healthteam advantage℠

2026

# Comprehensive Formulary

**HealthTeam Advantage Plan I** (PPO) H9808-004
**HealthTeam Advantage Plan II** (PPO) H9808-005
**HealthTeam Advantage Vitality Plan** (PPO) H9808-010

Formulary ID: **26309**, Version Number **13**

This formulary was updated on **05/28/2026**. For more recent information or other questions, please contact your HealthTeam Advantage Healthcare Concierge at 1-888-965-1965
(TTY users should call 711), October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, or visit htanc.com.

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

When this Drug List (formulary) refers to "we," "us", or "our," it means Care N' Care Insurance Company of North Carolina. When it refers to "plan" or "our plan," it means HealthTeam Advantage.

This document includes Drug List (formulary) for our plan which is current as of **06/01/2026.** For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

**What is the HealthTeam Advantage formulary?**

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

**Can the formulary change?**

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

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

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

  We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable

biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply (31-day if resides in long-term care facility) of the drug and notice of the change.

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new

restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 06/01/2026*.* To get updated information about the drugs covered by HealthTeam Advantage please contact us. Our contact information appears on the front and back cover pages. In addition, each month the plan posts an updated Comprehensive formulary and a Formulary Addendum that has all of the changes on the website.

**How do I use the formulary?**
There are two ways to find your drug within the formulary:

**Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

**Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **103.** The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

**What are generic drugs?**

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more

complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

**Are there any restrictions on my coverage?**

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HealthTeam Advantage to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the HealthTeam Advantage’s formulary?” on page vi for information about how to request an exception.

**What if my drug is not on the formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact your Healthcare Concierge and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

- You can ask HealthTeam Advantage to make an exception and cover your drug. See below for information about how to request an exception.

**How do I request an exception to the HealthTeam Advantage's formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, HealthTeam Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply (31-day if resides in long-term care facility). If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply (31-day if resides in long-term care facility) of medication. If coverage is not approved, after your first 30-day supply (31-day if resides in long-term care facility), we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

In addition, if you experience a change in your treatment setting due to the level of care you require, we will allow an emergency transition or level of care fill. Such transitions include:

- If you are discharged from a hospital or skilled nursing facility to a home setting.
- If you are admitted to a hospital or skilled nursing facility from a home setting.
- If you transfer from one skilled nursing facility to another and that new facility is serviced by a different pharmacy.
- If you end your skilled nursing facility Medicare Part A stay – where payments include all pharmacy charges – and now you need to use your Part D plan benefit.
- If you give up Hospice status and revert back to standard Medicare Part A and B coverage.

**For more information**

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

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

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

**HealthTeam Advantage formulary**

The formulary that begins on page 1 provides coverage information about the drugs covered by HealthTeam Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page **103.**

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

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

All drugs on this formulary available via mail-order benefit. Contact your Healthcare Concierge for details. Our contact information appears on the front and back cover pages.

**KEY:**

- **BD** = Part B versus Part D – This drug may be covered under Medicare Part B or Part D depending upon the circumstances.
- **EX** = Excluded Drugs - This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- **INS** = Insulin – You won't pay more than $0 for one-month supply of insulin products on Tier 6.
- **PA** = Prior Authorization – You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** = Quantity Limits – There is a limit on the amount of drug that is covered per prescription, or within a specific time frame.
- **ST** = Step Therapy – In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- **VAC** = Vaccine – Vaccine recommended by the Advisory Committee on Immunization Practices (ACIP) available at $0 cost-share

Every drug on HealthTeam Advantage's Drug List is in one of five cost-sharing tiers. The second column of the Drug List contains the tier for each drug.

- **Tier 1 – Preferred Generics**: Generic drugs that are available at the lowest cost-share for this plan.
- **Tier 2 – Generics**: Generics that are available at a higher cost to you than drugs in Tier 1.
- **Tier 3 – Preferred Brands**: Generic or brand drugs that are available at a lower cost to you than drugs in Tier 4. Insulins in this tier are available at the lesser of Tier 3 coinsurance or $35 per month supply. Vaccines recommended by ACIP in this tier are available at $0 cost-share.
- **Tier 4 – Non-Preferred Drugs**: Generic or brand drugs that are available at a higher cost to you than drugs that are in Tier 3.

- **Tier 5 – Specialty Drugs**: This is the highest cost tier. Includes some injectables and other high-cost drugs.

During the Deductible Stage you pay 100% of the cost of the medications in Tier 4 and Tier 5. During Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. For more information on Copayment and Coinsurance, please review your Evidence of Coverage.

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **ANALGESICS** | | |
| *acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml* | 3 | |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg* | 2 | |
| *buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr* | 4 | QL (4 EA per 28 days) |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | 2 | QL (60 EA per 30 days) |
| *diclofenac potassium oral tablet 50 mg* | 3 | |
| *diclofenac sodium er oral tablet extended release 24 hour 100 mg* | 3 | |
| *diclofenac sodium external solution 1.5 %* | 4 | PA |
| *diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg* | 2 | |
| *diflunisal oral tablet 500 mg* | 3 | |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 7.5-325 MG | 3 | |
| ENDOCET ORAL TABLET 5-325 MG | 2 | |
| *etodolac oral capsule 200 mg, 300 mg* | 3 | |
| *etodolac oral tablet 400 mg, 500 mg* | 3 | |
| *fentanyl citrate buccal lozenge on a handle 1600 mcg, 400 mcg, 800 mcg* | 5 | PA |
| *fentanyl citrate buccal lozenge on a handle 200 mcg* | 4 | PA |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr* | 4 | |
| *flurbiprofen oral tablet 100 mg* | 2 | |
| *hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml* | 3 | |
| *hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 2 | |
| *hydromorphone hcl injection solution 4 mg/ml* | 4 | |
| *hydromorphone hcl oral tablet 2 mg, 4 mg* | 2 | |
| *hydromorphone hcl oral tablet 8 mg* | 4 | |
| *hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml* | 4 | |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG | 1 | |
| *ibuprofen oral suspension 100 mg/5ml* | 2 | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 1 | |
| *indomethacin er oral capsule extended release 75 mg* | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *indomethacin oral capsule 25 mg, 50 mg* | 2 | |
| JOURNAVX ORAL TABLET 50 MG | 4 | QL (30 EA per 90 days) |
| *ketorolac tromethamine +rfid injection solution 30 mg/ml* | 4 | |
| *ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml* | 4 | |
| *ketorolac tromethamine intramuscular solution 60 mg/2ml* | 4 | |
| *ketorolac tromethamine oral tablet 10 mg* | 4 | QL (20 EA per 30 days) |
| *meloxicam oral tablet 15 mg, 7.5 mg* | 1 | |
| METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML | 3 | |
| *methadone hcl oral concentrate 10 mg/ml* | 3 | |
| *methadone hcl oral solution 10 mg/5ml, 5 mg/5ml* | 3 | |
| *methadone hcl oral tablet 10 mg, 5 mg* | 2 | |
| *morphine sulfate (concentrate) oral solution 100 mg/5ml* | 3 | |
| *morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml* | 2 | |
| *morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg* | 3 | |
| *morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml* | 2 | |
| *morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml* | 3 | |
| *morphine sulfate oral tablet 15 mg, 30 mg* | 3 | |
| *nabumetone oral tablet 500 mg, 750 mg* | 2 | |
| *naproxen dr oral tablet delayed release 500 mg* | 4 | |
| *naproxen oral tablet 250 mg, 375 mg, 500 mg* | 1 | |
| *naproxen oral tablet delayed release 375 mg* | 2 | |
| *naproxen oral tablet delayed release 500 mg* | 4 | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 3 | |
| *oxaprozin oral tablet 600 mg* | 3 | |
| *oxycodone hcl oral solution 5 mg/5ml* | 3 | |
| *oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg* | 2 | |
| *oxycodone hcl oral tablet 20 mg, 30 mg* | 3 | |
| *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg* | 3 | |
| *oxycodone-acetaminophen oral tablet 5-325 mg* | 2 | |
| *piroxicam oral capsule 10 mg, 20 mg* | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *sulindac oral tablet 150 mg, 200 mg* | 2 | |
| *tramadol hcl oral tablet 50 mg* | 1 | |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | 2 | |
| XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG | 3 | |
| **ANESTHETICS** | | |
| *lidocaine external ointment 5 %* | 3 | PA; QL (150 GM per 30 days) |
| *lidocaine external patch 5 %* | 4 | PA |
| *lidocaine-prilocaine external cream 2.5-2.5 %* | 2 | PA; QL (30 GM per 30 days) |
| TRIDACAINE II EXTERNAL PATCH 5 % | 4 | PA |
| TRIDACAINE III EXTERNAL PATCH 5 % | 4 | PA |
| **ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS** | | |
| *acamprosate calcium oral tablet delayed release 333 mg* | 4 | |
| *buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg* | 2 | |
| *buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg* | 3 | |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg* | 2 | |
| *bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg* | 2 | QL (60 EA per 30 days) |
| *disulfiram oral tablet 250 mg, 500 mg* | 3 | |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML | 4 | |
| *naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml* | 2 | |
| *naloxone hcl injection solution cartridge 0.4 mg/ml* | 2 | |
| *naloxone hcl injection solution prefilled syringe 2 mg/2ml* | 3 | |
| *naloxone hcl nasal liquid 4 mg/0.1ml* | 3 | |
| *naltrexone hcl oral tablet 50 mg* | 2 | |
| NICOTROL NS NASAL SOLUTION 10 MG/ML | 4 | QL (360 ML per 365 days) |
| OPVEE NASAL SOLUTION 2.7 MG/0.1ML | 3 | |
| REXTOVY NASAL LIQUID 4 MG/0.25ML | 4 | |
| TYRVAYA NASAL SOLUTION 0.03 MG/ACT | 4 | QL (8.4 ML per 30 days) |
| *varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42* | 4 | QL (504 EA per 365 days) |
| *varenicline tartrate oral tablet 0.5 mg, 1 mg* | 4 | QL (504 EA per 365 days) |
| *varenicline tartrate(continue) oral tablet 1 mg* | 4 | QL (504 EA per 365 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG | 5 | |
| **ANTIBACTERIALS** | | |
| ADVOCATE ALCOHOL PREP PADS PAD 70 % | 3 | |
| *alcohol pads pad 70 %* | 3 | |
| *alcohol prep pad , 70 %* | 3 | |
| *alcohol prep pads pad 70 %* | 3 | |
| *alcohol swabs pad , 70 %* | 3 | |
| *alcohol swabstick pad* | 3 | |
| *amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml* | 4 | |
| *amoxicillin oral capsule 250 mg, 500 mg* | 1 | |
| *amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml* | 1 | |
| *amoxicillin oral tablet 500 mg, 875 mg* | 1 | |
| *amoxicillin oral tablet chewable 125 mg, 250 mg* | 2 | |
| *amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg* | 4 | |
| *amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml* | 2 | |
| *amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml* | 4 | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg* | 4 | |
| *amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg* | 2 | |
| *ampicillin oral capsule 500 mg* | 2 | |
| *ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm* | 3 | |
| *ampicillin sodium intravenous solution reconstituted 10 gm* | 3 | |
| *ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm* | 3 | |
| *ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm* | 3 | |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML | 5 | PA |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML | 4 | |
| *aum alcohol prep pads pad 70 %* | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *azithromycin intravenous solution reconstituted 500 mg* | 3 | |
| *azithromycin oral packet 1 gm* | 2 | |
| *azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml* | 2 | |
| *azithromycin oral tablet 250 mg, 500 mg, 600 mg* | 1 | |
| *aztreonam injection solution reconstituted 1 gm, 2 gm* | 4 | |
| BD SWAB SINGLE USE REGULAR PAD | 3 | |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML | 4 | |
| CARETOUCH ALCOHOL PREP PAD 70 % | 3 | |
| *cefaclor oral capsule 250 mg, 500 mg* | 2 | |
| *cefaclor oral suspension reconstituted 250 mg/5ml* | 4 | |
| *cefadroxil oral capsule 500 mg* | 2 | |
| *cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml* | 2 | |
| *cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg* | 4 | |
| *cefdinir oral capsule 300 mg* | 2 | |
| *cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | 2 | |
| *cefepime hcl injection solution reconstituted 1 gm* | 4 | |
| *cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml* | 4 | |
| *cefepime hcl intravenous solution reconstituted 100 gm, 2 gm* | 4 | |
| *cefepime-dextrose intravenous solution reconstituted 2-5 gm-%(50ml)* | 4 | |
| *cefixime oral capsule 400 mg* | 4 | |
| *cefotetan disodium injection solution reconstituted 1 gm, 2 gm* | 4 | |
| *cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm* | 3 | |
| *cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml* | 3 | |
| *cefpodoxime proxetil oral tablet 100 mg, 200 mg* | 4 | |
| *cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | 3 | |
| *cefprozil oral tablet 250 mg, 500 mg* | 2 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg* | 5 | |
| *ceftazidime injection solution reconstituted 1 gm, 6 gm* | 3 | |
| *ceftazidime intravenous solution reconstituted 2 gm* | 3 | |
| *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg* | 3 | |
| *ceftriaxone sodium intravenous solution reconstituted 10 gm* | 3 | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | 2 | |
| *cefuroxime sodium injection solution reconstituted 750 mg* | 3 | |
| *cefuroxime sodium intravenous solution reconstituted 1.5 gm* | 3 | |
| *cephalexin oral capsule 250 mg, 500 mg* | 2 | |
| *cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | 2 | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg* | 1 | |
| *ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml* | 3 | |
| *clarithromycin er oral tablet extended release 24 hour 500 mg* | 4 | |
| *clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml* | 4 | |
| *clarithromycin oral tablet 250 mg, 500 mg* | 2 | |
| CLINDACIN ETZ EXTERNAL SWAB 1 % | 3 | |
| CLINDACIN-P EXTERNAL SWAB 1 % | 3 | |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | 2 | |
| *clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml* | 4 | |
| *clindamycin phosphate external swab 1 %* | 3 | |
| *clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml* | 3 | |
| *clindamycin phosphate vaginal cream 2 %* | 4 | |
| *colistimethate sodium (cba) injection solution reconstituted 150 mg* | 4 | |
| COMFORT TOUCH ALCOHOL PREP PAD 70 % | 3 | |
| CURITY ALCOHOL PREPS PAD 70 % | 3 | |
| *cvs alcohol prep pads pad 70 %* | 3 | |
| *cvs prep pad 70 %* | 3 | |
| *daptomycin intravenous solution reconstituted 350 mg, 500 mg* | 4 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *daptomycin-sodium chloride intravenous solution 1000-0.9 mg/100ml-%, 350-0.9 mg/50ml-%, 500-0.9 mg/50ml-%, 700-0.9 mg/100ml-%* | 4 | |
| *demeclocycline hcl oral tablet 150 mg, 300 mg* | 4 | |
| *dicloxacillin sodium oral capsule 250 mg, 500 mg* | 2 | |
| DIFICID ORAL TABLET 200 MG | 5 | |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 4 | |
| *doxycycline hyclate intravenous solution reconstituted 100 mg* | 4 | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | 2 | |
| *doxycycline hyclate oral tablet 100 mg* | 2 | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | 2 | |
| *doxycycline monohydrate oral suspension reconstituted 25 mg/5ml* | 3 | |
| *doxycycline monohydrate oral tablet 100 mg, 50 mg* | 2 | |
| *doxycycline monohydrate oral tablet 150 mg, 75 mg* | 3 | |
| DROPSAFE ALCOHOL PREP PAD 70 % | 3 | |
| *easy comfort alcohol pads pad* | 3 | |
| EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % | 3 | |
| *eql alcohol swabs pad 70 %* | 3 | |
| *ertapenem sodium injection solution reconstituted 1 gm* | 4 | |
| *erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg* | 4 | |
| *erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg* | 4 | |
| *fidaxomicin oral tablet 200 mg* | 5 | |
| FIFTY50 ALCOHOL PREP PAD 70 % | 3 | |
| *fosfomycin tromethamine oral packet 3 gm* | 4 | |
| *gentamicin sulfate external cream 0.1 %* | 3 | |
| *gentamicin sulfate external ointment 0.1 %* | 3 | |
| *gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml* | 3 | |
| *global alcohol prep ease pad 70 %* | 3 | |
| *gnp alcohol swabs pad 70 %* | 3 | |
| *goodsense alcohol swabs pad 70 %* | 3 | |
| *h-e-b incontrol alcohol pad* | 3 | |
| HUMATIN ORAL CAPSULE 250 MG | 5 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg* | 3 | |
| IMPAVIDO ORAL CAPSULE 50 MG | 5 | |
| *levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml* | 4 | |
| *levofloxacin intravenous solution 25 mg/ml* | 4 | |
| *levofloxacin oral solution 25 mg/ml* | 4 | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | 2 | |
| *linezolid intravenous solution 600 mg/300ml* | 4 | |
| *linezolid oral suspension reconstituted 100 mg/5ml* | 5 | QL (1800 ML per 28 days) |
| *linezolid oral tablet 600 mg* | 4 | QL (56 EA per 28 days) |
| *meijer alcohol swabs pad 70 %* | 3 | |
| *meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg* | 3 | |
| *methenamine hippurate oral tablet 1 gm* | 4 | |
| *metronidazole intravenous solution 500 mg/100ml* | 2 | |
| *metronidazole oral tablet 250 mg, 500 mg* | 1 | |
| *metronidazole vaginal gel 0.75 %* | 3 | |
| *minocycline hcl oral capsule 100 mg, 50 mg, 75 mg* | 3 | |
| *moxifloxacin hcl in nacl intravenous solution 400 mg/250ml* | 4 | |
| *moxifloxacin hcl oral tablet 400 mg* | 3 | |
| *nafcillin sodium injection solution reconstituted 1 gm, 2 gm* | 4 | |
| *nafcillin sodium intravenous solution reconstituted 10 gm* | 4 | |
| *neomycin sulfate oral tablet 500 mg* | 2 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | 3 | |
| *nitrofurantoin monohyd macro oral capsule 100 mg* | 2 | |
| *oxacillin sodium injection solution reconstituted 1 gm, 2 gm* | 4 | |
| *oxacillin sodium intravenous solution reconstituted 10 gm* | 4 | |
| *penicillin g sodium injection solution reconstituted 5000000 unit* | 5 | |
| *penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml* | 2 | |
| *penicillin v potassium oral tablet 250 mg, 500 mg* | 2 | |
| PHARMACIST CHOICE ALCOHOL PAD | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm* | 4 | |
| *pro comfort alcohol pad 70 %* | 3 | |
| *pure comfort alcohol prep pad* | 3 | |
| *qc alcohol swabs pad 70 %* | 3 | |
| *ra alcohol swabs pad 70 %* | 3 | |
| *reality swabs pad* | 3 | |
| RELION ALCOHOL SWABS PAD , 70 % | 3 | |
| *saps care alcohol prep pad 70 %* | 3 | |
| *saps health alcohol prep pad , 70 %* | 3 | |
| *saps health care alcohol prep pad 70 %* | 3 | |
| *sb alcohol prep pad 70 %* | 3 | |
| *streptomycin sulfate intramuscular solution reconstituted 1 gm* | 5 | |
| *sulfadiazine oral tablet 500 mg* | 5 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml* | 3 | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg* | 1 | |
| *sure comfort alcohol prep pad 70 %* | 3 | |
| TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM | 3 | |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 6 GM | 3 | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG | 5 | |
| *tetracycline hcl oral capsule 250 mg, 500 mg* | 3 | |
| *tigecycline intravenous solution reconstituted 50 mg* | 4 | |
| *tinidazole oral tablet 250 mg, 500 mg* | 4 | |
| *tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml* | 4 | |
| *tobramycin sulfate injection solution reconstituted 1.2 gm* | 4 | |
| *trimethoprim oral tablet 100 mg* | 2 | |
| *true comfort alcohol prep pads pad 70 %* | 3 | |
| *true comfort pro alcohol prep pad 70 %* | 3 | |
| ULTICARE ALCOHOL SWABS PAD , 70 % | 3 | |
| *ultilet alcohol swabs pad* | 3 | |
| *ultra-care alcohol prep pads pad 70 %* | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *vancomycin hcl intravenous solution reconstituted 1 gm, 1.75 gm, 10 gm, 2 gm, 500 mg, 750 mg* | 3 | |
| *vancomycin hcl oral capsule 125 mg* | 4 | QL (120 EA per 30 days) |
| *vancomycin hcl oral capsule 250 mg* | 4 | QL (240 EA per 30 days) |
| VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG | 4 | PA |
| VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG | 4 | PA |
| WEBCOL ALCOHOL PREP LARGE PAD 70 % | 3 | |
| WEBCOL ALCOHOL PREP MEDIUM PAD 70 % | 3 | |
| *zevrx sterile alcohol prep pad pad 70 %* | 3 | |
| **ANTICONVULSANTS** | | |
| *brivaracetam oral solution 10 mg/ml* | 4 | PA |
| *brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg* | 4 | PA |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 5 | PA |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 5 | PA |
| *carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg* | 4 | |
| *carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg* | 3 | |
| *carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml* | 3 | |
| *carbamazepine oral tablet 200 mg* | 3 | |
| *carbamazepine oral tablet chewable 100 mg, 200 mg* | 2 | |
| *clobazam oral suspension 2.5 mg/ml* | 4 | |
| *clobazam oral tablet 10 mg, 20 mg* | 4 | |
| *clonazepam oral tablet 0.5 mg, 1 mg* | 1 | QL (90 EA per 30 days) |
| *clonazepam oral tablet 2 mg* | 1 | QL (300 EA per 30 days) |
| *clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg* | 4 | QL (90 EA per 30 days) |
| *clonazepam oral tablet dispersible 2 mg* | 4 | QL (300 EA per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | 5 | PA |
| DIACOMIT ORAL PACKET 250 MG, 500 MG | 5 | PA |
| *diazepam rectal gel 10 mg, 2.5 mg, 20 mg* | 4 | |
| DILANTIN ORAL CAPSULE 30 MG | 4 | |
| *divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg* | 2 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *divalproex sodium oral capsule delayed release sprinkle 125 mg* | 2 | |
| *divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg* | 2 | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 5 | PA |
| EPITOL ORAL TABLET 200 MG | 3 | |
| EPRONTIA ORAL SOLUTION 25 MG/ML | 4 | |
| *eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg* | 4 | |
| *ethosuximide oral capsule 250 mg* | 3 | |
| *ethosuximide oral solution 250 mg/5ml* | 3 | |
| *felbamate oral suspension 600 mg/5ml* | 4 | |
| *felbamate oral tablet 400 mg, 600 mg* | 4 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 5 | PA |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 5 | |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG | 5 | |
| FYCOMPA ORAL TABLET 2 MG | 4 | |
| *gabapentin oral capsule 100 mg, 300 mg* | 1 | QL (360 EA per 30 days) |
| *gabapentin oral capsule 400 mg* | 1 | QL (270 EA per 30 days) |
| *gabapentin oral solution 250 mg/5ml, 300 mg/6ml* | 4 | QL (2160 ML per 30 days) |
| *gabapentin oral tablet 600 mg* | 2 | QL (180 EA per 30 days) |
| *gabapentin oral tablet 800 mg* | 2 | QL (150 EA per 30 days) |
| *lacosamide intravenous solution 200 mg/20ml* | 4 | |
| *lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml* | 4 | |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 4 | |
| *lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg* | 4 | |
| *lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg* | 4 | |
| *lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | 1 | |
| *lamotrigine oral tablet chewable 25 mg, 5 mg* | 2 | |
| *lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg* | 4 | |
| *lamotrigine starter kit-blue oral kit 35 x 25 mg* | 4 | |
| *lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg* | 4 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg* | 4 | |
| *levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg* | 3 | |
| *levetiracetam intravenous solution 500 mg/5ml* | 2 | |
| *levetiracetam oral solution 100 mg/ml, 500 mg/5ml* | 2 | |
| *levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg* | 2 | |
| *levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg* | 4 | |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | 4 | QL (10 EA per 30 days) |
| *methsuximide oral capsule 300 mg* | 4 | |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | 4 | QL (10 EA per 30 days) |
| *oxcarbazepine oral suspension 300 mg/5ml* | 4 | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | 2 | |
| *perampanel oral suspension 0.5 mg/ml* | 5 | |
| *perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg* | 5 | |
| *perampanel oral tablet 2 mg* | 4 | |
| *phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml* | 4 | |
| *phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg* | 4 | |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | 2 | |
| PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG | 2 | |
| *phenytoin oral suspension 125 mg/5ml* | 2 | |
| *phenytoin oral tablet chewable 50 mg* | 2 | |
| *phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg* | 2 | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg* | 2 | QL (90 EA per 30 days) |
| *pregabalin oral capsule 300 mg* | 2 | QL (60 EA per 30 days) |
| *pregabalin oral solution 20 mg/ml* | 4 | QL (900 ML per 30 days) |
| *primidone oral tablet 125 mg, 250 mg, 50 mg* | 2 | |
| RELGAABI ORAL CAPSULE 300 MG | 1 | QL (270 EA per 30 days) |
| RELGAABI ORAL CAPSULE 400 MG | 1 | QL (360 EA per 30 days) |
| ROWEEPRA ORAL TABLET 500 MG | 2 | |
| *rufinamide oral suspension 40 mg/ml* | 5 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *rufinamide oral tablet 200 mg* | 4 | |
| *rufinamide oral tablet 400 mg* | 5 | |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG | 4 | |
| SUBVENITE ORAL SUSPENSION 10 MG/ML | 4 | |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | 1 | |
| SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG | 4 | |
| SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG | 4 | |
| SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG | 4 | |
| SYMPAZAN ORAL FILM 10 MG, 5 MG | 4 | |
| SYMPAZAN ORAL FILM 20 MG | 5 | |
| *tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | 4 | |
| *topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg* | 3 | |
| *topiramate oral solution 25 mg/ml* | 4 | |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *valproic acid oral capsule 250 mg* | 2 | |
| *valproic acid oral solution 250 mg/5ml, 500 mg/10ml* | 2 | |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML | 5 | QL (10 EA per 30 days) |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML | 5 | QL (10 EA per 30 days) |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML | 5 | QL (10 EA per 30 days) |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML | 5 | QL (10 EA per 30 days) |
| *vigabatrin oral packet 500 mg* | 5 | PA |
| *vigabatrin oral tablet 500 mg* | 5 | PA |
| VIGADRONE ORAL PACKET 500 MG | 5 | PA |
| VIGADRONE ORAL TABLET 500 MG | 5 | PA |
| VIGAFYDE ORAL SOLUTION 100 MG/ML | 5 | PA |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 5 | PA |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG | 5 | PA |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | 5 | PA |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG | 4 | PA |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | 5 | PA |
| ZONISADE ORAL SUSPENSION 100 MG/5ML | 4 | ST |
| *zonisamide oral capsule 100 mg, 25 mg, 50 mg* | 2 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 5 | PA |
| **ANTIDEMENTIA AGENTS** | | |
| *donepezil hcl oral tablet 10 mg, 5 mg* | 1 | |
| *donepezil hcl oral tablet 23 mg* | 4 | |
| *donepezil hcl oral tablet dispersible 10 mg, 5 mg* | 2 | |
| *galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg* | 4 | |
| *galantamine hydrobromide oral solution 4 mg/ml* | 4 | |
| *galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg* | 4 | |
| *memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg* | 4 | QL (30 EA per 30 days) |
| *memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg* | 2 | |
| *memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg* | 3 | QL (30 EA per 30 days) |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | 2 | |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr* | 4 | |
| **ANTIDEPRESSANTS** | | |
| *amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 3 | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | 4 | |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG | 4 | QL (60 EA per 30 days) |
| *bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg* | 2 | QL (90 EA per 30 days) |
| *bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg* | 2 | QL (60 EA per 30 days) |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg* | 2 | QL (90 EA per 30 days) |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg* | 2 | QL (30 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *bupropion hcl oral tablet 100 mg, 75 mg* | 2 | |
| *citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml* | 4 | |
| *citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg* | 1 | |
| *clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg* | 4 | |
| *desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 4 | |
| *desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg* | 2 | QL (120 EA per 30 days) |
| *desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg* | 2 | QL (30 EA per 30 days) |
| *doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 3 | |
| *doxepin hcl oral concentrate 10 mg/ml* | 4 | |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG | 4 | QL (60 EA per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG | 4 | QL (90 EA per 30 days) |
| *duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg* | 2 | QL (60 EA per 30 days) |
| *duloxetine hcl oral capsule delayed release particles 30 mg* | 2 | QL (90 EA per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | 5 | QL (30 EA per 30 days); ST |
| *escitalopram oxalate oral solution 10 mg/10ml, 5 mg/5ml* | 3 | |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* | 1 | |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG | 5 | ST |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 36.3 MG, 54.5 MG, 72.6 MG | 5 | QL (30 EA per 30 days); ST |
| EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG | 5 | ST |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG | 4 | QL (30 EA per 30 days); ST |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG | 4 | QL (56 EA per 365 days); ST |
| *fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg* | 1 | |
| *fluoxetine hcl oral solution 20 mg/5ml* | 4 | |
| *fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg* | 2 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | 4 | |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg* | 2 | |
| *mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg* | 3 | |
| *nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | 4 | |
| *nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | 2 | |
| *nortriptyline hcl oral solution 10 mg/5ml* | 4 | |
| *paroxetine hcl oral suspension 10 mg/5ml* | 4 | |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* | 2 | |
| *phenelzine sulfate oral tablet 15 mg* | 3 | |
| *protriptyline hcl oral tablet 10 mg, 5 mg* | 4 | |
| RALDESY ORAL SOLUTION 10 MG/ML | 5 | |
| *sertraline hcl oral concentrate 20 mg/ml* | 3 | |
| *sertraline hcl oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE | 5 | PA |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE | 5 | PA |
| *tranylcypromine sulfate oral tablet 10 mg* | 4 | |
| *trazodone hcl oral tablet 100 mg, 150 mg, 50 mg* | 1 | |
| *trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg* | 4 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 4 | QL (30 EA per 30 days) |
| *venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg* | 2 | |
| *venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 2 | |
| *vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg* | 4 | QL (30 EA per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 5 | PA; QL (28 EA per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 5 | PA; QL (14 EA per 14 days) |
| **ANTIEMETICS** | | |
| *aprepitant oral capsule 125 mg* | 5 | BD; QL (2 EA per 30 days) |
| *aprepitant oral capsule 40 mg* | 4 | BD; QL (1 EA per 30 days) |
| *aprepitant oral capsule 80 mg* | 4 | BD; QL (8 EA per 30 days) |
| *aprepitant oral capsule therapy pack 80 & 125 mg* | 4 | BD; QL (6 EA per 30 days) |
| COMPRO RECTAL SUPPOSITORY 25 MG | 4 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | 4 | PA; QL (60 EA per 30 days) |
| *meclizine hcl oral tablet 12.5 mg, 25 mg* | 4 | |
| *ondansetron hcl oral solution 4 mg/5ml* | 4 | BD; QL (450 ML per 30 days) |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 1 | BD |
| *ondansetron oral tablet dispersible 4 mg, 8 mg* | 2 | BD |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | 2 | |
| *prochlorperazine rectal suppository 25 mg* | 4 | |
| *promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml* | 3 | |
| *promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg* | 2 | |
| *promethazine hcl rectal suppository 12.5 mg, 25 mg* | 4 | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG | 4 | |
| *scopolamine transdermal patch 72 hour 1 mg/3days* | 4 | |
| **ANTIFUNGALS** | | |
| *amphotericin b intravenous solution reconstituted 50 mg* | 4 | BD |
| *amphotericin b liposome intravenous suspension reconstituted 50 mg* | 5 | BD |
| *caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg* | 4 | |
| *clotrimazole external cream 1 %* | 2 | QL (90 GM per 30 days) |
| *clotrimazole external solution 1 %* | 2 | QL (60 ML per 30 days) |
| *clotrimazole mouth/throat troche 10 mg* | 3 | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | 5 | PA |
| *econazole nitrate external cream 1 %* | 2 | |
| *fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%* | 3 | |
| *fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml* | 3 | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 2 | |
| *flucytosine oral capsule 250 mg, 500 mg* | 5 | |
| *griseofulvin microsize oral suspension 125 mg/5ml* | 4 | |
| *griseofulvin microsize oral tablet 500 mg* | 4 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | 4 | |
| *itraconazole oral capsule 100 mg* | 4 | PA |
| JUBLIA EXTERNAL SOLUTION 10 % | 5 | |
| *ketoconazole external cream 2 %* | 2 | QL (90 GM per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *ketoconazole external shampoo 2 %* | 2 | |
| *ketoconazole oral tablet 200 mg* | 2 | |
| KLAYESTA EXTERNAL POWDER 100000 UNIT/GM | 2 | QL (120 GM per 30 days) |
| *micafungin sodium intravenous solution reconstituted 100 mg, 50 mg* | 4 | |
| NYAMYC EXTERNAL POWDER 100000 UNIT/GM | 2 | QL (120 GM per 30 days) |
| *nystatin external cream 100000 unit/gm* | 2 | |
| *nystatin external ointment 100000 unit/gm* | 2 | |
| *nystatin external powder 100000 unit/gm* | 2 | QL (120 GM per 30 days) |
| *nystatin mouth/throat suspension 100000 unit/ml* | 2 | |
| *nystatin oral tablet 500000 unit* | 3 | |
| NYSTOP EXTERNAL POWDER 100000 UNIT/GM | 2 | QL (120 GM per 30 days) |
| *posaconazole oral suspension 40 mg/ml* | 5 | PA |
| *posaconazole oral tablet delayed release 100 mg* | 5 | PA |
| *terbinafine hcl oral tablet 250 mg* | 2 | QL (84 EA per 180 days) |
| *terconazole vaginal cream 0.4 %, 0.8 %* | 3 | |
| *voriconazole intravenous solution reconstituted 200 mg* | 5 | PA |
| *voriconazole oral suspension reconstituted 40 mg/ml* | 5 | |
| *voriconazole oral tablet 200 mg, 50 mg* | 4 | |
| **ANTIGOUT AGENTS** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 1 | |
| *colchicine oral tablet 0.6 mg* | 3 | |
| *colchicine-probenecid oral tablet 0.5-500 mg* | 2 | |
| *febuxostat oral tablet 40 mg, 80 mg* | 4 | |
| *probenecid oral tablet 500 mg* | 2 | |
| **ANTIMIGRAINE AGENTS** | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 3 | PA; QL (1 ML per 28 days) |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML | 3 | PA; QL (2 ML per 28 days) |
| *dihydroergotamine mesylate nasal solution 4 mg/ml* | 4 | PA; QL (8 ML per 30 days) |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; QL (3 ML per 28 days) |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 3 | PA; QL (2 ML per 28 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | 3 | PA; QL (2 ML per 28 days) |
| *ergotamine-caffeine oral tablet 1-100 mg* | 3 | QL (24 EA per 28 days) |
| *naratriptan hcl oral tablet 1 mg, 2.5 mg* | 3 | QL (9 EA per 30 days) |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG | 5 | PA; QL (18 EA per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 5 | PA; QL (30 EA per 30 days) |
| *rizatriptan benzoate oral tablet 10 mg, 5 mg* | 2 | QL (18 EA per 30 days) |
| *rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg* | 3 | QL (18 EA per 30 days) |
| *sumatriptan nasal solution 20 mg/act, 5 mg/act* | 4 | QL (12 EA per 30 days) |
| *sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg* | 2 | QL (9 EA per 30 days) |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5ml* | 4 | QL (5 ML per 30 days) |
| *sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml* | 4 | QL (5 ML per 30 days) |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | 3 | |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 5 | PA; QL (16 EA per 30 days) |
| *zolmitriptan oral tablet 2.5 mg, 5 mg* | 3 | QL (12 EA per 30 days) |
| **ANTIMYASTHENIC AGENTS** | | |
| *pyridostigmine bromide oral tablet 60 mg* | 2 | |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML | 5 | PA |
| **ANTIMYCOBACTERIALS** | | |
| *cycloserine oral capsule 250 mg* | 5 | |
| *dapsone oral tablet 100 mg, 25 mg* | 3 | |
| *ethambutol hcl oral tablet 100 mg, 400 mg* | 2 | |
| *isoniazid injection solution 100 mg/ml* | 4 | |
| *isoniazid oral syrup 50 mg/5ml* | 4 | |
| *isoniazid oral tablet 100 mg, 300 mg* | 1 | |
| PRIFTIN ORAL TABLET 150 MG | 4 | |
| *pyrazinamide oral tablet 500 mg* | 3 | |
| *rifabutin oral capsule 150 mg* | 4 | |
| *rifampin intravenous solution reconstituted 600 mg* | 4 | |
| *rifampin oral capsule 150 mg, 300 mg* | 3 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 5 | |
| **ANTINEOPLASTICS** | | |
| *abiraterone acetate oral tablet 250 mg* | 4 | PA |
| *abiraterone acetate oral tablet 500 mg* | 5 | PA |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ABIRTEGA ORAL TABLET 250 MG | 4 | PA |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 5 | PA |
| ALECENSA ORAL CAPSULE 150 MG | 5 | PA |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 5 | PA; QL (30 EA per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA; QL (120 EA per 30 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | 5 | PA; QL (60 EA per 365 days) |
| *anastrozole oral tablet 1 mg* | 1 | |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG | 5 | PA |
| AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG | 5 | PA |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 5 | PA; QL (30 EA per 30 days) |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | 5 | PA |
| *bexarotene external gel 1 %* | 5 | PA |
| *bexarotene oral capsule 75 mg* | 5 | PA |
| *bicalutamide oral tablet 50 mg* | 2 | |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG | 5 | PA |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG | 5 | PA |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA |
| BRUKINSA ORAL CAPSULE 80 MG | 5 | PA |
| BRUKINSA ORAL TABLET 160 MG | 5 | PA |
| CABOMETYX ORAL TABLET 20 MG | 5 | PA; QL (30 EA per 30 days) |
| CABOMETYX ORAL TABLET 40 MG, 60 MG | 5 | PA |
| CALQUENCE ORAL TABLET 100 MG | 5 | PA |
| CAPRELSA ORAL TABLET 100 MG | 5 | PA; QL (60 EA per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 5 | PA |
| *cisplatin intravenous solution 100 mg/100ml* | 4 | |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 5 | PA |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 5 | PA |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG | 5 | PA |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 5 | PA |
| COTELLIC ORAL TABLET 20 MG | 5 | PA |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | 3 | BD |
| DANZITEN ORAL TABLET 71 MG, 95 MG | 5 | PA |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg* | 5 | PA |
| DAURISMO ORAL TABLET 100 MG, 25 MG | 5 | PA |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 3 | |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG | 5 | PA |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA |
| ERLEADA ORAL TABLET 240 MG, 60 MG | 5 | PA |
| *erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg* | 4 | PA |
| EULEXIN ORAL CAPSULE 125 MG | 4 | |
| *everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 5 | PA; QL (30 EA per 30 days) |
| *everolimus oral tablet soluble 2 mg, 3 mg, 5 mg* | 5 | PA |
| *exemestane oral tablet 25 mg* | 4 | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 5 | PA |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG | 5 | PA |
| GAVRETO ORAL CAPSULE 100 MG | 5 | PA |
| *gefitinib oral tablet 250 mg* | 5 | PA |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA; QL (30 EA per 30 days) |
| GLEOSTINE ORAL CAPSULE 10 MG, 40 MG | 4 | |
| GLEOSTINE ORAL CAPSULE 100 MG | 5 | |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG | 5 | PA |
| GOMEKLI ORAL TABLET SOLUBLE 1 MG | 5 | PA |
| HERNEXEOS ORAL TABLET 60 MG | 5 | PA |
| *hydroxyurea oral capsule 500 mg* | 2 | |
| HYRNUO ORAL TABLET 10 MG | 5 | PA |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 5 | PA |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 5 | PA |
| IBTROZI ORAL CAPSULE 200 MG | 5 | PA |
| ICLUSIG ORAL TABLET 10 MG, 15 MG | 5 | PA; QL (30 EA per 30 days) |
| ICLUSIG ORAL TABLET 30 MG, 45 MG | 5 | PA |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 5 | PA; QL (30 EA per 30 days) |
| *imatinib mesylate oral tablet 100 mg* | 3 | PA |
| *imatinib mesylate oral tablet 400 mg* | 4 | PA |
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA; QL (120 EA per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA; QL (28 EA per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 5 | PA |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| IMBRUVICA ORAL TABLET 140 MG, 280 MG | 5 | PA; QL (28 EA per 28 days) |
| IMBRUVICA ORAL TABLET 420 MG | 5 | PA |
| *imkeldi oral solution 80 mg/ml* | 5 | PA |
| INLURIYO ORAL TABLET 200 MG | 5 | PA |
| INLYTA ORAL TABLET 1 MG, 5 MG | 5 | PA |
| INQOVI ORAL TABLET 35-100 MG | 5 | PA |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA |
| ITOVEBI ORAL TABLET 3 MG | 5 | PA; QL (60 EA per 30 days) |
| ITOVEBI ORAL TABLET 9 MG | 5 | PA |
| IWILFIN ORAL TABLET 192 MG | 5 | PA |
| JAKAFI ORAL TABLET 10 MG | 5 | PA; QL (60 EA per 30 days) |
| JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA |
| JAYPIRCA ORAL TABLET 100 MG | 5 | PA |
| JAYPIRCA ORAL TABLET 50 MG | 5 | PA; QL (30 EA per 30 days) |
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA |
| KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA |
| KOMZIFTI ORAL CAPSULE 200 MG | 5 | PA |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG | 5 | PA |
| KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG | 5 | PA |
| KRAZATI ORAL TABLET 200 MG | 5 | PA |
| *lapatinib ditosylate oral tablet 250 mg* | 5 | PA |
| LAZCLUZE ORAL TABLET 240 MG | 5 | PA |
| LAZCLUZE ORAL TABLET 80 MG | 5 | PA; QL (60 EA per 30 days) |
| LEDERLE LEUCOVORIN ORAL TABLET 5 MG | 3 | |
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg* | 5 | PA |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG | 5 | PA |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG | 5 | PA |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | 5 | PA |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | 5 | PA |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG | 5 | PA |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | 5 | PA |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG | 5 | PA |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG | 5 | PA |
| *letrozole oral tablet 2.5 mg* | 2 | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | 3 | |
| LEUKERAN ORAL TABLET 2 MG | 5 | |
| *lomustine oral capsule 10 mg, 40 mg* | 4 | |
| *lomustine oral capsule 100 mg* | 5 | |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 5 | PA |
| LORBRENA ORAL TABLET 100 MG, 25 MG | 5 | PA |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG | 5 | PA |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA |
| LYSODREN ORAL TABLET 500 MG | 5 | |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA |
| MATULANE ORAL CAPSULE 50 MG | 5 | |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML | 5 | PA |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | 5 | PA |
| MEKTOVI ORAL TABLET 15 MG | 5 | PA |
| *mercaptopurine oral suspension 2000 mg/100ml* | 5 | |
| *mercaptopurine oral tablet 50 mg* | 3 | |
| *mesna oral tablet 400 mg* | 5 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| MODEYSO ORAL CAPSULE 125 MG | 5 | PA |
| NERLYNX ORAL TABLET 40 MG | 5 | PA; QL (180 EA per 30 days) |
| *nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg* | 5 | PA |
| *nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg* | 5 | PA |
| *nilutamide oral tablet 150 mg* | 5 | |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA |
| NUBEQA ORAL TABLET 300 MG | 5 | PA |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML | 5 | PA |
| OJEMDA ORAL TABLET 100 MG | 5 | PA |
| OJJAARA ORAL TABLET 100 MG, 200 MG | 5 | PA |
| OJJAARA ORAL TABLET 150 MG | 5 | PA; QL (30 EA per 30 days) |
| ONUREG ORAL TABLET 200 MG, 300 MG | 5 | PA |
| ORSERDU ORAL TABLET 345 MG, 86 MG | 5 | PA |
| PANRETIN EXTERNAL GEL 0.1 % | 5 | |
| *pazopanib hcl oral tablet 200 mg, 400 mg* | 5 | PA |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 5 | PA; QL (30 EA per 30 days) |
| PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML | 5 | PA |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | 5 | PA |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG | 5 | PA |
| POMALYST ORAL CAPSULE 1 MG, 2 MG | 5 | PA; QL (30 EA per 30 days) |
| POMALYST ORAL CAPSULE 3 MG, 4 MG | 5 | PA |
| QINLOCK ORAL TABLET 50 MG | 5 | PA |
| RETEVMO ORAL CAPSULE 40 MG, 80 MG | 5 | PA |
| RETEVMO ORAL TABLET 120 MG, 160 MG | 5 | PA |
| RETEVMO ORAL TABLET 40 MG | 5 | PA; QL (90 EA per 30 days) |
| RETEVMO ORAL TABLET 80 MG | 5 | PA; QL (60 EA per 30 days) |
| REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG | 5 | PA |
| REZLIDHIA ORAL CAPSULE 150 MG | 5 | PA |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | 5 | PA |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG | 5 | PA |
| ROZLYTREK ORAL PACKET 50 MG | 5 | PA |
| RUBRACA ORAL TABLET 200 MG | 5 | PA; QL (120 EA per 30 days) |
| RUBRACA ORAL TABLET 250 MG, 300 MG | 5 | PA |
| RYDAPT ORAL CAPSULE 25 MG | 5 | PA |
| SCEMBLIX ORAL TABLET 100 MG | 5 | PA; QL (120 EA per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 5 | PA; QL (60 EA per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 5 | PA; QL (240 EA per 30 days) |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML | 5 | |
| *sorafenib tosylate oral tablet 200 mg* | 5 | PA |
| STIVARGA ORAL TABLET 40 MG | 5 | PA |
| *sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* | 5 | PA |
| TABLOID ORAL TABLET 40 MG | 5 | |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 5 | PA; QL (120 EA per 30 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 5 | PA |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG | 5 | PA |
| TAGRISSO ORAL TABLET 40 MG | 5 | PA; QL (30 EA per 30 days) |
| TAGRISSO ORAL TABLET 80 MG | 5 | PA |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 5 | PA |
| *tamoxifen citrate oral tablet 10 mg, 20 mg* | 2 | |
| TAZVERIK ORAL TABLET 200 MG | 5 | PA |
| TEPMETKO ORAL TABLET 225 MG | 5 | PA |
| TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML | 5 | PA |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA |
| TIBSOVO ORAL TABLET 250 MG | 5 | PA |
| *topotecan hcl intravenous solution 4 mg/4ml* | 5 | |
| *topotecan hcl intravenous solution reconstituted 4 mg* | 5 | |
| *toremifene citrate oral tablet 60 mg* | 4 | |
| TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | 5 | PA; QL (30 EA per 30 days) |
| *tretinoin oral capsule 10 mg* | 5 | |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 5 | PA |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG | 5 | PA |
| TUKYSA ORAL TABLET 150 MG, 50 MG | 5 | PA |
| TURALIO ORAL CAPSULE 125 MG | 5 | PA |
| VALCHLOR EXTERNAL GEL 0.016 % | 5 | PA |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 5 | PA |
| VENCLEXTA ORAL TABLET 10 MG | 4 | PA |
| VENCLEXTA ORAL TABLET 100 MG, 50 MG | 5 | PA |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | 5 | PA |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | 5 | PA |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 5 | PA |
| VONJO ORAL CAPSULE 100 MG | 5 | PA |
| VORANIGO ORAL TABLET 10 MG | 5 | PA; QL (60 EA per 30 days) |
| VORANIGO ORAL TABLET 40 MG | 5 | PA |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA |
| XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG | 5 | PA |
| XOSPATA ORAL TABLET 40 MG | 5 | PA |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 5 | PA |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG | 5 | PA |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 5 | PA |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 5 | PA |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG | 5 | PA |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 5 | PA |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA |
| XTANDI ORAL TABLET 40 MG, 80 MG | 5 | PA |
| YONSA ORAL TABLET 125 MG | 5 | PA |
| ZEJULA ORAL TABLET 100 MG | 5 | PA; QL (30 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ZEJULA ORAL TABLET 200 MG, 300 MG | 5 | PA |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | PA |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA |
| ZYKADIA ORAL TABLET 150 MG | 5 | PA |
| **ANTIPARASITICS** | | |
| *albendazole oral tablet 200 mg* | 4 | |
| *atovaquone oral suspension 750 mg/5ml* | 4 | |
| *atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg* | 3 | |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | 3 | |
| COARTEM ORAL TABLET 20-120 MG | 4 | |
| *hydroxychloroquine sulfate oral tablet 100 mg, 200 mg* | 2 | |
| *ivermectin oral tablet 3 mg, 6 mg* | 2 | PA |
| *mefloquine hcl oral tablet 250 mg* | 2 | |
| *nitazoxanide oral tablet 500 mg* | 5 | |
| *pentamidine isethionate inhalation solution reconstituted 300 mg* | 3 | BD |
| *pentamidine isethionate injection solution reconstituted 300 mg* | 3 | |
| *praziquantel oral tablet 600 mg* | 4 | |
| *primaquine phosphate oral tablet 26.3 (15 base) mg* | 3 | |
| *pyrimethamine oral tablet 25 mg* | 5 | PA |
| *quinine sulfate oral capsule 324 mg* | 3 | PA |
| **ANTIPARKINSON AGENTS** | | |
| *benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |
| *bromocriptine mesylate oral capsule 5 mg* | 4 | |
| *bromocriptine mesylate oral tablet 2.5 mg* | 4 | |
| *carbidopa oral tablet 25 mg* | 4 | |
| *carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg* | 3 | |
| *carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg* | 2 | |
| *carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg* | 4 | |
| *entacapone oral tablet 200 mg* | 3 | |
| INBRIJA INHALATION CAPSULE 42 MG | 5 | PA |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | 2 | |
| *rasagiline mesylate oral tablet 0.5 mg, 1 mg* | 4 | |
| *ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | 4 | |
| *ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | 2 | |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | 4 | ST |
| *selegiline hcl oral capsule 5 mg* | 3 | |
| *selegiline hcl oral tablet 5 mg* | 3 | |
| *trihexyphenidyl hcl oral tablet 2 mg, 5 mg* | 4 | |
| **ANTIPSYCHOTICS** | | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG | 5 | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | 5 | |
| *aripiprazole oral solution 1 mg/ml* | 4 | QL (750 ML per 30 days) |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | 2 | QL (30 EA per 30 days) |
| *aripiprazole oral tablet dispersible 10 mg, 15 mg* | 4 | QL (60 EA per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML | 5 | |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML | 5 | |
| *asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg* | 4 | QL (60 EA per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 5 | PA; QL (30 EA per 30 days) |
| *chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml* | 4 | |
| *chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | 4 | |
| *clozapine oral tablet 100 mg* | 4 | QL (270 EA per 30 days) |
| *clozapine oral tablet 200 mg* | 4 | QL (120 EA per 30 days) |
| *clozapine oral tablet 25 mg* | 3 | QL (270 EA per 30 days) |
| *clozapine oral tablet 50 mg* | 3 | QL (180 EA per 30 days) |
| *clozapine oral tablet dispersible 100 mg, 25 mg* | 4 | QL (270 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *clozapine oral tablet dispersible 12.5 mg* | 4 | QL (90 EA per 30 days) |
| *clozapine oral tablet dispersible 150 mg* | 4 | QL (180 EA per 30 days) |
| *clozapine oral tablet dispersible 200 mg* | 4 | QL (120 EA per 30 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 5 | QL (60 EA per 30 days); ST |
| FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG | 4 | QL (16 EA per 365 days); ST |
| FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG | 4 | QL (24 EA per 365 days); ST |
| FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG | 4 | QL (16 EA per 365 days); ST |
| *fluphenazine decanoate injection solution 25 mg/ml* | 4 | |
| *fluphenazine hcl injection solution 2.5 mg/ml* | 4 | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | 4 | |
| *fluphenazine hcl oral elixir 2.5 mg/5ml* | 4 | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | 4 | |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml* | 3 | |
| *haloperidol lactate injection solution 5 mg/ml* | 2 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | 2 | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg* | 2 | |
| *haloperidol oral tablet 20 mg* | 3 | |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML | 5 | ST |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML | 5 | |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 4 | |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML | 5 | |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | 2 | |
| *lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg* | 4 | QL (30 EA per 30 days) |
| *lurasidone hcl oral tablet 80 mg* | 4 | QL (60 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 5 | QL (30 EA per 30 days); ST |
| *molindone hcl oral tablet 10 mg, 25 mg, 5 mg* | 4 | |
| NUPLAZID ORAL CAPSULE 34 MG | 5 | PA |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA |
| *olanzapine intramuscular solution reconstituted 10 mg* | 4 | |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* | 2 | QL (30 EA per 30 days) |
| *olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg* | 3 | QL (30 EA per 30 days) |
| OPIPZA ORAL FILM 10 MG, 5 MG | 5 | PA; QL (90 EA per 30 days) |
| OPIPZA ORAL FILM 2 MG | 5 | PA; QL (30 EA per 30 days) |
| *paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg* | 4 | QL (30 EA per 30 days) |
| *paliperidone er oral tablet extended release 24 hour 6 mg* | 4 | QL (60 EA per 30 days) |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | 3 | |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG | 5 | |
| *pimozide oral tablet 1 mg, 2 mg* | 4 | |
| *quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg* | 2 | QL (60 EA per 30 days) |
| *quetiapine fumarate er oral tablet extended release 24 hour 200 mg* | 2 | QL (90 EA per 30 days) |
| *quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg* | 2 | QL (90 EA per 30 days) |
| *quetiapine fumarate oral tablet 300 mg, 400 mg* | 2 | QL (60 EA per 30 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 5 | QL (30 EA per 30 days) |
| *risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg* | 4 | |
| *risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg* | 5 | |
| *risperidone oral solution 1 mg/ml* | 2 | QL (240 ML per 30 days) |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | 1 | QL (60 EA per 30 days) |
| *risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | 4 | QL (60 EA per 30 days) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR | 5 | QL (30 EA per 30 days); ST |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 3 | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 4 | |
| *trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | 3 | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 5 | QL (540 ML per 30 days) |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG | 5 | QL (30 EA per 30 days) |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* | 3 | QL (60 EA per 30 days) |
| *ziprasidone mesylate intramuscular solution reconstituted 20 mg* | 4 | QL (60 EA per 30 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | 4 | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG | 5 | |
| **ANTISPASTICITY AGENTS** | | |
| *baclofen oral tablet 10 mg, 20 mg* | 2 | |
| *baclofen oral tablet 5 mg* | 3 | |
| *dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg* | 4 | |
| *tizanidine hcl oral tablet 2 mg, 4 mg* | 2 | |
| **ANTIVIRALS** | | |
| *abacavir sulfate oral solution 20 mg/ml* | 4 | QL (960 ML per 30 days) |
| *abacavir sulfate oral tablet 300 mg* | 3 | QL (60 EA per 30 days) |
| *abacavir sulfate-lamivudine oral tablet 600-300 mg* | 4 | QL (30 EA per 30 days) |
| *acyclovir oral capsule 200 mg* | 2 | |
| *acyclovir oral suspension 200 mg/5ml, 800 mg/20ml* | 4 | |
| *acyclovir oral tablet 400 mg, 800 mg* | 2 | |
| *acyclovir sodium intravenous solution 50 mg/ml* | 4 | BD |
| *adefovir dipivoxil oral tablet 10 mg* | 4 | |
| *amantadine hcl oral capsule 100 mg* | 2 | |
| *amantadine hcl oral solution 100 mg/10ml, 50 mg/5ml* | 2 | |
| APTIVUS ORAL CAPSULE 250 MG | 5 | QL (120 EA per 30 days) |
| *atazanavir sulfate oral capsule 150 mg* | 4 | |
| *atazanavir sulfate oral capsule 200 mg* | 4 | QL (60 EA per 30 days) |
| *atazanavir sulfate oral capsule 300 mg* | 4 | QL (30 EA per 30 days) |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 5 | QL (600 ML per 30 days) |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 5 | QL (30 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML | 5 | |
| CIMDUO ORAL TABLET 300-300 MG | 5 | QL (30 EA per 30 days) |
| *darunavir oral tablet 600 mg* | 4 | QL (60 EA per 30 days) |
| *darunavir oral tablet 800 mg* | 4 | QL (30 EA per 30 days) |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 5 | QL (30 EA per 30 days) |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | 5 | QL (30 EA per 30 days) |
| DOVATO ORAL TABLET 50-300 MG | 5 | QL (30 EA per 30 days) |
| EDURANT ORAL TABLET 25 MG | 5 | QL (30 EA per 30 days) |
| EDURANT PED ORAL TABLET SOLUBLE 2.5 MG | 5 | QL (180 EA per 30 days) |
| *efavirenz oral tablet 600 mg* | 4 | QL (30 EA per 30 days) |
| *efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg* | 3 | QL (30 EA per 30 days) |
| *efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg* | 5 | QL (30 EA per 30 days) |
| *emtricitabine oral capsule 200 mg* | 4 | QL (30 EA per 30 days) |
| *emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg* | 4 | QL (30 EA per 30 days) |
| *emtricitabine-tenofovir df oral tablet 133-200 mg* | 5 | QL (30 EA per 30 days) |
| *emtricitabine-tenofovir df oral tablet 200-300 mg* | 2 | QL (30 EA per 30 days) |
| *emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg* | 5 | QL (30 EA per 30 days) |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 4 | QL (850 ML per 30 days) |
| *entecavir oral tablet 0.5 mg, 1 mg* | 4 | QL (30 EA per 30 days) |
| *etravirine oral tablet 100 mg* | 4 | QL (60 EA per 30 days) |
| *etravirine oral tablet 200 mg* | 5 | QL (60 EA per 30 days) |
| EVOTAZ ORAL TABLET 300-150 MG | 5 | QL (30 EA per 30 days) |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 3 | |
| *fosamprenavir calcium oral tablet 700 mg* | 5 | QL (120 EA per 30 days) |
| *ganciclovir sodium intravenous solution 500 mg/10ml* | 2 | BD |
| *ganciclovir sodium intravenous solution reconstituted 500 mg* | 2 | BD |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 5 | QL (30 EA per 30 days) |
| INTELENCE ORAL TABLET 25 MG | 4 | QL (120 EA per 30 days) |
| ISENTRESS HD ORAL TABLET 600 MG | 5 | QL (60 EA per 30 days) |
| ISENTRESS ORAL PACKET 100 MG | 5 | QL (60 EA per 30 days) |
| ISENTRESS ORAL TABLET 400 MG | 5 | QL (60 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | 5 | QL (180 EA per 30 days) |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | 3 | QL (180 EA per 30 days) |
| JULUCA ORAL TABLET 50-25 MG | 5 | QL (30 EA per 30 days) |
| KALETRA ORAL SOLUTION 400-100 MG/5ML | 4 | |
| LAGEVRIO ORAL CAPSULE 200 MG | 3 | QL (40 EA per 5 days) |
| *lamivudine oral solution 10 mg/ml, 300 mg/30ml* | 3 | QL (960 ML per 30 days) |
| *lamivudine oral tablet 100 mg* | 3 | |
| *lamivudine oral tablet 150 mg* | 2 | QL (60 EA per 30 days) |
| *lamivudine oral tablet 300 mg* | 3 | QL (30 EA per 30 days) |
| *lamivudine-zidovudine oral tablet 150-300 mg* | 3 | QL (60 EA per 30 days) |
| LIVTENCITY ORAL TABLET 200 MG | 5 | |
| *lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg* | 4 | |
| *maraviroc oral tablet 150 mg* | 5 | QL (60 EA per 30 days) |
| *maraviroc oral tablet 300 mg* | 5 | QL (120 EA per 30 days) |
| MAVYRET ORAL PACKET 50-20 MG | 5 | PA; QL (560 EA per 365 days) |
| MAVYRET ORAL TABLET 100-40 MG | 5 | PA; QL (336 EA per 365 days) |
| *nevirapine er oral tablet extended release 24 hour 400 mg* | 4 | QL (30 EA per 30 days) |
| *nevirapine oral suspension 50 mg/5ml* | 3 | QL (1200 ML per 30 days) |
| *nevirapine oral tablet 200 mg* | 2 | QL (60 EA per 30 days) |
| NORVIR ORAL PACKET 100 MG | 4 | QL (360 EA per 30 days) |
| ODEFSEY ORAL TABLET 200-25-25 MG | 5 | QL (30 EA per 30 days) |
| *oseltamivir phosphate oral capsule 30 mg* | 2 | QL (168 EA per 365 days) |
| *oseltamivir phosphate oral capsule 45 mg* | 2 | QL (84 EA per 365 days) |
| *oseltamivir phosphate oral capsule 75 mg* | 2 | QL (110 EA per 365 days) |
| *oseltamivir phosphate oral suspension reconstituted 6 mg/ml* | 3 | QL (1080 ML per 365 days) |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG | 3 | QL (20 EA per 5 days) |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG | 3 | QL (11 EA per 5 days) |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG | 3 | QL (30 EA per 5 days) |
| PIFELTRO ORAL TABLET 100 MG | 5 | QL (30 EA per 30 days) |
| PREVYMIS ORAL PACKET 120 MG, 20 MG | 5 | |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 5 | |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG | 5 | QL (30 EA per 30 days) |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 5 | QL (400 ML per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| PREZISTA ORAL TABLET 150 MG | 5 | QL (180 EA per 30 days) |
| PREZISTA ORAL TABLET 75 MG | 4 | QL (300 EA per 30 days) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 4 | QL (240 EA per 365 days) |
| REYATAZ ORAL PACKET 50 MG | 5 | QL (180 EA per 30 days) |
| *ribavirin oral tablet 200 mg* | 3 | |
| *rilpivirine hcl oral tablet 25 mg* | 5 | QL (30 EA per 30 days) |
| *ritonavir oral tablet 100 mg* | 3 | QL (360 EA per 30 days) |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | 5 | QL (60 EA per 30 days) |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 5 | |
| *sofosbuvir-velpatasvir oral tablet 400-100 mg* | 5 | PA; QL (84 EA per 365 days) |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 5 | QL (30 EA per 30 days) |
| SUNLENCA ORAL TABLET 300 MG | 5 | QL (24 EA per 168 days) |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG | 5 | QL (8 EA per 365 days) |
| SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG | 5 | QL (10 EA per 365 days) |
| SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML | 5 | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 5 | QL (30 EA per 30 days) |
| *tenofovir disoproxil fumarate oral tablet 300 mg* | 4 | QL (30 EA per 30 days) |
| TIVICAY ORAL TABLET 10 MG | 4 | QL (30 EA per 30 days) |
| TIVICAY ORAL TABLET 25 MG | 5 | QL (30 EA per 30 days) |
| TIVICAY ORAL TABLET 50 MG | 5 | QL (60 EA per 30 days) |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG | 4 | QL (180 EA per 30 days) |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | QL (30 EA per 30 days) |
| *triumeq pd oral tablet soluble 60-5-30 mg* | 4 | QL (180 EA per 30 days) |
| TYBOST ORAL TABLET 150 MG | 3 | QL (30 EA per 30 days) |
| *valacyclovir hcl oral tablet 1 gm, 500 mg* | 3 | QL (120 EA per 30 days) |
| *valganciclovir hcl oral solution reconstituted 50 mg/ml* | 5 | |
| *valganciclovir hcl oral tablet 450 mg* | 3 | |
| VIRACEPT ORAL TABLET 250 MG | 5 | QL (300 EA per 30 days) |
| VIRACEPT ORAL TABLET 625 MG | 5 | QL (120 EA per 30 days) |
| VIREAD ORAL POWDER 40 MG/GM | 5 | QL (240 GM per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | QL (30 EA per 30 days) |
| VOCABRIA ORAL TABLET 30 MG | 5 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| VOSEVI ORAL TABLET 400-100-100 MG | 5 | PA; QL (84 EA per 365 days) |
| VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML | 5 | PA |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG | 3 | |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG | 3 | |
| *zidovudine oral capsule 100 mg* | 3 | QL (180 EA per 30 days) |
| *zidovudine oral syrup 50 mg/5ml* | 3 | QL (1920 ML per 30 days) |
| *zidovudine oral tablet 300 mg* | 3 | QL (60 EA per 30 days) |
| **ANXIOLYTICS** | | |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg* | 2 | QL (120 EA per 30 days) |
| *alprazolam oral tablet 2 mg* | 2 | QL (150 EA per 30 days) |
| *buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 1 | |
| *clorazepate dipotassium oral tablet 15 mg* | 4 | QL (180 EA per 30 days) |
| *clorazepate dipotassium oral tablet 3.75 mg* | 4 | QL (720 EA per 30 days) |
| *clorazepate dipotassium oral tablet 7.5 mg* | 4 | QL (360 EA per 30 days) |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML | 2 | |
| *diazepam oral concentrate 5 mg/ml* | 2 | |
| *diazepam oral solution 5 mg/5ml* | 2 | |
| *diazepam oral tablet 10 mg* | 2 | QL (120 EA per 30 days) |
| *diazepam oral tablet 2 mg* | 2 | QL (300 EA per 30 days) |
| *diazepam oral tablet 5 mg* | 2 | QL (240 EA per 30 days) |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML | 3 | |
| *lorazepam oral concentrate 2 mg/ml* | 3 | |
| *lorazepam oral tablet 0.5 mg, 1 mg* | 2 | QL (90 EA per 30 days) |
| *lorazepam oral tablet 2 mg* | 2 | QL (150 EA per 30 days) |
| **BIPOLAR AGENTS** | | |
| IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG | 4 | PA |
| *lithium carbonate er oral tablet extended release 300 mg, 450 mg* | 2 | |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | 1 | |
| *lithium carbonate oral tablet 300 mg* | 1 | |
| *lithium oral solution 8 meq/5ml* | 2 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **BLOOD GLUCOSE REGULATORS** | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | 2 | |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE | 3 | |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE | 3 | |
| *diazoxide oral suspension 50 mg/ml* | 5 | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | INS |
| FIASP INJECTION SOLUTION 100 UNIT/ML | 3 | INS |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | INS |
| FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | INS |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | 1 | |
| *glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg* | 1 | |
| *glipizide oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg* | 1 | |
| *glucagon emergency injection solution reconstituted 1 mg* | 3 | |
| *glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg* | 1 | |
| *glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg* | 1 | |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg* | 1 | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 3 | |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML | 3 | |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML | 3 | |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML | 3 | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML | 3 | |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML | 3 | INS |
| HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | INS |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 3 | INS |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML | 3 | INS |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML | 3 | INS |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML | 3 | INS |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | INS |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | INS |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | INS |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | 3 | INS |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | INS |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML | 3 | INS |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML | 3 | INS |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML | 3 | INS |
| *insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml* | 3 | INS |
| *insulin aspart injection solution 100 unit/ml* | 3 | INS |
| *insulin aspart penfill subcutaneous solution cartridge 100 unit/ml* | 3 | INS |
| *insulin lispro injection solution 100 unit/ml* | 3 | INS |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG | 3 | |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG | 3 | |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | QL (30 EA per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG | 3 | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | INS |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | INS |
| LYUMJEV INJECTION SOLUTION 100 UNIT/ML | 3 | INS |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 3 | INS |
| *metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg* | 2 | |
| *metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg* | 1 | |
| *metformin hcl oral solution 500 mg/5ml* | 1 | |
| *metformin hcl oral tablet 1000 mg, 500 mg, 850 mg* | 1 | |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 3 | PA; QL (2 ML per 28 days) |
| *nateglinide oral tablet 120 mg, 60 mg* | 1 | |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | INS |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | INS |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | INS |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | INS |
| NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | 3 | INS |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | 3 | INS |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | INS |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | INS |
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | INS |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | INS |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | 3 | INS |
| NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML | 3 | INS |
| NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | INS |
| NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | INS |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | INS |
| NOVOLOG INJECTION SOLUTION 100 UNIT/ML | 3 | INS |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | INS |
| NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | INS |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | INS |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | INS |
| NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML | 3 | INS |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML | 3 | PA; QL (3 ML per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | 3 | PA; QL (3 ML per 28 days) |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML | 3 | PA; QL (3 ML per 28 days) |
| OZEMPIC ORAL TABLET 1.5 MG | 3 | PA; QL (60 EA per 365 days) |
| OZEMPIC ORAL TABLET 4 MG, 9 MG | 3 | PA; QL (30 EA per 30 days) |
| *pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg* | 1 | |
| *pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg* | 2 | |
| *repaglinide oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| RYBELSUS ORAL TABLET 14 MG, 7 MG | 3 | PA; QL (30 EA per 30 days) |
| RYBELSUS ORAL TABLET 3 MG | 3 | PA; QL (60 EA per 365 days) |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG | 3 | |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG | 3 | |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | INS |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML | 3 | INS |
| TRADJENTA ORAL TABLET 5 MG | 3 | QL (30 EA per 30 days) |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 3 | INS |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | INS |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG | 3 | |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | 3 | PA; QL (2 ML per 28 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG | 3 | |
| **BLOOD PRODUCTS AND MODIFIERS** | | |
| *anagrelide hcl oral capsule 0.5 mg, 1 mg* | 3 | |
| *aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg* | 4 | |
| CABLIVI INJECTION KIT 11 MG | 5 | PA; QL (30 EA per 30 days) |
| *cilostazol oral tablet 100 mg, 50 mg* | 2 | |
| *clopidogrel bisulfate oral tablet 300 mg* | 2 | |
| *clopidogrel bisulfate oral tablet 75 mg* | 1 | |
| *dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg* | 4 | QL (60 EA per 30 days) |
| DOPTELET ORAL TABLET 20 MG | 5 | PA |
| ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG | 3 | QL (420 EA per 28 days) |
| ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG | 3 | QL (560 EA per 28 days) |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | 3 | QL (148 EA per 365 days) |
| ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG | 3 | QL (84 EA per 28 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ELIQUIS ORAL TABLET 2.5 MG | 3 | QL (60 EA per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 3 | QL (90 EA per 30 days) |
| ELIQUIS ORAL TABLET SOLUBLE 0.5 MG | 3 | QL (140 EA per 28 days) |
| *eltrombopag olamine oral packet 12.5 mg, 25 mg* | 5 | PA |
| *eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg* | 5 | PA |
| *enoxaparin sodium injection solution 300 mg/3ml* | 4 | |
| *enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml* | 4 | |
| *fondaparinux sodium subcutaneous solution 10 mg/0.8ml* | 5 | |
| *fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml* | 4 | |
| FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML | 5 | |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML | 5 | |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML | 4 | |
| *heparin sodium (porcine) injection solution 5000 unit/ml* | 3 | |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | 1 | |
| NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA |
| NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4ML | 5 | PA |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA |
| *prasugrel hcl oral tablet 10 mg, 5 mg* | 2 | |
| PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 4 | PA |
| PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML | 5 | PA |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 4 | PA |
| RETACRIT INJECTION SOLUTION 40000 UNIT/ML | 5 | PA |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *ticagrelor oral tablet 60 mg, 90 mg* | 3 | |
| *tranexamic acid oral tablet 650 mg* | 3 | |
| UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA |
| UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML | 5 | PA |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA |
| *warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 | |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML | 3 | QL (600 ML per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 3 | QL (30 EA per 30 days) |
| XARELTO ORAL TABLET 15 MG | 3 | QL (60 EA per 30 days) |
| XARELTO ORAL TABLET 2.5 MG | 3 | QL (360 EA per 30 days) |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | 3 | QL (102 EA per 365 days) |
| XOLREMDI ORAL CAPSULE 100 MG | 5 | PA; QL (120 EA per 30 days) |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 5 | |
| **CARDIOVASCULAR AGENTS** | | |
| *acebutolol hcl oral capsule 200 mg, 400 mg* | 2 | |
| *aliskiren fumarate oral tablet 150 mg, 300 mg* | 2 | |
| *amiloride hcl oral tablet 5 mg* | 1 | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | 2 | |
| *amiodarone hcl oral tablet 100 mg, 400 mg* | 3 | |
| *amiodarone hcl oral tablet 200 mg* | 1 | |
| *amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg* | 1 | |
| *amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | 1 | |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | 1 | |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | 2 | |
| *atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | |
| *azilsartan medoxomil oral tablet 40 mg, 80 mg* | 4 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg* | 1 | |
| *betaxolol hcl oral tablet 10 mg, 20 mg* | 3 | |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 2 | |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | 2 | |
| *bumetanide injection solution 0.25 mg/ml* | 2 | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |
| *candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 1 | |
| *candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | 1 | |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | 2 | |
| *captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg* | 2 | |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG | 2 | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | 1 | |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 2 | |
| *cholestyramine light oral packet 4 gm* | 4 | |
| *cholestyramine light oral powder 4 gm/dose* | 4 | |
| *cholestyramine oral packet 4 gm* | 3 | |
| *cholestyramine oral powder 4 gm/dose* | 3 | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | 1 | |
| *clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr* | 4 | |
| *colesevelam hcl oral tablet 625 mg* | 4 | |
| *colestipol hcl oral granules 5 gm* | 4 | |
| *colestipol hcl oral packet 5 gm* | 4 | |
| *colestipol hcl oral tablet 1 gm* | 3 | |
| *dapagliflozin oral tablet 10 mg, 5 mg* | 3 | QL (30 EA per 30 days) |
| *digoxin oral solution 0.05 mg/ml* | 4 | |
| *digoxin oral tablet 125 mcg, 250 mcg* | 2 | |
| *digoxin oral tablet 62.5 mcg* | 4 | |
| *diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 2 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | 2 | |
| *diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg* | 4 | |
| *diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg* | 2 | |
| *diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 4 | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg* | 2 | |
| *dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg* | 2 | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | 4 | |
| *droxidopa oral capsule 100 mg* | 4 | PA |
| *droxidopa oral capsule 200 mg, 300 mg* | 5 | PA |
| EDARBI ORAL TABLET 40 MG, 80 MG | 4 | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | 4 | |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg* | 1 | |
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG | 3 | QL (240 EA per 30 days) |
| *eplerenone oral tablet 25 mg, 50 mg* | 3 | |
| *ezetimibe oral tablet 10 mg* | 2 | |
| *ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg* | 2 | |
| FARXIGA ORAL TABLET 10 MG, 5 MG | 3 | QL (30 EA per 30 days) |
| *felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg* | 2 | |
| *fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg* | 2 | |
| *fenofibrate oral capsule 134 mg, 200 mg, 67 mg* | 2 | |
| *fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg* | 2 | |
| *fenofibric acid oral capsule delayed release 135 mg, 45 mg* | 3 | |
| *flecainide acetate oral tablet 100 mg, 150 mg, 50 mg* | 2 | |
| *fluvastatin sodium er oral tablet extended release 24 hour 80 mg* | 4 | |
| *fluvastatin sodium oral capsule 20 mg, 40 mg* | 4 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg* | 1 | |
| *fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg* | 2 | |
| *furosemide injection solution 10 mg/ml* | 2 | |
| *furosemide oral solution 10 mg/ml, 8 mg/ml* | 1 | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | 1 | |
| *gemfibrozil oral tablet 600 mg* | 2 | |
| *guanfacine hcl oral tablet 1 mg, 2 mg* | 4 | |
| *hydralazine hcl oral tablet 10 mg, 25 mg, 50 mg* | 1 | |
| *hydralazine hcl oral tablet 100 mg* | 2 | |
| *hydrochlorothiazide oral capsule 12.5 mg* | 1 | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | |
| *icosapent ethyl oral capsule 0.5 gm, 1 gm* | 4 | |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | 1 | |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | 1 | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | 1 | |
| *isosorb dinitrate-hydralazine oral tablet 20-37.5 mg* | 4 | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | 2 | |
| *isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg* | 1 | |
| *isosorbide mononitrate oral tablet 10 mg, 20 mg* | 2 | |
| *isradipine oral capsule 2.5 mg, 5 mg* | 4 | |
| *ivabradine hcl oral tablet 5 mg, 7.5 mg* | 4 | QL (60 EA per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | QL (30 EA per 30 days) |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG | 4 | PA; QL (30 EA per 30 days) |
| *labetalol hcl oral tablet 100 mg, 200 mg, 300 mg* | 2 | |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | 1 | |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | |
| *losartan potassium oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | 1 | |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | 1 | |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 4 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *methyldopa oral tablet 250 mg, 500 mg* | 4 | |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | |
| *metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 | |
| *metyrosine oral capsule 250 mg* | 5 | PA |
| *mexiletine hcl oral capsule 150 mg* | 3 | |
| *mexiletine hcl oral capsule 200 mg, 250 mg* | 4 | |
| *midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg* | 2 | |
| *minoxidil oral tablet 10 mg, 2.5 mg* | 2 | |
| *moexipril hcl oral tablet 15 mg, 7.5 mg* | 2 | |
| MULTAQ ORAL TABLET 400 MG | 3 | |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | 2 | |
| *nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 3 | |
| NEXLETOL ORAL TABLET 180 MG | 4 | PA; QL (30 EA per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | 4 | PA; QL (30 EA per 30 days) |
| *niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg* | 3 | |
| *nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg* | 2 | |
| *nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg* | 2 | |
| *nimodipine oral capsule 30 mg* | 4 | |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | 4 | |
| *nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg* | 2 | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | 2 | |
| *nitroglycerin translingual solution 0.4 mg/spray* | 4 | |
| *olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg* | 1 | |
| *olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | 1 | |
| *omega-3-acid ethyl esters oral capsule 1 gm* | 3 | |
| PACERONE ORAL TABLET 100 MG, 400 MG | 3 | |
| PACERONE ORAL TABLET 200 MG | 2 | |
| *pentoxifylline er oral tablet extended release 400 mg* | 2 | |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | 2 | |
| *pindolol oral tablet 10 mg, 5 mg* | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg* | 4 | |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML | 3 | PA; QL (2 ML per 28 days) |
| *pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | |
| *prazosin hcl oral capsule 1 mg, 2 mg, 5 mg* | 2 | |
| PREVALITE ORAL PACKET 4 GM | 4 | |
| PREVALITE ORAL POWDER 4 GM/DOSE | 4 | |
| *propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg* | 4 | |
| *propafenone hcl oral tablet 150 mg, 225 mg, 300 mg* | 2 | |
| *propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg* | 2 | |
| *propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | 2 | |
| *quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | 4 | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | 1 | |
| *ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg* | 3 | |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | 3 | PA; QL (3 ML per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 3 | PA; QL (3 ML per 28 days) |
| *rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg* | 3 | QL (60 EA per 30 days) |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg* | 1 | |
| *sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg* | 2 | |
| *sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | 2 | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *spironolactone-hctz oral tablet 25-25 mg* | 2 | |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | 1 | |
| *telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | 1 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 2 | |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | 1 | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | 1 | |
| *trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg* | 2 | |
| *triamterene oral capsule 100 mg, 50 mg* | 4 | |
| *triamterene-hctz oral capsule 37.5-25 mg* | 1 | |
| *triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg* | 1 | |
| TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML | 5 | PA; QL (0.8 ML per 28 days) |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | 1 | |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | 1 | |
| *verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg* | 3 | |
| *verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg* | 2 | |
| *verapamil hcl oral tablet 120 mg, 40 mg, 80 mg* | 1 | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | PA; QL (30 EA per 30 days) |
| VYNDAMAX ORAL CAPSULE 61 MG | 5 | PA; QL (30 EA per 30 days) |
| **CENTRAL NERVOUS SYSTEM AGENTS** | | |
| *amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg* | 3 | QL (60 EA per 30 days) |
| *amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | 3 | QL (90 EA per 30 days) |
| *atomoxetine hcl oral capsule 10 mg* | 4 | QL (60 EA per 30 days) |
| *atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg* | 4 | QL (30 EA per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG | 5 | PA; QL (120 EA per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG | 5 | PA; QL (30 EA per 30 days) |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG | 5 | PA; QL (56 EA per 365 days) |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML | 5 | PA; QL (4 EA per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | 5 | PA; QL (4 EA per 28 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG | 3 | |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 5 | PA; QL (15 EA per 30 days) |
| *butalbital-apap-caffeine oral tablet 50-325-40 mg* | 3 | |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | 5 | PA; QL (60 EA per 30 days) |
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG | 5 | PA; QL (112 EA per 365 days) |
| *dalfampridine er oral tablet extended release 12 hour 10 mg* | 3 | PA; QL (60 EA per 30 days) |
| *dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg* | 3 | QL (60 EA per 30 days) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg* | 4 | QL (180 EA per 30 days) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg* | 4 | QL (120 EA per 30 days) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg* | 4 | QL (60 EA per 30 days) |
| *dextroamphetamine sulfate oral tablet 10 mg* | 3 | QL (180 EA per 30 days) |
| *dextroamphetamine sulfate oral tablet 5 mg* | 3 | QL (90 EA per 30 days) |
| *dimethyl fumarate oral capsule delayed release 120 mg, 240 mg* | 4 | PA; QL (60 EA per 30 days) |
| *dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg* | 4 | PA; QL (120 EA per 365 days) |
| *fingolimod hcl oral capsule 0.5 mg* | 5 | PA; QL (30 EA per 30 days) |
| *glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml* | 5 | PA; QL (30 ML per 30 days) |
| *glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml* | 5 | PA; QL (12 ML per 28 days) |
| *guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg* | 3 | |
| INGREZZA ORAL CAPSULE 40 MG | 5 | PA; QL (60 EA per 30 days) |
| INGREZZA ORAL CAPSULE 60 MG, 80 MG | 5 | PA; QL (30 EA per 30 days) |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG | 5 | PA; QL (60 EA per 30 days) |
| INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG | 5 | PA; QL (30 EA per 30 days) |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG | 5 | PA; QL (56 EA per 365 days) |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML | 5 | PA; QL (0.4 ML per 28 days) |
| MAYZENT ORAL TABLET 0.25 MG | 5 | PA; QL (120 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| MAYZENT ORAL TABLET 1 MG, 2 MG | 5 | PA; QL (30 EA per 30 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | 5 | PA; QL (24 EA per 365 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG | 4 | PA; QL (14 EA per 365 days) |
| *methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg* | 4 | QL (30 EA per 30 days) |
| *methylphenidate hcl er (osm) oral tablet extended release 36 mg* | 4 | QL (60 EA per 30 days) |
| *methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg* | 4 | QL (30 EA per 30 days) |
| *methylphenidate hcl er oral tablet extended release 24 hour 36 mg* | 4 | QL (60 EA per 30 days) |
| *methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg* | 4 | QL (30 EA per 30 days) |
| *methylphenidate hcl er(diffus) oral tablet extended release 36 mg* | 4 | QL (60 EA per 30 days) |
| *methylphenidate hcl oral solution 5 mg/5ml* | 4 | |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* | 2 | QL (90 EA per 30 days) |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 5 | PA |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML | 5 | PA; QL (6 ML per 28 days) |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG | 5 | PA; QL (8.4 ML per 365 days) |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML | 5 | PA; QL (6 ML per 28 days) |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG | 5 | PA; QL (8.4 ML per 365 days) |
| *riluzole oral tablet 50 mg* | 4 | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 3 | QL (60 EA per 30 days) |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG | 3 | QL (110 EA per 365 days) |
| *tetrabenazine oral tablet 12.5 mg* | 4 | PA |
| *tetrabenazine oral tablet 25 mg* | 5 | PA |
| VEOZAH ORAL TABLET 45 MG | 4 | PA; QL (30 EA per 30 days) |
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG | 5 | PA; QL (120 EA per 30 days) |
| **DENTAL AND ORAL AGENTS** | | |
| *chlorhexidine gluconate mouth/throat solution 0.12 %* | 1 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *doxycycline hyclate oral tablet 20 mg* | 3 | |
| KOURZEQ MOUTH/THROAT PASTE 0.1 % | 3 | |
| *lidocaine viscous hcl mouth/throat solution 2 %* | 2 | |
| ORALONE MOUTH/THROAT PASTE 0.1 % | 3 | |
| PERIOGARD MOUTH/THROAT SOLUTION 0.12 % | 1 | |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | 4 | |
| *triamcinolone acetonide mouth/throat paste 0.1 %* | 3 | |
| **DERMATOLOGICAL AGENTS** | | |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 4 | |
| *acitretin oral capsule 10 mg, 17.5 mg, 25 mg* | 4 | |
| *acyclovir external ointment 5 %* | 4 | QL (60 GM per 30 days) |
| *adapalene-benzoyl peroxide external gel 0.1-2.5 %* | 3 | |
| ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 5 | PA; QL (8 ML per 28 days) |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | PA; QL (6 ML per 28 days) |
| *ala-cort external cream 1 %* | 2 | |
| *alclometasone dipropionate external cream 0.05 %* | 2 | |
| *alclometasone dipropionate external ointment 0.05 %* | 2 | |
| *ammonium lactate external cream 12 %* | 2 | |
| *ammonium lactate external lotion 12 %* | 2 | |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 4 | |
| *azelaic acid external gel 15 %* | 4 | QL (100 GM per 30 days) |
| BAND-AID GAUZE SMALL PAD 2"X2" | 3 | |
| *benzoyl peroxide-erythromycin external gel 5-3 %* | 4 | |
| *betamethasone dipropionate aug external cream 0.05 %* | 2 | |
| *betamethasone dipropionate aug external gel 0.05 %* | 4 | |
| *betamethasone dipropionate aug external lotion 0.05 %* | 2 | |
| *betamethasone dipropionate aug external ointment 0.05 %* | 3 | |
| *betamethasone dipropionate external cream 0.05 %* | 3 | |
| *betamethasone dipropionate external lotion 0.05 %* | 3 | |
| *betamethasone dipropionate external ointment 0.05 %* | 4 | |
| *betamethasone valerate external cream 0.1 %* | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *betamethasone valerate external lotion 0.1 %* | 3 | |
| *betamethasone valerate external ointment 0.1 %* | 2 | |
| *calcipotriene external cream 0.005 %* | 4 | QL (120 GM per 30 days) |
| *calcipotriene external ointment 0.005 %* | 4 | QL (120 GM per 30 days) |
| *calcipotriene external solution 0.005 %* | 3 | QL (60 ML per 30 days) |
| *ciclopirox external gel 0.77 %* | 2 | |
| *ciclopirox external shampoo 1 %* | 3 | |
| *ciclopirox external solution 8 %* | 2 | PA |
| *ciclopirox olamine external cream 0.77 %* | 2 | |
| *ciclopirox olamine external suspension 0.77 %* | 3 | |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 4 | |
| *clindamycin phos-benzoyl perox external gel 1.2-5 %* | 2 | |
| *clindamycin phosphate external lotion 1 %* | 4 | QL (75 ML per 30 days) |
| *clindamycin phosphate external solution 1 %* | 2 | QL (60 ML per 30 days) |
| *clobetasol prop emollient base external cream 0.05 %* | 2 | |
| *clobetasol propionate e external cream 0.05 %* | 2 | |
| *clobetasol propionate external cream 0.05 %* | 2 | |
| *clobetasol propionate external foam 0.05 %* | 2 | |
| *clobetasol propionate external gel 0.05 %* | 3 | |
| *clobetasol propionate external ointment 0.05 %* | 2 | |
| *clobetasol propionate external shampoo 0.05 %* | 4 | |
| *clobetasol propionate external solution 0.05 %* | 3 | |
| *clotrimazole-betamethasone external cream 1-0.05 %* | 2 | QL (90 GM per 30 days) |
| CURITY ALL PURPOSE SPONGES PAD 2"X2" | 3 | |
| CURITY AMD ANTIMICROBIAL SPNGE PAD 2"X2" | 3 | |
| CURITY GAUZE PAD 2"X2" | 3 | |
| CURITY GAUZE SPONGE PAD 2"X2" | 3 | |
| CURITY SPONGES PAD 2"X2" | 3 | |
| *cvs antibacterial gauze pad 2"x2"* | 3 | |
| *cvs gauze pad 2"x2"* | 3 | |
| DERMACEA GAUZE SPONGE PAD 2"X2" | 3 | |
| DERMACEA IV DRAIN SPONGES PAD 2"X2" | 3 | |
| DERMACEA IV SPONGES PAD 2"X2" | 3 | |
| DERMACEA NON-WOVEN SPONGES PAD 2"X2" | 3 | |
| DERMACEA TYPE VII GAUZE PAD 2"X2" | 3 | |
| *desonide external cream 0.05 %* | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *desonide external ointment 0.05 %* | 2 | QL (120 GM per 30 days) |
| *desoximetasone external cream 0.25 %* | 3 | QL (100 GM per 30 days) |
| *desoximetasone external ointment 0.25 %* | 3 | |
| *diclofenac sodium external gel 3 %* | 4 | QL (300 GM per 30 days); ST |
| *eql gauze pad 2"x2"* | 3 | |
| *ery external pad 2 %* | 3 | |
| *erythromycin external gel 2 %* | 3 | |
| *erythromycin external solution 2 %* | 2 | |
| EUCRISA EXTERNAL OINTMENT 2 % | 4 | PA |
| EXCILON IV SPONGES PAD 2"X2" | 3 | |
| FINACEA EXTERNAL FOAM 15 % | 3 | QL (50 GM per 30 days) |
| *fluocinolone acetonide body external oil 0.01 %* | 3 | |
| *fluocinolone acetonide external cream 0.01 %, 0.025 %* | 3 | |
| *fluocinolone acetonide external ointment 0.025 %* | 3 | |
| *fluocinolone acetonide external solution 0.01 %* | 3 | |
| *fluocinolone acetonide scalp external oil 0.01 %* | 3 | |
| *fluocinonide external cream 0.05 %* | 2 | QL (60 GM per 30 days) |
| *fluocinonide external cream 0.1 %* | 2 | QL (120 GM per 30 days) |
| *fluocinonide external gel 0.05 %* | 2 | QL (60 GM per 30 days) |
| *fluocinonide external ointment 0.05 %* | 2 | QL (60 GM per 30 days) |
| *fluocinonide external solution 0.05 %* | 2 | QL (60 ML per 30 days) |
| *fluorouracil external cream 0.5 %* | 4 | |
| *fluorouracil external cream 5 %* | 2 | QL (40 GM per 30 days) |
| *fluorouracil external solution 2 %, 5 %* | 3 | |
| *fluticasone propionate external cream 0.05 %* | 2 | |
| *fluticasone propionate external ointment 0.005 %* | 2 | |
| *gauze pads pad 2"x2"* | 3 | |
| *gauze type vii medi-pak pad 2"x2"* | 3 | |
| *gnp sterile gauze pad 2"x2"* | 3 | |
| *halobetasol propionate external cream 0.05 %* | 3 | |
| *halobetasol propionate external ointment 0.05 %* | 4 | |
| *hm sterile pads pad 2"x2"* | 3 | |
| *hydrocortisone external cream 1 %, 2.5 %* | 2 | |
| *hydrocortisone external lotion 2.5 %* | 2 | |
| *hydrocortisone external ointment 1 %* | 2 | QL (100 GM per 30 days) |
| *hydrocortisone external ointment 2.5 %* | 2 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *hydrocortisone valerate external cream 0.2 %* | 3 | QL (60 GM per 30 days) |
| *imiquimod external cream 5 %* | 3 | QL (48 EA per 30 days) |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 4 | |
| J & J GAUZE PAD 2"X2" | 3 | |
| KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2" | 3 | |
| KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2" | 3 | |
| *malathion external lotion 0.5 %* | 4 | |
| *metronidazole external cream 0.75 %* | 2 | |
| *metronidazole external gel 0.75 %* | 3 | |
| *metronidazole external gel 1 %* | 4 | |
| MIRASORB SPONGES 2"X2" | 3 | |
| *mometasone furoate external cream 0.1 %* | 2 | |
| *mometasone furoate external ointment 0.1 %* | 2 | |
| *mometasone furoate external solution 0.1 %* | 2 | |
| *mupirocin calcium external cream 2 %* | 3 | |
| *mupirocin external ointment 2 %* | 2 | QL (110 GM per 30 days) |
| *nystatin-triamcinolone external cream 100000-0.1 unit/gm-%* | 2 | |
| *nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%* | 2 | |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 5 | PA; QL (60 EA per 30 days) |
| *permethrin external cream 5 %* | 3 | |
| *pimecrolimus external cream 1 %* | 4 | |
| *podofilox external solution 0.5 %* | 3 | |
| *qc border island gauze pad 2"x2"* | 3 | |
| *qc sterile pads pad 2"x2"* | 3 | |
| *ra sterile pad 2"x2"* | 3 | |
| RESTORE CONTACT LAYER PAD 2"X2" | 3 | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | 4 | |
| *selenium sulfide external lotion 2.5 %* | 2 | |
| SILIGENTLE FOAM DRESSING PAD 2"X2" | 3 | |
| *silver sulfadiazine external cream 1 %* | 2 | |
| *sm sterile pad 2"x2"* | 3 | |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML | 5 | PA; QL (4 ML per 28 days) |
| SSD EXTERNAL CREAM 1 % | 2 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *sterile gauze pad 2"x2"* | 3 | |
| *sterile pad 2"x2"* | 3 | |
| *surgical gauze sponge pad 2"x2"* | 3 | |
| *tacrolimus external ointment 0.03 %, 0.1 %* | 4 | |
| *tazarotene external cream 0.1 %* | 4 | QL (60 GM per 30 days) |
| TEGADERM FOAM PAD 2"X2" | 3 | |
| THERAGAUZE PAD 2"X2" | 3 | |
| *tretinoin external cream 0.025 %* | 3 | PA |
| *tretinoin external cream 0.05 %* | 4 | PA |
| *triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %* | 1 | |
| *triamcinolone acetonide external lotion 0.025 %* | 3 | |
| *triamcinolone acetonide external lotion 0.1 %* | 2 | |
| *triamcinolone acetonide external ointment 0.025 %, 0.1 %* | 1 | |
| *triamcinolone acetonide external ointment 0.5 %* | 2 | |
| TRIDERM EXTERNAL CREAM 0.1 % | 1 | |
| TRIDERM EXTERNAL CREAM 0.5 % | 2 | |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | 4 | |
| **ELECTROLYTES/MINERALS/METALS/VITAMINS** | | |
| AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 % | 4 | BD |
| AMINOSYN-PF INTRAVENOUS SOLUTION 10 % | 4 | BD |
| *carglumic acid oral tablet soluble 200 mg* | 5 | |
| CHEMET ORAL CAPSULE 100 MG | 5 | |
| *deferasirox granules oral packet 180 mg, 360 mg, 90 mg* | 5 | PA |
| *deferasirox oral packet 180 mg, 360 mg, 90 mg* | 5 | PA |
| *deferasirox oral tablet 180 mg, 360 mg* | 4 | PA |
| *deferasirox oral tablet 90 mg* | 3 | PA |
| *deferasirox oral tablet soluble 125 mg, 250 mg* | 4 | PA |
| *deferasirox oral tablet soluble 500 mg* | 5 | PA |
| *dextrose intravenous solution 5 %* | 2 | |
| *dextrose-nacl intravenous solution 5-0.9 %* | 4 | |
| *dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %* | 4 | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | 5 | PA; QL (120 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| KIONEX COMBINATION SUSPENSION 15 GM/60ML | 3 | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | 2 | |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ | 2 | |
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ | 2 | |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ | 2 | |
| KLOR-CON ORAL PACKET 20 MEQ | 4 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ | 2 | |
| LOKELMA ORAL PACKET 10 GM, 5 GM | 4 | QL (90 EA per 30 days) |
| *magnesium sulfate injection solution 50 %* | 3 | |
| *penicillamine oral tablet 250 mg* | 5 | |
| PLENAMINE INTRAVENOUS SOLUTION 15 % | 4 | BD |
| *potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq* | 2 | |
| *potassium chloride er oral capsule extended release 10 meq, 8 meq* | 2 | |
| *potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq* | 2 | |
| *potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml* | 2 | |
| *potassium chloride oral packet 20 meq* | 4 | |
| *potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)* | 4 | |
| *potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)* | 4 | |
| *prenatal oral tablet 27-1 mg* | 2 | |
| *sodium chloride intravenous solution 0.45 %, 0.9 %* | 3 | |
| *sodium polystyrene sulfonate combination suspension 15 gm/60ml* | 3 | |
| *sodium polystyrene sulfonate oral powder* | 3 | |
| SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML | 3 | |
| *tolvaptan oral tablet 15 mg, 30 mg* | 5 | PA; QL (120 EA per 30 days) |
| *trientine hcl oral capsule 250 mg* | 5 | PA |
| VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM | 4 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **GASTROINTESTINAL AGENTS** | | |
| *alosetron hcl oral tablet 0.5 mg* | 4 | PA |
| *alosetron hcl oral tablet 1 mg* | 5 | PA |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML | 3 | |
| *constulose oral solution 10 gm/15ml* | 2 | |
| CTEXLI ORAL TABLET 250 MG | 5 | PA |
| *dicyclomine hcl oral capsule 10 mg* | 2 | |
| *dicyclomine hcl oral solution 10 mg/5ml* | 4 | |
| *dicyclomine hcl oral tablet 20 mg* | 2 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 3 | |
| *enulose oral solution 10 gm/15ml* | 2 | |
| *esomeprazole magnesium oral capsule delayed release 20 mg* | 2 | QL (60 EA per 60 days) |
| *esomeprazole magnesium oral capsule delayed release 40 mg* | 2 | QL (60 EA per 30 days) |
| *famotidine oral suspension reconstituted 40 mg/5ml* | 4 | |
| *famotidine oral tablet 20 mg, 40 mg* | 2 | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM | 2 | |
| GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM | 2 | |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM | 2 | |
| *generlac oral solution 10 gm/15ml* | 2 | |
| *glycopyrrolate injection solution 0.4 mg/2ml* | 4 | |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 3 | PA |
| *lactulose encephalopathy oral solution 10 gm/15ml* | 2 | |
| *lactulose oral solution 10 gm/15ml, 20 gm/30ml* | 2 | |
| *lansoprazole oral capsule delayed release 15 mg, 30 mg* | 2 | QL (60 EA per 30 days) |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | QL (30 EA per 30 days) |
| LIVMARLI ORAL SOLUTION 19 MG/ML | 5 | PA; QL (60 ML per 30 days) |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML | 5 | PA; QL (90 ML per 30 days) |
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG | 5 | PA; QL (60 EA per 30 days) |
| LIVMARLI ORAL TABLET 30 MG | 5 | PA; QL (30 EA per 30 days) |
| *loperamide hcl oral capsule 2 mg* | 2 | |
| *lubiprostone oral capsule 24 mcg, 8 mcg* | 4 | QL (60 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml* | 2 | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | 1 | |
| *misoprostol oral tablet 100 mcg, 200 mcg* | 3 | |
| *na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml* | 3 | |
| *nitroglycerin rectal ointment 0.4 %* | 4 | |
| *nizatidine oral capsule 150 mg, 300 mg* | 4 | |
| *omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg* | 1 | QL (60 EA per 30 days) |
| *pantoprazole sodium oral tablet delayed release 20 mg, 40 mg* | 1 | QL (60 EA per 30 days) |
| *peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm* | 2 | |
| *peg-3350/electrolytes oral solution reconstituted 236 gm* | 2 | |
| *prucalopride succinate oral tablet 1 mg, 2 mg* | 3 | QL (30 EA per 30 days) |
| *rabeprazole sodium oral tablet delayed release 20 mg* | 3 | QL (60 EA per 30 days) |
| RELISTOR ORAL TABLET 150 MG | 5 | QL (90 EA per 30 days); ST |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML | 5 | QL (18 ML per 30 days); ST |
| RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML | 5 | QL (18 ML per 30 days); ST |
| RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML | 5 | QL (12 ML per 30 days); ST |
| *sucralfate oral suspension 1 gm/10ml* | 4 | |
| *sucralfate oral tablet 1 gm* | 2 | |
| SUTAB ORAL TABLET 1479-225-188 MG | 3 | |
| *ursodiol oral capsule 300 mg* | 4 | |
| *ursodiol oral tablet 250 mg, 500 mg* | 3 | |
| VOQUEZNA ORAL TABLET 10 MG | 4 | PA; QL (30 EA per 30 days) |
| VOQUEZNA ORAL TABLET 20 MG | 4 | PA; QL (60 EA per 30 days) |
| VOWST ORAL CAPSULE | 5 | PA |
| XERMELO ORAL TABLET 250 MG | 5 | PA; QL (90 EA per 30 days) |
| XIFAXAN ORAL TABLET 200 MG | 4 | PA |
| XIFAXAN ORAL TABLET 550 MG | 5 | PA |
| **GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT** | | |
| *betaine oral powder* | 5 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| CERDELGA ORAL CAPSULE 84 MG | 5 | PA |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | 5 | PA |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT | 3 | |
| *cromolyn sodium oral concentrate 100 mg/5ml* | 4 | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | 4 | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML | 5 | PA; QL (240 ML per 30 days) |
| FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG | 5 | PA |
| *l-glutamine oral packet 5 gm* | 5 | PA |
| *miglustat oral capsule 100 mg* | 5 | PA |
| *nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg* | 5 | |
| ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML | 5 | PA |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML | 5 | PA |
| PYRUKYND ORAL TABLET 20 MG, 5 MG | 5 | PA; QL (60 EA per 30 days) |
| PYRUKYND ORAL TABLET 50 MG | 5 | PA; QL (120 EA per 30 days) |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG | 5 | PA; QL (30 EA per 30 days) |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML | 5 | PA |
| *sapropterin dihydrochloride oral packet 100 mg, 500 mg* | 5 | PA |
| *sapropterin dihydrochloride oral tablet 100 mg* | 5 | PA |
| *sodium phenylbutyrate oral powder 3 gm/tsp* | 5 | |
| *sodium phenylbutyrate oral tablet 500 mg* | 5 | |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML | 5 | PA |
| WELIREG ORAL TABLET 40 MG | 5 | PA |
| YARGESA ORAL CAPSULE 100 MG | 5 | PA |
| ZELVYSIA ORAL PACKET 100 MG, 500 MG | 5 | PA |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **GENITOURINARY AGENTS** | | |
| *acetic acid irrigation solution 0.25 %* | 1 | |
| *alfuzosin hcl er oral tablet extended release 24 hour 10 mg* | 2 | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | 2 | |
| *doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | 2 | |
| *dutasteride oral capsule 0.5 mg* | 2 | |
| ELMIRON ORAL CAPSULE 100 MG | 4 | |
| *fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg* | 4 | |
| *finasteride oral tablet 5 mg* | 1 | |
| GEMTESA ORAL TABLET 75 MG | 4 | |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML | 3 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG | 3 | |
| *oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg* | 2 | |
| *oxybutynin chloride oral solution 5 mg/5ml* | 2 | |
| *oxybutynin chloride oral tablet 5 mg* | 2 | |
| *silodosin oral capsule 4 mg, 8 mg* | 4 | |
| *solifenacin succinate oral tablet 10 mg, 5 mg* | 2 | |
| *tadalafil oral tablet 2.5 mg, 5 mg* | 3 | PA; QL (30 EA per 30 days) |
| *tamsulosin hcl oral capsule 0.4 mg* | 1 | |
| *terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 1 | |
| *tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg* | 3 | |
| *tolterodine tartrate oral tablet 1 mg, 2 mg* | 3 | |
| *trospium chloride er oral capsule extended release 24 hour 60 mg* | 4 | |
| *trospium chloride oral tablet 20 mg* | 3 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)** | | |
| *cortisone acetate oral tablet 25 mg* | 5 | |
| *dexamethasone oral elixir 0.5 mg/5ml* | 3 | |
| *dexamethasone oral solution 0.5 mg/5ml* | 2 | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | 2 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *fludrocortisone acetate oral tablet 0.1 mg* | 2 | |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | 2 | |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 2 | |
| *methylprednisolone oral tablet therapy pack 4 mg* | 2 | |
| *prednisolone oral solution 15 mg/5ml* | 2 | |
| *prednisolone sodium phosphate oral solution 15 mg/5ml* | 2 | |
| *prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml* | 4 | |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | 1 | |
| *prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)* | 2 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)** | | |
| *desmopressin ace spray refrig nasal solution 0.01 %* | 4 | |
| *desmopressin acetate oral tablet 0.1 mg, 0.2 mg* | 3 | |
| *desmopressin acetate spray nasal solution 0.01 %* | 4 | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG | 4 | PA |
| GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG | 5 | PA |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG | 5 | PA |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | 5 | PA |
| ISTURISA ORAL TABLET 1 MG | 5 | PA; QL (240 EA per 30 days) |
| ISTURISA ORAL TABLET 5 MG | 5 | PA; QL (360 EA per 30 days) |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)** | | |
| ABIGALE LO ORAL TABLET 0.5-0.1 MG | 4 | |
| ABIGALE ORAL TABLET 1-0.5 MG | 4 | |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG | 3 | |
| ALTAVERA ORAL TABLET 0.15-30 MG-MCG | 3 | |
| *alyacen 1/35 oral tablet 1-35 mg-mcg* | 3 | |
| *alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg* | 3 | |
| AMETHYST ORAL TABLET 90-20 MCG | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG | 4 | QL (91 EA per 91 days) |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG | 3 | |
| AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24) | 3 | |
| AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | 3 | |
| AYUNA ORAL TABLET 0.15-30 MG-MCG | 3 | |
| AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) | 3 | |
| BALZIVA ORAL TABLET 0.4-35 MG-MCG | 3 | |
| BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24) | 3 | |
| BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| *briellyn oral tablet 0.4-35 mg-mcg* | 3 | |
| CAMILA ORAL TABLET 0.35 MG | 2 | |
| CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG | 4 | QL (91 EA per 91 days) |
| CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG | 4 | QL (91 EA per 91 days) |
| CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG | 3 | |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY | 4 | |
| CRYSELLE ORAL TABLET 0.3-30 MG-MCG | 3 | |
| CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG | 3 | |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | 4 | |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG | 3 | |
| DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | 3 | |
| DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG | 4 | QL (91 EA per 91 days) |
| DEBLITANE ORAL TABLET 0.35 MG | 2 | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML | 3 | QL (0.65 ML per 90 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML | 2 | PA |
| *desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)* | 3 | |
| DOLISHALE ORAL TABLET 90-20 MCG | 3 | |
| DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | 4 | |
| ELINEST ORAL TABLET 0.3-30 MG-MCG | 3 | |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24HR | 4 | |
| EMZAHH ORAL TABLET 0.35 MG | 2 | |
| ENILLORING VAGINAL RING 0.12-0.015 MG/24HR | 4 | |
| ERRIN ORAL TABLET 0.35 MG | 2 | |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG | 3 | |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | 2 | |
| *estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm* | 4 | |
| *estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | 4 | |
| *estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr* | 3 | |
| *estradiol vaginal cream 0.01 %* | 2 | |
| *estradiol vaginal tablet 10 mcg* | 4 | |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg* | 4 | |
| ESTRING VAGINAL RING 7.5 MCG/24HR | 4 | QL (1 EA per 90 days) |
| *estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg* | 4 | |
| *ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | 3 | |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr* | 3 | |
| FALMINA ORAL TABLET 0.1-20 MG-MCG | 3 | |
| FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| FEMYNOR ORAL TABLET 0.25-35 MG-MCG | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG | 4 | |
| GALLIFREY ORAL TABLET 5 MG | 2 | |
| HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24) | 3 | |
| HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| HEATHER ORAL TABLET 0.35 MG | 2 | |
| ICLEVIA ORAL TABLET 0.15-0.03 MG | 4 | QL (91 EA per 91 days) |
| INCASSIA ORAL TABLET 0.35 MG | 2 | |
| INTROVALE ORAL TABLET 0.15-0.03 MG | 4 | QL (91 EA per 91 days) |
| JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG | 4 | QL (91 EA per 91 days) |
| JENCYCLA ORAL TABLET 0.35 MG | 2 | |
| JINTELI ORAL TABLET 1-5 MG-MCG | 4 | |
| JOLESSA ORAL TABLET 0.15-0.03 MG | 4 | QL (91 EA per 91 days) |
| JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| JUNEL 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24) | 3 | |
| KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | 3 | |
| KELNOR 1/35 ORAL TABLET 1-35 MG-MCG | 3 | |
| KURVELO ORAL TABLET 0.15-30 MG-MCG | 3 | |
| LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| LARIN 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24) | 3 | |
| LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| LESSINA ORAL TABLET 0.1-20 MG-MCG | 3 | |
| LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG | 3 | |
| *levonorgest-eth est & eth est oral tablet 42-21-21-7 days* | 4 | QL (91 EA per 91 days) |
| *levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg* | 4 | QL (91 EA per 91 days) |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg* | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg* | 3 | |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY | 3 | |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | 3 | |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | 3 | |
| LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG | 4 | QL (91 EA per 91 days) |
| LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG | 3 | |
| LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| LUTERA ORAL TABLET 0.1-20 MG-MCG | 3 | |
| LYLEQ ORAL TABLET 0.35 MG | 2 | |
| LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | 4 | |
| LYZA ORAL TABLET 0.35 MG | 2 | |
| *marlissa oral tablet 0.15-30 mg-mcg* | 3 | |
| *medroxyprogesterone acetate intramuscular suspension 150 mg/ml* | 2 | QL (1 ML per 90 days) |
| *medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml* | 2 | QL (1 ML per 90 days) |
| *medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml* | 3 | |
| *megestrol acetate oral suspension 625 mg/5ml* | 4 | |
| *megestrol acetate oral tablet 20 mg, 40 mg* | 2 | |
| MELEYA ORAL TABLET 0.35 MG | 2 | |
| MENEST ORAL TABLET 2.5 MG | 4 | |
| MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG | 3 | |
| MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG | 3 | |
| MILI ORAL TABLET 0.25-35 MG-MCG | 3 | |
| MIMVEY ORAL TABLET 1-0.5 MG | 4 | |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG | 3 | |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | 3 | |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG | 3 | |
| NORA-BE ORAL TABLET 0.35 MG | 2 | |
| *norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr* | 4 | |
| *norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | 3 | |
| *norethindrone acetate oral tablet 5 mg* | 2 | |
| *norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | 3 | |
| *norethindrone oral tablet 0.35 mg* | 2 | |
| *norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 4 | |
| *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg* | 3 | |
| *norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg* | 3 | |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | 3 | |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG | 3 | |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG | 3 | |
| NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | 3 | |
| NYLIA 1/35 ORAL TABLET 1-35 MG-MCG | 3 | |
| NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG | 3 | |
| NYMYO ORAL TABLET 0.25-35 MG-MCG | 3 | |
| ORQUIDEA ORAL TABLET 0.35 MG | 2 | |
| OSPHENA ORAL TABLET 60 MG | 3 | PA; QL (30 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| PHILITH ORAL TABLET 0.4-35 MG-MCG | 3 | |
| PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | 3 | |
| PORTIA-28 ORAL TABLET 0.15-30 MG-MCG | 3 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 4 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | 4 | |
| PREMPHASE ORAL TABLET 0.625-5 MG | 4 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 4 | |
| *progesterone oral capsule 100 mg, 200 mg* | 2 | |
| *raloxifene hcl oral tablet 60 mg* | 2 | |
| RIVELSA ORAL TABLET 42-21-21-7 DAYS | 4 | QL (91 EA per 91 days) |
| ROSYRAH ORAL TABLET 42-21-21-7 DAYS | 4 | QL (91 EA per 91 days) |
| SETLAKIN ORAL TABLET 0.15-0.03 MG | 4 | QL (91 EA per 91 days) |
| SHAROBEL ORAL TABLET 0.35 MG | 2 | |
| SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | 3 | |
| SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG | 4 | QL (91 EA per 91 days) |
| SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG | 3 | |
| TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24) | 3 | |
| TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG | 3 | |
| *testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml* | 2 | PA |
| *testosterone enanthate intramuscular solution 200 mg/ml* | 3 | PA |
| *testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)* | 3 | PA |
| *testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)* | 4 | PA |
| TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 3 | |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 3 | |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 3 | |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | 3 | |
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | 3 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | 3 | |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | 3 | |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 3 | |
| TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 3 | |
| TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 3 | |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | 3 | |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG | 3 | |
| TURQOZ ORAL TABLET 0.3-30 MG-MCG | 3 | |
| VALTYA 1/35 ORAL TABLET 1-35 MG-MCG | 3 | |
| VALTYA 1/50 ORAL TABLET 1-50 MG-MCG | 3 | |
| VIENVA ORAL TABLET 0.1-20 MG-MCG | 3 | |
| *viorele oral tablet 0.15-0.02/0.01 mg (21/5)* | 3 | |
| VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5) | 3 | |
| VYFEMLA ORAL TABLET 0.4-35 MG-MCG | 3 | |
| VYLIBRA ORAL TABLET 0.25-35 MG-MCG | 3 | |
| WERA ORAL TABLET 0.5-35 MG-MCG | 3 | |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR | 3 | |
| YUVAFEM VAGINAL TABLET 10 MCG | 4 | |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR | 4 | |
| ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG | 3 | |
| **HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)** | | |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | |
| *levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | 1 | |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 2 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG | 2 | |
| *liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg* | 2 | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | 5 | PA; QL (30 EA per 30 days) |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 2 | |
| **HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)** | | |
| *cabergoline oral tablet 0.5 mg* | 3 | |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL | 5 | PA; QL (4 EA per 365 days) |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 4 | PA; QL (1 EA per 28 days) |
| *leuprolide acetate injection kit 1 mg/0.2ml* | 4 | PA |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG | 5 | PA; QL (1 EA per 28 days) |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG | 5 | PA; QL (1 EA per 84 days) |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG | 5 | PA; QL (1 EA per 112 days) |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG | 5 | PA; QL (1 EA per 168 days) |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG | 5 | PA; QL (1 EA per 28 days) |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG | 5 | PA; QL (1 EA per 84 days) |
| *mifepristone oral tablet 200 mg* | 4 | |
| *mifepristone oral tablet 300 mg* | 5 | PA; QL (120 EA per 30 days) |
| *octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml* | 4 | PA |
| *octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml* | 5 | PA |
| ORGOVYX ORAL TABLET 120 MG | 5 | PA |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | 5 | PA; QL (60 ML per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG | 4 | PA; QL (1 EA per 84 days) |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG | 4 | PA; QL (1 EA per 168 days) |
| **HORMONAL AGENTS, SUPPRESSANT (THYROID)** | | |
| *methimazole oral tablet 10 mg, 5 mg* | 2 | |
| *propylthiouracil oral tablet 50 mg* | 2 | |
| **IMMUNOLOGICAL AGENTS** | | |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML | 1 | QL (1 EA per 252 days); VAC |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | 1 | VAC |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML | 5 | PA |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | 1 | VAC |
| ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 | 1 | VAC |
| *adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml* | 5 | PA; QL (6 EA per 28 days) |
| *adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml* | 5 | PA; QL (3 EA per 28 days) |
| *adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml* | 5 | PA; QL (6 EA per 28 days) |
| *adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml* | 5 | PA; QL (2 EA per 28 days) |
| *adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml* | 5 | PA; QL (6 EA per 28 days) |
| *adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml* | 5 | PA; QL (3 EA per 28 days) |
| *adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml* | 5 | PA; QL (6 EA per 28 days) |
| *adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml* | 5 | PA; QL (2 EA per 28 days) |
| *adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml, 40 mg/0.8ml* | 5 | PA; QL (6 EA per 28 days) |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML | 1 | QL (1 EA per 999 days); VAC |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG | 4 | BD |
| *azathioprine oral tablet 50 mg* | 2 | BD |
| *bcg vaccine injection solution reconstituted 50 mg* | 1 | VAC |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | 5 | PA |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | 5 | PA |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML | 5 | PA |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 1 | VAC |
| BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML | 5 | PA |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | 1 | VAC |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 | 1 | VAC |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT | 5 | PA |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | PA; QL (10 ML per 28 days) |
| COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML | 5 | PA |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | PA; QL (10 ML per 28 days) |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | PA; QL (10 ML per 28 days) |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML | 5 | PA; QL (10 ML per 28 days) |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 5 | PA; QL (10 ML per 28 days) |
| *cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg* | 4 | BD |
| *cyclosporine modified oral solution 100 mg/ml* | 4 | BD |
| *cyclosporine oral capsule 100 mg, 25 mg* | 4 | BD |
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 3 | VAC |
| DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | VAC |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML | 5 | PA; QL (4.56 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 5 | PA; QL (8 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | 5 | PA; QL (4.56 ML per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | 5 | PA; QL (8 ML per 28 days) |
| EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML | 5 | PA |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML | 5 | PA; QL (8 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 5 | PA; QL (4 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML | 5 | PA; QL (4 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML | 5 | PA; QL (8 ML per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | 5 | PA; QL (8 ML per 28 days) |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 1 | BD; VAC |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML | 1 | BD; VAC |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG | 4 | BD |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG | 5 | BD |
| *everolimus oral tablet 0.25 mg* | 4 | BD |
| *everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg* | 5 | BD |
| GAMASTAN INTRAMUSCULAR SOLUTION | 3 | PA |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML | 1 | VAC |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 1 | VAC |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | 4 | BD |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML | 1 | VAC |
| HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML | 3 | VAC |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML | 1 | BD; VAC |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG | 1 | VAC |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | 5 | PA |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML | 5 | PA |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; QL (6 EA per 28 days) |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 5 | PA; QL (4 EA per 28 days) |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML | 5 | PA; QL (2 EA per 28 days) |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; QL (6 EA per 28 days) |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 5 | PA; QL (4 EA per 28 days) |
| HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML | 5 | PA; QL (4 EA per 28 days) |
| HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | 5 | PA; QL (6 EA per 365 days) |
| HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML | 4 | BD |
| *icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml* | 5 | PA |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML | 1 | BD; VAC |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 | 3 | VAC |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA |
| *infliximab intravenous solution reconstituted 100 mg* | 5 | PA |
| IPOL INJECTION SUSPENSION | 1 | VAC |
| IXIARO INTRAMUSCULAR SUSPENSION | 1 | VAC |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 4 | PA |
| JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML | 1 | VAC |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | 5 | PA |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | VAC |
| *leflunomide oral tablet 10 mg, 20 mg* | 2 | |
| MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML | 1 | VAC |
| MENVEO INTRAMUSCULAR SOLUTION | 1 | VAC |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 1 | VAC |
| *methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml* | 2 | |
| *methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml* | 2 | |
| *methotrexate sodium injection solution reconstituted 1 gm* | 2 | |
| *methotrexate sodium oral tablet 2.5 mg* | 2 | |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | 1 | VAC |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | 1 | QL (0.5 ML per 999 days); VAC |
| *mycophenolate mofetil oral capsule 250 mg* | 4 | BD |
| *mycophenolate mofetil oral suspension reconstituted 200 mg/ml* | 5 | BD |
| *mycophenolate mofetil oral tablet 500 mg* | 4 | BD |
| *mycophenolate sodium oral tablet delayed release 180 mg, 360 mg* | 4 | BD |
| *mycophenolic acid oral tablet delayed release 180 mg, 360 mg* | 4 | BD |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM | 3 | PA; QL (30 EA per 30 days) |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML | 5 | PA; QL (4 ML per 28 days) |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG | 5 | PA |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | 5 | PA; QL (4 ML per 28 days) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML | 5 | PA; QL (1.6 ML per 28 days) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML | 5 | PA; QL (2.8 ML per 28 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG | 5 | PA; QL (110 EA per 365 days) |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | VAC |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | 3 | VAC |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | PA |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | 5 | PA |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | 1 | VAC |
| *penmenvy intramuscular suspension reconstituted* | 1 | VAC |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | VAC |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 1 | VAC |
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML | 5 | PA |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG | 4 | BD |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | VAC |
| QUADRACEL INTRAMUSCULAR SUSPENSION | 3 | VAC |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | VAC |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 1 | BD; VAC |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | 1 | BD; VAC |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML | 1 | BD; VAC |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA |
| REZUROCK ORAL TABLET 200 MG | 5 | PA; QL (60 EA per 30 days) |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 5 | PA; QL (360 ML per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG | 5 | PA; QL (30 EA per 30 days) |
| ROTARIX ORAL SUSPENSION | 3 | VAC |
| ROTATEQ ORAL SOLUTION | 3 | VAC |
| SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | 1 | VAC |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 1 | VAC |
| *sirolimus oral solution 1 mg/ml* | 4 | BD |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | 4 | BD |
| SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML | 5 | PA; QL (60 ML per 365 days) |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML | 5 | PA; QL (1.2 ML per 56 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | 5 | PA; QL (2.4 ML per 56 days) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| STELARA INTRAVENOUS SOLUTION 130 MG/26ML | 5 | PA; QL (104 ML per 365 days) |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 5 | PA; QL (3 ML per 84 days) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | 5 | PA; QL (3 ML per 84 days) |
| STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML | 5 | PA; QL (104 ML per 365 days) |
| STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | 3 | PA; QL (3 ML per 84 days) |
| STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | 5 | PA; QL (3 ML per 84 days) |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | 4 | BD |
| TAVNEOS ORAL CAPSULE 10 MG | 5 | PA; QL (180 EA per 30 days) |
| TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML | 1 | VAC |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML | 3 | VAC |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML | 1 | VAC |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML | 5 | PA; QL (2 ML per 56 days) |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 5 | PA; QL (2 ML per 56 days) |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | 5 | PA; QL (4 ML per 28 days) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; QL (2 ML per 56 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | 5 | PA; QL (4 ML per 28 days) |
| TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | 5 | PA; QL (4 ML per 28 days) |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 1 | VAC |
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML | 1 | VAC |
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML | 5 | PA; QL (3.6 ML per 28 days) |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | 5 | PA; QL (3.6 ML per 28 days) |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 1 | VAC |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | 1 | VAC |
| *ustekinumab intravenous solution 130 mg/26ml* | 5 | PA; QL (104 ML per 365 days) |
| *ustekinumab subcutaneous solution 45 mg/0.5ml* | 5 | PA; QL (3 ML per 84 days) |
| *ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml* | 5 | PA; QL (3 ML per 84 days) |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML | 3 | VAC |
| VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML | 1 | VAC |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML | 3 | VAC |
| VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML | 1 | VAC |
| VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML | 1 | VAC |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | 1 | VAC |
| VEOPOZ INJECTION SOLUTION 400 MG/2ML | 5 | PA |
| VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML | 1 | VAC |
| VIVOTIF ORAL CAPSULE DELAYED RELEASE | 1 | VAC |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML | 5 | PA; QL (20 ML per 28 days) |
| WEZLANA INTRAVENOUS SOLUTION 130 MG/26ML | 5 | PA; QL (104 ML per 365 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 5 | PA; QL (3 ML per 84 days) |
| WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | 5 | PA; QL (3 ML per 84 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | PA |
| XELJANZ ORAL SOLUTION 1 MG/ML | 5 | PA; QL (300 ML per 30 days) |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 5 | PA; QL (60 EA per 30 days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG | 5 | PA; QL (30 EA per 30 days) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML | 5 | PA; QL (8 ML per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML | 5 | PA; QL (1 ML per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML | 5 | PA; QL (8 ML per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 5 | PA; QL (1 ML per 28 days) |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | 5 | PA; QL (8 EA per 28 days) |
| YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 1 | VAC |
| **INFLAMMATORY BOWEL DISEASE AGENTS** | | |
| *balsalazide disodium oral capsule 750 mg* | 4 | |
| *budesonide er oral tablet extended release 24 hour 9 mg* | 5 | |
| *budesonide oral capsule delayed release particles 3 mg* | 4 | |
| *hydrocortisone (perianal) external cream 2.5 %* | 2 | |
| *hydrocortisone rectal enema 100 mg/60ml* | 4 | |
| *mesalamine er oral capsule extended release 24 hour 0.375 gm* | 4 | |
| *mesalamine er oral capsule extended release 500 mg* | 4 | |
| *mesalamine oral tablet delayed release 1.2 gm* | 4 | |
| *mesalamine rectal enema 4 gm* | 4 | |
| *mesalamine rectal suppository 1000 mg* | 4 | |
| *mesalamine-cleanser rectal kit 4 gm* | 5 | |
| PROCTO-MED HC EXTERNAL CREAM 2.5 % | 2 | |
| PROCTOSOL HC EXTERNAL CREAM 2.5 % | 2 | |
| PROCTOZONE-HC EXTERNAL CREAM 2.5 % | 2 | |
| SFROWASA RECTAL ENEMA 4 GM/60ML | 5 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *sulfasalazine oral tablet 500 mg* | 2 | |
| *sulfasalazine oral tablet delayed release 500 mg* | 2 | |
| **METABOLIC BONE DISEASE AGENTS** | | |
| *alendronate sodium oral tablet 10 mg, 35 mg* | 1 | |
| *alendronate sodium oral tablet 70 mg* | 1 | QL (4 EA per 28 days) |
| BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML | 5 | PA |
| *calcitonin (salmon) nasal solution 200 unit/act* | 3 | QL (3.7 ML per 30 days) |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | 2 | |
| *cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg* | 4 | BD |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML | 5 | PA |
| *ibandronate sodium oral tablet 150 mg* | 2 | QL (1 EA per 28 days) |
| JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | 4 | QL (2 ML per 365 days) |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML | 5 | PA |
| *paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg* | 3 | |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG | 5 | |
| *risedronate sodium oral tablet 150 mg* | 4 | QL (1 EA per 28 days) |
| *risedronate sodium oral tablet 30 mg, 5 mg* | 4 | |
| *risedronate sodium oral tablet 35 mg* | 4 | QL (4 EA per 28 days) |
| STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | 4 | QL (2 ML per 365 days) |
| *teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml* | 5 | PA |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | 5 | PA |
| WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML | 5 | PA |
| **MISCELLANEOUS THERAPEUTIC AGENTS** | | |
| *1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm* | 2 | QL (200 EA per 30 days) |
| *1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm* | 2 | QL (200 EA per 30 days) |
| ABOUTTIME PEN NEEDLE 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM | 2 | QL (200 EA per 30 days) |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| *aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *aqinject pen needle 31g x 5 mm , 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM | 2 | QL (200 EA per 30 days) |
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM | 2 | QL (200 EA per 30 days) |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM | 2 | QL (200 EA per 30 days) |
| *aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm* | 2 | QL (200 EA per 30 days) |
| *aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm* | 2 | QL (200 EA per 30 days) |
| *aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm* | 2 | QL (200 EA per 30 days) |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM | 2 | QL (200 EA per 30 days) |
| *aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| BD AUTOSHIELD DUO 30G X 5 MM | 2 | QL (200 EA per 30 days) |
| BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML | 2 | QL (200 EA per 30 days) |
| BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | 2 | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML | 2 | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML | 2 | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | 2 | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML | 2 | QL (200 EA per 30 days) |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM | 2 | QL (200 EA per 30 days) |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM | 2 | QL (200 EA per 30 days) |
| BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM | 2 | QL (200 EA per 30 days) |
| BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML | 2 | QL (200 EA per 30 days) |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML | 2 | QL (200 EA per 30 days) |
| BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML | 2 | QL (200 EA per 30 days) |
| CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| *careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm* | 2 | QL (200 EA per 30 days) |
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM | 2 | QL (200 EA per 30 days) |
| CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM | 2 | QL (200 EA per 30 days) |
| CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| *clickfine pen needles 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM | 2 | QL (200 EA per 30 days) |
| COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM | 2 | QL (200 EA per 30 days) |
| COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM | 2 | QL (200 EA per 30 days) |
| COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM | 2 | QL (200 EA per 30 days) |
| DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| DROPLET MICRON 34G X 3.5 MM | 2 | QL (200 EA per 30 days) |
| DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM | 2 | QL (200 EA per 30 days) |
| DROPSAFE AUTOPROTECT DUO 31G X 4 MM , 31G X 5 MM , 31G X 8 MM | 2 | QL (200 EA per 30 days) |
| *dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| *drug mart unifine pentips plus 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| *easy comfort insulin syringe 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml* | 2 | QL (200 EA per 30 days) |
| EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| *easy comfort pen needles 29g x 4mm , 29g x 5mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm* | 2 | QL (200 EA per 30 days) |
| *easy glide pen needles 33g x 4 mm* | 2 | QL (200 EA per 30 days) |
| EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| EASY TOUCH INSULIN BARRELS U-100 1 ML | 2 | QL (200 EA per 30 days) |
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML | 2 | QL (200 EA per 30 days) |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM | 2 | QL (200 EA per 30 days) |
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| EMBECTA AUTOSHIELD DUO 30G X 5 MM | 2 | QL (200 EA per 30 days) |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML | 2 | QL (200 EA per 30 days) |
| EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | 2 | QL (200 EA per 30 days) |
| EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML | 2 | QL (200 EA per 30 days) |
| EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML | 2 | QL (200 EA per 30 days) |
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| EMBRACE PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| *eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM | 2 | QL (200 EA per 30 days) |
| FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| *global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| *global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml* | 2 | QL (200 EA per 30 days) |
| *global easy glide pen needles 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| *global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml* | 2 | QL (200 EA per 30 days) |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| *gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml* | 2 | QL (200 EA per 30 days) |
| *gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml* | 2 | QL (200 EA per 30 days) |
| *gnp insulin syringes 30g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml* | 2 | QL (200 EA per 30 days) |
| *gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml* | 2 | QL (200 EA per 30 days) |
| *gnp pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm* | 2 | QL (200 EA per 30 days) |
| *gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm* | 2 | QL (200 EA per 30 days) |
| GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| *gnp ultra com insulin syringe 28g x 1/2" 1 ml* | 2 | QL (200 EA per 30 days) |
| *goodsense clickfine pen needle 31g x 5 mm* | 2 | QL (200 EA per 30 days) |
| GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| *healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *healthwise micron pen needles 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| *healthwise short pen needles 31g x 5 mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| *h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | 2 | QL (200 EA per 30 days) |
| HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML | 2 | QL (200 EA per 30 days) |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM | 2 | QL (200 EA per 30 days) |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM | 2 | QL (200 EA per 30 days) |
| INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| *insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm* | 2 | QL (200 EA per 30 days) |
| INSUPEN SENSITIVE 32G X 6 MM , 32G X 8 MM | 2 | QL (200 EA per 30 days) |
| INSUPEN ULTRAFIN 30G X 8 MM , 31G X 6 MM , 31G X 8 MM | 2 | QL (200 EA per 30 days) |
| INSUPEN32G EXTR3ME 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| *kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml* | 2 | QL (200 EA per 30 days) |
| *kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml* | 2 | QL (200 EA per 30 days) |
| *kroger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *kroger pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm* | 2 | QL (200 EA per 30 days) |
| *leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| *longs insulin syringe 31g x 5/16" 0.5 ml* | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| MAXICOMFORT II PEN NEEDLE 31G X 6 MM | 2 | QL (200 EA per 30 days) |
| MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML | 2 | QL (200 EA per 30 days) |
| MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM | 2 | QL (200 EA per 30 days) |
| MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML | 2 | QL (200 EA per 30 days) |
| *medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml* | 2 | QL (200 EA per 30 days) |
| *medicine shoppe pen needles 29g x 12mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| *meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM | 2 | QL (200 EA per 30 days) |
| *mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML, U-100 1 ML | 2 | QL (200 EA per 30 days) |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | 2 | QL (200 EA per 30 days) |
| *ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM | 2 | QL (200 EA per 30 days) |
| NOVOFINE PEN NEEDLE 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | 4 | BD |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 | 3 | QL (30 EA per 30 days) |
| OMNIPOD 5 G7 INTRO (GEN 5) KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD 5 G7 PODS (GEN 5) | 3 | QL (30 EA per 30 days) |
| OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD 5 LIBRE2 PLUS G6 PODS | 3 | QL (30 EA per 30 days) |
| OMNIPOD CLASSIC PODS (GEN 3) | 3 | QL (30 EA per 30 days) |
| OMNIPOD DASH INTRO (GEN 4) KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD DASH PDM (GEN 4) KIT | 3 | QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4) | 3 | QL (30 EA per 30 days) |
| OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR | 3 | QL (10 EA per 30 days) |
| *pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| *pen needle/5-bevel tip 31g x 8 mm , 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| *pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm* | 2 | QL (200 EA per 30 days) |
| *pen needles 5/16" 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| *pip pen needles 31g x 5mm 31g x 5 mm* | 2 | QL (200 EA per 30 days) |
| *pip pen needles 32g x 4mm 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML | 2 | QL (200 EA per 30 days) |
| *preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *preferred plus unifine pentips 29g x 12mm* | 2 | QL (200 EA per 30 days) |
| PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM | 2 | QL (200 EA per 30 days) |
| PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM | 2 | QL (200 EA per 30 days) |
| PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm* | 2 | QL (200 EA per 30 days) |
| PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML | 2 | QL (200 EA per 30 days) |
| *pure comfort pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm* | 2 | QL (200 EA per 30 days) |
| *pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| *px extra short pen needles 31g x 6 mm* | 2 | QL (200 EA per 30 days) |
| *px insulin syringe 30g x 1/2" 0.5 ml* | 2 | QL (200 EA per 30 days) |
| *px mini pen needles 31g x 5 mm* | 2 | QL (200 EA per 30 days) |
| *px pen needle 29g x 12mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| *qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| *qc unifine pentips 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM | 2 | QL (200 EA per 30 days) |
| *ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *ra pen needles 31g x 5 mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| *raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| *reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml* | 2 | QL (200 EA per 30 days) |
| RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| RELION MINI PEN NEEDLES 31G X 6 MM | 2 | QL (200 EA per 30 days) |
| RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| RELION SHORT PEN NEEDLES 31G X 8 MM | 2 | QL (200 EA per 30 days) |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML | 5 | PA; QL (1 ML per 28 days) |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML | 5 | PA; QL (0.8 ML per 28 days) |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| *safety pen needles 30g x 5 mm , 30g x 8 mm* | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 2 | QL (200 EA per 30 days) |
| SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM | 2 | QL (200 EA per 30 days) |
| SKYCLARYS ORAL CAPSULE 50 MG | 5 | PA; QL (90 EA per 30 days) |
| *sodium chloride irrigation solution 0.9 %* | 2 | |
| *sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm* | 2 | QL (200 EA per 30 days) |
| *techlite insulin syringe 30g x 1/2" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| *todays health pen needles 29g x 12mm* | 2 | QL (200 EA per 30 days) |
| *todays health short pen needle 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| *topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm* | 2 | QL (200 EA per 30 days) |
| *topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| *true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm* | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *true comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 2 | QL (200 EA per 30 days) |
| ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML | 2 | QL (200 EA per 30 days) |
| ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| ULTICARE MINI PEN NEEDLES 30G X 5 MM , 31G X 6 MM , 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM | 2 | QL (200 EA per 30 days) |
| ULTICARE SHORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM | 2 | QL (200 EA per 30 days) |
| ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| *ultra comfort insulin syringe 30g x 5/16" 0.3 ml* | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | 2 | QL (200 EA per 30 days) |
| ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML | 2 | QL (200 EA per 30 days) |
| ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| ULTRA THIN PEN NEEDLES 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| *ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm* | 2 | QL (200 EA per 30 days) |
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML | 2 | QL (200 EA per 30 days) |
| ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM | 2 | QL (200 EA per 30 days) |
| ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM | 2 | QL (200 EA per 30 days) |
| ULTRA-THIN II PEN NEEDLES 29G X 12.7MM | 2 | QL (200 EA per 30 days) |
| UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM | 2 | QL (200 EA per 30 days) |
| UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM | 2 | QL (200 EA per 30 days) |
| UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *value health insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml* | 2 | QL (200 EA per 30 days) |
| VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM | 2 | QL (200 EA per 30 days) |
| VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | 2 | QL (200 EA per 30 days) |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL (200 EA per 30 days) |
| V-GO 20 KIT 20 UNIT/24HR | 3 | |
| V-GO 30 KIT 30 UNIT/24HR | 3 | |
| V-GO 40 KIT 40 UNIT/24HR | 3 | |
| *vp insulin syringe 29g x 1/2" 0.3 ml* | 2 | QL (200 EA per 30 days) |
| *wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| *zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml* | 2 | QL (200 EA per 30 days) |
| *zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm* | 2 | QL (200 EA per 30 days) |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG | 5 | PA; QL (120 EA per 30 days) |
| **OPHTHALMIC AGENTS** | | |
| *acetazolamide er oral capsule extended release 12 hour 500 mg* | 3 | |
| *acetazolamide oral tablet 125 mg, 250 mg* | 3 | |
| *atropine sulfate ophthalmic solution 1 %* | 2 | |
| *azelastine hcl ophthalmic solution 0.05 %* | 2 | |
| *bacitracin ophthalmic ointment 500 unit/gm* | 4 | |
| *bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm* | 2 | |
| *bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %* | 3 | |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 % | 4 | |
| *betaxolol hcl ophthalmic solution 0.5 %* | 3 | |
| *brimonidine tartrate ophthalmic solution 0.1 %* | 3 | |
| *brimonidine tartrate ophthalmic solution 0.2 %* | 2 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %* | 3 | |
| *brinzolamide ophthalmic suspension 1 %* | 4 | |
| *bromfenac sodium ophthalmic solution 0.07 %* | 4 | QL (12 ML per 365 days) |
| *carteolol hcl ophthalmic solution 1 %* | 2 | |
| *ciprofloxacin hcl ophthalmic solution 0.3 %* | 2 | |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % | 3 | |
| *cromolyn sodium ophthalmic solution 4 %* | 2 | |
| *cyclosporine (pf) ophthalmic emulsion 0.05 %* | 3 | |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % | 5 | QL (60 ML per 28 days) |
| *dexamethasone sodium phosphate ophthalmic solution 0.1 %* | 3 | |
| *diclofenac sodium ophthalmic solution 0.1 %* | 2 | |
| *dorzolamide hcl ophthalmic solution 2 %* | 2 | |
| *dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %* | 2 | |
| *erythromycin ophthalmic ointment 5 mg/gm* | 2 | |
| FLAREX OPHTHALMIC SUSPENSION 0.1 % | 3 | |
| *fluorometholone ophthalmic suspension 0.1 %* | 3 | |
| *flurbiprofen sodium ophthalmic solution 0.03 %* | 2 | |
| *gatifloxacin ophthalmic solution 0.5 %* | 4 | |
| *gentamicin sulfate ophthalmic solution 0.3 %* | 2 | |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | 3 | QL (4 ML per 30 days) |
| *ketorolac tromethamine ophthalmic solution 0.4 %* | 3 | |
| *ketorolac tromethamine ophthalmic solution 0.5 %* | 2 | |
| *latanoprost ophthalmic solution 0.005 %* | 1 | |
| *levobunolol hcl ophthalmic solution 0.5 %* | 2 | |
| *levofloxacin ophthalmic solution 0.5 %* | 3 | |
| LOTEMAX SM OPHTHALMIC GEL 0.38 % | 4 | QL (20 GM per 365 days) |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 3 | QL (2.5 ML per 25 days) |
| *methazolamide oral tablet 25 mg, 50 mg* | 4 | |
| *moxifloxacin hcl ophthalmic solution 0.5 %* | 2 | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | 4 | |
| *neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000* | 3 | |
| *neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1* | 2 | |
| *neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1* | 2 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025* | 3 | |
| NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % | 3 | |
| NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000 | 3 | |
| *ofloxacin ophthalmic solution 0.3 %* | 2 | |
| *olopatadine hcl ophthalmic solution 0.2 %* | 3 | |
| *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %* | 3 | |
| POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM | 2 | |
| *polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%* | 1 | |
| *prednisolone acetate ophthalmic suspension 1 %* | 3 | |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | 3 | |
| RESTASIS OPHTHALMIC EMULSION 0.05 % | 3 | |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % | 3 | QL (2.5 ML per 25 days) |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % | 3 | QL (2.5 ML per 25 days) |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | 3 | |
| *sulfacetamide sodium ophthalmic solution 10 %* | 2 | |
| *sulfacetamide-prednisolone ophthalmic solution 10-0.23 %* | 2 | |
| *timolol maleate ophthalmic solution 0.25 %, 0.5 %* | 1 | |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % | 4 | |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % | 4 | |
| *tobramycin ophthalmic solution 0.3 %* | 1 | |
| *tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %* | 4 | |
| *trifluridine ophthalmic solution 1 %* | 4 | |
| VYZULTA OPHTHALMIC SOLUTION 0.024 % | 4 | QL (5 ML per 25 days) |
| XDEMVY OPHTHALMIC SOLUTION 0.25 % | 5 | QL (10 ML per 42 days) |
| XIIDRA OPHTHALMIC SOLUTION 5 % | 4 | QL (60 EA per 30 days) |
| ZIRGAN OPHTHALMIC GEL 0.15 % | 4 | |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % | 4 | |
| **OTIC AGENTS** | | |
| *acetic acid otic solution 2 %* | 2 | |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %* | 4 | |
| *hydrocortisone-acetic acid otic solution 1-2 %* | 4 | |
| *neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1* | 3 | |
| *neomycin-polymyxin-hc otic suspension 3.5-10000-1* | 3 | |
| *ofloxacin otic solution 0.3 %* | 2 | |
| **RESPIRATORY TRACT/PULMONARY AGENTS** | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 5 | PA; QL (90 EA per 30 days) |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT | 3 | QL (24 GM per 30 days) |
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT | 3 | QL (32.1 GM per 30 days) |
| *albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act* | 2 | QL (48 GM per 30 days) |
| *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%* | 2 | BD; QL (525 ML per 30 days) |
| *albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%* | 2 | BD; QL (100 ML per 30 days) |
| *albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml* | 4 | BD; QL (375 ML per 30 days) |
| *albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml* | 2 | BD; QL (100 EA per 30 days) |
| ALYQ ORAL TABLET 20 MG | 4 | PA; QL (60 EA per 30 days) |
| *ambrisentan oral tablet 10 mg, 5 mg* | 5 | PA; QL (30 EA per 30 days) |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 3 | QL (60 EA per 30 days) |
| *arformoterol tartrate inhalation nebulization solution 15 mcg/2ml* | 4 | PA; QL (120 ML per 30 days) |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 3 | QL (30 EA per 30 days) |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 4 | QL (1 EA per 30 days) |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 4 | QL (1 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT | 4 | QL (1 EA per 30 days) |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT | 4 | QL (1 EA per 30 days) |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 4 | QL (13 GM per 30 days) |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | 4 | QL (25.8 GM per 30 days) |
| *azelastine hcl nasal solution 0.1 %, 137 mcg/spray* | 2 | QL (60 ML per 30 days) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH | 3 | QL (60 EA per 30 days) |
| BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT | 4 | QL (10.3 GM per 30 days) |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT | 3 | QL (23.6 GM per 28 days) |
| BRONCHITOL INHALATION CAPSULE 40 MG | 5 | PA; QL (560 EA per 28 days) |
| *budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml* | 4 | BD; QL (120 ML per 30 days) |
| *budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act* | 4 | QL (10.3 GM per 30 days) |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | 5 | PA |
| *cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml* | 2 | |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | 3 | QL (8 GM per 30 days) |
| *cromolyn sodium inhalation nebulization solution 20 mg/2ml* | 3 | BD |
| *cyproheptadine hcl oral tablet 4 mg* | 4 | |
| *diphenhydramine hcl injection solution 50 mg/ml* | 4 | |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT | 4 | PA; QL (17.6 GM per 30 days) |
| DULERA INHALATION AEROSOL 50-5 MCG/ACT | 4 | PA; QL (13 GM per 30 days) |
| *epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml* | 3 | |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML | 4 | PA; QL (0.5 ML per 28 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML | 5 | PA; QL (1 ML per 28 days) |
| *flunisolide nasal solution 25 mcg/act (0.025%)* | 4 | QL (50 ML per 30 days) |
| *fluticasone propionate nasal suspension 50 mcg/act* | 1 | |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act* | 2 | QL (60 EA per 30 days) |
| *formoterol fumarate inhalation nebulization solution 20 mcg/2ml* | 4 | BD; QL (120 ML per 30 days) |
| *hydroxyzine hcl oral syrup 10 mg/5ml* | 4 | |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | 3 | |
| *hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg* | 4 | |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT | 3 | QL (30 EA per 30 days) |
| *ipratropium bromide hfa inhalation aerosol solution 17 mcg/act* | 4 | |
| *ipratropium bromide inhalation solution 0.02 %* | 2 | BD; QL (312.5 ML per 30 days) |
| *ipratropium bromide nasal solution 0.03 %, 0.06 %* | 2 | |
| *ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml* | 2 | BD; QL (540 ML per 30 days) |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 5 | PA; QL (56 EA per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 5 | PA; QL (60 EA per 30 days) |
| *levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml* | 4 | BD; QL (540 ML per 30 days) |
| *levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml* | 4 | BD; QL (90 EA per 30 days) |
| *levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml* | 4 | BD; QL (270 ML per 30 days) |
| *levalbuterol tartrate inhalation aerosol 45 mcg/act* | 3 | QL (30 GM per 30 days) |
| *levocetirizine dihydrochloride oral tablet 5 mg* | 2 | |
| *mometasone furoate nasal suspension 50 mcg/act* | 4 | QL (34 GM per 30 days) |
| *montelukast sodium oral packet 4 mg* | 2 | |
| *montelukast sodium oral tablet 10 mg* | 1 | |
| *montelukast sodium oral tablet chewable 4 mg, 5 mg* | 2 | |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 5 | PA; QL (3 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; QL (3 ML per 28 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 5 | PA; QL (0.4 ML per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA; QL (3 EA per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 5 | PA |
| OPSUMIT ORAL TABLET 10 MG | 5 | PA; QL (30 EA per 30 days) |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG | 5 | PA; QL (336 EA per 365 days) |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG | 5 | PA; QL (672 EA per 365 days) |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 | 5 | PA; QL (504 EA per 365 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG | 4 | PA |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG | 5 | PA |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; QL (112 EA per 28 days) |
| *pirfenidone oral capsule 267 mg* | 5 | PA |
| *pirfenidone oral tablet 267 mg, 534 mg, 801 mg* | 5 | PA |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT | 3 | QL (2 EA per 30 days) |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 5 | PA |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT | 3 | QL (21.2 GM per 30 days) |
| *roflumilast oral tablet 250 mcg, 500 mcg* | 4 | PA |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 3 | QL (60 EA per 30 days) |
| *sildenafil citrate oral tablet 20 mg* | 3 | PA; QL (90 EA per 30 days) |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT | 3 | QL (8 GM per 30 days) |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT | 3 | |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 3 | QL (24 GM per 30 days) |
| *tadalafil (pah) oral tablet 20 mg* | 4 | PA; QL (60 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| *theophylline er oral tablet extended release 12 hour 300 mg, 450 mg* | 4 | |
| *theophylline er oral tablet extended release 24 hour 400 mg, 600 mg* | 2 | |
| *tiotropium bromide inhalation capsule 18 mcg* | 4 | QL (30 EA per 30 days) |
| *tobramycin inhalation nebulization solution 300 mg/5ml* | 5 | BD |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 3 | QL (60 EA per 30 days) |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG | 5 | PA; QL (84 EA per 28 days) |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG | 5 | PA; QL (1 EA per 21 days) |
| WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT | 2 | QL (60 EA per 30 days) |
| YUPELRI INHALATION NEBULIZATION SOLUTION 175 MCG/3ML | 5 | BD; QL (90 ML per 30 days) |
| *zafirlukast oral tablet 10 mg, 20 mg* | 4 | |
| **SKELETAL MUSCLE RELAXANTS** | | |
| *cyclobenzaprine hcl oral tablet 10 mg, 5 mg* | 3 | PA |
| *methocarbamol oral tablet 500 mg, 750 mg* | 2 | |
| *orphenadrine citrate er oral tablet extended release 12 hour 100 mg* | 3 | |
| **SLEEP DISORDER AGENTS** | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg* | 4 | PA; QL (30 EA per 30 days) |
| *armodafinil oral tablet 50 mg* | 4 | PA; QL (60 EA per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | QL (30 EA per 30 days) |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | 4 | QL (30 EA per 30 days) |
| *modafinil oral tablet 100 mg, 200 mg* | 3 | PA; QL (30 EA per 30 days) |
| *ramelteon oral tablet 8 mg* | 4 | QL (30 EA per 30 days) |
| *sodium oxybate oral solution 500 mg/ml* | 5 | PA; QL (540 ML per 30 days) |
| *temazepam oral capsule 15 mg, 30 mg* | 3 | QL (30 EA per 30 days) |
| *zaleplon oral capsule 10 mg* | 4 | QL (60 EA per 30 days) |
| *zaleplon oral capsule 5 mg* | 4 | QL (30 EA per 30 days) |
| *zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg* | 4 | QL (30 EA per 30 days) |
| *zolpidem tartrate oral tablet 10 mg, 5 mg* | 2 | QL (30 EA per 30 days) |

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

| Drug Name | Tier | Restrictions/Limits |
|---|---|---|
| **SUPPLEMENTAL** | | |
| *ergocalciferol oral capsule 1.25 mg (50000 ut)* | 1 | EX |
| *folic acid oral tablet 1 mg* | 1 | QL (30 EA per 30 days); EX |
| *sildenafil citrate oral tablet 25 mg, 50 mg* | 1 | QL (6 EA per 30 days); EX |
| *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)* | 1 | EX |
| **THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES** | | |
| *pnv 27-ca/fe/fa oral tablet 60-1 mg* | 2 | |
| *pnv prenatal plus multivit+dha oral 27-1 & 312 mg* | 2 | |
| *pnv-dha oral capsule 27-0.6-0.4-300 mg* | 2 | |
| *pnv-dha+docusate oral capsule 27-1.25-300 mg* | 2 | |
| *pnv-omega oral capsule 28-0.6-0.4-340 mg* | 2 | |
| *pnv-select oral tablet 27-0.6-0.4 mg* | 2 | |
| *trinatal rx 1 oral tablet 60-1 mg* | 2 | |

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

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

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# Notice of Availability

**English:** Free assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-965-1965 (TTY 711) or speak to your provider.

**Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-965-1965 (TTY 711) o hable con su proveedor.

**Simplified Chinese:** 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-965-1965（文本电话：711）或咨询您的服务提供商。

**Traditional Chinese:** 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-888-965-1965（TTY 711）或與您的提供者討論。

**Tagalog:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-965-1965 (TTY 711) o makipag-usap sa iyong provider.

**French:** Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-965-1965 (TTY 711) ou parlez à votre fournisseur.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-965-1965 (Người khuyết tật: TTY 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

**German:** UWenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-965-1965 (TTY 711) an oder sprechen Sie mit Ihrem Provider.

**Korean:** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다.1-888-965-1965 (TTY 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-965-1965 (TTY 711) или обратитесь к своему поставщику услуг.

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-965-1965 (TTY 711) أو تحدث إلى مقدم الخدمة.

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**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-965-1965 (TTY 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-888-965-1965 (TTY 711) ou fale com seu provedor.

**Polish:** Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-888-965-1965 (TTY 711) lub porozmawiaj ze swoim dostawcą.

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