

CHIP Formulary

Pennsylvania's Children's Health Insurance Program
We Cover All Kids.

Geisinger

2027

List of covered drugs

Geisinger Health Plan

Pharmacy Department Internal
Mail Code 24-10
100 North Academy Avenue
Danville, PA 17822

CHIP Pharmacy Benefit

The CHIP Pharmacy benefit assigns each prescription medication to one of two different tiers, each representing a set copayment amount. The copay amount will depend on your prescription medication benefits. Additional medications, other than those included in this formulary, may be covered under the CHIP Pharmacy benefit. The definitions of the copay levels are listed below:

- Tier 1–Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2–Includes certain formulary brand name medications with no generic equivalent. Prior authorization may be necessary for medications in this tier.

The Plan maintains sole discretion of assigning medications to tiers and moving medications from one tier to another. Several factors are considered when assigning medications to tiers. These factors include but are not limited to:

- Availability of a generic equivalent
- Absolute cost of a medication
- Cost of the medication relative to other medications in the same therapeutic class
- Availability of over-the-counter alternatives
- Clinical and economic factors

Please note: A medication may change in tier status without notice due to changes in medication availability in the marketplace.

A few things you should remember when using this formulary and your prescription benefit:

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance or deductible when you receive the prescription.
- Coverage is for generic drugs when they have equivalent rating in the drug products list (Orange Book–U.S. Department of Health and Human Services).
- Some medications on the formulary require prior authorization which your provider may request through our Pharmacy Service Team at 844-866-8533.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team, except for those items listed as specific exclusions. Non-formulary medications not requiring prior authorization will be available at the highest copay level.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days

across all products (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes, lancets, and inhaler spacers are covered at Tier 2.
- Non-prescription (over-the-counter) medications are only covered if required by healthcare reform legislation or if the medication is part of the formulary.
- Note that if certain conditions are met some medications may be covered with no copay/coinsurance due to healthcare reform legislation. Please contact the pharmacy customer service team for more information.
- Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 1 copay level if the primary ingredient is generic or the Tier 2 copay level if the primary ingredient is brand. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.
- Medications listed on Tier 0 are covered at $0 copay.
- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization if more than a 5 day supply is required for a member under 18 years of age.

Using this formulary

- Medications are listed by therapeutic class within the table of contents. An alphabetical index of all medications can be found at the back of the formulary.
- The medication Tier is listed in the Drug Tier Column.
- Medication names with AL in the Requirements/Limits column have age limits.
- Medication names with QL in the Requirements/Limits column have quantity limits.
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by PA NSO in the Requirements/Limits column require prior authorization for new starts only.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column must be obtained from a network specialty vendor.
- This formulary is accurate as of January 1, 2027 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following publications: "Member Update" for members and "Healthcare Provider Update" for providers. The most up-to-date source for formulary information is the online formulary search available at www.geisinger.org/health-plan.
- **Restrictions in medication availability may result from use of a formulary.**

Please be aware that if you choose to obtain a non-formulary drug, you may be required to pay the full price of that drug. For information about your specific prescription drug benefits, please contact the Pharmacy Service Team at 844-866-8533.

Quantity Limits

- Quantity limits are listed in the Requirements/Limits Column.
- Note that non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied.
- If not listed above the maximum days supply for specialty vendor medications is 34 days or as otherwise defined in the prescription medication benefit documents.

Step Therapy

For details regarding step therapy requirements please contact the Pharmacy Service Team at 844-866-8533.

Specialty Vendor Drug Program

Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Service Team at 844-866-8533 for additional information on the program and a complete list of the medications included.

What is a medication formulary?

A medication formulary is a continually updated list of prescription medications. It represents the medications currently covered based upon the clinical judgment of the Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians. (The formulary is continually updated due to the high number of medications currently on the market, as well as the continuous introduction of new medications.) This committee thoroughly reviews medical literature to first determine which medications are likely to produce the best results for patients. Then, if two or more medications produce the same clinical results, elements like cost and ease of use are considered.

A well-developed formulary enhances quality of patient care by encouraging physicians to prescribe medications that are safe, effective, and likely to achieve the best possible outcome for the patient. When you use a formulary medication, it is considered a "covered" medication and you pay your particular co-pay or coinsurance for that medication.

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication or may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. Your request will be reviewed, including review of pertinent medical records, treatment and laboratory data. We respond to such requests within 24 hours of receiving all necessary information. If an exception is approved, you will be charged at the highest applicable copay level. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

Formulary exclusions

There are certain medications that your plan will not cover under any circumstance. These are called exclusions. Examples of exclusions include, but are not limited to, medications used for experimental, investigational or unproven medication therapies, medications used for weight loss and weight management, sexual dysfunction medications, and medications used for cosmetic purposes. Exclusions are subject to change so you should contact the Pharmacy Service Team when you are unsure whether a medication is covered.

Formulary development

When deciding whether or not a medication should be included in the formulary, the Pharmacy and Therapeutics Committee carefully considers each medication for coverage or non- coverage in order to ensure safety and effectiveness in the medications being prescribed. This information is then shared with participating providers for review and feedback. Based upon the gathered information and provider feedback, the Pharmacy and Therapeutics Committee will determine a medication's inclusion or exclusion in the formulary. For the specific criteria used to determine a medication's inclusion or exclusion in this formulary, please contact the Pharmacy Customer Service Team.

Health Care Reform: The Affordable Care Act (ACA) was signed into law on March 23, 2010. Under the ACA, the government created "provisions," or laws, that health insurers must adapt to, which change health benefits for consumers. These changes include the expansion of preventive services, including vaccinations, prescription drugs, and more. In accordance with the ACA requirements, and subject to any applicable limitations of your pharmacy plan, the following preventive medications will be covered with no cost-sharing under the prescription drug benefit:

- Aspirin Products – Low dose (81 mg) aspirin products as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives – For females.
- Breast Cancer Prevention – Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen for women who are at increased risk of breast cancer and at low risk for adverse medication effects.
- Folic Acid Supplements – Generic folic acid 0.4 mg and 0.8 mg tablets for all women who are planning or capable of pregnancy.
- Fluoride Supplements – Fluoride drops and chewable tablets starting at 6 months for children whose water supply is fluoride insufficient up to age 16 years for the prevention of dental caries.
- HIV pre-exposure prophylaxis – Apretude 600 mg/3 mL injection, Descovy 200 mg/25 mg tablet, emtricitabine/tenofovir 200 mg/300 mg tablet, Vocabria 30 mg tablet, and Yeztugo 463.5 mg/135 mL injection
- Smoking Cessation Products
- Vaccinations – Preventive vaccines are covered for $0 cost sharing based on appropriate age and Food and Drug Administration (FDA) approved uses.
- Vitamins – Generic over the counter vitamins.

Formulary, oral chemotherapy agents will have no cost sharing based on the Pennsylvania Oral Anticancer Treatment Access Law.

Please note: For details about how these medications may be covered under your specific plan please contact the Pharmacy Customer Service Team. A prescription is required to process any claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications. Over-the-counter preventive care medications or products may be submitted for reimbursement if purchased without a prescription.

What are generics?

When a company develops a new medication, it receives a patent that protects the medication company's right to be the only manufacturer of that medication for a certain period of time, which means that no generic can be manufactured. After that patent expires, other companies can then make the same medication and sell it in its generic form. The generic form of a medication has the same active ingredients, the same strength, and the same dosage as the brand name medication. The inactive ingredients (which provide texture, shape and color) may be different, which is why a generic typically looks different than its brand name counterpart. Generic medications are usually less expensive than brand name medications, but are just as safe and effective. This is because generic manufacturers have lower advertising costs and greater competition from other generic manufacturers. Additionally, the U.S. Food and Drug Administration regulates all pharmaceuticals, including generics, to assure quality, strength, purity and potency.

Your prescription medication coverage is a generic-based plan and, whenever possible, you should use a cost-effective generic medication.

Notes for Providers

Formulary review process: Medications selected for inclusion in the formulary are chosen in consideration of effectiveness, safety and overall value. Evaluation for formulary inclusion is based on formalized selection criteria to determine the most optimal benefit to members.

These criteria include but are not limited to:

- Medication name/dosage form
- Medication class/pharmacology
- FDA-approved indications
- Adverse reactions
- Clinical evidence of safety and efficacy
- Recommendations of national agencies and organizations
- Therapeutic equivalence
- Cost analysis

The criteria are reviewed by the Health Plan Pharmacy and Therapeutics Committee, which is comprised of pharmacists and participating physicians in active clinical practice from various specialties. The medication is then reviewed and evaluated by clinicians in particular specialties for additional feedback. The feedback is discussed by the Pharmacy and Therapeutics Committee prior to finalizing a decision on formulary status. To be included, the medication must offer a distinct advantage over existing formulary medications in the same therapeutic class. Specifically, the medication must demonstrate such attributes as:

- A distinct or unique therapeutic feature
- Greater efficacy, proven in clinical trials, over other medications in the same therapeutic category
- An improved dosing schedule, safety profile or cost-effectiveness over existing formulary medications

If there are comparable therapeutic agents, additional analysis may be considered. These factors include:

- Member satisfaction
- Cost analysis
- Contract terms and conditions
- Market share analysis
- Patent life assessment
- Utilization management
- Consumer advertising
- Per member per month costs

Generic substitution policy: The Health Plan prescription benefits are generically based. Generic substitution will occur for those medications included in the "Approved Medication Products with Therapeutic Equivalence Evaluations," also known as "The Orange Book," published by the U.S. Department of Health and Human Services. Generic medications, which have an equivalent rating by these standards, are generally provided under the member's prescription medication benefit. The Health Plan may also elect to include only one brand- name medication in the formulary even if the medication is marketed by more than one company, or if the brand name medication does not significantly differ from the generic medication.

Prior authorization: To promote the most appropriate utilization, select medications may require prior authorization by the Health Plan to be eligible for coverage under the member's prescription benefit. The Pharmacy and Therapeutics Committee determines prior authorization criteria. In order for a member to receive coverage for a medication requiring prior authorization, the prescribing physician must obtain prior authorization by contacting the Health Plan Pharmacy Department. Submission of medical documentation is required. Prior authorization can be requested:

- Online at ghp.promptpa.com
- By faxing a completed prior authorization form to 570-300-2122
- By mailing a completed prior authorization form to:
    - Attention Pharmacy Department 24-10
      100 North Academy Avenue
      Danville, PA 17822
- Prior authorization for certain medications can be initiated via phone by calling 844-866-8533

Step Therapy: Some medications may require that other medications be tried prior to or concomitantly with the requested medication. The pharmacy claims system looks for a record of the required medications and if they are not found, medical documentation must be submitted showing use of these medications or rationale for skipping the step therapy medications.

Non-formulary medications: The formulary is designed to meet most therapeutic needs of the population served by the Health Plan. Occasionally, because of allergy, therapeutic failure, or a specific diagnostic-related need, formulary medications may not meet the special needs of an individual member. In these special instances, the prescribing physician may make requests to the Health Plan Pharmacy Department for non-formulary or restricted medications. The prescribing physician will receive written documentation and/or a verbal response from the Health Plan Pharmacy Department regarding the request.

Formulary addition requests: Requests for changes or additions, comments, and suggestions for the formulary are welcome and can be made by written request to the Health Plan Pharmacy Department.

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Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Geisinger Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact **Geisinger Health Plan** at **800-447-4000**
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Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue,
Danville, PA 17822-3220
Phone: (866) 577-7733, PA Relay 711,
Fax: (570) 271-7225, or
Email: GHPCivilRights@thehealthplan.com

The Bureau of Equal Opportunity,
Room 223, Health and Welfare Building,
P.O. Box 2675,
Harrisburg, PA 17105-2675,
Phone: (717) 787-1127, TTY/PA Relay 711,
Fax: (717) 772-4366, or
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Geisinger Health Plan and the Bureau of Equal Opportunity are available to help you.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf , or by mail, phone or email at:

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

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 800-447-4000 (PA RELAY 711) or speak to your provider.

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January 1, 2025

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LEGEND

TIER	NAME	
0	$0	
1	Generics	
2	Brands	

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame. This could include a: per fill, daily, monthly, or yearly limitation.
PA	Prior Authorization Required	Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
PA-NSO	Prior Authorization - New Starts Only	If this drug is new to you, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
ST	Step Therapy	In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
AL	Age Limit	Our plan limits certain medications to members who meet minimum or maximum age requirements.
PN	Publishing Note	This drug has unique PA restrictions; This drug has unique restrictions.
SP	Specialty Drug	Specialty Vendor Medication Program
LA	Limited Access	Drugs that are only available at certain pharmacies
MDS	Max Days Supply Allowed	Max Days Supply Allowed

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Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine-dextroamphet er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h)	1	
amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	1	
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	1	
dextroamphetamine sulfate er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h)	1	
lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)	1	PA, QL (1 unit per 1 day)
ANALEPTICS		
caffeine citrate 60 mg/3ml solution	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap, 80 mg cap, 100 mg cap)	1	
clonidine hcl er 0.1 mg tab er 12h	1	
guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	1	
QELBREE 100 MG CAP ER 24H	2	PA, QL (1 unit per 1 day)
QELBREE 150 MG CAP ER 24H	2	PA, QL (2 units per 1 day)
QELBREE 200 MG CAP ER 24H	2	PA, QL (3 units per 1 day)
STIMULANTS - MISC.		
armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)	1	PA
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
dexmethylphenidate hcl er (5 mg cap er 24h, 10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 35 mg cap er 24h, 40 mg cap er 24h)	1	
methylphenidate (10 mg/9hr patch, 15 mg/9hr patch, 20 mg/9hr patch, 30 mg/9hr patch)	1	PA
methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl er (10 mg tab er, 18 mg tab er, 20 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)	1	
methylphenidate hcl er (cd) (10 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er, 60 mg cap er)	1	
methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)	1	
methylphenidate hcl er (la) 60 mg cap er 24h	1	PA
methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)	1	
modafinil (100 mg tab, 200 mg tab)	1	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin sulfate 500 mg tab	1	
tobramycin 300 mg/4ml nebu soln	1	PA, LA, QL (224 units per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
tobramycin 300 mg/5ml nebu soln	1	PA, LA, QL (280 units per 56 days), SP, MDS
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
AMJEVITA (40 MG/0.4ML SOLN A-INJ, 40 MG/0.4ML SOLN PRSYR)	2	QL (0.8 units per 28 days), PA-NSO, SP, MDS
AMJEVITA 10 MG/0.2ML SOLN PRSYR	2	QL (0.4 units per 28 days), PA-NSO, PN (28 days supply per fill), SP, MDS
AMJEVITA 20 MG/0.2ML SOLN PRSYR	2	QL (0.4 units per 28 days), PA-NSO, SP, MDS
AMJEVITA 80 MG/0.8ML SOLN A-INJ	2	QL (2.4 ml per 28 days), PA-NSO, SP, MDS
SIMPONI (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	QL (1 unit per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI (50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR)	2	QL (0.5 units per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA 50 MG/4ML SOLUTION	2	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ 15 MG TAB ER 24H	2	PA, QL (30 units per 30 days), SP, MDS
RINVOQ 30 MG TAB ER 24H	2	QL (30 units per 30 days), PA-NSO, SP, MDS
RINVOQ 45 MG TAB ER 24H	2	QL (28 units per 28 days), PA-NSO, SP, MDS
RINVOQ LQ 1 MG/ML SOLUTION	2	QL (360 units per 30 days), PA-NSO, SP, MDS
tofacitinib citrate (5 mg tab, 10 mg tab)	2	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
tofacitinib citrate 1 mg/ml solution	2	QL (300 ml per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
tofacitinib citrate er (11 mg tab er 24h, 22 mg tab er 24h)	2	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
XELJANZ 1 MG/ML SOLUTION	2	QL (300 ml per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
XELJANZ 10 MG TAB	2	QL (60 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
XELJANZ 5 MG TAB	2	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
XELJANZ XR 11 MG TAB ER 24H	2	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
XELJANZ XR 22 MG TAB ER 24H	2	QL (30 ea per 30 day(s)), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
INTERLEUKIN-1 BLOCKERS		
ARCALYST 220 MG RECON SOLN	2	PA, SP, MDS
INTERLEUKIN-6 RECEPTOR INHIBITORS		
TOFIDENCE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	2	QL (3.6 units per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYENNE (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
cataflam 50 mg tab	1	

Drug Name	Drug Tier	Requirements/Limits
celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)	1	
diclofenac potassium 50 mg tab	1	
diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)	1	
diclofenac sodium er 100 mg tab er 24h	1	
diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)	1	
ec-naproxen (375 mg tab dr, 500 mg tab dr)	1	
etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)	1	
etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)	1	
fenoprofen calcium 400 mg cap	1	
ibu (400 mg tab, 600 mg tab, 800 mg tab)	1	
ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)	1	
indomethacin (25 mg cap, 50 mg cap)	1	
indomethacin er 75 mg cap er	1	
ketorolac tromethamine 10 mg tab	1	QL (20 units per fill)
meloxicam (7.5 mg tab, 15 mg tab)	1	
nabumetone (500 mg tab, 750 mg tab)	1	
NALFON 400 MG CAP	1	
naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)	1	
naproxen dr 500 mg tab dr	1	
naproxen sodium (275 mg tab, 550 mg tab)	1	
oxaprozin 600 mg tab	1	
piroxicam (10 mg cap, 20 mg cap)	1	
relafen (500 mg tab, 750 mg tab)	1	
sulindac (150 mg tab, 200 mg tab)	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	2	QL (55 units per 180 days), PA-NSO, PN (28 DAY SUPPLY IN 180 DAYS), SP, MDS
OTEZLA 20 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
OTEZLA 30 MG TAB	2	QL (60 units per 30 days), PA-NSO, SP, MDS

Drug Name	Drug Tier	Requirements/Limits
OTEZLA 4 X 10 & 51 X20 MG TAB THPK	2	QL (55 units per 180 days), PA-NSO, PN (28 DAY SUPPLY IN 180 DAYS), SP, MDS
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	2	QL (41 units per 180 days), PA-NSO, PN (28 DAY SUPPLY IN 180 DAYS), SP, MDS
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide (10 mg tab, 20 mg tab)	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG/0.5ML SOLUTION	2	QL (8 units per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI 50 MG/ML SOLN CART	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac (butalbital-acetamin-caff) 50-325-40 mg tab	1	
butalbital-acetaminophen 50-325 mg tab	1	
butalbital-apap-caffeine 50-325-40 mg tab	1	
butalbital-aspirin-caffeine 50-325-40 mg cap	1	
SALICYLATES		
diflunisal 500 mg tab	1	
SALSALATE (500 MG TAB, 750 MG TAB)	2	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULFATE (15 MG TAB, 60 MG TAB)	2	
codeine sulfate 30 mg tab	1	
fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 37.5 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 62.5 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 87.5 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)	1	PA, MDS

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)	1	
levorphanol tartrate (2 mg tab, 3 mg tab)	1	
meperidine hcl 50 mg tab	1	
MEPERIDINE HCL 50 MG/5ML SOLUTION	2	
methadone hcl (5 mg tab, 10 mg tab)	1	
methadone hcl (5 mg/5ml solution, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)	1	PA
methadone hcl intensol 10 mg/ml conc	1	PA
methadose 40 mg tab sol	1	PA
morphine sulfate (10 mg/5ml solution, 15 mg tab, 20 mg/5ml solution, 30 mg tab)	1	
morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)	1	
morphine sulfate er (15 mg tab er, 60 mg tab er, 100 mg tab er, 200 mg tab er)	1	PA
morphine sulfate er 30 mg tab er	1	
oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)	1	
OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER)	2	PA
oxymorphone hcl (5 mg tab, 10 mg tab)	1	
tramadol hcl (50 mg tab, 100 mg tab)	1	
tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)	1	PA
xyvona (2 mg tab, 3 mg tab)	1	
OPIOID COMBINATIONS		
acetaminophen-codeine (120-12 mg/5ml solution, 300-15 mg tab, 300-30 mg tab, 300-30 mg/12.5ml solution, 300-60 mg tab)	1	
ascomp-codeine 50-325-40-30 mg cap	1	
butalbital-apap-caff-cod 50-325-40-30 mg cap	1	
butalbital-asa-caff-codeine 50-325-40-30 mg cap	1	
endocet (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab)	1	
hydrocodone-ibuprofen 7.5-200 mg tab	1	
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab, 7.5-325 mg tab, 10-325 mg tab)	1	
tramadol-acetaminophen 37.5-325 mg tab	1	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	2	QL (1.28 units per 28 days), MDS
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	2	QL (1.92 units per 28 days), MDS
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	2	QL (2.56 units per 28 days), MDS
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	2	QL (0.64 units per 28 days), MDS
BRIXADI 128 MG/0.36ML SOLN PRSYR	2	QL (0.36 units per 28 days), MDS
BRIXADI 64 MG/0.18ML SOLN PRSYR	2	QL (0.18 units per 28 days), MDS
BRIXADI 96 MG/0.27ML SOLN PRSYR	2	QL (0.27 units per 28 days), MDS
buprenorphine (5 mcg/hr patch wk, 7.5 mcg/hr patch wk, 10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk)	1	PA, QL (0.143 units per 1 day)
buprenorphine hcl (2 mg sl tab, 8 mg sl tab)	1	MDS
buprenorphine hcl-naloxone hcl (2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab, 12-3 mg film)	1	MDS
butorphanol tartrate 10 mg/ml solution	1	
pentazocine-naloxone hcl 50-0.5 mg tab	1	
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	2	QL (0.5 ml per 28 days), PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	2	QL (3 ml per 28 days), PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANDROGENS-ANABOLIC		
ANDROGENS		
AVEED 750 MG/3ML SOLUTION	2	PA, SP, MDS
danazol (50 mg cap, 100 mg cap, 200 mg cap)	1	

Drug Name	Drug Tier	Requirements/Limits
depo-testosterone (100 mg/ml solution, 200 mg/ml solution)	1	
testosterone (12.5 mg/act (1%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)	1	
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)	1	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
hydrocortisone 100 mg/60ml enema	1	
RECTAL COMBINATIONS		
HYDROCORT-PRAMOXINE (PERIANAL) 2.5-1 % CREAM	1	
LIDOCAINE-HYDROCORT (PERIANAL) 3-0.5 % CREAM	2	
LIDOCAINE-HYDROCORTISONE ACE (1-3 % KIT, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	2	
LIDOCAINE-HYDROCORTISONE ACE 2.8-0.55 % GEL	1	
LIDOCORT 3-0.5 % CREAM	2	
PROCTOFOAM HC 1-1 % FOAM	2	
RECTAL STEROIDS		
ANUCORT-HC 25 MG SUPPOS	2	
ANUSOL-HC 25 MG SUPPOS	2	
HEMMOREX-HC 25 MG SUPPOS	2	
HEMMOREX-HC 30 MG SUPPOS	1	
hydrocortisone (perianal) 2.5 % cream	1	
HYDROCORTISONE ACETATE 25 MG SUPPOS	2	
hydrocortisone acetate 30 mg suppos	1	
procto-med hc 2.5 % cream	1	
PROCTOCORT 30 MG SUPPOS	1	
proctosol hc 2.5 % cream	1	
proctozone-hc 2.5 % cream	1	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole 200 mg tab	1	QL (4 units per fill)

Drug Name	Drug Tier	Requirements/Limits
EMVERM 100 MG CHEW TAB	2	PA, QL (6 units per fill)
ivermectin 3 mg tab	1	PA, PN (PA REQUIRED FOR UNAPPROVED INDICATIONS), PN (PA not required if submitted with the following ICD-10 codes: B73, B78, B86), MDS
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole (250 mg tab, 500 mg tab)	1	
pentamidine isethionate 300 mg recon soln	1	
tinidazole (250 mg tab, 500 mg tab)	1	
trimethoprim 100 mg tab	1	
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)	1	
sulfatrim pediatric 200-40 mg/5ml suspension	1	
ANTIPROTOZOAL AGENTS		
atovaquone 750 mg/5ml suspension	1	
nitazoxanide 500 mg tab	1	
CYCLIC LIPOPEPTIDES		
daptomycin (350 mg recon soln, 500 mg recon soln)	1	MDS
GLYCOPEPTIDES		
KIMYRSA 1200 MG RECON SOLN	2	PA
vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)	1	
LEPROSTATICS		
dapsone (25 mg tab, 100 mg tab)	1	
LINCOSAMIDES		
clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin palmitate hcl 75 mg/5ml recon soln	1	
OXAZOLIDINONES		
linezolid 100 mg/5ml recon susp	1	PA
linezolid 600 mg tab	1	QL (2 units per 1 day), MDS
SIVEXTRO 200 MG TAB	2	PA, QL (6 units per 6 days), MDS
URINARY ANTI-INFECTIVES		
methenamine hippurate 1 gm tab	1	
METHENAMINE MANDELATE (0.5 GM TAB, 1 GM TAB)	2	
methenamine mandelate 1 gm tab	1	
nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)	1	
nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)	1	
nitrofurantoin monohyd macro 100 mg cap	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine er (500 mg tab er 12h, 1000 mg tab er 12h)	1	PA
NITRATES		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	1	
isosorbide mononitrate (10 mg tab, 20 mg tab)	1	
isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h)	1	
nitro-bid 2 % ointment	1	
nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr, 2 % ointment)	1	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab, 50 mg/25ml syrup)	1	
hydroxyzine pamoate (25 mg cap, 50 mg cap)	1	
meprobamate (200 mg tab, 400 mg tab)	1	
BENZODIAZEPINES		
alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)	1	
alprazolam er (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	1	
alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)	1	
chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)	1	
clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)	1	
diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)	1	
diazepam intensol 5 mg/ml conc	1	
lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)	1	
lorazepam intensol 2 mg/ml conc	1	
oxazepam (10 mg cap, 15 mg cap, 30 mg cap)	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate (100 mg cap, 150 mg cap)	1	
NORPACE CR 100 MG CAP ER 12H	2	QL (8 units per 1 day)
NORPACE CR 150 MG CAP ER 12H	2	QL (5 units per 1 day)
quinidine gluconate er 324 mg tab er	1	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	2	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	1	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
propafenone hcl er (225 mg cap er 12h, 325 mg cap er 12h, 425 mg cap er 12h)	1	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)	1	
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	1	
MULTAQ 400 MG TAB	2	
pacerone (100 mg tab, 200 mg tab, 400 mg tab)	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 20 mg/2ml nebu soln	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA 10 MG/0.5ML SOLN PRSYR	2	PA, QL (0.5 units per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA 30 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN 30 MG/ML SOLN A-INJ	2	PA, QL (1 unit per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 100 MG RECON SOLN	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	2	PA, QL (1 unit per 28 days), SP, MDS
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	2	PA, QL (1.91 units per 28 days), SP, MDS
TEZSPIRE 210 MG/1.91ML SOLN PRSYR	2	PA, QL (1.91 units per 28 days), SP, MDS
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA 17 MCG/ACT AERO SOLN	2	
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	2	
ipratropium bromide 0.02 % solution	1	
SPIRIVA HANDIHALER 18 MCG CAP	2	
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	2	

Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE MODULATORS		
montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)	1	
zafirlukast (10 mg tab, 20 mg tab)	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast 250 mcg tab	1	PA
roflumilast 500 mcg tab	1	QL (1 ea per 1 days)
STEROID INHALANTS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	2	
ASMANEX HFA 50 MCG/ACT AEROSOL	2	
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	1	
FLUTICASONE PROPIONATE DISKUS (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 250 MCG/ACT AER POW BA)	2	
fluticasone propionate hfa (44 mcg/act aerosol, 110 mcg/act aerosol, 220 mcg/act aerosol)	2	
PULMICORT FLEXHALER 90 MCG/ACT AER POW BA	2	
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	2	
SYMPATHOMIMETICS		
ADVAIR HFA (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	2	
albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln, 8 mg/20ml syrup)	1	
albuterol sulfate hfa 108 (90 base) mcg/act aero soln	1	
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	2	
arformoterol tartrate 15 mcg/2ml nebu soln	1	PA
BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	2	QL (2 units per 1 day)
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACT AEROSOL	2	QL (10.7 gm per 28 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	2	QL (10.7 units per 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
budesonide-formoterol fumarate (80-4.5 mcg/act aerosol, 160-4.5 mcg/act aerosol)	1	QL (1.02 units per 1 day)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	2	
DULERA (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	2	
fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	1	QL (2 units per 1 day)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	2	QL (1 unit per 30 days)
formoterol fumarate 20 mcg/2ml nebu soln	1	PA
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	1	
levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)	1	
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	1	
SEREVENT DISKUS 50 MCG/ACT AER POW BA	2	
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	2	
STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN	2	
terbutaline sulfate (2.5 mg tab, 5 mg tab)	1	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	2	QL (2 units per 1 day)
wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	1	QL (2 units per 1 day)
XOPENEX HFA 45 MCG/ACT AEROSOL	1	
XANTHINES		
elixophyllin 80 mg/15ml elixir	1	
THEO-24 (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 400 MG CAP ER 24H)	2	
theophylline (80 mg/15ml elixir, 80 mg/15ml solution)	1	
theophylline er (300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	2	QL (2 units per 1 day)
ELIQUIS 5 MG TAB	2	QL (4 units per 1 day)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	2	QL (74 units per 30 days), MDS
rivaroxaban 1 mg/ml recon susp	1	QL (20 units per 1 day)
rivaroxaban 2.5 mg tab	1	QL (2 units per 1 day)
XARELTO (10 MG TAB, 20 MG TAB)	2	QL (1 unit per 1 day)
XARELTO 15 MG TAB	2	QL (2 units per 1 day)
XARELTO STARTER PACK 15 & 20 MG TAB THPK	2	QL (51 units per 30 days), MDS
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)	1	MDS
fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)	1	MDS
heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)	1	
heparin sodium (porcine) +rfid 1000 unit/ml solution	1	
HEPARIN SODIUM (PORCINE) PF (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION)	1	
THROMBIN INHIBITORS		
dabigatran etexilate mesylate (75 mg cap, 110 mg cap, 150 mg cap)	1	QL (2 units per 1 day)
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
perampanel (2 mg tab, 4 mg tab, 6 mg tab, 8 mg tab, 10 mg tab, 12 mg tab)	1	PA, QL (1 unit per 1 day)
perampanel 0.5 mg/ml suspension	1	PA, QL (24 units per 1 day)
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam (2.5 mg/ml suspension, 10 mg tab, 20 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)	1	
diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)	1	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	2	PA, QL (2 units per 1 day)
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	2	QL (10 units per 30 days)
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	2	QL (10 units per 30 days)
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	2	QL (10 units per 30 days)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	2	QL (10 units per 30 days)
ANTICONVULSANTS - MISC.		
carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)	1	
carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)	1	
CARBATROL (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H)	2	
DIACOMIT (250 MG CAP, 250 MG PACKET, 500 MG CAP, 500 MG PACKET)	2	PA, LA, SP
EPIDIOLEX 100 MG/ML SOLUTION	2	PA, SP
epitol 200 mg tab	1	
EPRONTIA 25 MG/ML SOLUTION	2	PA, QL (16 units per 1 day)
eslicarbazepine acetate (200 mg tab, 400 mg tab)	1	PA, QL (1 unit per 1 day)
eslicarbazepine acetate (600 mg tab, 800 mg tab)	1	PA, QL (2 units per 1 day)
FINTEPLA 2.2 MG/ML SOLUTION	2	PA, LA, QL (360 units per 30 days), SP, MDS
gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)	1	
lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)	1	PA
lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	1	
lamotrigine 100 mg tab disp	1	QL (4 units per 1 day)
lamotrigine 200 mg tab disp	1	QL (5 units per 1 day)
lamotrigine 25 mg tab disp	1	QL (2 units per 1 day)

Drug Name	Drug Tier	Requirements/Limits
lamotrigine 50 mg tab disp	1	QL (3 units per 1 day)
lamotrigine er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h, 250 mg tab er 24h, 300 mg tab er 24h)	1	
lamotrigine odt 100 mg tab disp	1	QL (4 units per 1 day)
lamotrigine odt 200 mg tab disp	1	QL (5 units per 1 day)
lamotrigine odt 25 mg tab disp	1	QL (2 units per 1 day)
lamotrigine odt 50 mg tab disp	1	QL (3 units per 1 day)
lamotrigine starter kit-blue 35 x 25 mg kit	1	
levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)	1	
levetiracetam er (500 mg tab er 24h, 750 mg tab er 24h)	1	
oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)	1	
oxcarbazepine er (150 mg tab er 24h, 300 mg tab er 24h, 600 mg tab er 24h)	1	PA
OXTELLAR XR (150 MG TAB ER 24H, 300 MG TAB ER 24H, 600 MG TAB ER 24H)	2	PA
pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)	1	
primidone (50 mg tab, 250 mg tab)	1	
relgaabi (300 mg cap, 400 mg cap)	1	
roweepra (500 mg tab, 750 mg tab, 1000 mg tab)	1	
roweepra xr (500 mg tab er 24h, 750 mg tab er 24h)	1	
rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)	1	PA
subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	1	
subvenite starter kit-blue 35 x 25 mg kit	1	
TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB)	2	
TEGRETOL-XR (100 MG TAB ER 12H, 200 MG TAB ER 12H, 400 MG TAB ER 12H)	2	
topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	
topiramate 25 mg/ml solution	1	PA, QL (16 units per 1 day)
topiramate er (25 mg cap er 24h, 50 mg cap er 24h, 100 mg cap er 24h)	1	PA

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Drug Name	Drug Tier	Requirements/Limits
topiramate er (25 mg cp24 sprnk, 50 mg cp24 sprnk, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)	1	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB)	2	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H, 200 MG CAP ER 24H)	2	PA
zonisamide (25 mg cap, 50 mg cap, 100 mg cap)	1	
ZTALMY 50 MG/ML SUSPENSION	2	PA, LA, QL (110 units per 30 days), SP, MDS
CARBAMATES		
felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)	1	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	2	PA, QL (28 units per 28 days), MDS
XCOPRI (25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB)	2	PA, QL (1 unit per 1 day)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	2	PA, QL (2 units per 1 day)
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	2	PA, QL (2 units per 1 day)
XCOPRI 200 MG TAB	2	PA, QL (2 units per 1 day)
GABA MODULATORS		
tiagabine hcl (2 mg tab, 4 mg tab)	1	
vigabatrin (500 mg packet, 500 mg tab)	1	PA, SP
vigadrone (500 mg packet, 500 mg tab)	1	PA, LA, SP
vigpoder 500 mg packet	1	PA, SP
HYDANTOINS		
DILANTIN (30 MG CAP, 100 MG CAP, 125 MG/5ML SUSPENSION)	2	
DILANTIN INFATABS 50 MG CHEW TAB	2	
DILANTIN-125 125 MG/5ML SUSPENSION	2	
phenytek (200 mg cap, 300 mg cap)	2	
phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)	1	
phenytoin infatabs 50 mg chew tab	1	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	1	

Drug Name	Drug Tier	Requirements/Limits
SUCCINIMIDES		
ethosuximide (250 mg cap, 250 mg/5ml solution)	1	
VALPROIC ACID		
DEPAKOTE (125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR)	2	
DEPAKOTE ER (250 MG TAB ER 24H, 500 MG TAB ER 24H)	2	
DEPAKOTE SPRINKLES 125 MG CAP DR	2	
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	1	
divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)	1	
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY 45-105 MG TAB ER	2	PA, QL (2 units per 1 day)
ANTIDEPRESSANTS - MISC.		
bupropion hcl (75 mg tab, 100 mg tab)	1	
bupropion hcl er (smoking det) 150 mg tab er 12h	0	
bupropion hcl er (sr) (100 mg tab er 12h, 150 mg tab er 12h, 200 mg tab er 12h)	1	
bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)	1	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE (20 MG CAP, 25 MG CAP)	2	PA, QL (28 units per 14 days), SP, MDS
ZURZUVAE 30 MG CAP	2	PA, QL (14 units per 14 days), SP, MDS
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE 15 MG TAB	2	
tranylcypromine sulfate 10 mg tab	1	

Drug Name	Drug Tier	Requirements/Limits
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK	2	PA, SP, MDS
SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK	2	PA, SP, MDS
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 20 mg/10ml solution, 40 mg tab)	1	
escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)	1	
fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab)	1	
fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)	1	
paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	1	
PAROXETINE HCL 10 MG/5ML SUSPENSION	2	
paroxetine hcl er (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)	1	
sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)	1	
SEROTONIN MODULATORS		
trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)	1	
TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB)	2	PA
vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)	1	PA, QL (1 unit per 1 day)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h)	1	QL (1 unit per 1 day)
duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)	1	
FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	2	PA
FETZIMA TITRATION 20 & 40 MG CP24 THPK	2	PA
venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	1	
venlafaxine hcl er (37.5 mg cap er 24h, 37.5 mg tab er 24h, 75 mg cap er 24h, 75 mg tab er 24h, 150 mg cap er 24h, 150 mg tab er 24h, 225 mg tab er 24h)	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
TRICYCLIC AGENTS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	1	
amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)	1	
clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)	1	
desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	1	
doxepin hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)	1	
DOXEPIN HCL 10 MG/ML CONC	2	
imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)	1	
imipramine pamoate 125 mg cap	1	
nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)	1	
protriptyline hcl (5 mg tab, 10 mg tab)	1	
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose (25 mg tab, 50 mg tab, 100 mg tab)	1	
MIGLITOL (25 MG TAB, 50 MG TAB, 100 MG TAB)	2	
ANTIDIABETIC COMBINATIONS		
dapagliflozin base-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h, 10-1000 mg tab er 24h, 10-500 mg tab er 24h)	1	QL (1 unit per 1 day)
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	1	
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	1	
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	2	QL (2 units per 1 day)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (2 units per 1 day)
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (1 unit per 1 day)
pioglitazone hcl-metformin hcl 15-500 mg tab	1	

Drug Name	Drug Tier	Requirements/Limits
XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN	2	QL (0.5 units per 1 day),
BIGUANIDES		
metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)	1	
metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)	1	
DIABETIC OTHER		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	2	QL (2 units per fill)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	2	QL (2 units per fill)
GLUCAGEN HYPOKIT 1 MG RECON SOLN	2	QL (2 units per fill), MDS
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	QL (2 units per fill), MDS
GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	QL (2 units per fill), MDS
GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	2	QL (2 units per fill), MDS
GVOKE KIT 1 MG/0.2ML SOLUTION	2	
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	QL (2 units per fill), MDS
mifepristone 300 mg tab	1	PA, QL (112 units per 28 days), SP, MDS
INCRETIN MIMETIC AGENTS		
liraglutide 18 mg/3ml soln pen	1	PA, QL (0.3 units per 1 day)
MOUNJARO (5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	2	PA, QL (2 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), MDS
MOUNJARO 2.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ml per 28 days), PN (28 DAYS SUPPLY IN 180 DAYS), MDS
MOUNJARO 7.5 MG/0.5ML SOLN A-INJ	2	PA, QL (2 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), MDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (3 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), MDS
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	2	PA, QL (3 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), MDS
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	2	PA, QL (3 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), MDS
OZEMPIC (4 MG TAB, 9 MG TAB)	2	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), MDS
OZEMPIC 1.5 MG TAB	2	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY IN 180 DAYS), MDS

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), MDS
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY IN 180 DAYS), MDS
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	2	PA, QL (2 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), MDS
INSULIN		
INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	1	
INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION	1	
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	2	
INSULIN GLARGINE-YFGN (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	2	
NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN	2	
NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN	2	
NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION	2	
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	2	
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	2	
TRESIBA 100 UNIT/ML SOLUTION	2	
TRESIBA FLEXTOUCH (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	1	
MEGLITINIDE ANALOGUES		
nateglinide (60 mg tab, 120 mg tab)	1	
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
dapagliflozin (5 mg tab, 10 mg tab)	1	QL (1 unit per 1 day)

Drug Name	Drug Tier	Requirements/Limits
SULFONYLUREAS		
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	1	
glipizide (5 mg tab, 10 mg tab)	1	
glipizide er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	1	
glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	1	
glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI 125 MG TAB DR	2	PA
ANTIPERISTALTIC AGENTS		
diphenoxylate-atropine 2.5-0.025 mg tab	1	
loperamide hcl 2 mg cap	1	
OPIUM 10 MG/ML (1%) TINCTURE	2	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox (90 mg packet, 180 mg packet, 360 mg packet)	1	PA, SP, MDS
deferasirox (90 mg tab, 125 mg tab sol, 180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)	1	PA, SP, MDS
deferasirox granules (90 mg packet, 180 mg packet, 360 mg packet)	1	PA, SP, MDS
deferiprone 500 mg tab	1	PA, LA, SP, MDS
FERRIPROX 100 MG/ML SOLUTION	2	PA, LA, SP, MDS
OPIOID ANTAGONISTS		
naloxone hcl (0.4 mg/ml soln prsyr, 2 mg/2ml soln prsyr)	1	
naloxone hcl 4 mg/0.1ml liquid	0	
naltrexone hcl 50 mg tab	1	
REXTOVY 4 MG/0.25ML LIQUID	2	
VIVITROL 380 MG RECON SUSP	1	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl 1 mg tab	1	QL (2 units per fill)
ondansetron (4 mg tab disp, 8 mg tab disp)	1	
ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab)	1	
SANCUSO 3.1 MG/24HR PATCH	2	PA, QL (4 units per 28 days), MDS
SUSTOL 10 MG/0.4ML PRSYR	2	PA, SP, MDS
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl (12.5 mg tab, 25 mg tab)	1	
scopolamine 1 mg/3days patch 72hr	1	
TRANSDERM SCOP 1 MG/3DAYS PATCH 72HR	2	
TRANSDERM-SCOP 1 MG/3DAYS PATCH 72HR	2	
trimethobenzamide hcl 300 mg cap	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	2	QL (2 units per 28 days), MDS
doxylamine-pyridoxine 10-10 mg tab dr	1	QL (4 units per 1 day)
dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)	1	
CINVANTI 130 MG/18ML EMULSION	2	PA, SP, MDS
EMEND 125 MG/5ML RECON SUSP	2	
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine (250 mg cap, 500 mg cap)	1	MDS
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	1	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	1	
nystatin 500000 unit tab	1	

Drug Name	Drug Tier	Requirements/Limits
terbinafine hcl 250 mg tab	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	2	PA, MDS
fluconazole (40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)	1	
itraconazole (10 mg/ml solution, 100 mg cap)	1	PA
ketoconazole 200 mg tab	1	
posaconazole 100 mg tab dr	1	PA, QL (90 units per 30 days), MDS
posaconazole 40 mg/ml suspension	1	PA, QL (20 units per 1 day), MDS
voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)	1	PA, MDS
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	2	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)	1	
promethegan (12.5 mg suppos, 25 mg suppos)	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL 180 MG TAB	2	PA, QL (1 unit per 1 day)
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA (345 MG/2.3ML SOLUTION, 1200 MG/8ML SOLUTION)	2	PA, LA, SP, MDS
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin (10-10 mg tab, 10-40 mg tab, 10-80 mg 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
ezetimibe-simvastatin 10-20 mg tab	1	PA
NEXLIZET 180-10 MG TAB	2	PA, QL (1 unit per 1 day)
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl 0.5 gm cap	1	QL (8 units per 1 day)
icosapent ethyl 1 gm cap	1	QL (4 units per 1 day)
omega-3-acid ethyl esters 1 gm cap	1	
BILE ACID SEQUESTRANTS		
cholestyramine (4 gm packet, 4 gm/dose powder)	1	
cholestyramine light (4 gm packet, 4 gm/dose powder)	1	
colesevelam hcl (3.75 gm packet, 625 mg tab)	1	
colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)	1	
prevalite (4 gm packet, 4 gm/dose powder)	1	
FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)	1	
FENOFIBRATE MICRONIZED (30 MG CAP, 90 MG CAP)	1	PA
fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)	1	
fenofibric acid (45 mg cap dr, 135 mg cap dr)	1	
gemfibrozil 600 mg tab	1	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)	1	QL (1 unit per 1 day)
atorvastatin calcium 10 mg tab	1	QL (2 units per 1 day)
lovastatin 10 mg tab	1	QL (4 units per 1 day)
lovastatin 20 mg tab	1	QL (2 units per 1 day)
lovastatin 40 mg tab	1	QL (1 unit per 1 day)
pravastatin sodium 10 mg tab	1	QL (8 units per 1 day)
pravastatin sodium 20 mg tab	1	QL (4 units per 1 day)
pravastatin sodium 40 mg tab	1	QL (2 units per 1 day)
pravastatin sodium 80 mg tab	1	QL (1 unit per 1 day)

Drug Name	Drug Tier	Requirements/Limits
rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)	1	QL (1 unit per 1 day)
rosuvastatin calcium 5 mg tab	1	QL (2 units per 1 day)
simvastatin (40 mg tab, 80 mg tab)	1	QL (1 unit per 1 day)
simvastatin 10 mg tab	1	QL (4 units per 1 day)
simvastatin 20 mg tab	1	QL (2 units per 1 day)
simvastatin 5 mg tab	1	QL (8 units per 1 day)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	2	PA, QL (1 unit per 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe 10 mg tab	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID (20 MG CAP, 30 MG CAP)	2	PA, LA, QL (56 units per 28 days), SP, MDS
NICOTINIC ACID DERIVATIVES		
niacin er (antihyperlipidemic) (500 mg tab er, 750 mg tab er, 1000 mg tab er)	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO 284 MG/1.5ML SOLN PRSYR	2	PA, SP
PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	2	QL (0.072 units per 1 day)
REPATHA 140 MG/ML SOLN PRSYR	2	PA, QL (0.072 units per 1 day)
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	2	PA, QL (0.072 units per 1 day)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	
lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)	1	
moexipril hcl (7.5 mg tab, 15 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
PERINDOPRIL ERBUMINE (2 MG TAB, 8 MG TAB)	2	
perindopril erbumine 4 mg tab	1	
quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	1	
ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)	1	
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	1	
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl 10 mg cap	1	SP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)	1	
irbesartan (75 mg tab, 150 mg tab, 300 mg tab)	1	
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	1	
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	1	
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	1	
valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	1	
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	1	
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	1	
guanfacine hcl (1 mg tab, 2 mg tab)	1	
methyldopa 250 mg tab	1	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	1	
terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	1	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)	1	
amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)	1	PA
amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)	1	PA
amlodipine-valsartan-hctz 10-160-25 mg tab	1	PA

Drug Name	Drug Tier	Requirements/Limits
atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)	1	
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)	1	
candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	1	
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)	1	
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	1	
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	1	
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	1	
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	1	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	1	
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	1	
olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)	1	PA
QUINAPRIL-HYDROCHLOROTHIAZIDE (20-12.5 MG TAB, 20-25 MG TAB)	1	
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	1	
valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)	1	
DIRECT RENIN INHIBITORS		
aliskiren fumarate (150 mg tab, 300 mg tab)	1	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone (25 mg tab, 50 mg tab)	1	
VASODILATORS		
hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
minoxidil (2.5 mg tab, 10 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)	1	
ANTIMALARIALS		
chloroquine phosphate (250 mg tab, 500 mg tab)	1	
hydroxychloroquine sulfate 200 mg tab	1	
mefloquine hcl 250 mg tab	1	
primaquine phosphate 26.3 (15 base) mg tab	2	QL (14 units per 14 days), MDS
pyrimethamine 25 mg tab	1	PA, SP
quinine sulfate 324 mg cap	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10 MG TAB	2	PA, LA, QL (240 units per 30 days), SP, MDS
pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)	1	
pyridostigmine bromide er 180 mg tab er	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
ethambutol hcl (100 mg tab, 400 mg tab)	1	
isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)	1	
PRETOMANID 200 MG TAB	2	PA, QL (1 unit per 1 day)
pyrazinamide 500 mg tab	1	
rifabutin 150 mg cap	1	
rifampin (150 mg cap, 300 mg cap)	1	
SIRTURO (20 MG TAB, 100 MG TAB)	2	PA, LA, SP, MDS
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide (25 mg cap, 50 mg cap)	1	PN ($0 Oral Oncology), SP

Drug Name	Drug Tier	Requirements/Limits
lomustine (10 mg cap, 40 mg cap, 100 mg cap)	1	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)	1	PN ($0 Oral Oncology), SP
thiotepa (15 mg recon soln, 100 mg recon soln)	2	PA, SP, MDS
YONDELIS 1 MG RECON SOLN	2	PA, SP, MDS
ZEPZELCA 4 MG RECON SOLN	2	PA, SP, MDS
ANTIMETABOLITES		
capecitabine (150 mg tab, 500 mg tab)	1	PN ($0 Oral Oncology), SP, MDS
clofarabine 1 mg/ml solution	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS
decitabine 50 mg recon soln	2	SP, MDS
mercaptopurine 50 mg tab	1	PN ($0 Oral Oncology)
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION)	1	
methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution)	1	
ONUREG (200 MG TAB, 300 MG TAB)	2	QL (14 units per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED (1 GM/40ML SOLUTION, 100 MG/4ML SOLUTION)	2	
pralatrexate (20 mg/ml solution, 40 mg/2ml solution)	2	SP, MDS
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	2	PA, SP, MDS
CYRAMZA (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, SP, MDS
FRUZAQLA 1 MG CAP	2	PA, QL (84 units per 28 days), SP, MDS
FRUZAQLA 5 MG CAP	2	PA, QL (21 units per 28 days), SP, MDS
INLYTA 1 MG TAB	2	QL (180 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
INLYTA 5 MG TAB	2	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	2	QL (90 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	2	QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	2	QL (90 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	2	QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	2	QL (90 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	2	QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
MVASI (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	2	SP, MDS
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERZUMA (150 MG RECON SOLN, 420 MG RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS
KANJINTI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS
OGIVRI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS
ONTRUZANT 150 MG RECON SOLN	2	SP, MDS
ONTRUZANT 420 MG RECON SOLN	2	SP
PERJETA 420 MG/14ML SOLUTION	2	SP, MDS
TRAZIMERA (150 MG RECON SOLN, 420 MG RECON SOLN)	2	SP, MDS
TUKYSA (50 MG TAB, 150 MG TAB)	2	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS 50 MG RECON SOLN	2	PA, SP, MDS
BAVENCIO 200 MG/10ML SOLUTION	2	PA, SP, MDS
BESPONSA 0.9 MG RECON SOLN	2	PA, SP, MDS
BLINCYTO 35 MCG RECON SOLN	2	PA, SP, MDS
DANYELZA 40 MG/10ML SOLUTION	2	PA, SP, MDS
DARZALEX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, MDS
ELAHERE 100 MG/20ML SOLUTION	2	PA, SP, MDS
EMPLICITI (300 MG RECON SOLN, 400 MG RECON SOLN)	2	PA, SP, MDS
ENHERTU 100 MG RECON SOLN	2	PA, SP, MDS

Drug Name	Drug Tier	Requirements/Limits
EPKINLY (4 MG/0.8ML SOLUTION, 48 MG/0.8ML SOLUTION)	2	PA, SP, MDS
GAZYVA 1000 MG/40ML SOLUTION	2	PA, SP, MDS
IMDELLTRA (1 MG RECON SOLN, 10 MG RECON SOLN)	2	PA, SP, MDS
IMFINZI (120 MG/2.4ML SOLUTION, 500 MG/10ML SOLUTION)	2	PA, SP, MDS
IMJUDO 25 MG/1.25ML SOLUTION	2	PA, QL (375 units per 180 days), SP, MDS
IMJUDO 300 MG/15ML SOLUTION	2	PA, QL (15 units per 180 days), SP, MDS
JEMPERLI 500 MG/10ML SOLUTION	2	PA, SP, MDS
KADCYLA (100 MG RECON SOLN, 160 MG RECON SOLN)	2	PA, SP, MDS
KEYTRUDA 100 MG/4ML SOLUTION	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK 100 MCG/0.5ML SOLUTION	2	PA, SP
LIBTAYO 350 MG/7ML SOLUTION	2	PA, SP, MDS
LUNSUMIO (1 MG/ML SOLUTION, 30 MG/30ML SOLUTION)	2	PA, SP, MDS
LUNSUMIO VELO (5 MG/0.5ML SOLUTION, 45 MG/ML SOLUTION)	2	PA, PN (34 DAYS SUPPLY PER FILL), SP, MDS
MONJUVI 200 MG RECON SOLN	2	PA, SP, MDS
MYLOTARG 4.5 MG RECON SOLN	2	PA, SP, MDS
OPDIVO (40 MG/4ML SOLUTION, 100 MG/10ML SOLUTION, 240 MG/24ML SOLUTION)	2	PA, SP, MDS
OPDIVO 120 MG/12ML SOLUTION	2	PA, SP, MDS
PADCEV (20 MG RECON SOLN, 30 MG RECON SOLN)	2	PA, SP, MDS
POLIVY 140 MG RECON SOLN	2	PA, SP, MDS
POLIVY 30 MG RECON SOLN	2	PA, SP, MDS
POTELIGEO 20 MG/5ML SOLUTION	2	PA, SP, MDS
RIABNI (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, PN (PA is not required for oncology or multiple sclerosis indications), SP, PN (PA not required if submitted with the following ICD-10 codes: C91, C81, C82, C83, C84, C85, C86, C87, C88, G35), MDS
RUXIENCE (100 MG/10ML SOLUTION, 500 MG/50ML SOLUTION)	2	PA, PN (PA is not required for oncology or multiple sclerosis indications), SP, PN (PA not required if submitted with the following ICD-10 codes: C91, C81, C82, C83, C84, C85, C86, C87, C88, G35), MDS
RYBREVANT 350 MG/7ML SOLUTION	2	PA, SP, MDS
SARCLISA (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	2	PA, SP, MDS

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
TECENTRIQ (840 MG/14ML SOLUTION, 1200 MG/20ML SOLUTION)	2	PA, SP, MDS
TEVIMBRA 100 MG/10ML SOLUTION	2	PA, SP, MDS
TEVIMBRA 150 MG/15ML SOLUTION	2	PA, PN (34 DAYS SUPPLY PER FILL), SP, MDS
TIVDAK 40 MG RECON SOLN	2	PA, SP
VYLOY 100 MG RECON SOLN	2	PA, SP, MDS
YERVOY (50 MG/10ML SOLUTION, 200 MG/40ML SOLUTION)	2	PA, SP, MDS
ZYNLONTA 10 MG RECON SOLN	2	PA, SP, MDS
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	2	QL (56 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
VENCLEXTA 100 MG TAB	2	QL (180 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
VENCLEXTA 50 MG TAB	2	QL (28 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	2	QL (42 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
PROVENGE 50000000 CELLS SUSPENSION	2	PA, SP, MDS
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX (100 MG/50ML SOLUTION, 200 MG/100ML SOLUTION)	2	SP, MDS
erlotinib hcl (100 mg tab, 150 mg tab)	1	PA, QL (30 units per 30 days), PN ($0 Oral Oncology), SP, MDS
erlotinib hcl 25 mg tab	1	PA, QL (90 units per 30 days), PN ($0 Oral Oncology), SP, MDS
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LAZCLUZE (80 MG TAB, 240 MG TAB)	2	QL (30 units per 30 days), PA-NSO, SP, MDS
TAGRISSO (40 MG TAB, 80 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
VECTIBIX (100 MG/5ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, MDS
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
DAURISMO 25 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ERIVEDGE 150 MG CAP	2	QL (28 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ODOMZO 200 MG CAP	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate 250 mg tab	1	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
abirtega 250 mg tab	1	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
AKEEGA 100-500 MG TAB	2	QL (60 units per 30 days), PA-NSO, SP, MDS
AKEEGA 50-500 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
anastrozole 1 mg tab	0	PN ($0 Oral Oncology)
bicalutamide 50 mg tab	1	PN ($0 Oral Oncology)
CAMCEVI 42 MG PRSYR	2	PA, SP
ELIGARD 22.5 MG KIT	2	PA, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	2	PA, SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
ELIGARD 45 MG KIT	2	PA, SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ERLEADA 240 MG TAB	2	QL (30 units per 30 days), PA-NSO, SP, MDS
ERLEADA 60 MG TAB	2	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
exemestane 25 mg tab	0	PN ($0 Oral Oncology)
FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON 80 MG RECON SOLN	2	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
fulvestrant 250 mg/5ml soln prsyr	2	SP, MDS
letrozole 2.5 mg tab	0	PN ($0 Oral Oncology)
leuprolide acetate 1 mg/0.2ml kit	1	PA
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	2	PA, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH) 30 MG KIT	2	PA, SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH) 45 MG KIT	2	PA, SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYSODREN 500 MG TAB	2	LA, PN ($0 Oral Oncology), SP
megestrol acetate (20 mg tab, 40 mg tab)	1	PN ($0 Oral Oncology)
megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)	1	
nilutamide 150 mg tab	1	PN ($0 Oral Oncology), SP
NUBEQA 300 MG TAB	2	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ORGOVYX 120 MG TAB	2	PA, QL (64 units per 30 days), PN ($0 Oral Oncology), SP, MDS
ORSERDU 345 MG TAB	2	QL (30 units per 30 days), PA-NSO, SP, MDS
ORSERDU 86 MG TAB	2	QL (90 units per 30 days), PA-NSO, SP, MDS
tamoxifen citrate (10 mg tab, 20 mg tab)	0	PN ($0 Oral Oncology)
toremifene citrate 60 mg tab	1	PN ($0 Oral Oncology), SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	2	PA, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	2	PA, SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI (40 MG CAP, 40 MG TAB)	2	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
XTANDI 80 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG 40 MG TAB	2	LA, QL (90 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	2	QL (21 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	2	QL (8 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	2	QL (8 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	2	QL (4 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	2	QL (24 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	2	QL (8 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	2	QL (32 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO 2 X 40 MG KIT	2	PA, LA, QL (17 doses per lifetime), SP
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO 1800-30000 MG-UT/15ML SOLUTION	2	PA, QL (2.15 units per 1 day), SP, MDS
HERCEPTIN HYLECTA 600-10000 MG-UNT/5ML SOLUTION	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS
INQOVI 35-100 MG TAB	2	QL (5 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	2	QL (100 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	2	QL (80 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OPDUALAG 240-80 MG/20ML SOLUTION	2	PA, QL (40 units per 28 days), SP, MDS
PHESGO (60-60-2000 MG-MG-U/ML SOLUTION, 80-40-2000 MG-MG-U/ML SOLUTION)	2	SP, MDS

Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ HYBREZA 1875-30000 MG-UT/15ML SOLUTION	2	PA, QL (15 ml per 21 days), PN (21 DAYS SUPPLY PER FILL), SP, MDS
VYXEOS 44-100 MG RECON SUSP	2	PA, SP, MDS
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150 MG CAP	2	QL (240 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ALUNBRIG 30 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
AUGTYRO 40 MG CAP	0	QL (240 units per 30 days), PA-NSO, SP, MDS
BALVERSA 3 MG TAB	2	LA, QL (84 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
BALVERSA 4 MG TAB	2	LA, QL (56 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
BALVERSA 5 MG TAB	2	LA, QL (28 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
BOSULIF (400 MG TAB, 500 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
BOSULIF 100 MG TAB	2	QL (90 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
bosutinib (400 mg tab, 500 mg tab)	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
bosutinib 100 mg tab	2	QL (90 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
BRAFTOVI 75 MG CAP	2	QL (180 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
BRUKINSA 80 MG CAP	2	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
CALQUENCE 100 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
CAPRELSA 100 MG TAB	2	LA, QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
CAPRELSA 300 MG TAB	2	LA, QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	2	LA, QL (56 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	2	LA, QL (112 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	2	LA, QL (84 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
COPIKTRA (15 MG CAP, 25 MG CAP)	2	QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
COTELLIC 20 MG TAB	2	QL (90 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
dasatinib 20 mg tab	2	QL (90 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)	1	QL (28 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	2	QL (21 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
GAVRETO 100 MG CAP	2	QL (120 units per 30 days), PA-NSO, SP, MDS
IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB)	2	QL (21 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB)	2	LA, QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ICLUSIG 45 MG TAB	2	LA, QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
IDHIFA (50 MG TAB, 100 MG TAB)	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
imatinib mesylate 100 mg tab	1	QL (90 units per 30 days), PN ($0 Oral Oncology), SP, MDS
imatinib mesylate 400 mg tab	1	QL (60 units per 30 days), PN ($0 Oral Oncology), SP, MDS
IMBRUVICA (70 MG CAP, 420 MG TAB)	2	QL (28 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
IMBRUVICA 140 MG CAP	2	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
IMBRUVICA 70 MG/ML SUSPENSION	2	QL (216 units per 36 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
INREBIC 100 MG CAP	2	PA, QL (120 units per 30 days), PN ($0 Oral Oncology), SP, MDS
ITOVEBI 3 MG TAB	0	QL (60 units per 30 days), PA-NSO, SP, MDS

Drug Name	Drug Tier	Requirements/Limits
ITOVEBI 9 MG TAB	0	QL (30 units per 30 days), PA-NSO, SP, MDS
JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	2	PA, QL (60 units per 30 days), PN ($0 Oral Oncology), SP, MDS
JAYPIRCA 100 MG TAB	2	QL (60 units per 30 days), PA-NSO, SP, MDS
JAYPIRCA 50 MG TAB	2	QL (30 units per 30 days), PA-NSO, SP, MDS
KISQALI (200 MG DOSE) 200 MG TAB THPK	2	QL (21 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE) 200 MG TAB THPK	2	QL (42 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE) 200 MG TAB THPK	2	QL (63 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	2	QL (240 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
KOSELUGO 25 MG CAP	2	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
KRAZATI 200 MG TAB	2	QL (180 units per 30 days), PA-NSO, SP, MDS
lapatinib ditosylate 250 mg tab	1	QL (180 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LORBRENA 100 MG TAB	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LORBRENA 25 MG TAB	2	QL (90 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LUMAKRAS 120 MG TAB	2	QL (240 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LUMAKRAS 320 MG TAB	2	QL (90 units per 30 days), PA-NSO, SP, MDS
LYNPARZA (100 MG TAB, 150 MG TAB)	2	PA, QL (120 units per 30 days), PN ($0 Oral Oncology), SP, MDS
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	2	QL (84 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	2	QL (112 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	2	QL (140 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST 0.05 MG/ML RECON SOLN	2	PA, QL (1200 units per 30 days), SP, MDS
MEKINIST 0.5 MG TAB	2	PA, QL (90 units per 30 days), PN ($0 Oral Oncology), SP, MDS
MEKINIST 2 MG TAB	2	PA, QL (30 units per 30 days), PN ($0 Oral Oncology), SP, MDS
MEKTOVI 15 MG TAB	2	QL (180 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
NERLYNX 40 MG TAB	2	PA, QL (180 units per 30 days), PN ($0 Oral Oncology), SP, MDS
nilotinib hcl (150 mg cap, 200 mg cap)	1	QL (112 units per 28 days), PA-NSO, SP, MDS
nilotinib hcl 50 mg cap	1	QL (120 units per 30 days), PA-NSO, SP, MDS
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	2	QL (3 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO 50 MG TAB	0	LA, QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
OJEMDA 100 MG TAB	2	PA, LA, QL (16 units per 28 days), SP, MDS
OJEMDA 25 MG/ML RECON SUSP	2	PA, LA, QL (96 units per 28 days), SP, MDS
OJJAARA (100 MG TAB, 200 MG TAB)	2	PA, QL (30 units per 30 days), SP, MDS
OJJAARA 150 MG TAB	2	PA, LA, QL (30 units per 30 days), SP, MDS
pazopanib hcl 200 mg tab	0	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB)	2	LA, QL (14 units per 21 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
PHYRAGO (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	2	LA, QL (30 units per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
PHYRAGO 20 MG TAB	2	LA, QL (90 units per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	2	QL (28 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	2	QL (56 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	2	QL (56 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
QINLOCK 50 MG TAB	2	QL (90 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB)	1	QL (60 units per 30 days), PA-NSO, SP, MDS
RETEVMO 40 MG TAB	1	QL (90 units per 30 days), PA-NSO, SP, MDS
REZLIDHIA 150 MG CAP	2	QL (30 units per 30 days), PA-NSO, SP, MDS
romidepsin 10 mg recon soln	2	PA, SP
ROMIDEPSIN 27.5 MG/5.5ML SOLUTION	2	PA, SP, MDS
ROZLYTREK 100 MG CAP	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ROZLYTREK 200 MG CAP	2	QL (90 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ROZLYTREK 50 MG PACKET	2	PA, QL (336 units per 28 days), SP, MDS
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	2	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
RYDAPT 25 MG CAP	2	QL (224 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
RYTELO (47 MG RECON SOLN, 188 MG RECON SOLN)	2	PA, SP, MDS
SCEMBLIX (20 MG TAB, 40 MG TAB)	2	QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
SCEMBLIX 100 MG TAB	2	QL (120 units per 30 days), PA-NSO, SP, MDS
sorafenib tosylate 200 mg tab	1	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
STIVARGA 40 MG TAB	2	QL (84 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)	1	QL (28 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA (150 MG TAB, 200 MG TAB)	2	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
TAFINLAR (50 MG CAP, 75 MG CAP)	2	PA, QL (120 units per 30 days), PN ($0 Oral Oncology), SP, MDS
TAFINLAR 10 MG TAB SOL	2	PA, QL (900 units per 30 days), SP, MDS
TALZENNA (0.1 MG CAP, 0.35 MG CAP)	2	QL (30 units per 30 days), PA-NSO, SP, MDS
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	2	QL (30 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
TAZVERIK 200 MG TAB	2	LA, QL (240 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS

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Drug Name	Drug Tier	Requirements/Limits
TEPMETKO 225 MG TAB	2	QL (60 units per 30 days), PA-NSO, SP, MDS
TIBSOVO 250 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
torpenz (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	1	LA, QL (28 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
TRUQAP (160 MG TAB THPK, 200 MG TAB THPK)	2	QL (64 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
TRUQAP 200 MG TAB	2	QL (64 units per 28 days), PA-NSO, SP, MDS
TURALIO 125 MG CAP	2	LA, QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
VANFLYTA 17.7 MG TAB	0	PA, QL (56 units per 28 days), SP, MDS
VANFLYTA 26.5 MG TAB	0	PA, LA, QL (56 units per 28 days), SP, MDS
VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	2	QL (56 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
VITRAKVI 100 MG CAP	2	QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
VITRAKVI 20 MG/ML SOLUTION	2	QL (300 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
VITRAKVI 25 MG CAP	2	QL (180 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
VONJO 100 MG CAP	2	PA, QL (120 units per 30 days), PN ($0 Oral Oncology), SP, MDS
VORANIGO 10 MG TAB	2	QL (60 units per 30 days), PA-NSO, SP, MDS
VORANIGO 40 MG TAB	2	QL (30 units per 30 days), PA-NSO, SP, MDS
XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK)	2	QL (120 units per 30 days), PA-NSO, SP, MDS
XALKORI (200 MG CAP, 250 MG CAP)	2	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
XALKORI 150 MG CAP SPRINK	2	QL (180 units per 30 days), PA-NSO, SP, MDS
XOSPATA 40 MG TAB	2	PA-NSO, PN ($0 Oral Oncology), SP, MDS
yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)	1	QL (28 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	2	QL (30 units per 30 days), PA-NSO, SP, MDS

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Drug Name	Drug Tier	Requirements/Limits
ZELBORAF 240 MG TAB	2	QL (240 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ZOLINZA 100 MG CAP	2	QL (120 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ZYDELIG (100 MG TAB, 150 MG TAB)	2	QL (60 units per 30 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ZYKADIA 150 MG TAB	2	QL (84 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, MDS
ANTINEOPLASTIC ENZYMES		
ASPARLAS 3750 UNIT/5ML SOLUTION	2	SP, MDS
ONCASPAR 750 UNIT/ML SOLUTION	2	LA, SP, MDS
RYLAZE 10 MG/0.5ML SOLUTION	2	PA, SP
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
XOFIGO 30 MCCI/ML SOLUTION	2	PA, SP, MDS
ANTINEOPLASTICS MISC.		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	2	PA, SP, MDS
BESREMI 500 MCG/ML SOLN PRSYR	2	QL (2 units per 28 days), PA-NSO, SP, MDS
bexarotene 75 mg cap	1	PA-NSO, PN (34 DAYS SUPPLY PER FIL), SP, MDS
hydroxyurea 500 mg cap	1	PN ($0 Oral Oncology)
MATULANE 50 MG CAP	2	LA, PN ($0 Oral Oncology), SP, MDS
tretinoin 10 mg cap	1	PN ($0 Oral Oncology), SP
CHEMOTHERAPY ADJUNCTS		
ELITEK (1.5 MG RECON SOLN, 7.5 MG RECON SOLN)	2	PA, SP, MDS
KEPIVANCE 5.16 MG RECON SOLN	2	PA, SP, MDS
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN 192 MG TAB	0	PA, LA, QL (240 units per 30 days), SP, MDS
KHAPZORY 175 MG RECON SOLN	2	PA, SP, MDS
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg 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
mesna 400 mg tab	2	SP, MDS
PEDMARK 12.5 % SOLUTION	2	PA, SP, MDS
MITOTIC INHIBITORS		
AVOPEF (100 MG/5ML SOLUTION, 500 MG/25ML SOLUTION)	2	PA, PN (34 DAYS SUPPY PER FILL), SP, MDS
eribulin mesylate 1 mg/2ml solution	2	PA, SP, MDS
etoposide 50 mg cap	1	PN ($0 Oral Oncology), SP
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	2	PN ($0 Oral Oncology), SP, MDS
ONIVYDE 43 MG/10ML SUSPENSION	2	PA, SP, MDS
TRODELVY 180 MG RECON SOLN	2	PA, SP, MDS
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone 200 mg tab	1	
ONGENTYS (25 MG CAP, 50 MG CAP)	2	QL (1 unit per 1 day),
tolcapone 100 mg tab	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)	1	
apomorphine hcl 30 mg/3ml soln cart	1	SP
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	1	
carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)	2	
carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)	1	
carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)	1	
carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
INBRIJA 42 MG CAP	2	QL (300 units per 30 days), SP, MDS
pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)	1	
pramipexole dihydrochloride er (0.375 mg tab er 24h, 0.75 mg tab er 24h, 1.5 mg tab er 24h, 2.25 mg tab er 24h, 3 mg tab er 24h, 3.75 mg tab er 24h, 4.5 mg tab er 24h)	1	PA
ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)	1	
ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h)	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	1	
selegiline hcl (5 mg cap, 5 mg tab)	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium 8 meq/5ml solution	1	
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	1	
lithium carbonate er (300 mg tab er, 450 mg tab er)	1	
LITHOBID 300 MG TAB ER	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	2	PA, QL (1 unit per 1 day)
lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)	1	
lurasidone hcl 120 mg tab	1	PA
NUPLAZID (10 MG TAB, 34 MG CAP)	2	PA, QL (30 units per 30 days), SP, MDS
VRAYLAR (0.5 MG CAP, 0.75 MG CAP)	2	PA, QL (1 ea per day)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	2	PA, QL (1 unit per 1 day)
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	1	
BENZISOXAZOLES		
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	2	PA

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	2	PA
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	2	PA
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	2	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	2	PA, QL (3.5 units per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	2	PA, QL (5 units per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	2	PA, QL (0.75 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	2	PA, QL (1 unit per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	2	PA, QL (1.5 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	2	PA, QL (0.25 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	2	PA, QL (0.5 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	2	PA, QL (0.88 units per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	2	PA, QL (1.32 units per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	2	PA, QL (1.75 units per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	2	PA, QL (2.63 units per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 6 mg tab er 24h, 9 mg tab er 24h)	1	PA
PERSERIS (90 MG PRSYR, 120 MG PRSYR)	2	PA, QL (1 unit per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
risperidone (0.25 mg tab, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 1 mg/ml solution, 2 mg tab, 2 mg tab disp, 3 mg tab, 3 mg tab disp, 4 mg tab, 4 mg tab disp)	1	
UZEDY (50 MG/0.14ML SUSP PRSYR, 75 MG/0.21ML SUSP PRSYR, 100 MG/0.28ML SUSP PRSYR, 125 MG/0.35ML SUSP PRSYR, 150 MG/0.42ML SUSP PRSYR, 200 MG/0.56ML SUSP PRSYR, 250 MG/0.7ML SUSP PRSYR)	2	PA, QL (1 unit per 28 days), SP, MDS

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
BUTYROPHENONES		
haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	
haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)	1	
haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)	1	
DIBENZAPINES		
asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)	1	PA
clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)	1	
loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)	1	
olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg recon soln, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)	1	
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)	1	
quetiapine fumarate er (50 mg tab er 24h, 150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h)	1	
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	2	PA, QL (1 unit per 1 day)
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MUSCARINIC AGENTS		
COBENFY (50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP)	2	PA, QL (60 units per 30 days), MDS
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	2	PA, QL (56 units per 28 days), MDS
PHENOTHIAZINES		
chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)	1	
compro 25 mg suppos	1	
fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)	1	
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 5 MG/ML CONC)	2	
perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
prochlorperazine 25 mg suppos	1	
prochlorperazine maleate (5 mg tab, 10 mg tab)	1	
thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	
trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	2	PA, QL (2.4 units per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	2	PA, QL (3.2 units per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	2	PA, QL (1 unit per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	1	
ARISTADA 1064 MG/3.9ML PRSYR	2	PA, QL (3.9 units per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	2	PA, QL (1.6 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	2	PA, QL (2.4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	2	PA, QL (3.2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO 675 MG/2.4ML PRSYR	2	PA, QL (2.4 units per 28 days), SP, MDS
THIOXANTHENES		
thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)	1	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate 20 mg/ml solution	1	QL (30 units per 1 day)
abacavir sulfate 300 mg tab	1	QL (2 units per 1 day)
abacavir sulfate-lamivudine 600-300 mg tab	1	QL (1 unit per 1 day)

Drug Name	Drug Tier	Requirements/Limits
APRETUDE 600 MG/3ML SUSP	0	QL (3 units per 1 fill), MDS
APTIVUS 250 MG CAP	2	QL (4 units per 1 day)
atazanavir sulfate (150 mg cap, 200 mg cap)	1	QL (2 units per 1 day)
atazanavir sulfate 300 mg cap	1	QL (1 unit per 1 day)
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	2	QL (1 unit per 1 day)
CABENUVA 400 & 600 MG/2ML SUSP	2	QL (4 units per 28 days), MDS
CABENUVA 600 & 900 MG/3ML SUSP	2	QL (6 units per 28 days), MDS
CIMDUO 300-300 MG TAB	2	QL (1 unit per 1 day)
darunavir 600 mg tab	1	QL (2 units per 1 day)
darunavir 800 mg tab	1	QL (1 unit per 1 day)
DELSTRIGO 100-300-300 MG TAB	2	QL (1 unit per 1 day)
DESCOVY 120-15 MG TAB	2	QL (1 unit per 1 day)
DESCOVY 200-25 MG TAB	2	QL (1 unit per 1 day), PN ($0 copay for pre-exposure prophylaxis), MDS
DOVATO 50-300 MG TAB	2	QL (1 unit per 1 day)
efavirenz 600 mg tab	1	QL (1 unit per 1 day)
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	1	QL (1 unit per 1 day)
efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)	1	QL (1 unit per 1 day)
emtricitab-rilpivir-tenofov df 200-25-300 mg tab	1	QL (1 unit per 1 day)
emtricitabine 200 mg cap	1	QL (1 unit per 1 day)
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)	1	QL (1 unit per 1 day)
emtricitabine-tenofovir df 200-300 mg tab	1	QL (1 unit per 1 day), PN ($0 copay for pre-exposure prophylaxis), MDS
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 units per 1 day)
etravirine (100 mg tab, 200 mg tab)	1	QL (2 units per 1 day)
EVOTAZ 300-150 MG TAB	2	QL (1 unit per 1 day)
fosamprenavir calcium 700 mg tab	1	QL (4 units per 1 day)
GENVOYA 150-150-200-10 MG TAB	2	QL (1 unit per 1 day)
INTELENCE 25 MG TAB	2	QL (4 units per 1 day)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	QL (6 units per 1 day)
ISENTRESS 100 MG PACKET	2	QL (2 units per 1 day)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS 400 MG TAB	2	QL (4 units per 1 day)
ISENTRESS HD 600 MG TAB	2	QL (2 units per 1 day)
JULUCA 50-25 MG TAB	2	QL (1 unit per 1 day)
KALETRA 400-100 MG/5ML SOLUTION	2	QL (14 units per 1 day)
lamivudine (10 mg/ml solution, 300 mg/30ml solution)	1	QL (30 units per 1 day)
lamivudine 150 mg tab	1	QL (2 units per 1 day)
lamivudine 300 mg tab	1	QL (1 unit per 1 day)
lamivudine-zidovudine 150-300 mg tab	1	QL (2 units per 1 day)
lopinavir-ritonavir 100-25 mg tab	1	QL (8 units per 1 day)
lopinavir-ritonavir 200-50 mg tab	1	QL (4 units per 1 day)
maraviroc 150 mg tab	1	QL (2 units per 1 day)
maraviroc 300 mg tab	1	QL (4 units per 1 day)
nevirapine 200 mg tab	1	QL (2 units per 1 day)
NEVIRAPINE 50 MG/5ML SUSPENSION	1	QL (40 units per 1 day)
NEVIRAPINE ER 100 MG TAB ER 24H	1	QL (3 units per 1 day)
nevirapine er 400 mg tab er 24h	1	QL (1 unit per 1 day)
NORVIR 100 MG PACKET	2	QL (12 units per 1 day)
ODEFSEY 200-25-25 MG TAB	2	QL (1 unit per 1 day)
PIFELTRO 100 MG TAB	2	QL (2 units per 1 day)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	2	QL (1 unit per 1 day)
PREZISTA 100 MG/ML SUSPENSION	2	QL (13.34 units per 1 day)
PREZISTA 150 MG TAB	2	QL (6 units per 1 day)
PREZISTA 75 MG TAB	2	QL (2 units per 1 day)
REYATAZ 50 MG PACKET	2	QL (6 units per 1 day)
rilpivirine hcl 25 mg tab	1	QL (2 units per 1 day)
ritonavir 100 mg tab	1	QL (12 units per 1 day)
RUKOBIA 600 MG TAB ER 12H	2	QL (2 units per 1 day)
SELZENTRY 20 MG/ML SOLUTION	2	QL (60 units per 1 day)
STRIBILD 150-150-200-300 MG TAB	2	QL (1 unit per 1 day)
SUNLENCA 4 X 300 MG TAB THPK	2	QL (4 units per 2 days), MDS
SUNLENCA 463.5 MG/1.5ML SOLUTION	2	QL (3 units per 180 days), MDS

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
SUNLENCA 5 X 300 MG TAB THPK	2	QL (5 units per 8 days), MDS
SYMTUZA 800-150-200-10 MG TAB	2	QL (1 unit per 1 day)
tenofovir disoproxil fumarate 300 mg tab	1	QL (1 unit per 1 day)
TIVICAY 50 MG TAB	2	QL (2 units per 1 day)
TIVICAY PD 5 MG TAB SOL	2	QL (12 units per 1 day)
TRIUMEQ 600-50-300 MG TAB	2	QL (1 unit per 1 day)
TRIUMEQ PD 60-5-30 MG TAB SOL	2	QL (6 units per 1 day)
VIRACEPT 250 MG TAB	2	QL (9 units per 1 day)
VIRACEPT 625 MG TAB	2	QL (4 units per 1 day)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	QL (1 unit per 1 day)
VIREAD 40 MG/GM POWDER	2	QL (8 units per 1 day)
YEZTUGO 463.5 MG/1.5ML SOLUTION	0	QL (3 ml per 180 days), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
zidovudine (50 mg/5ml syrup, 100 mg cap)	1	QL (6 units per 1 day)
zidovudine 300 mg tab	1	QL (2 units per 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	2	QL (20 units per fill)
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK	2	QL (11 units per fill)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	2	QL (30 units per fill)
CMV AGENTS		
LIVTENCITY 200 MG TAB	2	PA, LA, QL (112 units per 28 days), SP, MDS
PREVYMIS (240 MG TAB, 480 MG TAB)	2	PA, QL (1 unit per 1 day)
valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)	1	MDS
HEPATITIS AGENTS		
adefovir dipivoxil 10 mg tab	1	SP
entecavir (0.5 mg tab, 1 mg tab)	1	
lamivudine 100 mg tab	1	QL (1 unit per 1 day)
MAVYRET 100-40 MG TAB	2	PA, QL (84 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
MAVYRET 50-20 MG PACKET	2	PA, QL (168 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	2	QL (2 units per 28 days), SP, MDS
PEGASYS 180 MCG/ML SOLUTION	2	QL (4 units per 28 days), SP, MDS
RIBAVIRIN (200 MG CAP, 200 MG TAB)	2	SP
VEMLIDY 25 MG TAB	2	QL (1 unit per 1 day)
HERPES AGENTS		
acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)	1	
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	1	
valacyclovir hcl (1 gm tab, 500 mg tab)	1	
INFLUENZA AGENTS		
oseltamivir phosphate 30 mg cap	1	QL (84 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
oseltamivir phosphate 45 mg cap	1	QL (48 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
oseltamivir phosphate 6 mg/ml recon susp	1	QL (540 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
oseltamivir phosphate 75 mg cap	1	QL (42 units per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season), MDS
RIMANTADINE HCL 100 MG TAB	2	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	QL (2 units per 180 days), MDS
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	QL (2 units per 180 days), MDS
MISC. ANTIVIRALS		
LAGEVRIO 200 MG CAP	2	QL (40 units per fill)
TPOXX 200 MG CAP	0	QL (126 units per 14 days), PN (14 DAYS SUPPLY IN 365 DAYS), MDS
TPOXX 200 MG/20ML SOLUTION	0	QL (1120 units per 14 days), PN (14 DAYS SUPPLY IN 365 DAYS), MDS
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin 6 gm recon soln	2	SP

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)	1	
carvedilol phosphate er (10 mg cap er 24h, 20 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)	1	
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl (200 mg cap, 400 mg cap)	1	
atenolol (25 mg tab, 50 mg tab, 100 mg tab)	1	
betaxolol hcl (10 mg tab, 20 mg tab)	1	
bisoprolol fumarate (5 mg tab, 10 mg tab)	1	
metoprolol succinate er (25 mg tab er 24h, 50 mg tab er 24h, 100 mg tab er 24h, 200 mg tab er 24h)	1	
metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)	1	
nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)	1	
BETA BLOCKERS NON-SELECTIVE		
INNOPRAN XL (80 MG CAP ER 24H, 120 MG CAP ER 24H)	2	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	1	
pindolol (5 mg tab, 10 mg tab)	1	
propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)	1	
propranolol hcl er (60 mg cap er 24h, 80 mg cap er 24h, 120 mg cap er 24h, 160 mg cap er 24h)	1	
sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	1	
sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	1	
sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)	1	
TIMOLOL MALEATE (5 MG TAB, 20 MG TAB)	2	
timolol maleate 10 mg tab	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	1	
dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	1	
diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)	1	
diltiazem hcl er (90 mg cap er 12h, 120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 360 mg tab er 24h)	1	
diltiazem hcl er beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)	1	
diltiazem hcl er coated beads (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	1	
felodipine er (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)	1	
isradipine (2.5 mg cap, 5 mg cap)	1	
matzim la 360 mg tab er 24h	1	
nicardipine hcl (20 mg cap, 30 mg cap)	1	
nifedipine (10 mg cap, 20 mg cap)	1	
nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	1	
nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	1	
nimodipine 30 mg cap	1	
taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)	1	
tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)	1	
verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)	1	
verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)	1	
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digitek (125 mcg tab, 250 mcg tab)	1	
digox 125 mcg tab	1	

Drug Name	Drug Tier	Requirements/Limits
digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP)	2	PA, QL (30 units per 30 days), SP, MDS
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
sacubitril-valsartan 24-26 mg tab	1	QL (6 units per 1 day)
sacubitril-valsartan 49-51 mg tab	1	QL (3 units per 1 day)
sacubitril-valsartan 97-103 mg tab	1	QL (2 units per 1 day)
IMPOTENCE AGENTS		
tadalafil (2.5 mg tab, 5 mg tab)	1	PA
tadalafil (pah) 20 mg tab	1	PA, QL (60 units per 30 days), SP, MDS
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium (0.5 mg recon soln, 1.5 mg recon soln)	2	PA, SP, MDS
treprostinil (20 mg/20ml solution, 50 mg/20ml solution, 100 mg/20ml solution, 200 mg/20ml solution)	2	PA, SP, MDS
TYVASO 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO DPI INSTITUTIONAL KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	2	PA, QL (112 units per 28 days), SP, MDS
TYVASO DPI INSTITUTIONAL KIT 80 MCG POWDER	2	PA, QL (112 units per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
TYVASO DPI MAINTENANCE KIT (112 X 32MCG & 112 POWDER, 112 X 48MCG & 112 POWDER)	2	PA, QL (224 units per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	2	PA, QL (112 units per 28 days), SP, MDS
TYVASO DPI MAINTENANCE KIT 112 X 48MCG & 112 X80MCG POWDER	2	PA, QL (224 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
TYVASO DPI MAINTENANCE KIT 80 MCG POWDER	2	PA, QL (112 units per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	2	PA, QL (252 units per 28 days), SP, MDS
TYVASO REFILL 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
TYVASO STARTER 0.6 MG/ML SOLUTION	2	PA, QL (81.2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION)	2	PA, SP, MDS
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan (5 mg tab, 10 mg tab)	1	PA, QL (30 units per 30 days), SP, MDS
bosentan (62.5 mg tab, 125 mg tab)	1	PA, QL (60 units per 30 days), SP, MDS
bosentan 32 mg tab sol	2	PA, QL (112 units per 28 days), PN (Max 28 Days supply per fill), SP, MDS
macitentan 10 mg tab	2	PA, QL (30 units per 30 days), SP, MDS
OPSUMIT 10 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
TRACLEER 32 MG TAB SOL	2	PA, QL (112 units per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq 20 mg tab	1	PA, QL (60 units per 30 days), SP, MDS
sildenafil citrate 10 mg/ml recon susp	1	PA, SP, MDS
sildenafil citrate 20 mg tab	1	PA
tadalafil (pah) 20 mg tab	1	PA, QL (60 units per 30 days), SP, MDS
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (100 MCG TAB, 150 MCG TAB)	2	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
UPTRAVI 1800 MCG RECON SOLN	2	PA, QL (60 units per 30 days), SP, MDS
UPTRAVI 200 & 800 MCG TAB THPK	2	PA, QL (200 units per 180 days), SP, MDS
UPTRAVI 200 MCG TAB	2	PA, QL (140 units per 28 days), SP, MDS
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	2	PA, QL (90 units per 30 days), PN (MAX 30 DAYS SUPPLY PER FILL), SP, MDS
riociguat (0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab)	2	PA, QL (90 units per 30 days), PN (MAX 30 DAYS SUPPLY PER FILL), SP, MDS
SINUS NODE INHIBITORS		
CORLANOR 5 MG/5ML SOLUTION	2	PA, QL (20 units per 1 day)

Drug Name	Drug Tier	Requirements/Limits
ivabradine hcl (5 mg tab, 7.5 mg tab)	1	QL (2 units per 1 day), PA-NSO
TRANSTHYRETIN STABILIZERS		
VYNDAMAX 61 MG CAP	2	PA, QL (30 units per 30 days), SP, MDS
VYNDAQEL 20 MG CAP	2	PA, QL (120 units per 30 days), SP, MDS
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil (250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)	1	
cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)	1	
CEPHALOSPORINS - 2ND GENERATION		
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	1	
cefuroxime axetil (250 mg tab, 500 mg tab)	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)	1	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA 1 GM RECON SOLN	2	PA, MDS
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle 0.1-20 mg-mcg tab	0	
altavera 0.15-30 mg-mcg tab	0	
alyacen 1/35 1-35 mg-mcg tab	0	
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	0	
amethia 0.15-0.03 &0.01 mg tab	0	
amethyst 90-20 mcg tab	0	
apri 0.15-30 mg-mcg tab	0	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	0	

Drug Name	Drug Tier	Requirements/Limits
ashlyna 0.15-0.03 &0.01 mg tab	0	
aubra 0.1-20 mg-mcg tab	0	
aubra eq 0.1-20 mg-mcg tab	0	
aurovela 1.5/30 1.5-30 mg-mcg tab	0	
aurovela 1/20 1-20 mg-mcg tab	0	
aurovela 24 fe 1-20 mg-mcg(24) tab	0	
aurovela fe 1.5/30 1.5-30 mg-mcg tab	0	
aurovela fe 1/20 1-20 mg-mcg tab	0	
aviane 0.1-20 mg-mcg tab	0	
ayuna 0.15-30 mg-mcg tab	0	
azurette 0.15-0.02/0.01 mg (21/5) tab	0	
BALCOLTRA 0.1-20 MG-MCG(21) TAB	0	
balziva 0.4-35 mg-mcg tab	0	
blisovi 24 fe 1-20 mg-mcg(24) tab	0	
blisovi fe 1.5/30 1.5-30 mg-mcg tab	0	
blisovi fe 1/20 1-20 mg-mcg tab	0	
briellyn 0.4-35 mg-mcg tab	0	
camrese 0.15-0.03 &0.01 mg tab	0	
camrese lo 0.1-0.02 & 0.01 mg tab	0	
charlotte 24 fe 1-20 mg-mcg(24) chew tab	0	
chateal 0.15-30 mg-mcg tab	0	
chateal eq 0.15-30 mg-mcg tab	0	
cryselle 0.3-30 mg-mcg tab	0	
cryselle-28 0.3-30 mg-mcg tab	0	
cyred 0.15-30 mg-mcg tab	0	
cyred eq 0.15-30 mg-mcg tab	0	
dasetta 1/35 1-35 mg-mcg tab	0	
dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab	0	
daysee 0.15-0.03 &0.01 mg tab	0	
delyla 0.1-20 mg-mcg tab	0	
desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)	0	

Drug Name	Drug Tier	Requirements/Limits
dolishale 90-20 mcg tab	0	
drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)	0	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	0	
elinest 0.3-30 mg-mcg tab	0	
enpresse-28 50-30/75-40/ 125-30 mcg tab	0	
enskyce 0.15-30 mg-mcg tab	0	
estarylla 0.25-35 mg-mcg tab	0	
ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)	0	
falmina 0.1-20 mg-mcg tab	0	
fayosim 42-21-21-7 days tab	0	
feirza 1.5/30 1.5-30 mg-mcg tab	0	
feirza 1/20 1-20 mg-mcg tab	0	
FEMLYV 1-0.02 MG TAB DISP	0	
femynor 0.25-35 mg-mcg tab	0	
finzala 1-20 mg-mcg(24) chew tab	0	
galbriela 0.8-25 mg-mcg chew tab	0	
gemmily 1-20 mg-mcg(24) cap	0	
hailey 1.5/30 1.5-30 mg-mcg tab	0	
hailey 24 fe 1-20 mg-mcg(24) tab	0	
hailey fe 1.5/30 1.5-30 mg-mcg tab	0	
hailey fe 1/20 1-20 mg-mcg tab	0	
iclevia 0.15-0.03 mg tab	0	
introvale 0.15-0.03 mg tab	0	
isibloom 0.15-30 mg-mcg tab	0	
jaimiess 0.15-0.03 &0.01 mg tab	0	
jasmiel 3-0.02 mg tab	0	
jolessa 0.15-0.03 mg tab	0	
joyeaux 0.1-20 mg-mcg(21) tab	0	
juleber 0.15-30 mg-mcg tab	0	
junel 1.5/30 1.5-30 mg-mcg tab	0	

Drug Name	Drug Tier	Requirements/Limits
junel 1/20 1-20 mg-mcg tab	0	
junel fe 1.5/30 1.5-30 mg-mcg tab	0	
junel fe 1/20 1-20 mg-mcg tab	0	
junel fe 24 1-20 mg-mcg(24) tab	0	
kaitlib fe 0.8-25 mg-mcg chew tab	0	
kalliga 0.15-30 mg-mcg tab	0	
kariva 0.15-0.02/0.01 mg (21/5) tab	0	
kelnor 1/35 1-35 mg-mcg tab	0	
kelnor 1/50 1-50 mg-mcg tab	0	
kurvelo 0.15-30 mg-mcg tab	0	
larin 1.5/30 1.5-30 mg-mcg tab	0	
larin 1/20 1-20 mg-mcg tab	0	
larin 24 fe 1-20 mg-mcg(24) tab	0	
larin fe 1.5/30 1.5-30 mg-mcg tab	0	
larin fe 1/20 1-20 mg-mcg tab	0	
larissia 0.1-20 mg-mcg tab	0	
layolis fe 0.8-25 mg-mcg chew tab	0	
leena 0.5/1/0.5-35 mg-mcg tab	0	
lessina 0.1-20 mg-mcg tab	0	
levonest 50-30/75-40/ 125-30 mcg tab	0	
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	0	
levonorgest-eth est & eth est 42-21-21-7 days tab	0	
levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 &0.01 mg tab, 0.15-0.03 mg tab)	0	
levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab	0	
levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)	0	
levora 0.15/30 (28) 0.15-30 mg-mcg tab	0	
lillow 0.15-30 mg-mcg tab	0	
LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB	0	
lo-zumandimine 3-0.02 mg tab	0	
loestrin 1.5/30 (21) 1.5-30 mg-mcg tab	0	

Drug Name	Drug Tier	Requirements/Limits
loestrin 1/20 (21) 1-20 mg-mcg tab	0	
loestrin fe 1.5/30 1.5-30 mg-mcg tab	0	
loestrin fe 1/20 1-20 mg-mcg tab	0	
lojaimiess 0.1-0.02 & 0.01 mg tab	0	
loryna 3-0.02 mg tab	0	
low-ogestrel 0.3-30 mg-mcg tab	0	
luizza 1.5/30 1.5-30 mg-mcg tab	0	
luizza 1/20 1-20 mg-mcg tab	0	
lutera 0.1-20 mg-mcg tab	0	
marlissa 0.15-30 mg-mcg tab	0	
merzee 1-20 mg-mcg(24) cap	0	
mibelas 24 fe 1-20 mg-mcg(24) chew tab	0	
microgestin 1.5/30 1.5-30 mg-mcg tab	0	
microgestin 1/20 1-20 mg-mcg tab	0	
microgestin 24 fe 1-20 mg-mcg tab	0	
microgestin fe 1.5/30 1.5-30 mg-mcg tab	0	
microgestin fe 1/20 1-20 mg-mcg tab	0	
mili 0.25-35 mg-mcg tab	0	
minzoya 0.1-20 mg-mcg(21) tab	0	
mono-linyah 0.25-35 mg-mcg tab	0	
NATAZIA 3/2-2/2-3/1 MG TAB	0	
necon 0.5/35 (28) 0.5-35 mg-mcg tab	0	
NEXTSTELLIS 3-14.2 MG TAB	0	
nikki 3-0.02 mg tab	0	
norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)	0	
norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)	0	
norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab	0	
norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)	0	
norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)	0	

Drug Name	Drug Tier	Requirements/Limits
norgestimate-eth estradiol 0.25-35 mg-mcg tab	0	
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	0	
nortrel 1/35 (21) 1-35 mg-mcg tab	0	
nortrel 1/35 (28) 1-35 mg-mcg tab	0	
nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab	0	
nylia 1/35 1-35 mg-mcg tab	0	
nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab	0	
nymyo 0.25-35 mg-mcg tab	0	
ocella 3-0.03 mg tab	0	
philith 0.4-35 mg-mcg tab	0	
pimtrea 0.15-0.02/0.01 mg (21/5) tab	0	
pirmella 1/35 1-35 mg-mcg tab	0	
pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab	0	
portia-28 0.15-30 mg-mcg tab	0	
reclipsen 0.15-30 mg-mcg tab	0	
rivelsa 42-21-21-7 days tab	0	
rosyrah 42-21-21-7 days tab	0	
SAFYRAL 3-0.03-0.451 MG TAB	0	
setlakin 0.15-0.03 mg tab	0	
simliya 0.15-0.02/0.01 mg (21/5) tab	0	
simpesse 0.15-0.03 &0.01 mg tab	0	
sprintec 28 0.25-35 mg-mcg tab	0	
sronyx 0.1-20 mg-mcg tab	0	
syeda 3-0.03 mg tab	0	
tarina 24 fe 1-20 mg-mcg(24) tab	0	
tarina fe 1/20 1-20 mg-mcg tab	0	
tarina fe 1/20 eq 1-20 mg-mcg tab	0	
taysofy 1-20 mg-mcg(24) cap	0	
TAYTULLA 1-20 MG-MCG(24) CAP	0	
tilia fe 1-20/1-30/1-35 mg-mcg tab	0	
tri femynor 0.18/0.215/0.25 mg-35 mcg tab	0	

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
tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab	0	
tri-legest fe 1-20/1-30/1-35 mg-mcg tab	0	
tri-linyah 0.18/0.215/0.25 mg-35 mcg tab	0	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab	0	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab	0	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab	0	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab	0	
tri-mili 0.18/0.215/0.25 mg-35 mcg tab	0	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab	0	
tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab	0	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab	0	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab	0	
trivora (28) 50-30/75-40/ 125-30 mcg tab	0	
turqoz 0.3-30 mg-mcg tab	0	
TYBLUME 0.1-20 MG-MCG CHEW TAB	0	
valtya 1/35 1-35 mg-mcg tab	0	
VALTYA 1/50 1-50 MG-MCG TAB	0	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	0	
vestura 3-0.02 mg tab	0	
vienva 0.1-20 mg-mcg tab	0	
viorele 0.15-0.02/0.01 mg (21/5) tab	0	
volnea 0.15-0.02/0.01 mg (21/5) tab	0	
vyfemla 0.4-35 mg-mcg tab	0	
vylibra 0.25-35 mg-mcg tab	0	
wera 0.5-35 mg-mcg tab	0	
wymzya fe 0.4-35 mg-mcg chew tab	0	
xarah fe 1-20/1-30/1-35 mg-mcg tab	0	
xelria fe 0.4-35 mg-mcg chew tab	0	
zarah 3-0.03 mg tab	0	
zovia 1/35 (28) 1-35 mg-mcg tab	0	
zumandimine 3-0.03 mg tab	0	

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
GWYN LO 220-20 MCG/24HR PATCH WK	0	
norelgestromin-eth estradiol 150-35 mcg/24hr patch wk	0	
TWIRLA 120-30 MCG/24HR PATCH WK	0	
xulane 150-35 mcg/24hr patch wk	0	
zafemy 150-35 mcg/24hr patch wk	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA 0.013-0.15 MG/24HR RING	0	
eluryng 0.12-0.015 mg/24hr ring	0	
enilloring 0.12-0.015 mg/24hr ring	0	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring	0	
haloette 0.12-0.015 mg/24hr ring	0	
COPPER CONTRACEPTIVES - IUD		
MIUDELLA IUD	0	MDS
PARAGARD INTRAUTERINE COPPER IUD	0	MDS
EMERGENCY CONTRACEPTIVES		
ELLA 30 MG TAB	0	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)	0	PN (MIN 84 DAY SUPPLY; MAX 102 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - ORAL		
camila 0.35 mg tab	0	
deblitane 0.35 mg tab	0	
emzahh 0.35 mg tab	0	
errin 0.35 mg tab	0	
heather 0.35 mg tab	0	
incassia 0.35 mg tab	0	

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Drug Name	Drug Tier	Requirements/Limits
jencycla 0.35 mg tab	0	
lyleq 0.35 mg tab	0	
lyza 0.35 mg tab	0	
meleya 0.35 mg tab	0	
nora-be 0.35 mg tab	0	
norethindrone 0.35 mg tab	0	
norlyda 0.35 mg tab	0	
norlyroc 0.35 mg tab	0	
orquidea 0.35 mg tab	0	
sharobel 0.35 mg tab	0	
SLYND 4 MG TAB	0	
tulana 0.35 mg tab	0	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide 3 mg cp dr part	1	
dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)	1	
hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)	1	
hydrocortisone sod suc (pf) 100 mg recon soln	1	MDS
methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)	1	
methylprednisolone sodium succ (40 mg recon soln, 125 mg recon soln, 500 mg recon soln, 1000 mg recon soln)	1	
prednisolone 15 mg/5ml solution	1	
prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)	1	
prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)	1	
SOLU-CORTEF (250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	
SOLU-CORTEF 100 MG RECON SOLN	2	MDS
SOLU-MEDROL (PF) (40 MG RECON SOLN, 125 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	2	

Drug Name	Drug Tier	Requirements/Limits
MINERALOCORTICOIDS		
fludrocortisone acetate 0.1 mg tab	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate (100 mg cap, 200 mg cap)	1	
hydrocodone bit-homatrop mbr 5-1.5 mg tab	1	
hydrocodone bit-homatrop mbr 5-1.5 mg/5ml solution	1	
hydromet 5-1.5 mg/5ml solution	1	
COUGH/COLD/ALLERGY COMBINATIONS		
bromfed dm 2-30-10 mg/5ml syrup	1	
HYDROCOD POLI-CHLORPHE POLI ER 10-8 MG/5ML SUSP	2	
promethazine-codeine (6.25-10 mg/5ml solution, 6.25-10 mg/5ml syrup)	1	
promethazine-dm 6.25-15 mg/5ml syrup	1	
PROMETHAZINE-PHENYLEPHRINE 6.25-5 MG/5ML SYRUP	2	
pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup	1	
MUCOLYTICS		
acetylcysteine (10 % solution, 20 % solution)	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	1	MDS
adapalene 0.3 % gel	1	
adapalene-benzoyl peroxide 0.1-2.5 % gel	1	
amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	1	MDS
avita (0.025 % cream, 0.025 % gel)	1	
benzoyl peroxide-erythromycin 5-3 % gel	1	
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	1	MDS
clindamycin phos (once-daily) 1 % gel	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phos (twice-daily) 1 % gel	1	
clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)	1	
clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)	1	
ERYTHROMYCIN 2 % GEL	2	
erythromycin 2 % solution	1	
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	1	MDS
myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	1	MDS
sulfacetamide sodium (acne) 10 % lotion	1	
TAZAROTENE 0.1 % FOAM	1	
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)	1	
zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	1	MDS
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN 15 % OINTMENT	2	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac sodium 1 % gel	1	QL (10 units per 1 day)
diclofenac sodium 1.5 % solution	1	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	1	
mupirocin 2 % ointment	1	
mupirocin calcium 2 % cream	1	
ANTIFUNGALS - TOPICAL		
ciclopirox (0.77 % gel, 1 % shampoo)	1	
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	1	
clotrimazole (1 % cream, 1 % solution)	1	
clotrimazole-betamethasone 1-0.05 % cream	1	
econazole nitrate 1 % cream	1	
ketoconazole (2 % cream, 2 % foam, 2 % shampoo)	1	
ketodan 2 % foam	1	
klayesta 100000 unit/gm powder	1	

Drug Name	Drug Tier	Requirements/Limits
NAFTIFINE HCL 1 % CREAM	2	
naftifine hcl 2 % cream	1	
nyamyc 100000 unit/gm powder	1	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)	1	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	1	
nystop 100000 unit/gm powder	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene 1 % gel	1	PA, SP
fluorouracil (5 % cream, 5 % solution)	1	
FLUOROURACIL 2 % SOLUTION	2	
VALCHLOR 0.016 % GEL	2	PA, SP, MDS
ANTIPSORIATICS		
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	1	PA, SP, MDS
calcipotriene (0.005 % cream, 0.005 % ointment)	1	
calcitrene 0.005 % ointment	1	
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	2	QL (2 units per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	2	QL (1 unit per 28 days), PA-NSO, SP, MDS
COSENTYX 125 MG/5ML SOLUTION	2	PA, PN (28 DAYS SUPPLY PER FILL), SP, MDS
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	2	QL (2 units per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	2	QL (1 unit per 28 days), PA-NSO, SP, MDS
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	2	QL (2 units per 28 days), PA-NSO, SP, MDS
METHOXSALEN RAPID 10 MG CAP	2	PA, PN (34 DAYS SUPPLY PER FILL), MDS
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	2	QL (1 unit per 84 days), PA-NSO, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SKYRIZI 150 MG/ML SOLN PRSYR	2	QL (1 unit per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN 150 MG/ML SOLN A-INJ	2	QL (1 unit per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
SPEVIGO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	2	PA, QL (2 units per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)	1	
TREMFYA 100 MG/ML SOLN PRSYR	2	QL (1 unit per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA 200 MG/20ML SOLUTION	2	QL (20 units per 28 days), PA-NSO, SP, MDS
TREMFYA 200 MG/2ML SOLN PRSYR	2	QL (2 units per 28 days), PA-NSO, SP, MDS
TREMFYA ONE-PRESS 100 MG/ML SOLN PEN	2	QL (1 unit per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA PEN 100 MG/ML SOLN A-INJ	2	QL (1 unit per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
TREMFYA PEN 200 MG/2ML SOLN A-INJ	2	QL (2 units per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
TREMFYA-CD/UC INDUCTION 200 MG/2ML SOLN A-INJ	2	QL (2 units per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
trilitas 0.1 % gel	1	
ANTIVIRALS - TOPICAL		
acyclovir 5 % cream	1	PA, QL (5 units per fill)
acyclovir 5 % ointment	1	
penciclovir 1 % cream	1	PA, QL (5 gm per fills), MDS
BURN PRODUCTS		
silver sulfadiazine 1 % cream	1	
ssd 1 % cream	1	
CAUTERIZING AGENTS		
SILVER NITRATE 0.5 % SOLUTION	2	
CORTICOSTEROIDS - TOPICAL		
ala-cort 1 % cream	1	

Drug Name	Drug Tier	Requirements/Limits
alclometasone dipropionate 0.05 % cream	1	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	1	
betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	1	
betamethasone valerate (0.1 % cream, 0.1 % ointment, 0.12 % foam)	1	
clobetasol prop emollient base 0.05 % cream	1	
clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)	1	
clobetasol propionate emulsion 0.05 % foam	1	
desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	1	
fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)	1	
fluocinolone acetonide body 0.01 % oil	1	
fluocinolone acetonide scalp 0.01 % oil	1	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)	1	
fluocinonide emulsified base 0.05 % cream	1	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	1	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	1	
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % ointment)	1	
HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM	2	
hydrocortisone valerate (0.2 % cream, 0.2 % ointment)	1	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	1	
triamcinolone acetonide (0.025 % cream, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)	1	
triamcinolone in absorbase 0.05 % ointment	1	
trianex 0.05 % ointment	1	
triderm 0.5 % cream	1	
tritocin 0.05 % ointment	1	
ECZEMA AGENTS		
ADBRY 150 MG/ML SOLN PRSYR	2	PA, QL (4 units per 28 days), SP, MDS

Drug Name	Drug Tier	Requirements/Limits
ADBRY 300 MG/2ML SOLN A-INJ	2	PA, QL (2 units per 28 days), SP, MDS
CIBINQO (50 MG TAB, 100 MG TAB, 200 MG TAB)	2	PA, QL (30 units per 30 days), SP, MDS
DUPIXENT (200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	2	PA, QL (2.28 units per 28 days), SP, MDS
DUPIXENT (300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	2	PA, QL (4 units per 28 days), SP, MDS
DUPIXENT 100 MG/0.67ML SOLN PRSYR	2	PA, QL (1.34 units per 28 days), MDS
EBGLYSS 250 MG/2ML SOLN A-INJ	2	PA, QL (2 units per 28 days), SP, MDS
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod 5 % cream	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR 0.2 % GEL	2	PA, LA, QL (30 units per 30 days), SP, MDS
pimecrolimus 1 % cream	1	PA
tacrolimus (0.03 % ointment, 0.1 % ointment)	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN 0.7 % SOLUTION	2	PA, QL (2 units per 21 days), MDS
PODOFILOX 0.5 % SOLUTION	2	
YCANTH 0.7 % SOLUTION	2	PA, QL (2 units per 21 days), MDS
LOCAL ANESTHETICS - TOPICAL		
glydo 2 % prsyr	1	
lidocaine 5 % ointment	1	
lidocaine 5 % patch	1	PA, MDS
lidocaine hcl 4 % solution	1	
lidocaine hcl urethral/mucosal 2 % prsyr	1	
lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)	1	
lidocan 5 % patch	1	PA, MDS
QUTENZA (2 PATCH) 8 % KIT	2	PA, QL (4 units per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH) 8 % KIT	2	PA, QL (4 units per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA 8 % KIT	2	PA, QL (4 units per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
tridacaine ii 5 % patch	1	PA, MDS
tridacaine iii 5 % patch	1	PA, MDS
MISC. TOPICAL		
XERAC AC 6.25 % SOLUTION	2	
ROSACEA AGENTS		
azelaic acid 15 % gel	1	
BRIMONIDINE TARTRATE 0.33 % GEL	1	PA, QL (30 gm per fills)
FINACEA 15 % FOAM	2	PA
ivermectin 1 % cream	1	
metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)	1	
rosadan 0.75 % cream	1	
SCABICIDES PEDICULICIDES		
malathion 0.5 % lotion	1	
NATROBA 0.9 % SUSPENSION	2	PA
permethrin 5 % cream	1	
SPINOSAD 0.9 % SUSPENSION	2	PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN 0.9 MG RECON SOLN	2	SP, MDS
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART)	2	
VIOKACE (10440-39150 TAB, 20880-78300 TAB)	2	PA
ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	2	PA
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide (125 mg tab, 250 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
acetazolamide er 500 mg cap er 12h	1	
methazolamide (25 mg tab, 50 mg tab)	1	
DIURETIC COMBINATIONS		
spironolactone-hctz 25-25 mg tab	1	
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	1	
LOOP DIURETICS		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
furosemide (20 mg tab, 40 mg tab, 80 mg tab)	1	
FUROSEMIDE 10 MG/ML SOLUTION	2	
torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)	1	
POTASSIUM SPARING DIURETICS		
amiloride hcl 5 mg tab	1	
spironolactone (25 mg tab, 50 mg tab, 100 mg tab)	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone (25 mg tab, 50 mg tab)	1	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	1	
indapamide (1.25 mg tab, 2.5 mg tab)	1	
metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)	1	
calcitonin (salmon) 200 unit/act solution	1	
ibandronate sodium 150 mg tab	1	QL (1 unit per 30 days)
risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)	1	
TERIPARATIDE 560 MCG/2.24ML SOLN PEN	2	PA, QL (2.24 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
TYMLOS 3120 MCG/1.56ML SOLN PEN	2	PA, QL (1.56 units per 30 days), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
zoledronic acid 4 mg/5ml conc	1	SP, MDS
zoledronic acid 5 mg/100ml solution	1	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	2	PA, MDS
NOVAREL 5000 UNIT RECON SOLN	2	PA, MDS
PREGNYL 10000 UNIT RECON SOLN	2	MDS
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	2	PA, SP, MDS
GROWTH HORMONES		
GENOTROPIN (5 MG CARTRIDGE, 12 MG CARTRIDGE)	2	PA, SP, MDS
GENOTROPIN MINIQUICK (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	2	PA, SP, MDS
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	2	PA, SP, MDS
NGENLA (24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN)	2	PA, SP, MDS
NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	2	PA, SP, MDS
NUTROPIN AQ NUSPIN 10 10 MG/2ML SOLN PEN	2	PA, SP, MDS
OMNITROPE (5 MG/1.5ML SOLN CART, 10 MG/1.5ML SOLN CART)	2	PA, SP, MDS
OMNITROPE 5.8 MG RECON SOLN	2	PA, SP, MDS
SAIZEN 8.8 MG RECON SOLN	2	PA, SP, MDS
SAIZENPREP 8.8 MG RECON SOLN	2	PA, SP, MDS
SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN)	2	PA, SP, MDS
SKYTROFA (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE)	2	PA, SP, MDS
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	2	PA, SP

Drug Name	Drug Tier	Requirements/Limits
SOGROYA (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN)	2	PA, SP, MDS
ZOMACTON (5 MG RECON SOLN, 10 MG RECON SOLN)	2	PA, SP, MDS
HORMONE RECEPTOR MODULATORS		
raloxifene hcl 60 mg tab	0	PN ($0 copay for women)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH) 45 MG KIT	2	PA, QL (1 unit per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH) (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH) (11.25 MG (PED) KIT, 30 MG KIT)	2	PA, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH) 45 MG KIT	2	PA, SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA 50 MG KIT	2	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
TRIPTODUR 22.5 MG SRER	2	PA, SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
ALDURAZYME 2.9 MG/5ML SOLUTION	2	PA, SP, MDS
calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)	1	
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	1	
ELAPRASE 6 MG/3ML SOLUTION	2	PA, SP, MDS
javygtor (100 mg packet, 100 mg tab, 500 mg packet)	1	PA, LA, SP, MDS
levocarnitine (1 gm/10ml solution, 330 mg tab)	1	
levocarnitine sf 1 gm/10ml solution	1	
LUMIZYME 50 MG RECON SOLN	2	PA, SP, MDS
paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)	1	
PARSABIV (2.5 MG/0.5ML SOLUTION, 5 MG/ML SOLUTION, 10 MG/2ML SOLUTION)	2	PA, SP, MDS
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	1	PA, LA, SP, MDS
STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	2	PA, LA, SP, MDS

Drug Name	Drug Tier	Requirements/Limits
XPHOZAH (20 MG TAB, 30 MG TAB)	2	PA, LA, QL (60 units per 30 days), SP, MDS
zelvysia (100 mg packet, 500 mg packet)	1	PA, LA, SP, MDS
NATRIURETIC PEPTIDES		
VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN)	2	PA, QL (30 units per 30 days), SP, MDS
POSTERIOR PITUITARY HORMONES		
desmopressin ace spray refrig 0.01 % solution	1	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	1	
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	2	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	2	
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone 200 mg tab	1	
PROLACTIN INHIBITORS		
cabergoline 0.5 mg tab	1	
SOMATOSTATIC AGENTS		
lanreotide acetate 120 mg/0.5ml solution	2	SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
octreotide acetate (20 mg kit, 30 mg kit)	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml solution, 1000 mcg/ml solution)	1	SP, MDS
SIGNIFOR LAR (10 MG, 20 MG, 30 MG, 40 MG, 60 MG)	2	PA, LA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan (hyponatremia) 15 mg tab	1	PA, QL (60 units per 30 days), SP, MDS
tolvaptan (hyponatremia) 30 mg tab	1	PA, QL (30 units per 30 days), SP, MDS
tolvaptan 15 mg tab	1	PA, QL (60 units per 30 days), SP, MDS
tolvaptan 30 mg tab	1	PA, QL (30 units per 30 days), SP, MDS

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
ESTROGEN COMBINATIONS		
abigale 1-0.5 mg tab	1	
abigale lo 0.5-0.1 mg tab	1	
amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)	1	
COMBIPATCH (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	2	
COVARYX 1.25-2.5 MG TAB	2	
EEMT 1.25-2.5 MG TAB	2	
EST ESTROGENS-METHYLTEST 1.25-2.5 MG TAB	2	
EST ESTROGENS-METHYLTEST DS 1.25-2.5 MG TAB	2	
estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)	1	
fyavolv (0.5-2.5 tab, 1-5 tab)	1	
jinteli 1-5 mg-mcg tab	1	
mimvey 1-0.5 mg tab	1	
norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)	1	
PREMPHASE 0.625-5 MG TAB	2	
PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	2	
ESTROGENS		
estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)	1	
estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)	1	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	1	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	1	
moxifloxacin hcl 400 mg tab	1	
GASTROINTESTINAL AGENTS - MISC.		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM (50 MG CAP, 250 MG CAP)	2	PA, LA, SP, MDS
GALLSTONE SOLUBILIZING AGENTS		
ursodiol (250 mg tab, 300 mg cap, 500 mg tab)	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium 100 mg/5ml conc	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone (8 mcg cap, 24 mcg cap)	1	QL (2 units per 1 day)
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)	1	
HEPATOTROPICS		
REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB)	2	PA, QL (30 units per 30 days), SP, MDS
INFLAMMATORY BOWEL AGENTS		
AVSOLA 100 MG RECON SOLN	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
balsalazide disodium 750 mg cap	1	
CIMZIA (1 SYRINGE) 200 MG/ML PREF SY KT	2	QL (1 unit per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA (2 SYRINGE) 200 MG/ML PREF SY KT	2	QL (1 unit per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA 2 X 200 MG KIT	2	QL (1 unit per 28 days), PA-NSO, SP, MDS
CIMZIA-STARTER 200 MG/ML PREF SY KT	2	QL (1 unit per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
DIPENTUM 250 MG CAP	2	PA, QL (4 units per 1 day)
ENTYVIO 300 MG RECON SOLN	2	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ	2	QL (1.36 units per 28 days), PA-NSO, SP, MDS
mesalamine (1.2 gm tab dr, 4 gm enema, 1000 mg suppos)	1	
mesalamine er (0.375 gm cap er 24h, 500 mg cap er)	1	
mesalamine-cleanser 4 gm kit	1	
OMVOH (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR)	2	QL (2 ml per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
OMVOH (300 MG DOSE) (100 MG/ML & 200 MG/2ML SOLN A-INJ, 100 MG/ML & 200 MG/2ML SOLN PRSYR)	2	QL (3 ml per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
OMVOH 100 MG/ML SOLN A-INJ	2	QL (2 units per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
OMVOH 300 MG/15ML SOLUTION	2	QL (45 units per 56 days), PA-NSO, PN (56 DAYS SUPPLY PER FILL), SP, MDS
SKYRIZI 180 MG/1.2ML SOLN CART	2	QL (1.2 units per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 360 MG/2.4ML SOLN CART	2	QL (2.4 units per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI 600 MG/10ML SOLUTION	2	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
sulfasalazine (500 mg tab, 500 mg tab dr)	1	
ZYMFENTRA (1 PEN) 120 MG/ML AUT-IJ KIT	2	QL (2 units per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
ZYMFENTRA (2 PEN) 120 MG/ML AUT-IJ KIT	2	QL (2 units per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
ZYMFENTRA (2 SYRINGE) 120 MG/ML PREF SY KT	2	QL (2 units per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
INTESTINAL ACIDIFIERS		
enulose 10 gm/15ml solution	1	
generlac 10 gm/15ml solution	1	
lactulose encephalopathy 10 gm/15ml solution	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl (0.5 mg tab, 1 mg tab)	1	

Drug Name	Drug Tier	Requirements/Limits
LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP)	2	QL (1 unit per 1 day)
LIVE FECAL MICROBIOTA		
REBYOTA 150 ML SUSPENSION	2	PA, SP
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK (12.5 MG TAB, 25 MG TAB)	2	QL (1 unit per 1 day)
PHOSPHATE BINDER AGENTS		
calcium acetate (phos binder) (667 mg cap, 667 mg tab)	1	
calcium acetate 667 mg tab	1	
ferric citrate 1 gm 210 mg(fe) tab	2	PA, QL (408 ea per 34 days), MDS
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)	1	
sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)	1	
sevelamer hcl (400 mg tab, 800 mg tab)	1	PA
VELPHORO 500 MG CHEW TAB	2	PA
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX 5 MG KIT	2	PA, QL (1 unit per 30 days), SP, MDS
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
POT & SOD CIT-CIT AC 550-500-334 MG/5ML SOLUTION	2	
potassium citrate er (5 (540 mg) tab er, 10 (1080 mg) tab er, 15 (1620 mg) tab er)	1	
POTASSIUM CITRATE-CITRIC ACID 1100-334 MG/5ML SOLUTION	2	
sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution, 1500-1002 mg/15ml solution, 3000-2004 mg/30ml solution)	1	
SODIUM CITRATE-CITRIC ACID (1500-1002 MG/15ML SOLUTION, 3000-2004 MG/30ML SOLUTION)	1	
TRICITRATES 550-500-334 MG/5ML SOLUTION	2	
CYSTINOSIS AGENTS		
CYSTAGON (50 MG CAP, 150 MG CAP)	2	SP, MDS

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
PROCYSBI (25 MG CAP DR, 75 MG CAP DR)	2	PA, LA, SP, MDS
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI 200 MG TAB	2	PA, QL (30 units per 30 days), SP, MDS
FILSPARI 400 MG TAB	2	PA, PN (QUANTITY LIMIT IS BASED ON INDICATION.), SP, MDS
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON 100 MG CAP	2	PA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er 10 mg tab er 24h	1	
dutasteride 0.5 mg cap	1	
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	1	PA
finasteride 5 mg tab	1	
silodosin 4 mg cap	1	
silodosin 8 mg cap	1	PA
tamsulosin hcl 0.4 mg cap	1	
URINARY STONE AGENTS		
LITHOSTAT 250 MG TAB	2	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine-probenecid 0.5-500 mg tab	1	
GOUT AGENTS		
allopurinol (100 mg tab, 300 mg tab)	1	
colchicine 0.6 mg tab	1	
febuxostat (40 mg tab, 80 mg tab)	1	PA, QL (1 unit per 1 day)
KRYSTEXXA 8 MG/ML SOLUTION	2	PA, QL (2 units per 28 days), SP, MDS
URICOSURICS		
probenecid 500 mg tab	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
FEIBA (500 RECON SOLN, 1000 RECON SOLN, 2500 RECON SOLN)	2	PA, SP, MDS

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
NOVOEIGHT (250 RECON SOLN, 500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN)	2	PA, SP, MDS
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate 30 mg/3ml soln prsyr	1	PA, QL (9 units per 30 days), SP, MDS
sajazir 30 mg/3ml soln prsyr	1	PA, QL (9 units per 30 days), SP, MDS
COMPLEMENT INHIBITORS		
BERINERT 500 UNIT KIT	2	PA, SP, MDS
CINRYZE 500 UNIT RECON SOLN	2	PA, SP, MDS
ENJAYMO 1100 MG/22ML SOLUTION	2	PA, SP, MDS
FABHALTA 200 MG CAP	2	PA, LA, QL (60 units per 30 days), SP, MDS
HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN)	2	PA, QL (8 doses per 28 days), SP, MDS
PIASKY 340 MG/2ML SOLUTION	2	PA, SP, MDS
RUCONEST 2100 UNIT RECON SOLN	2	PA, SP
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE (100 MG TAB, 150 MG TAB)	2	PA, QL (60 units per 30 days), SP, MDS
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA (500 KIT, 1500 KIT)	2	PA, LA, SP, MDS
HEMATORHEOLOGIC AGENTS		
pentoxifylline er 400 mg tab er	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR 10 MG/ML SOLUTION	2	PA, SP, MDS
ORLADEYO (110 MG CAP, 150 MG CAP)	2	PA, LA, QL (28 units per 28 days), SP, MDS
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TAKHZYRO 150 MG/ML SOLN PRSYR	2	PA, QL (2 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PLASMA PROTEINS		
RYPLAZIM 68.8 MG RECON SOLN	2	PA, SP

Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl (0.5 mg cap, 1 mg cap)	1	PN (Max 34 day supply), MDS
aspirin-dipyridamole er 25-200 mg cap er 12h	1	
CABLIVI 11 MG KIT	2	PA, QL (30 units per 30 days), SP, MDS
cilostazol (50 mg tab, 100 mg tab)	1	
clopidogrel bisulfate (75 mg tab, 300 mg tab)	1	
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	1	
prasugrel hcl (5 mg tab, 10 mg tab)	1	
ticagrelor (60 mg tab, 90 mg tab)	1	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB)	2	PA, LA, QL (56 units per 28 days), SP, MDS
PYRUKYND TAPER PACK (5 MG TAB THPK, 7 X 20 MG & 7 X 5 MG TAB THPK, 7 X 50 MG & 7 X 20 MG TAB THPK)	2	PA, LA, QL (56 units per 28 days), SP, MDS
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME 400 UNIT RECON SOLN	2	PA, SP, MDS
miglustat 100 mg cap	1	PA, QL (90 units per 30 days), SP, MDS
yargesa 100 mg cap	1	PA, QL (90 units per 30 days), SP, MDS
AGENTS FOR SICKLE CELL DISEASE		
l-glutamine 5 gm packet	2	PA, QL (180 units per 30 days), SP, MDS
FOLIC ACID/FOLATES		
folic acid 1 mg tab	1	
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET 20 MG TAB	2	PA, QL (60 units per 30 days), SP, MDS
eltrombopag olamine (12.5 mg packet, 12.5 mg tab, 25 mg packet, 25 mg tab, 50 mg tab, 75 mg tab)	2	PA, SP, MDS
EPOGEN (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	2	PA, SP, MDS

Drug Name	Drug Tier	Requirements/Limits
FULPHILA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
FYLNETRA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP, MDS
LEUKINE 250 MCG RECON SOLN	2	PA, SP, MDS
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	2	PA, LA, SP, MDS
MIRCERA 120 MCG/0.3ML SOLN PRSYR	2	PA, LA, SP
NEULASTA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
NEULASTA ONPRO 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
NEUPOGEN (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	2	PA, SP, MDS
NPLATE (125 MCG RECON SOLN, 250 MCG RECON SOLN, 500 MCG RECON SOLN)	2	PA, SP, MDS
NYVEPRIA 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	2	PA, SP, MDS
RELEUKO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	2	PA, SP, MDS
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	2	PA, SP, MDS
ROLVEDON 13.2 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP, MDS
STIMUFEND 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP, MDS
UDENYCA (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	2	PA, QL (0.043 units per 1 day), SP
UDENYCA ONBODY 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
ZIEXTENZO 6 MG/0.6ML SOLN PRSYR	2	PA, QL (0.043 units per 1 day), SP
IRON		
ferric carboxymaltose (100 mg/2ml solution, 750 mg/15ml solution)	2	PA, PN (34 DAYS SUPPLY PER FILL), SP, MDS
ferric carboxymaltose 1000 mg/20ml solution	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS

Drug Name	Drug Tier	Requirements/Limits
ferumoxytol 510 mg/17ml solution	2	PA, SP, MDS
INJECTAFER (100 MG/2ML SOLUTION, 750 MG/15ML SOLUTION)	2	PA, PN (34 DAYS SUPPLY PER FILL), SP, MDS
INJECTAFER 1000 MG/20ML SOLUTION	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS
STEM CELL MOBILIZERS		
APHEXDA 62 MG RECON SOLN	2	PA, SP, MDS
plerixafor 24 mg/1.2ml solution	2	PA, PN (34 DAYS SUPPLY PER FILL), SP, MDS
XOLREMDI 100 MG CAP	2	PA, LA, QL (120 units per 30 days), SP, MDS
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid 650 mg tab	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
PHENOBARBITAL (15 MG TAB, 16.2 MG TAB, 20 MG/5ML ELIXIR, 30 MG TAB, 30 MG/7.5ML ELIXIR, 32.4 MG TAB, 60 MG TAB, 60 MG/15ML ELIXIR, 64.8 MG TAB, 97.2 MG TAB, 100 MG TAB)	2	
SEZABY 100 MG RECON SOLN	2	
NON-BARBITURATE HYPNOTICS		
estazolam (1 mg tab, 2 mg tab)	1	
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	1	
FLURAZEPAM HCL (15 MG CAP, 30 MG CAP)	1	
midazolam hcl 2 mg/ml syrup	1	
temazepam (7.5 mg cap, 15 mg cap, 22.5 mg cap, 30 mg cap)	1	
triazolam (0.125 mg tab, 0.25 mg tab)	1	
zaleplon (5 mg cap, 10 mg cap)	1	
zolpidem tartrate (5 mg tab, 10 mg tab)	1	
zolpidem tartrate er (6.25 mg tab er, 12.5 mg tab er)	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon 8 mg tab	1	

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Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	2	
GAVILYTE-C 240 GM RECON SOLN	2	
gavilyte-g 236 gm recon soln	1	
gavilyte-n with flavor pack 420 gm recon soln	1	
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution	1	
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	1	
peg-3350/electrolytes 236 gm recon soln	1	
peg-3350/electrolytes/ascorbat 100 gm recon soln	1	
peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln	1	
SUTAB 1479-225-188 MG TAB	2	QL (24 units per fill), AL
LAXATIVES - MISCELLANEOUS		
constulose 10 gm/15ml solution	1	
kristalose (10 gm packet, 20 gm packet)	1	PA
lactulose (10 gm packet, 20 gm packet)	1	PA
lactulose (10 gm/15ml solution, 20 gm/30ml solution)	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	1	
CLARITHROMYCIN		
clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	1	
ERYTHROMYCINS		
ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	1	
erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)	1	
erythromycin base (250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg/5ml recon susp)	1	
FIDAXOMICIN		
DIFICID 40 MG/ML RECON SUSP	2	PA, QL (150 units per fill)
fidaxomicin 200 mg tab	1	PA, QL (20 units per fill)
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DIAPHRAGM	0	
FEMCAP (22 DEVICE, 26 DEVICE, 30 DEVICE)	0	MDS
WIDE-SEAL DIAPHRAGM 60 2 % DIAPHRAGM	0	MDS
WIDE-SEAL DIAPHRAGM 65 2 % DIAPHRAGM	0	MDS
WIDE-SEAL DIAPHRAGM 70 2 % DIAPHRAGM	0	MDS
WIDE-SEAL DIAPHRAGM 75 2 % DIAPHRAGM	0	MDS
WIDE-SEAL DIAPHRAGM 80 2 % DIAPHRAGM	0	MDS
WIDE-SEAL DIAPHRAGM 85 2 % DIAPHRAGM	0	MDS
WIDE-SEAL DIAPHRAGM 90 2 % DIAPHRAGM	0	MDS
WIDE-SEAL DIAPHRAGM 95 2 % DIAPHRAGM	0	MDS
DIABETIC SUPPLIES		
BD MICROTAINER LANCETS MISC	2	MDS
DEXCOM G6 RECEIVER DEVICE	2	QL (1 ea per 365 days), MDS
DEXCOM G6 SENSOR MISC	2	QL (0.1 units per 1 day), MDS
DEXCOM G6 TRANSMITTER MISC	2	QL (1 unit per 90 days), MDS
DEXCOM G7 15 DAY SENSOR MISC	2	QL (0.067 units per 1 day), MDS
DEXCOM G7 RECEIVER DEVICE	2	QL (1 ea per 365 days), MDS
DEXCOM G7 SENSOR MISC	2	QL (0.1 units per 1 day), MDS
FREESTYLE LIBRE 14 DAY READER DEVICE	2	QL (1 unit per 730 days), MDS
FREESTYLE LIBRE 14 DAY SENSOR MISC	2	QL (0.072 units per 1 day), MDS
FREESTYLE LIBRE 2 PLUS SENSOR MISC	2	QL (0.067 units per 1 day), MDS
FREESTYLE LIBRE 2 READER DEVICE	2	QL (1 unit per 730 days), MDS
FREESTYLE LIBRE 2 SENSOR MISC	2	QL (0.072 units per 1 day), MDS

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
FREESTYLE LIBRE 3 PLUS SENSOR MISC	2	QL (0.067 units per 1 day), MDS
FREESTYLE LIBRE 3 READER DEVICE	2	QL (1 unit per 730 days), MDS
FREESTYLE LIBRE 3 SENSOR MISC	2	QL (0.072 units per 1 day), MDS
FREESTYLE LIBRE READER DEVICE	2	QL (1 unit per 730 days), MDS
GUARDIAN REAL-TIME REPLACE PED DEVICE	2	QL (1 unit per 730 days), MDS
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	MDS
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	2	MDS
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	MDS
OMNIPOD 5 G7 PODS (GEN 5) MISC	2	MDS
OMNIPOD 5 LIBRE INTRO KIT	2	MDS
OMNIPOD 5 LIBRE PODS MISC	2	MDS
OMNIPOD CLASSIC PDM (GEN 3) KIT	2	MDS
OMNIPOD CLASSIC PODS (GEN 3) MISC	2	MDS
OMNIPOD DASH INTRO (GEN 4) KIT	2	MDS
OMNIPOD DASH PDM (GEN 4) KIT	2	MDS
OMNIPOD DASH PODS (GEN 4) MISC	2	MDS
TWIIST STARTER KIT KIT	2	MDS
V-GO 20 20 UNIT/24HR KIT	2	QL (1 unit per 1 day), MDS
V-GO 30 30 UNIT/24HR KIT	2	QL (1 unit per 1 day), MDS
V-GO 40 40 UNIT/24HR KIT	2	QL (1 unit per 1 day), MDS
MISC. DEVICES		
ALCOH-GLOVE CONTOURED WIPE PAD	2	MDS
ALCOH-WIPE SHEET	2	MDS
ESSENTRA WIPES 9X9" 70 % SHEET	2	MDS
PARENTERAL THERAPY SUPPLIES		
AQ INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	MDS
AQINJECT PEN NEEDLE (31G X 5 MISC, 32G X 4 MISC)	2	MDS
AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM MISC	2	MDS
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML MISC	2	MDS
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	MDS

Drug Name	Drug Tier	Requirements/Limits
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	MDS
CEQUR SIMPLICITY 2U DEVICE	2	QL (10 units per 30 days), AL, MDS
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	MDS
EMBECTA INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	MDS
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC	2	MDS
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	2	MDS
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	2	MDS
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	2	MDS
INPEN 100-GREY-LILLY-HUMALOG DEVICE	2	MDS
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	2	MDS
INPEN 100-PINK-LILLY-HUMALOG DEVICE	2	MDS
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	2	MDS
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	MDS
MAGELLAN INSULIN SAFETY SYR (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC)	2	MDS
MARATHON MEDICAL PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	MDS
MONOJECT INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, U-100 1 ML MISC)	2	MDS
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	MDS
NOVOPEN ECHO DEVICE	2	MDS
PEN NEEDLES (30G X 5 MISC, 31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	MDS
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	MDS

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
PRO COMFORT PEN NEEDLES (X 4 MISC, X 5 MISC)	2	MDS
SURE COMFORT PEN NEEDLES (31G X 6 MISC, 32G X 4 MISC)	2	MDS
TOPFINE INSULIN PEN NEEDLE 32G X 4 MM MISC	2	MDS
ULTICARE INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	MDS
VERISAFE SAFETY INSULIN SYR 29G X 1/2" 1 ML MISC	2	MDS
RESPIRATORY THERAPY SUPPLIES		
OPTICHAMBER DIAMOND MISC	2	MDS
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	MDS
OPTICHAMBER DIAMOND-MD MASK MISC	2	MDS
OPTICHAMBER DIAMOND-SM MASK MISC	2	MDS
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	2	PA, QL (1 unit per 28 days)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	2	PA, QL (1 unit per 28 days)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	2	PA, QL (3 units per 28 days)
NURTEC 75 MG TAB DISP	2	PA, QL (18 units per 30 days)
QULIPTA (10 MG TAB, 30 MG TAB, 60 MG TAB)	2	PA, QL (1 unit per 1 day)
UBRELVY (50 MG TAB, 100 MG TAB)	2	PA, QL (16 units per 30 days), MDS
MIGRAINE PRODUCTS		
dihydroergotamine mesylate (1 mg/ml solution, 4 mg/ml solution)	1	
SEROTONIN AGONISTS		
eletriptan hydrobromide (20 mg tab, 40 mg tab)	1	PA, QL (16 units per 28 days), MDS
frovatriptan succinate 2.5 mg tab	1	PA, QL (16 units per 28 days), MDS
naratriptan hcl (1 mg tab, 2.5 mg tab)	1	QL (16 units per 28 days), MDS
rizatriptan benzoate (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp)	1	QL (16 units per 28 days), MDS
sumatriptan (5 mg/act solution, 20 mg/act solution)	1	QL (16 units per 28 days), MDS

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)	1	QL (16 units per 28 days), MDS
sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)	1	QL (8 units per 28 days), MDS
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	1	QL (8 units per 28 days), MDS
ZEMBRACE SYMTOUCH 3 MG/0.5ML SOLN A-INJ	2	PA, QL (8 units per 28 days), MDS
zolmitriptan (2.5 mg tab disp, 5 mg tab disp)	1	QL (16 units per 28 days)
zolmitriptan (2.5 mg tab, 5 mg tab)	1	QL (16 units per 28 days), MDS
zolmitriptan 5 mg solution	1	PA, MDS
zomig (2.5 mg tab, 5 mg tab)	1	QL (16 units per 28 days), MDS
MINERALS ELECTROLYTES		
FLUORIDE		
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB)	1	PN ($0 Copay for 6 months through 16 years of age)
POTASSIUM		
klor-con (8 tab er, 20 packet)	1	
klor-con 10 10 meq tab er	1	
klor-con m10 10 meq tab er	1	
klor-con m15 15 meq tab er	1	
klor-con m20 20 meq tab er	1	
potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)	1	
potassium chloride crys er (10 tab er, 15 tab er, 20 tab er)	1	
potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 20 tab er)	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine (250 mg cap, 250 mg tab)	1	PN (Max 34 day supply), MDS
trientine hcl 250 mg cap	1	SP
ENZYMES		
XIAFLEX 0.9 MG RECON SOLN	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
JOENJA 70 MG TAB	2	PA, LA, QL (60 units per 30 days), SP, MDS
lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)	1	QL (21 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)	1	QL (28 units per 28 days), PA-NSO, PN ($0 Oral Oncology), SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
THALOMID (50 MG CAP, 100 MG CAP)	2	SP, MDS
VYVGART 400 MG/20ML SOLUTION	2	PA, SP
VYVGART HYTRULO 180-2000 MG-UNIT/ML SOLUTION	2	PA, QL (22.4 units per 50 days), SP, MDS
IMMUNOSUPPRESSIVE AGENTS		
azathioprine 50 mg tab	1	
cyclosporine (25 mg cap, 100 mg cap)	1	
cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)	1	
ENSPRYNG 120 MG/ML SOLN PRSYR	2	PA, QL (1 unit per 28 days), SP, MDS
ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	2	
everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)	1	PA
gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)	1	
mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)	1	
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	1	
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	1	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	2	
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	2	
SANDIMMUNE (25 MG CAP, 100 MG CAP)	2	
sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)	1	
sirolimus 1 mg/ml solution	1	PA
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	1	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	2	PA, QL (56 units per 28 days), SP, MDS

Drug Name	Drug Tier	Requirements/Limits
VIJOICE (50 MG PACKET, 50 MG TAB THPK)	2	PA, QL (28 units per 28 days), SP, MDS
POTASSIUM REMOVING AGENTS		
kionex 15 gm/60ml suspension	1	
LOKELMA 10 GM PACKET	2	PA, QL (1.14 units per 1 day)
LOKELMA 5 GM PACKET	2	PA, QL (1 unit per 1 day)
sodium polystyrene sulfonate (15 gm/60ml suspension, powder)	1	
sps (sodium polystyrene sulf) 15 gm/60ml suspension	1	
SPS (SODIUM POLYSTYRENE SULF) 30 GM/120ML SUSPENSION	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY (50 MG CAP, 75 MG CAP)	2	PA, LA, SP, MDS
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	2	PA, SP, MDS
BENLYSTA 200 MG/ML SOLN A-INJ	2	PA, QL (4 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BENLYSTA 200 MG/ML SOLN PRSYR	2	PA, QL (4 units per 28 days), SP, MDS
UREMIC PRURITUS AGENTS		
KORSUVA 65 MCG/1.3ML SOLUTION	2	PA
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous hcl 2 % solution	1	
ANTI-INFECTIVES - THROAT		
clotrimazole 10 mg troche	1	
nystatin 100000 unit/ml suspension	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate 0.12 % solution	1	
periogard 0.12 % solution	1	
DENTAL PRODUCTS		
CLINPRO 5000 1.1 % PASTE	1	PN ($0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
DENTA 5000 PLUS 1.1 % CREAM	1	PN ($0 Copay for 6 months through 16 years of age)
DENTAGEL 1.1 % GEL	1	PN ($0 Copay for 6 months through 16 years of age)
FLUORIDEX 1.1 % PASTE	1	PN ($0 Copay for 6 months through 16 years of age)
FLUORIDEX ENHANCED WHITENING 1.1 % PASTE	1	PN ($0 Copay for 6 months through 16 years of age)
FLUORIDEX SENSITIVITY RELIEF 1.1-5 % GEL	1	PN ($0 Copay for 6 months through 16 years of age)
FLUORIMAX 5000 1.1 % PASTE	1	PN ($0 Copay for 6 months through 16 years of age)
FLUORIMAX 5000 SENSITIVE 1.1-5 % GEL	1	PN ($0 Copay for 6 months through 16 years of age)
JUST RIGHT 5000 1.1 % PASTE	1	PN ($0 Copay for 6 months through 16 years of age)
PREVIDENT (0.2 % SOLUTION, 1.1 % GEL)	1	PN ($0 Copay for 6 months through 16 years of age)
PREVIDENT 5000 BOOSTER PLUS 1.1 % PASTE	1	PN ($0 Copay for 6 months through 16 years of age)
PREVIDENT 5000 DRY MOUTH 1.1 % GEL	1	PN ($0 Copay for 6 months through 16 years of age)
PREVIDENT 5000 ENAMEL PROTECT 1.1-5 % GEL	1	PN ($0 Copay for 6 months through 16 years of age)
PREVIDENT 5000 KIDS 1.1 % PASTE	1	PN ($0 Copay for 6 months through 16 years of age)
PREVIDENT 5000 ORTHO DEFENSE 1.1 % PASTE	1	PN ($0 Copay for 6 months through 16 years of age)
PREVIDENT 5000 PLUS 1.1 % CREAM	1	PN ($0 Copay for 6 months through 16 years of age)
PREVIDENT 5000 SENSITIVE 1.1-5 % GEL	1	PN ($0 Copay for 6 months through 16 years of age)
SF 1.1 % GEL	1	PN ($0 Copay for 6 months through 16 years of age)
SF 5000 PLUS 1.1 % CREAM	1	PN ($0 Copay for 6 months through 16 years of age)
SOD FLUORIDE-POTASSIUM NITRATE 1.1-5 % GEL	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE (0.2 % SOLUTION, 1.1 % CREAM, 1.1 % GEL)	1	PN ($0 Copay for 6 months through 16 years of age)

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Drug Name	Drug Tier	Requirements/Limits
SODIUM FLUORIDE 5000 ENAMEL 1.1-5 % GEL	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PLUS 1.1 % CREAM	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 PPM (1.1 % GEL, 1.1 % PASTE)	1	PN ($0 Copay for 6 months through 16 years of age)
SODIUM FLUORIDE 5000 SENSITIVE 1.1-5 % GEL	1	PN ($0 Copay for 6 months through 16 years of age)
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq 0.1 % paste	1	
oralone 0.1 % paste	1	
triamcinolone acetonide 0.1 % paste	1	
THROAT PRODUCTS - MISC.		
pilocarpine hcl (5 mg tab, 7.5 mg tab)	1	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
MULTI-VITAMIN/FLUORIDE/IRON 0.25-10 MG/ML SOLUTION	1	
PED MV W/ FLUORIDE		
FLORAFOL PEDIATRIC (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
FLORIVA PLUS 0.25 MG/ML SUSPENSION	1	
FLOTREX (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTI-VIT-FLOR (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTI-VITAMIN/FLUORIDE (MULTI-VITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION, MULTI-VITAMIN/FLUORIDE 0.5 MG/ML SUSPENSION)	1	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	
POLY-VI-FLOR (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
QUFLORA GUMMIES 0.125 MG CHEW TAB	1	
QUFLORA PEDIATRIC (0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	

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Drug Name	Drug Tier	Requirements/Limits
TRI-VITE/FLUORIDE 0.25 MG/ML SOLUTION	1	
PRENATAL VITAMINS		
ATABEX EC 29-1 MG TAB DR	2	
ATABEX OB 29-1 MG TAB	2	
AZENTRA 13-1 MG TAB	2	
AZESCO 13-1 MG TAB	2	
C-NATE DHA 28-1-200 MG CAP	2	
CITRANATAL B-CALM 20-1 MG & 2 X 25 MG MISC	2	
CITRANATAL BLOOM 90-1 MG TAB	2	
CO-NATAL FA TAB	2	
COMPLETE NATAL DHA 29-1-200 & 200 MG MISC	2	
COMPLETENATE 29-1 MG CHEW TAB	2	
CONCEPT DHA 53.5-38-1 MG CAP	2	
CONCEPT OB 130-92.4-1 MG CAP	2	
DERMACINRX PNV PRENATOL 27-1 MG TAB	2	
DUET DHA 400 25-1 & 400 MG MISC	2	
ELITE-OB 50-1.25 MG TAB	2	
EMBRIVA 13-1 MG TAB	2	
ENBRACE HR CAP	2	
FOLIVANE-OB 85-1 MG CAP	2	
GESTYRA 13-1 MG TAB	2	
INATAL GT TAB	2	
KOSHER PRENATAL PLUS IRON 30-1 MG TAB	2	
M-NATAL PLUS 27-1 MG TAB	2	
MATRIAPRO 29-1 MG CHEW TAB	2	
MATRONEX 27-1 MG TAB	2	
MULTI-MAC 15-0.75-1 MG TAB	2	
NATACHEW 28-1 MG CHEW TAB	2	
NATALCHEW 29-1 MG CHEW TAB	2	
NATALCORE 29-1 MG CHEW TAB	2	
NEEVO DHA 27-1.13 MG CAP	2	

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Drug Name	Drug Tier	Requirements/Limits
NEONATAL COMPLETE (27-1 MG TAB, 29-1 MG TAB)	2	
NEONATAL PLUS 27-1 MG TAB	2	
NESTABS 32-1 MG TAB	2	
NESTABS DHA 32-1 MG MISC	2	
NESTABS ONE 38-1-225 MG CAP	2	
NIVA-PLUS 27-1 MG TAB	2	
NOVYRA 27-1 MG TAB	2	
NUTRICHEW 29-1 MG CHEW TAB	2	
OB COMPLETE 50-1.25 MG TAB	2	
OB COMPLETE ONE 50-1-476 MG CAP	2	
OB COMPLETE PETITE 35-5-1-200 MG CAP	2	
OB COMPLETE PREMIER 30-20-1 MG TAB	2	
OB COMPLETE/DHA 30-10-1-200 MG CAP	2	
OBSTETRIX EC (WITH DOCUSATE) 29-1 MG TAB	2	
ONE VITE WOMENS PLUS 27-1 MG TAB	2	
PNV 27-CA/FE/FA 60-1 MG TAB	2	
PNV-DHA 27-0.6-0.4-300 MG CAP	2	
PNV-OMEGA 28-0.6-0.4-340 MG CAP	2	
PNV-SELECT 27-0.6-0.4 MG TAB	2	
PREMESISRX 1 MG TAB	2	
PRENA1 1.4 MG CHEW TAB	2	
PRENA1 PEARL 30-1.4-200 MG CAP ER	2	
PRENACHEW 29-1 MG CHEW TAB	2	
PRENACORE 29-1 MG CHEW TAB	2	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	2	
PRENATAL 27-1 MG TAB	2	
PRENATAL PLUS 27-1 MG TAB	2	
PRENATAL PLUS VITAMIN/MINERAL 27-1 MG TAB	2	
PRENATAL VITAMIN PLUS LOW IRON 27-1 MG TAB	2	
PRENATAL-U 106.5-1 MG CAP	2	

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Drug Name	Drug Tier	Requirements/Limits
PRENATE 0.6-0.4 MG CHEW TAB	2	
PRENATE AM 1 MG TAB	2	
PRENATE DHA 18-0.6-0.4-300 MG CAP	2	
PRENATE ELITE 20-0.6-0.4 MG TAB	2	
PRENATE ENHANCE 28-0.6-0.4-400 MG CAP	2	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP	2	
PRENATE MINI 18-0.6-0.4-350 MG CAP	2	
PRENATE PIXIE 10-0.6-0.4-200 MG CAP	2	
PRENATE RESTORE 27-0.6-0.4-400 MG CAP	2	
PRENATRIX 27-1 MG TAB	2	
PRENATRYL 27-1 MG TAB	2	
PRENYRA 13-1 MG TAB	2	
PRIMACARE 30-1-470 MG CAP	2	
PROVIDA OB 20-20-1.25 MG CAP	2	
RELEVIA 27-1 MG TAB	2	
RELNATE DHA 28-1-200 MG CAP	2	
SE-NATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB)	2	
SELECT-OB 29-0.6-0.4 MG CHEW TAB	1	
SELECT-OB 29-1 MG CHEW TAB	2	
SELECT-OB+DHA 29-1 & 250 MG MISC	2	
TARON-C DHA 35-1 MG CAP	2	
THRIVITE RX 29-1 MG TAB	2	
TRICARE TAB	2	
TRINATAL RX 1 60-1 MG TAB	2	
TRINATE TAB	2	
TRISTART DHA 31-0.6-0.4-200 MG CAP	2	
VINATE DHA RF 27-1.13 MG CAP	2	
VINATE II 29-1 MG TAB	2	
VINATE ONE 60-1 MG TAB	2	
VIRT-NATE DHA 28-1-200 MG CAP	2	
VIRT-PN DHA 27-0.6-0.4-300 MG CAP	2	

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

Drug Name	Drug Tier	Requirements/Limits
VITAFOL GUMMIES 3.33-0.333-34.8 MG CHEW TAB	2	
VITAFOL ULTRA 29-0.6-0.4-200 MG CAP	2	
VITAFOL-NANO 18-0.6-0.4 MG TAB	2	
VITAFOL-OB TAB	2	
VITAFOL-OB+DHA 65-1 & 250 MG MISC	2	
VITAFOL-ONE 29-1-200 MG CAP	2	
VITAMEDMD ONE RX/QUATREFOLIC 30-0.6-0.4-200 MG CAP	2	
VITAMEDMD REDICHEW RX 1.4 MG CHEW TAB	2	
VITAPEARL 30-1.4-200 MG CAP ER	2	
VITATHELY WITH GINGER 27-1 MG TAB	2	
VIVA DHA 28-1-200 MG CAP	2	
WESCAP-C DHA 53.5-38-1 MG CAP	2	
WESCAP-PN DHA 27-0.6-0.4-300 MG CAP	2	
WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC	2	
WESNATE DHA 28-1-200 MG CAP	2	
WESTAB PLUS 27-1 MG TAB	2	
WESTGEL DHA 31-0.6-0.4-200 MG CAP	2	
ZALVIT 13-1 MG TAB	2	
ZATEAN-PN DHA 27-0.6-0.4-300 MG CAP	2	
ZIPHEX 13-1 MG TAB	2	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen (5 mg tab, 10 mg tab, 20 mg tab)	1	
BACLOFEN 5 MG/5ML SOLUTION	1	PA, QL (16 units per 1 day)
carisoprodol (250 mg tab, 350 mg tab)	1	
cyclobenzaprine hcl (5 mg tab, 7.5 mg tab, 10 mg tab)	1	
fexmid 7.5 mg tab	1	
metaxalone (400 mg tab, 800 mg tab)	1	
methocarbamol (500 mg tab, 750 mg tab)	1	
orphenadrine citrate er 100 mg tab er 12h	1	

Drug Name	Drug Tier	Requirements/Limits
tizanidine hcl (2 mg tab, 4 mg tab)	1	
vanadom 350 mg tab	1	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	1	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1.5 MG CAP, 10 MG CAP)	2	PA, LA, QL (2 units per 30 days), SP, MDS
SOHONOS 1 MG CAP	2	PA, LA, QL (4 units per 30 days), SP, MDS
SOHONOS 2.5 MG CAP	2	PA, LA, QL (3 units per 30 days), SP, MDS
SOHONOS 5 MG CAP	2	PA, LA, QL (1 unit per 30 days), SP, MDS
VISCOSUPPLEMENTS		
EUFLEXXA 20 MG/2ML SOLN PRSYR	2	PA, QL (12 ml per 180 days), PN (180 DAYS SUPPLY PER FILL), SP, MDS
HYALGAN (20 MG/2ML SOLN PRSYR, 20 MG/2ML SOLUTION)	2	QL (20 ml per 180 days), PN (180 DAYS SUPPLY PER FILL), SP, MDS
SYNOJOYNT 20 MG/2ML SOLN PRSYR	2	PA, QL (12 ml per 180 days), PN (180 DAYS SUPPLY PER FILL), SP, MDS
TRILURON 20 MG/2ML SOLN PRSYR	2	PA, QL (12 ml per 180 days), PN (180 DAYS SUPPLY PER FILL), SP, MDS
VISCO-3 25 MG/2.5ML SOLN PRSYR	2	QL (15 ml per 180 days), PN (180 DAYS SUPPLY PER FILL), SP, MDS
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine-fluticasone 137-50 mcg/act suspension	1	
NASAL ANTIALLERGY		
azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)	1	
olopatadine hcl 0.6 % solution	1	
NASAL ANTICHOLINERGICS		
ipratropium bromide (0.03 % solution, 0.06 % solution)	1	
NASAL STEROIDS		
flunisolide 25 mcg/act (0.025%) solution	1	

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate 50 mcg/act suspension	1	
mometasone furoate 50 mcg/act suspension	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
edaravone 30 mg/100ml solution	2	PA, SP, MDS
RADICAVA ORS 105 MG/5ML SUSPENSION	2	PA, QL (70 units per 28 days), SP, MDS
RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION	2	PA, QL (70 units per 28 days), SP, MDS
riluzole 50 mg tab	1	
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS 50 MG CAP	2	PA, LA, QL (90 units per 30 days), SP, MDS
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX (100 RECON SOLN, 200 RECON SOLN)	2	PA, SP, MDS
DYSPORT (300 RECON SOLN, 500 RECON SOLN)	2	PA, SP, MDS
MYOBLOC (2500 UNIT/0.5ML SOLUTION, 5000 UNIT/ML SOLUTION, 10000 UNIT/2ML SOLUTION)	2	PA, SP, MDS
XEOMIN (50 RECON SOLN, 100 RECON SOLN, 200 RECON SOLN)	2	PA, SP, MDS
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75 MG/ML RECON SOLN	2	PA, LA, QL (6.67 units per 1 day), SP
NUTRIENTS		
LIPIDS		
DOJOLVI 100 % LIQUID	2	PA, SP, MDS
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	2	
BETOPTIC-S 0.25 % SUSPENSION	2	
CARTEOLOL HCL 1 % SOLUTION	2	

Drug Name	Drug Tier	Requirements/Limits
dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)	1	
dorzolamide hcl-timolol mal pf 2-0.5 % solution	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	2	
timolol hemihydrate 0.5 % solution	1	PA
timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)	1	
timolol maleate (once-daily) 0.5 % solution	1	
CYCLOPLEGIC MYDRIATICS		
atropine sulfate 1 % solution	1	
cyclopentolate hcl 1 % solution	1	
phenylephrine hcl 10 % solution	1	
tropicamide (0.5 % solution, 1 % solution)	1	
MIOTICS		
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	2	PA, QL (0.1 units per 25 days), SP, MDS
CIMERLI (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	2	PA, QL (0.1 units per 28 days), SP, MDS
EYLEA (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	2	PA, QL (0.1 units per 25 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD 8 MG/0.07ML SOLUTION	2	PA, QL (0.14 units per 21 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	2	PA, QL (0.1 units per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
PAVBLU (2 MG/0.05ML SOLN PRSYR, 2 MG/0.05ML SOLUTION)	2	PA, QL (0.1 units per 25 days), SP, MDS
SUSVIMO (IMPLANT 1ST FILL) 10 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL) 10 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)

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
VABYSMO (6 MG/0.05ML SOLN PRSYR, 6 MG/0.05ML SOLUTION)	2	PA, QL (0.1 units per 21 days), SP, MDS
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE HCL 0.5 % SOLUTION	2	
brimonidine tartrate 0.2 % solution	1	
SIMBRINZA 1-0.2 % SUSPENSION	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE 1 % SOLUTION	2	
BACITRACIN 500 UNIT/GM OINTMENT	1	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	2	
BESIVANCE 0.6 % SUSPENSION	2	
CILOXAN 0.3 % OINTMENT	2	
ciprofloxacin hcl 0.3 % solution	1	
erythromycin 5 mg/gm ointment	1	
gentamicin sulfate 0.3 % solution	1	
KLARITY-A 1 % SOLUTION	2	
moxifloxacin hcl 0.5 % solution	1	
NATACYN 5 % SUSPENSION	2	
NEOMYCIN-BACITRACIN ZN-POLYMYX 5-400-10000 OINTMENT	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	2	
ofloxacin 0.3 % solution	1	
polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution	1	
SULFACETAMIDE SODIUM 10 % OINTMENT	1	
SULFACETAMIDE SODIUM 10 % SOLUTION	2	
tobramycin 0.3 % solution	1	
TRIFLURIDINE 1 % SOLUTION	2	
XDEMVY 0.25 % SOLUTION	2	PA, QL (10 units per 42 days), MDS
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY 2 MG/0.1ML SOLUTION	2	PA, QL (0.2 ml per 21 days), SP, PN (MIN 21 DAYS SUPPLY; MAX 28 DAYS SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SYFOVRE 15 MG/0.1ML SOLUTION	2	PA, QL (0.2 units per 25 days), SP, MDS
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine (pf) 0.05 % emulsion	1	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA 5 % SOLUTION	2	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE 0.002 % SOLUTION	2	PA, LA, QL (56 units per 28 days), SP, MDS
OPHTHALMIC STEROIDS		
bacitra-neomycin-polymyxin-hc 1 % ointment	1	
fluorometholone 0.1 % suspension	1	
FML FORTE 0.25 % SUSPENSION	2	
ILUVIEN 0.19 MG IMPLANT	2	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
MAXIDEX 0.1 % SUSPENSION	2	
neo-polycin hc 1 % ointment	1	
neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
prednisolone acetate 1 % suspension	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
tobramycin-dexamethasone 0.3-0.1 % suspension	1	
XIPERE 40 MG/ML SUSPENSION	2	SP, MDS
OPHTHALMICS - MISC.		
azelastine hcl 0.05 % solution	1	
brinzolamide 1 % suspension	1	
bromfenac sodium (once-daily) 0.09 % solution	1	
CROMOLYN SODIUM 4 % SOLUTION	2	

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

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium 0.1 % solution	1	
dorzolamide hcl 2 % solution	1	
epinastine hcl 0.05 % solution	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	2	
ketorolac tromethamine (0.4 % solution, 0.5 % solution)	1	
olopatadine hcl (0.1 % solution, 0.2 % solution)	1	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost (0.01 % solution, 0.03 % solution)	1	
DURYSTA 10 MCG IMPLANT	2	PA, QL (2 units per lifetime), SP
latanoprost 0.005 % solution	1	
tafluprost (pf) 0.0015 % solution	1	PA
travoprost (bak free) 0.004 % solution	1	
VYZULTA 0.024 % SOLUTION	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2 % solution	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl 0.2 % solution	1	
ofloxacin 0.3 % solution	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone 0.3-0.1 % suspension	1	
ciprofloxacin-hydrocortisone 0.2-1 % suspension	1	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	1	
OTIC STEROIDS		
flac 0.01 % oil	1	
fluocinolone acetonide 0.01 % oil	1	
OXYTOCICS		
OXYTOCICS		
methergine 0.2 mg tab	1	

Drug Name	Drug Tier	Requirements/Limits
methylergonovine maleate 0.2 mg tab	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
ALYGLO (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
ASCENIV 5 GM/50ML SOLUTION	2	PA, SP, MDS
BIVIGAM (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	2	PA, SP, MDS
CUTAQUIG (1 GM/6ML SOLUTION, 1.65 GM/10ML SOLUTION, 2 GM/12ML SOLUTION, 3.3 GM/20ML SOLUTION, 4 GM/24ML SOLUTION, 8 GM/48ML SOLUTION)	2	PA, SP, MDS
CUVITRU (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 8 GM/40ML SOLUTION, 10 GM/50ML SOLUTION)	2	PA, SP, MDS
CYTOGAM 50 MG/ML SOLUTION	2	SP, MDS
FLEBOGAMMA DIF (2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	2	PA, SP, MDS
GAMASTAN SOLUTION	2	SP, MDS
GAMMAGARD (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
GAMMAGARD (2.5 GM/25ML SOLUTION, 30 GM/300ML SOLUTION)	2	PA, SP, MDS
GAMMAGARD ERC (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION)	2	PA, SP, MDS
GAMMAGARD S/D LESS IGA (5 GM RECON SOLN, 10 GM RECON SOLN)	2	PA, SP, MDS
GAMMAKED (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
GAMMAPLEX (5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION)	2	PA, SP, MDS
GAMUNEX-C (1 GM/10ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION)	2	PA, SP, MDS
GAMUNEX-C (2.5 GM/25ML SOLUTION, 40 GM/400ML SOLUTION)	2	PA, SP, MDS

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION)	2	PA, SP, MDS
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	2	PA, SP, MDS
OCTAGAM 25 GM/500ML SOLUTION	2	PA, MDS
PANZYGA (2.5 GM/25ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	2	PA, SP, MDS
PRIVIGEN (5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION)	2	PA, SP, MDS
RHOGAM ULTRA-FILTERED PLUS 1500 UNIT SOLN PRSYR	2	SP, MDS
RHOPHYLAC 1500 UNIT/2ML SOLN PRSYR	2	SP, MDS
WINRHO SDF (1500 UNIT/1.3ML SOLUTION, 2500 UNIT/2.2ML SOLUTION, 5000 UNIT/4.4ML SOLUTION, 15000 UNIT/13ML SOLUTION)	2	SP, MDS
XEMBIFY (1 GM/5ML SOLUTION, 2 GM/10ML SOLUTION, 4 GM/20ML SOLUTION, 10 GM/50ML SOLUTION)	2	PA, SP, MDS
MONOCLONAL ANTIBODIES		
ZINPLAVA 1000 MG/40ML SOLUTION	2	PA, SP, MDS
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA (2.5 GM/25ML KIT, 5 GM/50ML KIT, 10 GM/100ML KIT, 20 GM/200ML KIT, 30 GM/300ML KIT)	2	PA, SP, MDS
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)	1	
amoxicillin trihydrate 250 mg/5ml recon susp	1	
ampicillin 500 mg cap	1	
NATURAL PENICILLINS		
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN)	2	

Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium (250 mg tab, 500 mg tab)	1	
PENICILLIN COMBINATIONS		
amoxicillin-pot clavulanate (200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)	1	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium (250 mg cap, 500 mg cap)	1	
PROGESTINS		
PROGESTINS		
gallifrey 5 mg tab	1	
hydroxyprogesterone caproate 250 mg/ml oil	2	PA, MDS
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
norethindrone acetate 5 mg tab	1	
progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
disulfiram (250 mg tab, 500 mg tab)	1	
lofexidine hcl 0.18 mg tab	2	PA, QL (112 units per 7 days), MDS
ANTI-CATAPLECTIC AGENTS		
sodium oxybate 500 mg/ml solution	2	PA, QL (540 units per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
XYWAV 500 MG/ML SOLUTION	2	PA, LA, QL (540 units per 30 days), SP, MDS
ANTIDEMENTIA AGENTS		
memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)	1	
memantine hcl er (7 mg cap er 24h, 14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h)	1	PA
FIBROMYALGIA AGENTS		
milnacipran hcl (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)	1	PA, QL (2 units per 1 day)

Drug Name	Drug Tier	Requirements/Limits
milnacipran hcl 12.5 & 25 & 50 mg misc	1	PA, QL (55 units per 28 days)
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine 12.5 mg tab	1	PA, QL (102 units per 34 days), SP, MDS
tetrabenazine 25 mg tab	1	PA, QL (136 units per 34 days), SP, MDS
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT	2	QL (1 unit per 28 days), SP, MDS
AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT	2	QL (1 unit per 28 days), SP, MDS
BETASERON 0.3 MG KIT	2	QL (15 units per 30 days), SP, MDS
dalfampridine er 10 mg tab er 12h	1	QL (60 units per 30 days), SP, MDS
dimethyl fumarate 120 mg cap dr	1	QL (14 units per 7 days), SP, MDS
dimethyl fumarate 240 mg cap dr	1	QL (60 units per 30 days), SP, MDS
dimethyl fumarate starter pack 120 & 240 mg cpdr thpk	1	QL (60 units per 30 days), SP, MDS
fingolimod hcl 0.5 mg cap	1	QL (30 units per 30 days), SP, MDS
glatiramer acetate 20 mg/ml soln prsyr	1	QL (30 units per 30 days), SP, MDS
glatiramer acetate 40 mg/ml soln prsyr	1	QL (12 units per 28 days), SP, MDS
glatopa 20 mg/ml soln prsyr	1	QL (30 units per 30 days), SP, MDS
glatopa 40 mg/ml soln prsyr	1	QL (12 units per 28 days), SP, MDS
KESIMPTA 20 MG/0.4ML SOLN A-INJ	2	QL (0.4 units per 28 days), SP, MDS
MAYZENT (1 MG TAB, 2 MG TAB)	2	QL (30 units per 30 days), SP, MDS
MAYZENT 0.25 MG TAB	2	QL (140 units per 28 days), SP, MDS
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	QL (12 units per 5 days), SP, MDS
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	2	QL (7 units per 4 days), SP, MDS
OCREVUS ZUNOVO 920-23000 MG-UT/23ML SOLUTION	2	PA, QL (23 units per 180 days), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
PLEGRIDY (125 MCG/0.5ML SOLN A-INJ, 125 MCG/0.5ML SOLN PRSYR)	2	QL (1 unit per 28 days), SP, MDS
PLEGRIDY STARTER PACK (63 & 94 MCG/0.5ML SOLN A-INJ, 63 & 94 MCG/0.5ML SOLN PRSYR)	2	QL (1 unit per 28 days), SP, MDS
REBIF 44 MCG/0.5ML SOLN PRSYR	2	QL (6 units per 28 days), SP, MDS
REBIF REBIDOSE 44 MCG/0.5ML SOLN A-INJ	2	QL (6 units per 28 days), SP, MDS

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ	2	QL (4.2 units per 28 days), SP, MDS
REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR	2	QL (4.2 units per 28 days), SP, MDS
teriflunomide 14 mg tab	1	QL (30 units per 30 days), SP, MDS
teriflunomide 7 mg tab	1	PA, QL (30 units per 30 days), SP, MDS
ZEPOSIA 0.92 MG CAP	2	PA, QL (30 units per 30 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, PN (PA not required if submitted with the following ICD-10 codes: G35), MDS
ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK	2	PA, QL (7 units per 7 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, PN (PA not required if submitted with the following ICD-10 codes: G35), MDS
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	2	PA, QL (28 units per 28 days), PN (PA REQUIRED FOR ULCERATIVE COLITIS), SP, PN (PA not required if submitted with the following ICD-10 codes: G35), MDS
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AQNEURSA 1 GM PACKET	2	PA, LA, QL (112 units per 28 days), SP, MDS
MIPLYFFA (47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP)	2	PA, LA, QL (90 units per 30 days), SP, MDS
pimozide (1 mg tab, 2 mg tab)	1	
SMOKING DETERRENTS		
bupropion hcl er (smoking det) 150 mg tab er 12h	0	
CHANTIX 1 MG TAB	0	
NICOTROL NS 10 MG/ML SOLUTION	0	
varenicline tartrate (0.5 mg tab, 1 mg tab)	0	QL (2 units per 1 day)
varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk	0	QL (53 units per 30 days), MDS
varenicline tartrate(continue) 1 mg tab	0	QL (2 units per 1 day)
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C 1000 MG/20ML SOLUTION	2	PA, LA, SP, MDS
ZEMAIRA 1000 MG RECON SOLN	2	PA, SP, MDS

Drug Name	Drug Tier	Requirements/Limits
CYSTIC FIBROSIS AGENTS		
KALYDECO (13.4 MG PACKET, 150 MG TAB)	2	PA, LA, QL (60 units per 30 days), SP, MDS
KALYDECO (25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	2	PA, LA, QL (56 units per 28 days), SP, MDS
KALYDECO 5.8 MG PACKET	2	PA, LA, QL (56 units per 28 days), SP, MDS
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	2	PA, LA, QL (112 units per 28 days), SP, MDS
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	2	PA, LA, QL (56 units per 28 days), SP, MDS
PULMOZYME 2.5 MG/2.5ML SOLUTION	2	PA, SP, MDS
SYMDEKO (50-75 & 75 MG TAB THPK, 100-150 & 150 MG TAB THPK)	2	PA, LA, QL (56 units per 28 days), SP, MDS
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	2	PA, LA, QL (84 units per 28 days), SP, MDS
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	2	PA, LA, QL (56 units per 28 days), SP, MDS
PULMONARY FIBROSIS AGENTS		
pirfenidone (267 mg cap, 267 mg tab)	1	PA, QL (270 units per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine 500 mg tab	1	
TETRACYCLINES		
TETRACYCLINES		
avidoxy 100 mg tab	1	
demeclocycline hcl (150 mg tab, 300 mg tab)	1	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)	1	
doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)	1	
lymepak 100 mg tab	1	

Drug Name	Drug Tier	Requirements/Limits
minocycline hcl (50 mg cap, 75 mg cap, 75 mg tab, 100 mg cap)	1	
mondoxyne nl 100 mg cap	1	
tetracycline hcl (250 mg cap, 500 mg cap)	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole (5 mg tab, 10 mg tab)	1	
propylthiouracil 50 mg tab	1	
THYROID HORMONES		
ADTHYZA (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	2	
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	2	
euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	1	
EVEXITHROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB)	2	
levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	1	
levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	1	
levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)	1	
liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)	1	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	1	
NIVA THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	2	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	2	
RENTHYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	2	
THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	2	

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Drug Name	Drug Tier	Requirements/Limits
unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	0	MDS
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	0	MDS
DAPTACEL 23-15-5 SUSPENSION	0	MDS
INFANRIX 25-58-10 SUSPENSION	0	MDS
KINRIX 0.5 ML SUSP PRSYR	0	MDS
PEDIARIX SUSP PRSYR	0	MDS
PENTACEL RECON SUSP	0	AL, MDS
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	0	MDS
TENIVAC 5-2 LF/0.5ML SUSPENSION	0	MDS
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
chlordiazepoxide-clidinium 5-2.5 mg cap	1	
dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)	1	
glycopyrrolate (1 mg tab, 2 mg tab)	1	
HYOSCYAMINE SULFATE (0.125 MG SL TAB, 0.125 MG TAB, 0.125 MG TAB DISP, 0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	2	
HYOSCYAMINE SULFATE SL 0.125 MG SL TAB	2	
HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	2	
methscopolamine bromide (2.5 mg tab, 5 mg tab)	1	
OSCIMIN (0.125 MG SL TAB, 0.125 MG TAB)	2	
H-2 ANTAGONISTS		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	1	
cimetidine hcl 300 mg/5ml solution	1	

Drug Name	Drug Tier	Requirements/Limits
famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)	1	
MISC. ANTI-ULCER		
sucralfate (1 gm tab, 1 gm/10ml suspension)	1	
PROTON PUMP INHIBITORS		
dexlansoprazole (30 mg cap dr, 60 mg cap dr)	1	QL (1 unit per 1 day),
esomeprazole magnesium (2.5 mg packet, 5 mg packet, 10 mg packet, 20 mg packet, 40 mg packet)	1	PA
esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)	1	
lansoprazole (15 mg cap dr, 15 mg tab dr disp, 30 mg cap dr, 30 mg tab dr disp)	1	
omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)	1	
pantoprazole sodium (20 mg tab dr, 40 mg tab dr)	1	
rabeprazole sodium 20 mg tab dr	1	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol (100 mcg tab, 200 mcg tab)	1	
UNCATEGORIZED		
UNCLASSIFIED		
ALYFTREK 10-50-125 MG TAB	2	PA, LA, QL (56 units per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
ALYFTREK 4-20-50 MG TAB	2	PA, LA, QL (84 units per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
ATTRUBY 356 MG TAB THPK	2	PA, QL (112 units per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
AVERI 0.15-0.03 MG TAB	0	
AVLAYAH 150 MG RECON SOLN	2	PA, LA, PN (28 DAYS SUPPLY PER FILL), SP, MDS
AVTOZMA (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	2	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
AVTOZMA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
BESREMI PEN 500 MCG/0.5ML SOLN PEN	2	QL (1 ml per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS

Drug Name	Drug Tier	Requirements/Limits
BOMYNTRA (120 MG/1.7ML SOLN PRSYR, 120 MG/1.7ML SOLUTION)	2	PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRUKINSA 160 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
BYSANTI (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	2	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), MDS
BYSANTI TITRATION PACK A 1 & 2 & 4 & 6 MG TAB THPK	2	PA, QL (8 ea per 4 days), PN (4 DAYS SUPPLY PER FILL), MDS
BYSANTI TITRATION PACK B 1 & 2 & 6 & 8 MG TAB THPK	2	PA, QL (12 ea per 4 days), PN (4 DAYS SUPPLY PER FILL), MDS
BYSANTI TITRATION PACK C 1 & 2 & 6 MG TAB THPK	2	PA, QL (8 ea per 3 days), PN (3 DAYS SUPPLY PER FILL), MDS
CARDAMYST 2 X 70 MG/DOSE SOLUTION	2	PA, QL (2 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), MDS
CONEXXENCE 60 MG/ML SOLN PRSYR	2	QL (1 unit per 180 days), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
CRENESSITY (25 MG CAP, 50 MG CAP, 100 MG CAP)	2	PA, LA, QL (60 units per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
CRENESSITY 50 MG/ML SOLUTION	2	PA, LA, QL (120 units per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
DANZITEN (71 MG TAB, 95 MG TAB)	2	QL (112 units per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
DATROWAY 100 MG RECON SOLN	2	PA, QL (6 units per 21 days), SP, MDS
DOPTELET SPRINKLE 10 MG CAP SPRINK	2	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
EBGLYSS 250 MG/2ML SOLN PRSYR	2	PA, QL (2 units per 28 days), SP, MDS
EKTERLY 300 MG TAB	2	PA, QL (4 units per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	2	QL (3 units per 1 day)
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	2	QL (4 units per 1 day)
ELIQUIS 0.15 MG CAP SPRINK	2	QL (74 units per 30 days)
ELIQUIS 0.5 MG TAB SOL	2	QL (592 units per 30 days)
EMRELIS (20 MG RECON SOLN, 100 MG RECON SOLN)	2	PA, PN (28 DAYS SUPPLY PER FILL), SP, MDS
EXDENSUR 100 MG/ML SOLN PRSYR	2	PA, QL (1 ml per 180 days), PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)

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
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	2	PA, QL (1 unit per 1 day)
EXXUA TITRATION PACK 18.2 MG TAB ER 24H	2	PA, QL (1 unit per 1 day)
GOMEKLI (1 MG CAP, 1 MG TAB SOL)	2	PA, QL (168 units per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
GOMEKLI 2 MG CAP	2	PA, QL (84 units per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
HERCESSI (150 MG RECON SOLN, 420 MG RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL), SP, MDS
HERNEXEOS 60 MG TAB	2	QL (3 units per 1 day), PA-NSO, PN (MIN 30 DAY SUPPLY; MAX 40 DAY SUPPLY), SP, PN (MIN 30 DAY SUPPLY; MAX 40 DAY SUPPLY)
HYRNUO 10 MG TAB	2	QL (120 units per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
IBTROZI 200 MG CAP	2	QL (90 units per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
ICOTYDE 200 MG TAB	2	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
IDVYNSO 100-0.25 MG TAB	2	QL (1 ea per 1 day)
IMKELDI 80 MG/ML SOLUTION	2	QL (280 units per 28 days), PA-NSO, SP, MDS
INLURIYO 200 MG TAB	2	QL (60 units per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	2	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
JOBEVNE (100 MG/4ML SOLUTION, 400 MG/16ML SOLUTION)	2	PA, PN (34 DAYS SUPPLY PER FILL), SP, MDS
JUBBONTI 60 MG/ML SOLN PRSYR	2	QL (1 unit per 180 days), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
KEYTRUDA QLEX (395-4800 MG -UNT/2.4ML SOLUTION, 790-9600 MG -UNT/4.8ML SOLUTION)	2	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIRSTY (100 UNIT/ML SOLN PEN, 100 UNIT/ML SOLUTION)	2	
KOMZIFTI 200 MG CAP	2	QL (90 units per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
KOSELUGO 5 MG CAP SPRINK	2	QL (600 units per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
KOSELUGO 7.5 MG CAP SPRINK	2	QL (360 units per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
LIFYORLI (125 MG DOSE) 1 X 25 MG & 1 X 100 MG CAP THPK	2	QL (18 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS

Drug Name	Drug Tier	Requirements/Limits
LIFYORLI (150 MG DOSE) 2 X 25 MG & 1 X 100 MG CAP THPK	2	QL (27 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
LOARGYS 2 MG/0.4ML SOLUTION	2	PA, LA, PN (34 DAYS SUPPY PER FILL), SP, MDS
MERILOG 100 UNIT/ML SOLUTION	2	
MERILOG SOLOSTAR 100 UNIT/ML SOLN PEN	2	
MFLUSIVA 0.38 ML SUSP PRSYR	0	MDS
MODEYSO 125 MG CAP	2	LA, QL (20 units per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
MYQORZO (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	2	PA, LA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
NEULASTA 4 MG/0.4ML SOLUTION	2	PA, QL (0.029 ml per 1 days), SP
OMLYCLO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	2	PA, QL (4 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
OMLYCLO 75 MG/0.5ML SOLN PRSYR	2	PA, QL (5 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
OPDIVO QVANTIG 300-5000 MG -UT/2.5ML SOLUTION	2	PA, PN (28 DAYS SUPPLY PER FILL), SP, MDS
OPDIVO QVANTIG 600-10000 MG-UT/5ML SOLUTION	2	PA, SP, MDS
OSENVELT 120 MG/1.7ML SOLUTION	2	PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OTEZLA XR 75 MG TAB ER 24H	2	QL (30 units per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
PENMENVY RECON SUSP	0	QL (1 unit per 999 days), AL, MDS
PREVYMIS (20 MG PACKET, 120 MG PACKET)	2	PA, QL (4 units per 1 day)
REDEMPLO 25 MG/0.5ML SOLN PRSYR	2	PA, LA, QL (0.5 ml per 90 days), PN (90 DAYS SUPPLY PER FILL), SP, MDS
REVUFORJ (110 MG TAB, 160 MG TAB)	2	QL (120 units per 30 days), PA-NSO, SP, MDS
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	2	LA, QL (8 units per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL), SP, MDS
RYBREVANT FASPRO (1600-20000 MG-UT/10ML SOLUTION, 2240-28000 MG-UT/14ML SOLUTION, 2400-30000 MG-UT/15ML SOLUTION, 3520-44000 MG-UT/22ML SOLUTION)	2	PA, PN (34 DAYS SUPPLY PER FILL), SP, MDS
RYZNEUTA 20 MG/ML SOLN PRSYR	2	PA, QL (0.072 ml per 1 days), SP
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	0	QL (2 units per lifetime), AL, MDS
STOBOCLO 60 MG/ML SOLN PRSYR	2	QL (1 unit per 180 days), PN (TWO 180 DAY SUPPLIES IN 365 DAYS), SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)

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
SUNLENCA 300 MG TAB	2	QL (4 units per 2 days), PN (2 DAYS SUPPLY IN 180 DAYS), MDS
TRYNGOLZA 80 MG/0.8ML SOLN A-INJ	2	PA, QL (0.8 units per 30 days), PN (30 DAYS SUPPLY PER FILL), SP, MDS
VEPPANU (100 MG TAB, 200 MG TAB)	2	QL (30 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL), SP, MDS
VYKAT XR (25 MG TAB ER 24H, 75 MG TAB ER 24H, 150 MG TAB ER 24H)	2	PA, LA, QL (84 units per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
WYOST 120 MG/1.7ML SOLUTION	2	PN (28 DAYS SUPPLY PER FILL), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
YARTEMLEA 370 MG/2ML SOLUTION	2	PA, QL (8 ml per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	2	QL (0.5 units per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY), MDS
YESINTEK 130 MG/26ML SOLUTION	2	PA, SP, MDS
YESINTEK 90 MG/ML SOLN PRSYR	2	QL (1 unit per 56 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY), MDS
YEZTUGO 300 MG TAB	0	QL (4 ea per 2 days), PN (2 DAYS SUPPLY PER FILL), MDS
YUVIWEL (1.3 MG RECON SOLN, 2.8 MG RECON SOLN)	2	PA, LA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
YUVIWEL 5.5 MG RECON SOLN	2	PA, LA, QL (8 ea per 28 days), PN (28 DAYS SUPPLY PER FILL), SP, MDS
ZIIHERA 300 MG RECON SOLN	2	PA, SP, MDS
ZYCUBO 2.9 MG RECON SOLN	2	PA, LA, PN (28 DAYS SUPPLY PER FILL), SP, MDS
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide er (7.5 mg tab er 24h, 15 mg tab er 24h)	1	
fesoterodine fumarate er (4 mg tab er 24h, 8 mg tab er 24h)	1	
oxybutynin chloride (5 mg tab, 5 mg/5ml solution)	1	
oxybutynin chloride er (5 mg tab er 24h, 10 mg tab er 24h, 15 mg tab er 24h)	1	
OXYTROL 3.9 MG/24HR PATCH TW	2	

Drug Name	Drug Tier	Requirements/Limits
solifenacin succinate (5 mg tab, 10 mg tab)	1	
tolterodine tartrate (1 mg tab, 2 mg tab)	1	
tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)	1	
trospium chloride 20 mg tab	1	
trospium chloride er 60 mg cap er 24h	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ 8 MG/ML SRER	2	QL (10 units per 1 day)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl 100 mg tab	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB RECON SOLN	0	MDS
BEXSERO SUSP PRSYR	0	MDS
CAPVAXIVE 0.5 ML SOLN PRSYR	0	QL (0.5 units per lifetime), AL, MDS
HIBERIX 10 MCG RECON SOLN	0	MDS
MENVEO (RECON SOLN, SOLUTION)	0	MDS
PEDVAXHIB 7.5 MCG/0.5ML SUSPENSION	0	
PENBRAYA RECON SUSP	0	QL (2 units per lifetime)
PNEUMOVAX 23 25 MCG/0.5ML SOLN PRSYR	0	
PREVNAR 20 0.5 ML SUSP PRSYR	0	QL (0.5 units per lifetime), MDS
TRUMENBA SUSP PRSYR	0	MDS
VAXNEUVANCE 0.5 ML SUSP PRSYR	0	AL, MDS
VIVOTIF CAP DR	2	QL (4 units per fill), MDS
VIRAL VACCINES		
ABRYSVO 120 MCG/0.5ML RECON SOLN	0	AL, MDS
ACAM2000 RECON SOLN	0	MDS

Drug Name	Drug Tier	Requirements/Limits
AFLURIA SUSPENSION	0	MDS
AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR	0	MDS
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	MDS
AREXVY 120 MCG/0.5ML RECON SUSP	0	QL (1 unit per lifetime), AL, MDS
AUDENZ (0.5 ML PRSYR, EMULSION)	0	QL (1 unit per lifetime), AL, MDS
COMIRNATY 30 MCG/0.3ML SUSP PRSYR	0	
COMIRNATY 30 MCG/0.3ML SUSPENSION	0	MDS
COMIRNATY 5-11 YEARS 10 MCG/0.3ML SUSPENSION	0	MDS
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	0	MDS
FLUAD 0.5 ML SUSP PRSYR	0	MDS
FLUAD QUADRIVALENT 0.5 ML PRSYR	0	MDS
FLUARIX 0.5 ML SUSP PRSYR	0	MDS
FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR	0	MDS
FLUBLOK 0.5 ML SOLN PRSYR	0	MDS
FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR	0	MDS
FLUCELVAX (0.5 ML SUSP PRSYR, SUSPENSION)	0	MDS
FLUCELVAX QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	MDS
FLULAVAL 0.5 ML SUSP PRSYR	0	MDS
FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR	0	MDS
FLUMIST LIQUID	0	MDS
FLUMIST QUADRIVALENT SUSPENSION	0	MDS
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	0	MDS
FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR	0	MDS
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	0	MDS
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	0	
HAVRIX (720 U/0.5ML SUSP PRSYR, 1440 U/ML SUSP PRSYR)	0	AL, MDS
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	0	MDS
IPOL SUSPENSION	0	MDS
JYNNEOS 0.5 ML SUSPENSION	0	AL, MDS

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
M-M-R II RECON SOLN	0	
MNEXSPIKE 10 MCG/0.2ML SUSP PRSYR	0	MDS
MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION	0	MDS
MODERNA COVID-19 VAC 6M-11Y 25 MCG/0.25ML SUSP PRSYR	0	MDS
MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION	0	MDS
MRESVIA 50 MCG/0.5ML SUSP PRSYR	1	QL (0.5 units per lifetime), AL, MDS
NOVAVAX COVID-19 VACCINE (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	0	MDS
NUVAXOVID COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR	0	MDS
PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION	0	MDS
PFIZER COVID-19 VAC-TRIS 5-11Y (10 MCG/0.2ML SUSPENSION, 10 MCG/0.3ML SUSPENSION)	0	MDS
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.2ML SUSPENSION	0	MDS
PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION	0	MDS
PREHEVBRIO 10 MCG/ML SUSPENSION	0	MDS
PRIORIX RECON SUSP	0	MDS
PROQUAD RECON SUSP	0	
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION)	0	
SANOFI COVID-19 VAC (BOOSTER) 5 MCG/0.5ML EMULSION	0	MDS
SHINGRIX 50 MCG/0.5ML RECON SUSP	0	AL, MDS
SPIKEVAX (50 MCG/0.5ML SUSP PRSYR, 50 MCG/0.5ML SUSPENSION)	0	MDS
SPIKEVAX 6M-11Y 25 MCG/0.25ML SUSP PRSYR	0	MDS
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	0	AL, MDS
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	0	AL, MDS
VARIVAX 1350 PFU/0.5ML RECON SUSP	0	
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	2	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate 2 % cream	1	
metronidazole 0.75 % gel	1	
terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXX 1.8-1-0.4 % GEL	0	
PHEXXI 1.8-1-0.4 % GEL	0	
VAGINAL ESTROGENS		
estradiol (0.01 % cream, 10 mcg tab)	1	
yuvafem 10 mcg tab	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	AL, MDS
epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)	1	QL (2 units per fill)
midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol 1.25 mg (50000 ut) cap	1	
phytonadione 5 mg tab	1	
vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)	1	

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