIPLE SCLEROSIS AGENTS** | | |
| AVONEX 30MCG/0.5ML AUTO-INJECTOR | 1 | NDS QL=1 EA/28 Days |
| AVONEX 30MCG/0.5ML SYRINGE | 1 | NDS QL=1 EA/28 Days |
| BETASERON 0.3MG INJ | 1 | NDS QL=14 EA/28 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 |
|---|---|---|
| *dalfampridine 10mg er tab* | 1 | QL=60 EA/30 Days |
| *dimethyl fumarate 120mg dr cap* | 1 | QL=14 EA/7 Days |
| *dimethyl fumarate 120mg/240mg cap starter pack (60)* | 1 | QL=60 EA/180 Days |
| *dimethyl fumarate 240mg dr cap* | 1 | QL=60 EA/30 Days |
| *fingolimod 0.5mg cap* | 1 | QL=30 EA/30 Days |
| *glatiramer acetate 20mg/ml syringe* | 1 | QL=30 ML/30 Days |
| *glatiramer acetate 40mg/ml syringe* | 1 | QL=12 ML/28 Days |
| *glatopa 20mg/ml syringe* | 1 | QL=30 ML/30 Days |
| *glatopa 40mg/ml syringe* | 1 | QL=12 ML/28 Days |
| KESIMPTA 20MG/0.4ML PEN INJ | 1 | NDS QL=1.20 ML/28 Days |
| MAYZENT 0.25MG TAB | 1 | NDS QL=112 EA/28 Days |
| MAYZENT 1MG TAB | 1 | NDS QL=30 EA/30 Days |
| MAYZENT 2MG TAB | 1 | NDS QL=30 EA/30 Days |
| MAYZENT TAB STARTER PACK (12) | 1 | NDS QL=12 EA/28 Days |
| MAYZENT TAB STARTER PACK (7) | 1 | QL=7 EA/28 Days |
| PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR | 1 | NDS QL=1 ML/28 Days |
| PLEGRIDY 125MCG/0.5ML SYRINGE | 1 | NDS QL=1 ML/28 Days |
| *teriflunomide 14mg tab* | 1 | QL=30 EA/30 Days |
| *teriflunomide 7mg tab* | 1 | QL=30 EA/30 Days |
| **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.** | | |
| NUEDEXTA 20-10MG CAP | 1 | PA QL=60 EA/30 Days |
| PIMOZIDE 1MG TAB | 1 | |
| PIMOZIDE 2MG TAB | 1 | |
| **SMOKING DETERRENTS** | | |
| *bupropion 150mg sr (12hr) tab* | 1 | |
| NICOTROL 10MG/ML NASAL INHALER | 1 | |
| *varenicline 0.5mg tab* | 1 | QL=56 EA/28 Days |
| *varenicline 0.5mg/1mg first month pack (53)* | 1 | QL=53 EA/28 Days |
| *varenicline 1mg tab* | 1 | QL=56 EA/28 Days |
| *varenicline 1mg tab pack (56)* | 1 | QL=56 EA/28 Days |
| **RESPIRATORY TRACT AGENTS** | | |
| **ANTIHISTAMINES** | | |
| *cyproheptadine 0.4mg/ml oral soln* | 1 | |
| *cyproheptadine 4mg tab* | 1 | |
| *desloratadine 5mg tab* | 1 | |
| *levocetirizine 5mg tab* | 1 | |
| *promethazine 1.25mg/ml oral soln* | 1 | |
| *promethazine 12.5mg rectal supp* | 1 | |
| *promethazine 12.5mg tab* | 1 | |
| *promethazine 25mg rectal supp* | 1 | |
| *promethazine 25mg tab* | 1 | |
| *promethazine 50mg tab* | 1 | |
| *promethegan 25mg rectal supp* | 1 | |
| **PULMONARY ANTIHYPERTENSIVES** | | |
| ADEMPAS 0.5MG TAB | 1 | NDS PA QL=90 EA/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 |
|---|---|---|
| ADEMPAS 1.5MG TAB | 1 | NDS PA QL=90 EA/30 Days |
| ADEMPAS 1MG TAB | 1 | NDS PA QL=90 EA/30 Days |
| ADEMPAS 2.5MG TAB | 1 | NDS PA QL=90 EA/30 Days |
| ADEMPAS 2MG TAB | 1 | NDS PA QL=90 EA/30 Days |
| *alyq 20mg tab* | 1 | PA QL=60 EA/30 Days |
| *ambrisentan 10mg tab* | 1 | NDS PA QL=30 EA/30 Days |
| *ambrisentan 5mg tab* | 1 | NDS PA QL=30 EA/30 Days |
| *bosentan 125mg tab* | 1 | NDS PA QL=60 EA/30 Days |
| *bosentan 62.5mg tab* | 1 | NDS PA QL=60 EA/30 Days |
| OPSUMIT 10MG TAB | 1 | NDS PA QL=30 EA/30 Days |
| *sildenafil 20mg tab* | 1 | PA QL=360 EA/30 Days |
| *tadalafil 20mg tab* | 1 | PA QL=60 EA/30 Days |
| WINREVAIR 45MG INJ | 1 | NDS PA QL=1 EA/21 Days |
| WINREVAIR 45MG INJ (2 VIAL PACK) | 1 | NDS PA QL=1 EA/21 Days |
| WINREVAIR 60MG INJ | 1 | NDS PA QL=1 EA/21 Days |
| WINREVAIR 60MG INJ (2 VIAL PACK) | 1 | NDS PA QL=1 EA/21 Days |
| **RESPIRATORY TRACT AGENTS, OTHER** | | |
| *acetylcysteine 100mg/ml inh soln* | 1 | PA_BvD |
| *acetylcysteine 200mg/ml inh soln* | 1 | PA_BvD |
| ALYFTREK 10-50-125MG TAB | 1 | NDS PA QL=56 EA/28 Days |
| ALYFTREK 4-20-50MG TAB | 1 | NDS PA QL=84 EA/28 Days |
| CAYSTON 75MG/ML INH SOLN | 1 | PA QL=84 ML/56 Days |
| KALYDECO 13.4MG ORAL GRANULES | 1 | NDS PA QL=56 EA/28 Days |
| KALYDECO 150MG TAB | 1 | NDS PA QL=60 EA/30 Days |
| KALYDECO 25MG ORAL GRANULES | 1 | NDS PA QL=56 EA/28 Days |
| KALYDECO 5.8MG ORAL GRANULES | 1 | NDS PA QL=56 EA/28 Days |
| KALYDECO 50MG ORAL GRANULES | 1 | NDS PA QL=56 EA/28 Days |
| KALYDECO 75MG ORAL GRANULES | 1 | NDS PA QL=56 EA/28 Days |
| OFEV 100MG CAP | 1 | NDS PA QL=60 EA/30 Days |
| OFEV 150MG CAP | 1 | NDS PA QL=60 EA/30 Days |
| ORKAMBI 125-100MG ORAL GRANULES | 1 | NDS PA QL=56 EA/28 Days |
| ORKAMBI 125-100MG TAB | 1 | NDS PA QL=112 EA/28 Days |
| ORKAMBI 125-200MG TAB | 1 | NDS PA QL=112 EA/28 Days |
| ORKAMBI 188-150MG ORAL GRANULES | 1 | NDS PA QL=56 EA/28 Days |
| ORKAMBI 94-75MG ORAL GRANULES | 1 | NDS PA QL=56 EA/28 Days |
| *pirfenidone 267mg cap* | 1 | PA QL=270 EA/30 Days |
| *pirfenidone 267mg tab* | 1 | PA QL=270 EA/30 Days |
| *pirfenidone 801mg tab* | 1 | PA QL=90 EA/30 Days |
| PROLASTIN 1000MG INJ | 1 | NDS PA |
| PULMOZYME 1MG/ML INH SOLN | 1 | NDS PA_BvD QL=150 ML/30 Days |
| *roflumilast 0.5mg tab* | 1 | QL=30 EA/30 Days |
| *roflumilast 250mcg tab* | 1 | QL=28 EA/365 Days |
| SYMDEKO TAB 4-WEEK PACK (56) | 1 | NDS PA QL=56 EA/28 Days |
| SYMDEKO TAB 50-75MG/75MG PACK (56) | 1 | NDS PA QL=56 EA/28 Days |
| THEOPHYLLINE 100MG ER TAB | 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 |
|---|---|---|
| THEOPHYLLINE 200MG ER TAB | 1 | |
| *theophylline 300mg er tab* | 1 | |
| *theophylline 400mg er tab* | 1 | |
| *theophylline 450mg er tab* | 1 | |
| *theophylline 600mg er tab* | 1 | |
| TRIKAFTA 100-50-75MG/150MG TAB PACK (84) | 1 | NDS PA QL=84 EA/28 Days |
| TRIKAFTA 100-50-75MG/75MG ORAL GRANULES PACK (56) | 1 | NDS PA QL=56 EA/28 Days |
| TRIKAFTA 50-37.5-25MG/75MG TAB PACK (84) | 1 | NDS PA QL=84 EA/28 Days |
| TRIKAFTA 80-40-60MG/59.5MG ORAL GRANULES PACK (56) | 1 | NDS PA QL=56 EA/28 Days |
| **SLEEP DISORDER AGENTS** | | |
| **SLEEP DISORDERS, OTHER** | | |
| LUMRYZ 4.5GM GRANULES FOR ORAL SUSP | 1 | NDS PA QL=30 EA/30 Days |
| LUMRYZ 6GM GRANULES FOR ORAL SUSP | 1 | NDS PA QL=30 EA/30 Days |
| LUMRYZ 7.5GM GRANULES FOR ORAL SUSP | 1 | NDS PA QL=30 EA/30 Days |
| LUMRYZ 9GM GRANULES FOR ORAL SUSP | 1 | NDS PA QL=30 EA/30 Days |
| LUMRYZ GRANULES FOR ORAL SUSP 28-DAY STARTER PACK (28) | 1 | NDS PA QL=28 EA/28 Days |
| SODIUM OXYBATE 500MG/ML ORAL SOLN | 1 | NDS PA QL=540 ML/30 Days |
| SUNOSI 150MG TAB | 1 | PA QL=30 EA/30 Days |
| SUNOSI 75MG TAB | 1 | PA QL=30 EA/30 Days |
| **SULFONAMIDES** | | |
| **SULFONAMIDES** | | |
| *sulfadiazine 500mg tab* | 1 | |
| *sulfamethoxazole/trimethoprim 200-40mg/5ml oral susp* | 1 | |
| *sulfamethoxazole/trimethoprim 400-80mg tab* | 1 | |
| *sulfamethoxazole/trimethoprim 800-160mg tab* | 1 | |
| **TETRACYCLINES** | | |
| **TETRACYCLINES** | | |
| *demeclocycline 150mg tab* | 1 | |
| *demeclocycline 300mg tab* | 1 | |
| *doxy 100mg inj* | 1 | |
| *doxycycline hyclate 100mg cap* | 1 | |
| *doxycycline hyclate 100mg inj* | 1 | |
| *doxycycline hyclate 100mg tab* | 1 | |
| *doxycycline hyclate 20mg tab* | 1 | |
| *doxycycline hyclate 50mg cap* | 1 | |
| *doxycycline monohydrate 100mg cap* | 1 | |
| *doxycycline monohydrate 100mg tab* | 1 | |
| *doxycycline monohydrate 50mg cap* | 1 | |
| *doxycycline monohydrate 50mg tab* | 1 | |
| *doxycycline monohydrate 5mg/ml oral susp* | 1 | |
| *doxycycline monohydrate 75mg tab* | 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 |
|---|---|---|
| *minocycline 100mg cap* | 1 | |
| *minocycline 50mg cap* | 1 | |
| *minocycline 75mg cap* | 1 | |
| *tetracycline 250mg cap* | 1 | |
| *tetracycline 500mg cap* | 1 | |
| **THYROID AGENTS** | | |
| **ANTITHYROID AGENTS** | | |
| *methimazole 10mg tab* | 1 | |
| *methimazole 5mg tab* | 1 | |
| *propylthiouracil 50mg tab* | 1 | |
| **THYROID HORMONES** | | |
| *levothyroxine sodium 100mcg tab* | 1 | |
| *levothyroxine sodium 112mcg tab* | 1 | |
| *levothyroxine sodium 125mcg tab* | 1 | |
| *levothyroxine sodium 137mcg tab* | 1 | |
| *levothyroxine sodium 150mcg tab* | 1 | |
| *levothyroxine sodium 175mcg tab* | 1 | |
| *levothyroxine sodium 200mcg tab* | 1 | |
| *levothyroxine sodium 25mcg tab* | 1 | |
| *levothyroxine sodium 300mcg tab* | 1 | |
| *levothyroxine sodium 50mcg tab* | 1 | |
| *levothyroxine sodium 75mcg tab* | 1 | |
| *levothyroxine sodium 88mcg tab* | 1 | |
| *levoxyl 100mcg tab* | 1 | |
| *levoxyl 112mcg tab* | 1 | |
| *levoxyl 125mcg tab* | 1 | |
| *levoxyl 137mcg tab* | 1 | |
| *levoxyl 150mcg tab* | 1 | |
| *levoxyl 175mcg tab* | 1 | |
| *levoxyl 200mcg tab* | 1 | |
| *levoxyl 25mcg tab* | 1 | |
| *levoxyl 50mcg tab* | 1 | |
| *levoxyl 75mcg tab* | 1 | |
| *levoxyl 88mcg tab* | 1 | |
| *liothyronine sodium 25mcg tab* | 1 | |
| *liothyronine sodium 50mcg tab* | 1 | |
| *liothyronine sodium 5mcg tab* | 1 | |
| SYNTHROID 100MCG TAB | 1 | |
| SYNTHROID 112MCG TAB | 1 | |
| SYNTHROID 125MCG TAB | 1 | |
| SYNTHROID 137MCG TAB | 1 | |
| SYNTHROID 150MCG TAB | 1 | |
| SYNTHROID 175MCG TAB | 1 | |
| SYNTHROID 200MCG TAB | 1 | |
| SYNTHROID 25MCG TAB | 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 |
|---|---|---|
| SYNTHROID 300MCG TAB | 1 | |
| SYNTHROID 50MCG TAB | 1 | |
| SYNTHROID 75MCG TAB | 1 | |
| SYNTHROID 88MCG TAB | 1 | |
| **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS** | | |
| **ANTISPASMODICS** | | |
| *dicyclomine 10mg cap* | 1 | |
| *dicyclomine 20mg tab* | 1 | |
| *dicyclomine 2mg/ml oral soln* | 1 | |
| *glycopyrrolate 1mg tab* | 1 | |
| *glycopyrrolate 1mg/5ml oral soln* | 1 | |
| *glycopyrrolate 2mg tab* | 1 | |
| **H-2 ANTAGONISTS** | | |
| *cimetidine 200mg tab* | 1 | |
| *cimetidine 300mg tab* | 1 | |
| *cimetidine 400mg tab* | 1 | |
| *cimetidine 800mg tab* | 1 | |
| *famotidine 20mg tab* | 1 | |
| *famotidine 40mg tab* | 1 | |
| **MISC. ANTI-ULCER** | | |
| *misoprostol 100mcg tab* | 1 | |
| *misoprostol 200mcg tab* | 1 | |
| *sucralfate 1000mg tab* | 1 | |
| *sucralfate 100mg/ml oral susp* | 1 | |
| **PROTON PUMP INHIBITORS** | | |
| *esomeprazole 10mg granules for oral susp* | 1 | QL=30 EA/30 Days |
| *esomeprazole 20mg dr cap* | 1 | |
| *esomeprazole 20mg granules for oral susp* | 1 | QL=30 EA/30 Days |
| *esomeprazole 40mg dr cap* | 1 | |
| *esomeprazole 40mg granules for oral susp* | 1 | QL=60 EA/30 Days |
| *lansoprazole 15mg dr cap* | 1 | |
| *lansoprazole 30mg dr cap* | 1 | |
| *omeprazole 10mg dr cap* | 1 | |
| *omeprazole 20mg dr cap* | 1 | |
| *omeprazole 40mg dr cap* | 1 | |
| *pantoprazole 20mg dr tab* | 1 | |
| *pantoprazole 40mg dr tab* | 1 | |
| *rabeprazole sodium 20mg dr tab* | 1 | |
| **VAGINAL AND RELATED PRODUCTS** | | |
| **VAGINAL ANTI-INFECTIVES** | | |
| *clindamycin 2% vaginal cream* | 1 | |
| *metronidazole 0.75% vaginal gel* | 1 | |
| *terconazole 0.4% vaginal cream* | 1 | |
| *terconazole 0.8% vaginal cream* | 1 | |
| *terconazole 80mg vaginal insert* | 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 |
|---|---|---|
| **VAGINAL ESTROGENS** | | |
| *estradiol 0.01% vaginal cream* | 1 | |
| *estradiol 0.01mg vaginal insert* | 1 | |
| PREMARIN 0.625MG/GM VAGINAL CREAM | 1 | |
| *yuvafem 10mcg vaginal insert* | 1 | |

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2026 Contract Disclaimers:

American Health Advantage of Florida (HMO I-SNP), offered by American Health Plan of Florida, Inc, is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Florida (HMO I-SNP) depends on contract renewal.

Georgia Health Advantage (HMO I-SNP), offered by Georgia Assurance, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the Georgia Health Advantage (HMO I-SNP) depends on contract renewal.

Georgia Health Advantage Choice (HMO I-SNP), offered by Georgia Assurance, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in Georgia Health Advantage Choice (HMO I-SNP) depends on contract renewal.

Iowa Health Advantage (HMO I-SNP), offered by American Health Plan of Iowa, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in Iowa Health Advantage (HMO I-SNP) depends on contract renewal.

Iowa Health Advantage Choice (HMO I-SNP), offered by American Health Plan of Iowa, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the Iowa Health Advantage Choice (HMO I-SNP) depends on contract renewal.

American Health Advantage of Idaho (HMO I-SNP), offered by American Health Plan of Utah, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Idaho (HMO I-SNP) depends on contract renewal.

American Health Advantage of Indiana (HMO I-SNP), offered by American Health Plan of Indiana, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Indiana (HMO I-SNP) depends on contract renewal.

American Health Advantage of Louisiana (HMO I-SNP), offered by Dignity Care Corporation, is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Louisiana (HMO I-SNP) depends on contract renewal.

American Health Advantage of Missouri American Health Advantage of Missouri (HMO I-SNP), offered by American Health Plan of Missouri, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Missouri (HMO I-SNP) depends on contract renewal.

American Health Advantage of Missouri Choice (HMO I-SNP), offered by American Health Plan of Missouri, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Missouri Choice (HMO I-SNP) depends on contract renewal.

American Health Advantage of Mississippi (HMO I-SNP), offered by American Health Plan of Mississippi, Inc, is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Mississippi (HMO I-SNP) depends on contract renewal.

American Health Advantage of Oklahoma (HMO I-SNP), offered by Oklahoma Superior Select, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Oklahoma (HMO I-SNP) depends on contract renewal.

American Health Advantage of Pennsylvania (HMO I-SNP), offered by American Health Plan Of Pennsylvania, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Pennsylvania (HMO I-SNP) depends on contract renewal.

American Health Advantage of Tennessee (HMO I-SNP), offered by American Health Plan, Inc, is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Tennessee (HMO I-SNP) depends on contract renewal.

American Health Advantage of Texas (HMO I-SNP), offered by American Health Plan of Texas, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Texas (HMO I-SNP) depends on contract renewal.

American Health Advantage of Utah (HMO I-SNP), offered by American Health Plan of Utah, Inc., is a Health Maintenance Organization (HMO) with a Medicare contract. Enrollment in the American Health Advantage of Utah (HMO I-SNP) depends on contract renewal.

This formulary was updated on 10/01/2025. For more recent information or other questions, please contact Our Plan Member Services, at number below or, for TTY/ TDD:1-833-312-0046, hours of operation: October 1st through March 31st are 8:00 A.M to 8:00P.M., seven days a week; April 1st through September 30th are 8:00 A.M to 8:00 P.M., Monday through Friday, or Website below.

| Plan Name | Member Services | Website |
|---|---|---|
| American Health Advantage of Oklahoma (HMO I-SNP) | 866-583-4649 | OK.AmHealthPlans.com |
| American Health Advantage of Utah (HMO I-SNP) | 855-521-0627 | UT.AmHealthPlans.com |
| American Health Advantage of Idaho (HMO I-SNP) | 855-521-0627 | ID.AmHealthPlans.com |
| American Health Advantage of Missouri (HMO I-SNP) | 844-228-7934 | MO.AmHealthPlans.com |
| American Health Advantage of Missouri Choice (HMO I-SNP) | 844-228-7934 | MO.AmHealthPlans.com |
| American Health Advantage of Florida (HMO I-SNP) | 855-521-0626 | FL.AmHealthPlans.com |
| Iowa Health Advantage (HMO I-SNP) | 866-327-0523 | IowaHealthAdvantage.com |
| Iowa Health Advantage Choice (HMO I-SNP) | 866-327-0523 | IowaHealthAdvantage.com |
| American Health Advantage of Texas (HMO I-SNP) | 855-521-0628 | TX.AmHealthPlans.com |
| American Health Advantage of Tennessee (HMO I-SNP) | 844-321-1763 | TN.AmHealthPlans.com |
| Georgia Health Advantage (HMO I-SNP) | 844-917-0645 | GeorgiaHealthAdvantage.com |
| Georgia Health Advantage Choice (HMO I-SNP) | 844-917-0645 | GeorgiaHealthAdvantage.com |
| American Health Advantage of Louisiana (HMO I-SNP) | 866-266-6010 | LA.AmHealthPlans.com |
| American Health Advantage of Indiana (HMO I-SNP) | 844-657-0447 | IN.AmHealthPlans.com |
| American Health Advantage of Mississippi (HMO I-SNP) | 844-917-0642 | MS.AmHealthPlans.com |
| American Health Advantage of Pennsylvania (HMO I-SNP) | 855-239-1022 | PA.AmhealthPlans.com |