2027



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Comprehensive Formulary

HealthTeam Advantage Plan I (PPO) H9808-004

HealthTeam Advantage Plan II (PPO) H9808-005

HealthTeam Advantage Vitality Plan (PPO) H9808-010

HealthTeam Advantage Thrive Plan (HMO) H2624-005

Formulary ID: **00027272**, Version Number **9**

This formulary was updated on 10/05/2026. 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 **10/05/2026.** 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, 2028, 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: htanc.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 2027 formulary that was covered at the beginning of the year, we will not

discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/05/2026***.*** 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 **102.** 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 **102.**

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 $35 for one-month supply of insulin products.
- **LA** = Limited Access - This prescription may be available only at certain pharmacies.
- **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 3, 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 Deductible, Copayment, and Coinsurance, please review Chapter 6 of your Evidence of Coverage.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
acetaminophen-codeine oral solution 120-12 mg/5ml	Tier 2	QL (4500 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	Tier 2	QL (180 EA per 30 days)
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	Tier 2	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Tier 4	PA; QL (4 EA per 28 days)
butorphanol tartrate nasal solution 10 mg/ml	Tier 4	QL (10 ML per 28 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 2	
diclofenac potassium oral tablet 50 mg	Tier 2	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Tier 2	
diclofenac sodium external solution 1.5 %	Tier 2	PA; QL (300 ML per 28 days)
diclofenac sodium external solution 2 %	Tier 4	PA; QL (224 GM per 28 days)
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	Tier 2	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Tier 4	
diflunisal oral tablet 500 mg	Tier 3	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	Tier 4	
etodolac oral capsule 200 mg, 300 mg	Tier 3	
etodolac oral tablet 400 mg, 500 mg	Tier 3	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 4	PA; QL (10 EA per 30 days)
flurbiprofen oral tablet 100 mg	Tier 2	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	Tier 3	QL (5550 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 3	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 3	QL (50 EA per 30 days)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	Tier 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.

Formulary ID: 00027272 Formulary Version: 9
Formulary Effective Date: 01/01/2027 Last Updated Date: 10/05/2026

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl oral liquid 1 mg/ml	Tier 4	QL (2400 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 3	QL (180 EA per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	Tier 4	
IBU ORAL TABLET 600 MG, 800 MG	Tier 1	
ibuprofen oral suspension 100 mg/5ml	Tier 2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	
JOURNAVX ORAL TABLET 50 MG	Tier 3	QL (30 EA per 90 days)
LURBIRO ORAL TABLET 100 MG	Tier 2	
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	QL (30 EA per 30 days)
methadone hcl oral solution 10 mg/5ml	Tier 3	PA; QL (600 ML per 30 days)
methadone hcl oral solution 5 mg/5ml	Tier 3	PA; QL (1200 ML per 30 days)
methadone hcl oral tablet 10 mg	Tier 3	PA; QL (120 EA per 30 days)
methadone hcl oral tablet 5 mg	Tier 3	PA; QL (240 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	Tier 3	QL (900 ML per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 3	PA; QL (120 EA per 30 days)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Tier 3	QL (900 ML per 30 days)
morphine sulfate oral tablet 15 mg, 30 mg	Tier 3	QL (180 EA per 30 days)
nabumetone oral tablet 500 mg, 750 mg	Tier 2	
naproxen dr oral tablet delayed release 500 mg	Tier 2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	
naproxen oral tablet delayed release 375 mg	Tier 2	
naproxen sodium oral tablet 275 mg, 550 mg	Tier 2	
oxycodone hcl oral capsule 5 mg	Tier 3	QL (360 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	Tier 4	QL (180 ML per 30 days)
oxycodone hcl oral solution 5 mg/5ml	Tier 3	QL (1200 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	Tier 3	QL (180 EA per 30 days)
oxycodone hcl oral tablet 5 mg	Tier 3	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 3	QL (360 EA per 30 days)
piroxicam oral capsule 10 mg, 20 mg	Tier 3	
sulindac oral tablet 150 mg, 200 mg	Tier 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	Drug Tier	Requirements/Limits
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	Tier 5	PA
tramadol hcl oral tablet 50 mg	Tier 2	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 2	QL (240 EA per 30 days)
Anesthetics		
lidocaine external ointment 5 %	Tier 4	PA; QL (50 GM per 30 days)
lidocaine external patch 5 %	Tier 4	PA; QL (90 EA per 30 days)
lidocaine hcl external solution 4 %	Tier 2	
lidocaine viscous hcl mouth/throat solution 2 %	Tier 2	
lidocaine-prilocaine external cream 2.5-2.5 %	Tier 3	PA; QL (30 GM per 30 days)
LIDOCAN EXTERNAL PATCH 5 %	Tier 4	PA; QL (90 EA per 30 days)
Anti-Addiction/ Substance Abuse Treatment Agents		
acamprosate calcium oral tablet delayed release 333 mg	Tier 4	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	Tier 2	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 3	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	Tier 2	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	Tier 2	
disulfiram oral tablet 250 mg, 500 mg	Tier 2	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 4	
naloxone hcl injection solution 0.4 mg/ml	Tier 2	
naloxone hcl injection solution cartridge 0.4 mg/ml	Tier 2	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	Tier 2	
naltrexone hcl oral tablet 50 mg	Tier 2	
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 4	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	Tier 4	
varenicline tartrate oral tablet 0.5 mg, 1 mg	Tier 4	
varenicline tartrate(continue) oral tablet 1 mg	Tier 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	Drug Tier	Requirements/Limits
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 5	
Antibacterials		
acetic acid otic solution 2 %	Tier 2	
amikacin sulfate injection solution 500 mg/2ml	Tier 4	
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet chewable 125 mg, 250 mg	Tier 2	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	Tier 2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 2	
ampicillin oral capsule 500 mg	Tier 2	
ampicillin sodium injection solution reconstituted 1 gm, 2 gm	Tier 4	
ampicillin sodium intravenous solution reconstituted 10 gm	Tier 4	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	Tier 4	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	Tier 4	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Tier 5	PA; LA
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Tier 4	
azithromycin intravenous solution reconstituted 500 mg	Tier 2	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
aztreonam injection solution reconstituted 1 gm, 2 gm	Tier 4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Tier 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	Drug Tier	Requirements/Limits
cefaclor oral capsule 250 mg, 500 mg	Tier 2	
cefaclor oral suspension reconstituted 250 mg/5ml	Tier 2	
cefadroxil oral capsule 500 mg	Tier 2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Tier 2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	Tier 4	
cefdinir oral capsule 300 mg	Tier 2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	
cefepime hcl injection solution reconstituted 1 gm	Tier 4	
cefepime hcl intravenous solution reconstituted 2 gm	Tier 4	
cefixime oral capsule 400 mg	Tier 4	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	Tier 4	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Tier 4	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Tier 4	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	
cefprozil oral tablet 250 mg, 500 mg	Tier 2	
ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg	Tier 5	
ceftazidime injection solution reconstituted 1 gm, 6 gm	Tier 4	
ceftazidime intravenous solution reconstituted 2 gm	Tier 4	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	Tier 4	
ceftriaxone sodium intravenous solution reconstituted 10 gm	Tier 4	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 2	
cefuroxime sodium injection solution reconstituted 750 mg	Tier 4	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	Tier 4	
cephalexin oral capsule 250 mg	Tier 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	Drug Tier	Requirements/Limits
cephalexin oral capsule 500 mg	Tier 2	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	
ciprofloxacin hcl ophthalmic solution 0.3 %	Tier 2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	Tier 4	
clarithromycin er oral tablet extended release 24 hour 500 mg	Tier 2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	
clarithromycin oral tablet 250 mg, 500 mg	Tier 2	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 2	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	Tier 4	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	Tier 4	
clindamycin phosphate vaginal cream 2 %	Tier 3	
colistimethate sodium (cba) injection solution reconstituted 150 mg	Tier 4	QL (30 EA per 10 days)
daptomycin intravenous solution reconstituted 350 mg	Tier 3	
daptomycin intravenous solution reconstituted 500 mg	Tier 4	
demeclocycline hcl oral tablet 150 mg, 300 mg	Tier 4	
dicloxacillin sodium oral capsule 250 mg, 500 mg	Tier 2	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4	
doxycycline hyclate intravenous solution reconstituted 100 mg	Tier 4	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 2	
doxycycline hyclate oral tablet 100 mg, 20 mg	Tier 2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 2	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	Tier 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	Drug Tier	Requirements/Limits
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	Tier 2	
ertapenem sodium injection solution reconstituted 1 gm	Tier 4	QL (14 EA per 14 days)
erythromycin base oral tablet 250 mg, 500 mg	Tier 4	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 4	
fidaxomicin oral tablet 200 mg	Tier 5	QL (20 EA per 10 days)
fosfomycin tromethamine oral packet 3 gm	Tier 4	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	Tier 4	
gentamicin sulfate external cream 0.1 %	Tier 2	QL (60 GM per 30 days)
gentamicin sulfate external ointment 0.1 %	Tier 3	QL (60 GM per 30 days)
gentamicin sulfate injection solution 40 mg/ml	Tier 4	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	Tier 4	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	Tier 4	
levofloxacin ophthalmic solution 0.5 %	Tier 3	
levofloxacin oral solution 25 mg/ml	Tier 4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
linezolid intravenous solution 600 mg/300ml	Tier 4	
linezolid oral suspension reconstituted 100 mg/5ml	Tier 3	
linezolid oral tablet 600 mg	Tier 4	
meropenem intravenous solution reconstituted 1 gm	Tier 2	QL (30 EA per 10 days)
meropenem intravenous solution reconstituted 500 mg	Tier 3	QL (10 EA per 10 days)
methenamine hippurate oral tablet 1 gm	Tier 3	
metronidazole external cream 0.75 %	Tier 2	
metronidazole external gel 0.75 %	Tier 2	
metronidazole external gel 1 %	Tier 4	
metronidazole external lotion 0.75 %	Tier 4	
metronidazole intravenous solution 500 mg/100ml	Tier 4	
metronidazole oral tablet 250 mg, 500 mg	Tier 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	Drug Tier	Requirements/Limits
metronidazole vaginal gel 0.75 %	Tier 3	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Tier 2	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	Tier 4	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	Tier 4	
moxifloxacin hcl oral tablet 400 mg	Tier 3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	Tier 4	
nafcillin sodium intravenous solution reconstituted 10 gm	Tier 5	
neomycin sulfate oral tablet 500 mg	Tier 2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 3	
nitrofurantoin monohyd macro oral capsule 100 mg	Tier 3	
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	Tier 4	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	Tier 4	
oxacillin sodium intravenous solution reconstituted 10 gm	Tier 4	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	Tier 4	
penicillin g potassium injection solution reconstituted 20000000 unit	Tier 4	
penicillin g sodium injection solution reconstituted 5000000 unit	Tier 4	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	Tier 4	
streptomycin sulfate intramuscular solution reconstituted 1 gm	Tier 5	QL (60 EA per 30 days)
sulfacetamide sodium (acne) external lotion 10 %	Tier 4	
sulfadiazine oral tablet 500 mg	Tier 5	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Tier 2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	Tier 4	
tetracycline hcl oral capsule 250 mg, 500 mg	Tier 4	
tigecycline intravenous solution reconstituted 50 mg	Tier 4	
tinidazole oral tablet 250 mg, 500 mg	Tier 2	
tobramycin inhalation nebulization solution 300 mg/4ml	Tier 5	PA; QL (224 ML per 28 days)
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	Tier 4	
trimethoprim oral tablet 100 mg	Tier 2	
vancomycin hcl intravenous solution reconstituted 1 gm	Tier 4	QL (20 EA per 10 days)
vancomycin hcl intravenous solution reconstituted 10 gm	Tier 4	QL (2 EA per 10 days)
vancomycin hcl intravenous solution reconstituted 500 mg	Tier 4	QL (10 EA per 10 days)
vancomycin hcl intravenous solution reconstituted 750 mg	Tier 4	QL (27 EA per 10 days)
vancomycin hcl oral capsule 125 mg	Tier 4	PA; QL (40 EA per 10 days)
vancomycin hcl oral capsule 250 mg	Tier 4	PA; QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 3	PA; QL (90 EA per 30 days)
Anticonvulsants		
brivaracetam oral solution 10 mg/ml	Tier 5	PA; QL (600 ML per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Tier 5	PA; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 3	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 3	
carbamazepine oral suspension 100 mg/5ml	Tier 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	Drug Tier	Requirements/Limits
carbamazepine oral tablet 200 mg	Tier 2	
carbamazepine oral tablet chewable 100 mg	Tier 2	
clobazam oral suspension 2.5 mg/ml	Tier 4	PA; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 4	PA; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	Tier 2	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	Tier 2	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	Tier 2	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	Tier 2	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	Tier 3	PA; QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	Tier 3	PA; QL (90 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	Tier 3	PA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 5	PA; LA
DIACOMIT ORAL PACKET 250 MG, 500 MG	Tier 5	PA; LA
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	PA; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	Tier 2	PA; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 2	PA; QL (120 EA per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 4	
DILANTIN ORAL CAPSULE 30 MG	Tier 4	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Tier 2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Tier 2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Tier 2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5	PA; LA
eslicarbazepine acetate oral tablet 200 mg	Tier 4	QL (60 EA per 30 days)
eslicarbazepine acetate oral tablet 400 mg	Tier 4	QL (30 EA per 30 days)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	Tier 5	QL (60 EA per 30 days)
ethosuximide oral capsule 250 mg	Tier 3	
ethosuximide oral solution 250 mg/5ml	Tier 3	
felbamate oral suspension 600 mg/5ml	Tier 4	
felbamate oral tablet 400 mg, 600 mg	Tier 4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 5	PA; LA; QL (360 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	Drug Tier	Requirements/Limits
gabapentin (once-daily) oral tablet 300 mg	Tier 3	PA; QL (30 EA per 30 days)
gabapentin (once-daily) oral tablet 450 mg, 600 mg, 750 mg, 900 mg	Tier 3	PA; QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 400 mg	Tier 2	QL (270 EA per 30 days)
gabapentin oral capsule 200 mg	Tier 2	QL (540 EA per 30 days)
gabapentin oral capsule 300 mg	Tier 2	QL (360 EA per 30 days)
gabapentin oral solution 250 mg/5ml	Tier 3	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	Tier 2	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	Tier 2	QL (120 EA per 30 days)
lacosamide oral solution 10 mg/ml	Tier 4	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	Tier 4	QL (60 EA per 30 days)
lacosamide oral tablet 50 mg	Tier 4	QL (120 EA per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 2	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	Tier 4	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 2	
levetiracetam oral solution 100 mg/ml	Tier 2	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Tier 2	
levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg	Tier 4	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 2	PA; QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	Tier 2	PA; QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	Tier 2	PA; QL (150 EA per 30 days)
methsuximide oral capsule 300 mg	Tier 4	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 3	PA; QL (10 EA per 30 days)
oxcarbazepine oral suspension 300 mg/5ml	Tier 4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 3	
perampanel oral suspension 0.5 mg/ml	Tier 5	QL (720 ML per 30 days)
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 4	QL (30 EA per 30 days)
phenobarbital oral elixir 20 mg/5ml	Tier 4	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	Drug Tier	Requirements/Limits
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 2	PA
phenytoin oral suspension 125 mg/5ml	Tier 2	
phenytoin oral tablet chewable 50 mg	Tier 2	
phenytoin sodium extended oral capsule 100 mg	Tier 2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 2	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	Tier 2	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	Tier 2	QL (900 ML per 30 days)
primidone oral tablet 125 mg	Tier 4	
primidone oral tablet 250 mg, 50 mg	Tier 2	
RELGAABI ORAL CAPSULE 300 MG	Tier 2	QL (360 EA per 30 days)
RELGAABI ORAL CAPSULE 400 MG	Tier 2	QL (270 EA per 30 days)
ROWEEPRA ORAL TABLET 500 MG	Tier 2	
rufinamide oral suspension 40 mg/ml	Tier 5	PA
rufinamide oral tablet 200 mg, 400 mg	Tier 4	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	Tier 4	
SUBVENITE ORAL SUSPENSION 10 MG/ML	Tier 5	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	Tier 5	PA; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	Tier 4	PA; QL (60 EA per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 4	
topiramate oral capsule sprinkle 15 mg, 25 mg	Tier 2	PA
topiramate oral solution 25 mg/ml	Tier 4	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	PA
valproic acid oral capsule 250 mg	Tier 2	
valproic acid oral solution 250 mg/5ml	Tier 2	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 3	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 3	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 3	PA; QL (10 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	Drug Tier	Requirements/Limits
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 3	PA; QL (10 EA per 30 days)
vigabatrin oral packet 500 mg	Tier 5	PA; LA
vigabatrin oral tablet 500 mg	Tier 5	PA; LA
VIGADRONE ORAL PACKET 500 MG	Tier 5	PA; LA
VIGADRONE ORAL TABLET 500 MG	Tier 5	PA; LA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 5	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	Tier 5	QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	Tier 4	QL (28 EA per 180 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 5	QL (28 EA per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5ML	Tier 5	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 2	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 5	PA; LA; QL (1100 ML per 30 days)
Antidementia Agents		
donepezil hcl oral tablet 10 mg, 5 mg	Tier 1	
donepezil hcl oral tablet 23 mg	Tier 4	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	Tier 2	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Tier 3	
galantamine hydrobromide oral solution 4 mg/ml	Tier 4	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Tier 3	
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2 X 250 MG/1.25ML	Tier 5	PA
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML	Tier 5	PA
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Tier 4	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	Drug Tier	Requirements/Limits
memantine hcl oral solution 2 mg/ml	Tier 3	PA
memantine hcl oral tablet 10 mg, 5 mg	Tier 2	PA
memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	Tier 3	PA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 3	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Tier 4	
Antidepressants		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	Tier 5	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	Tier 5	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 5	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 5	QL (1 EA per 28 days)
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 3	
aripiprazole oral solution 1 mg/ml	Tier 4	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 2	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	Tier 4	QL (60 EA per 30 days)
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 5	QL (60 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	Tier 2	QL (60 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	Tier 2	QL (90 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	Tier 2	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	Tier 2	
citalopram hydrobromide oral solution 10 mg/5ml	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	Tier 1	QL (30 EA per 30 days)
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Tier 4	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Tier 3	QL (30 EA per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
doxepin hcl oral concentrate 10 mg/ml	Tier 2	
doxepin hcl oral tablet 3 mg, 6 mg	Tier 3	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	Tier 4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	Tier 4	QL (30 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Tier 2	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 5	
escitalopram oxalate oral solution 5 mg/5ml	Tier 2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	Tier 5	ST; QL (30 EA per 30 days)
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	Tier 5	ST; QL (32 EA per 180 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 3	QL (28 EA per 180 days)
fluoxetine hcl oral capsule 10 mg	Tier 1	QL (30 EA per 30 days)
fluoxetine hcl oral capsule 20 mg	Tier 1	QL (120 EA per 30 days)
fluoxetine hcl oral capsule 40 mg	Tier 1	QL (60 EA per 30 days)
fluoxetine hcl oral solution 20 mg/5ml	Tier 2	
fluvoxamine maleate oral tablet 100 mg	Tier 2	QL (90 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	Drug Tier	Requirements/Limits
fluvoxamine maleate oral tablet 25 mg	Tier 2	QL (30 EA per 30 days)
fluvoxamine maleate oral tablet 50 mg	Tier 2	QL (60 EA per 30 days)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 4	
MARPLAN ORAL TABLET 10 MG	Tier 4	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	Tier 2	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Tier 3	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 2	
nortriptyline hcl oral solution 10 mg/5ml	Tier 4	
OPIPZA ORAL FILM 10 MG	Tier 5	QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	Tier 5	QL (30 EA per 30 days)
OPIPZA ORAL FILM 5 MG	Tier 5	QL (180 EA per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	Tier 3	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5ml	Tier 4	
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	Tier 2	QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg	Tier 2	QL (60 EA per 30 days)
phenelzine sulfate oral tablet 15 mg	Tier 3	
protriptyline hcl oral tablet 10 mg, 5 mg	Tier 4	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	Tier 3	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	Tier 3	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	QL (90 EA per 30 days)
quetiapine fumarate oral tablet 300 mg, 400 mg	Tier 2	QL (60 EA per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	Tier 4	ST
sertraline hcl oral concentrate 20 mg/ml	Tier 4	
sertraline hcl oral tablet 100 mg, 50 mg	Tier 1	QL (60 EA per 30 days)
sertraline hcl oral tablet 25 mg	Tier 1	QL (30 EA per 30 days)
tranylcypromine sulfate oral tablet 10 mg	Tier 4	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 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	Drug Tier	Requirements/Limits
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Tier 4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4	QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg	Tier 2	QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	Tier 2	QL (90 EA per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 2	QL (90 EA per 30 days)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Tier 3	QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Tier 5	PA; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	Tier 5	PA; QL (14 EA per 365 days)
Antiemetics		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	Tier 4	BD
aprepitant oral capsule therapy pack 80 & 125 mg	Tier 4	BD
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	Tier 4	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 4	
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 4	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 4	PA
granisetron hcl oral tablet 1 mg	Tier 2	BD
meclizine hcl oral tablet 12.5 mg, 25 mg	Tier 2	
metoclopramide hcl oral solution 5 mg/5ml	Tier 2	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
ondansetron hcl oral solution 4 mg/5ml	Tier 4	BD
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 2	BD
ondansetron oral tablet dispersible 4 mg, 8 mg	Tier 2	BD
perphenazine oral tablet 16 mg, 8 mg	Tier 4	
perphenazine oral tablet 2 mg, 4 mg	Tier 2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 2	
prochlorperazine rectal suppository 25 mg	Tier 4	
promethazine hcl oral solution 6.25 mg/5ml	Tier 4	PA
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 4	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	Drug Tier	Requirements/Limits
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 4	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Tier 3	BD
Antifungals		
amphotericin b intravenous solution reconstituted 50 mg	Tier 4	BD
amphotericin b liposome intravenous suspension reconstituted 50 mg	Tier 5	BD
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	Tier 4	
ciclopirox external gel 0.77 %	Tier 3	QL (100 GM per 28 days)
ciclopirox external shampoo 1 %	Tier 3	QL (120 ML per 28 days)
ciclopirox external solution 8 %	Tier 2	QL (6.6 ML per 28 days)
ciclopirox olamine external cream 0.77 %	Tier 2	QL (90 GM per 28 days)
ciclopirox olamine external suspension 0.77 %	Tier 3	QL (60 ML per 28 days)
clotrimazole external cream 1 %	Tier 2	QL (45 GM per 28 days)
clotrimazole external solution 1 %	Tier 2	QL (30 ML per 28 days)
clotrimazole mouth/throat troche 10 mg	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 5	PA
econazole nitrate external cream 1 %	Tier 4	QL (85 GM per 28 days)
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	Tier 4	PA
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Tier 2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 2	
flucytosine oral capsule 250 mg, 500 mg	Tier 5	
griseofulvin microsize oral suspension 125 mg/5ml	Tier 4	
griseofulvin microsize oral tablet 500 mg	Tier 4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 4	
itraconazole oral capsule 100 mg	Tier 4	QL (120 EA per 30 days)
itraconazole oral solution 10 mg/ml	Tier 4	
ketoconazole external cream 2 %	Tier 2	QL (60 GM 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	Drug Tier	Requirements/Limits
ketoconazole external shampoo 2 %	Tier 2	QL (120 ML per 28 days)
ketoconazole oral tablet 200 mg	Tier 2	
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	Tier 4	
naftifine hcl external gel 2 %	Tier 4	QL (60 GM per 28 days)
nystatin external cream 100000 unit/gm	Tier 2	QL (30 GM per 28 days)
nystatin external ointment 100000 unit/gm	Tier 2	QL (30 GM per 28 days)
nystatin external powder 100000 unit/gm	Tier 3	QL (180 GM per 30 days)
nystatin mouth/throat suspension 100000 unit/ml	Tier 2	
nystatin oral tablet 500000 unit	Tier 2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 3	QL (180 GM per 30 days)
posaconazole oral tablet delayed release 100 mg	Tier 4	PA; QL (96 EA per 30 days)
terbinafine hcl oral tablet 250 mg	Tier 2	
terconazole vaginal cream 0.4 %, 0.8 %	Tier 3	
terconazole vaginal suppository 80 mg	Tier 3	
voriconazole intravenous solution reconstituted 200 mg	Tier 4	PA
voriconazole oral suspension reconstituted 40 mg/ml	Tier 5	PA
voriconazole oral tablet 200 mg, 50 mg	Tier 4	PA
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
colchicine oral tablet 0.6 mg	Tier 2	
colchicine-probenecid oral tablet 0.5-500 mg	Tier 3	
febuxostat oral tablet 40 mg, 80 mg	Tier 3	
probenecid oral tablet 500 mg	Tier 3	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 3	PA; QL (1 ML per 30 days)
dihydroergotamine mesylate nasal solution 4 mg/ml	Tier 4	QL (8 ML per 28 days)
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Tier 2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Tier 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	Drug Tier	Requirements/Limits
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Tier 2	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 3	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 3	PA; QL (2 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	Tier 3	
naratriptan hcl oral tablet 1 mg, 2.5 mg	Tier 3	QL (18 EA per 28 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 3	PA; QL (16 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 3	PA; QL (30 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	Tier 2	QL (24 EA per 28 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Tier 3	QL (24 EA per 28 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	Tier 4	QL (18 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (18 EA per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier 4	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	Tier 4	QL (8 ML per 28 days)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 4	
topiramate oral capsule sprinkle 15 mg, 25 mg	Tier 2	PA
topiramate oral solution 25 mg/ml	Tier 4	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 3	PA; QL (20 EA per 30 days)
valproic acid oral capsule 250 mg	Tier 2	
valproic acid oral solution 250 mg/5ml	Tier 2	
Antimyasthenic Agents		
pyridostigmine bromide er oral tablet extended release 180 mg	Tier 3	
pyridostigmine bromide oral tablet 60 mg	Tier 3	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	Tier 5	PA; LA

Drug Name	Drug Tier	Requirements/Limits
Antimycobacterials		
dapsone oral tablet 100 mg, 25 mg	Tier 3	
ethambutol hcl oral tablet 100 mg, 400 mg	Tier 3	
isoniazid oral syrup 50 mg/5ml	Tier 2	
isoniazid oral tablet 100 mg	Tier 2	
isoniazid oral tablet 300 mg	Tier 1	
PRIFTIN ORAL TABLET 150 MG	Tier 3	
pyrazinamide oral tablet 500 mg	Tier 4	
rifabutin oral capsule 150 mg	Tier 4	
rifampin intravenous solution reconstituted 600 mg	Tier 4	
rifampin oral capsule 150 mg, 300 mg	Tier 3	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 5	PA; LA
Antineoplastics		
abiraterone acetate oral tablet 250 mg	Tier 5	PA; QL (120 EA per 30 days)
abiraterone acetate oral tablet 500 mg	Tier 5	PA; QL (60 EA per 30 days)
ABIRTEGA ORAL TABLET 250 MG	Tier 4	PA; QL (120 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	Tier 5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Tier 5	PA; QL (30 EA per 180 days)
anastrozole oral tablet 1 mg	Tier 2	
AUGTYRO ORAL CAPSULE 160 MG	Tier 5	PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	Tier 5	PA; QL (240 EA per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	Tier 5	PA; QL (66 EA per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5	PA; LA
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML	Tier 5	PA; LA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 5	PA; LA

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

Drug Name	Drug Tier	Requirements/Limits
bexarotene external gel 1 %	Tier 5	PA
bexarotene oral capsule 75 mg	Tier 5	PA
bicalutamide oral tablet 50 mg	Tier 2	
BOSULIF ORAL CAPSULE 100 MG	Tier 5	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	Tier 5	PA; QL (330 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	Tier 5	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 500 MG	Tier 5	PA; QL (30 EA per 30 days)
bosutinib oral tablet 400 mg	Tier 5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA; LA; QL (180 EA per 30 days)
BRUKINSA ORAL TABLET 160 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 5	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 5	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5	PA; LA; QL (56 EA per 28 days)
COTELLIC ORAL TABLET 20 MG	Tier 5	PA; LA; QL (63 EA per 28 days)
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 3	BD
cyclophosphamide oral tablet 50 mg	Tier 3	BD
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 5	PA; QL (112 EA per 28 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	Tier 5	PA; QL (30 EA per 30 days)
dasatinib oral tablet 20 mg	Tier 5	PA; QL (90 EA per 30 days)
dasatinib oral tablet 70 mg	Tier 5	PA; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	Tier 5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	Tier 5	PA; QL (60 EA per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	Tier 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	Drug Tier	Requirements/Limits
ERLEADA ORAL TABLET 240 MG	Tier 5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	Tier 5	PA; QL (120 EA per 30 days)
erlotinib hcl oral tablet 100 mg, 150 mg	Tier 5	PA; QL (30 EA per 30 days)
erlotinib hcl oral tablet 25 mg	Tier 5	PA; QL (60 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	Tier 5	
everolimus oral tablet 0.25 mg	Tier 3	BD
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	Tier 5	BD
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 5	PA; QL (30 EA per 30 days)
everolimus oral tablet soluble 2 mg	Tier 5	PA; QL (150 EA per 30 days)
everolimus oral tablet soluble 3 mg	Tier 5	PA; QL (90 EA per 30 days)
everolimus oral tablet soluble 5 mg	Tier 5	PA; QL (60 EA per 30 days)
exemestane oral tablet 25 mg	Tier 4	
fluorouracil external cream 5 %	Tier 3	
fluorouracil external solution 2 %, 5 %	Tier 3	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 5	PA; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	Tier 5	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	Tier 5	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	Tier 5	PA; LA; QL (120 EA per 30 days)
gefitinib oral tablet 250 mg	Tier 5	PA; QL (30 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5	PA; QL (30 EA per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	Tier 5	PA; QL (126 EA per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	Tier 5	PA; QL (84 EA per 28 days)
GOMEKLI ORAL TABLET SOLUBLE 1 MG	Tier 5	PA; QL (168 EA per 28 days)
HERNEXEOS ORAL TABLET 60 MG	Tier 5	PA; QL (90 EA per 30 days)
hydroxyurea oral capsule 500 mg	Tier 2	
HYRNUO ORAL TABLET 10 MG	Tier 5	PA; QL (120 EA per 30 days)
IBRANCE ORAL CAPSULE 125 MG	Tier 5	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	PA; QL (21 EA per 28 days)
IBTROZI ORAL CAPSULE 200 MG	Tier 5	PA; QL (90 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 5	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
imatinib mesylate oral tablet 100 mg	Tier 3	PA; QL (180 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	Drug Tier	Requirements/Limits
imatinib mesylate oral tablet 400 mg	Tier 5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 5	PA; QL (90 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	Tier 5	PA; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5	PA; QL (28 EA per 28 days)
imkeldi oral solution 80 mg/ml	Tier 5	PA; QL (280 ML per 28 days)
INLURIYO ORAL TABLET 200 MG	Tier 5	PA
INLYTA ORAL TABLET 1 MG	Tier 5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	Tier 5	PA; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	Tier 5	PA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	Tier 5	PA; LA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG	Tier 5	PA; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	Tier 5	PA; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	Tier 5	PA; LA; QL (240 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA; QL (60 EA per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	Tier 5	PA; QL (30 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	Tier 5	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	Tier 5	PA; QL (30 EA per 30 days)
JIDEYTRO ORAL TABLET 100 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
JIDEYTRO ORAL TABLET 25 MG	Tier 5	PA; LA; QL (90 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 4	BD
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; QL (63 EA per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG	Tier 5	PA; QL (90 EA per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5	PA
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG	Tier 5	PA
KRAZATI ORAL TABLET 200 MG	Tier 5	PA; QL (180 EA per 30 days)
lapatinib ditosylate oral tablet 250 mg	Tier 5	PA; QL (180 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	Drug Tier	Requirements/Limits
LAZCLUZE ORAL TABLET 240 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 5	PA; QL (28 EA per 28 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Tier 5	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 5	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 5	PA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 5	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 5	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 5	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Tier 5	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 5	PA; QL (60 EA per 30 days)
letrozole oral tablet 2.5 mg	Tier 2	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 3	
LEUKERAN ORAL TABLET 2 MG	Tier 5	
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	Tier 5	PA; LA; QL (18 EA per 28 days)
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	Tier 5	PA; LA; QL (27 EA per 28 days)
lomustine oral capsule 10 mg, 40 mg	Tier 4	
lomustine oral capsule 100 mg	Tier 5	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5	PA
LORBRENA ORAL TABLET 100 MG	Tier 5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	Tier 5	PA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	Tier 5	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	Tier 5	PA; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	Tier 5	PA; QL (90 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	Drug Tier	Requirements/Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	Tier 5	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 5	PA; LA; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 5	PA; LA; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 5	PA; LA; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE 50 MG	Tier 5	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 5	PA; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	Tier 5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	Tier 5	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	Tier 5	PA; LA; QL (180 EA per 30 days)
mercaptopurine oral suspension 2000 mg/100ml	Tier 5	
mercaptopurine oral tablet 50 mg	Tier 3	
mesna oral tablet 400 mg	Tier 4	
methotrexate sodium (pf) injection solution 50 mg/2ml	Tier 2	
methotrexate sodium injection solution 50 mg/2ml	Tier 2	
methotrexate sodium oral tablet 2.5 mg	Tier 2	BD
MODEYSO ORAL CAPSULE 125 MG	Tier 5	PA; QL (20 EA per 28 days)
NERLYNX ORAL TABLET 40 MG	Tier 5	PA; LA
nilotinib hcl oral capsule 150 mg, 200 mg	Tier 5	PA; QL (112 EA per 28 days)
nilotinib hcl oral capsule 50 mg	Tier 5	PA; QL (120 EA per 30 days)
nilutamide oral tablet 150 mg	Tier 5	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5	PA; QL (3 EA per 28 days)
NUBEQA ORAL TABLET 300 MG	Tier 5	PA; LA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	Tier 5	PA; QL (56 EA per 28 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Tier 5	PA; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG	Tier 5	PA; QL (20 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	PA; QL (30 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 5	PA; QL (14 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	Drug Tier	Requirements/Limits
ORGOVYX ORAL TABLET 120 MG	Tier 5	PA; LA; QL (30 EA per 28 days)
ORSERDU ORAL TABLET 345 MG	Tier 5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	Tier 5	PA; QL (90 EA per 30 days)
PANRETIN EXTERNAL GEL 0.1 %	Tier 5	PA
pazopanib hcl oral tablet 200 mg	Tier 5	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 5	PA; LA; QL (28 EA per 28 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5	PA; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 5	PA; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 5	PA; QL (56 EA per 28 days)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	Tier 5	PA; QL (21 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA; LA; QL (21 EA per 28 days)
QINLOCK ORAL TABLET 50 MG	Tier 5	PA; LA; QL (90 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 5	PA; LA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG	Tier 5	PA; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG	Tier 5	PA; QL (120 EA per 30 days)
REVUFORJ ORAL TABLET 160 MG	Tier 5	PA; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG	Tier 5	PA; QL (240 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5	PA; QL (60 EA per 30 days)
REZUROCK ORAL TABLET 200 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 5	PA; LA; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	Tier 5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	Tier 5	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	Tier 5	PA; QL (336 EA per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 5	PA; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	Tier 5	PA; QL (224 EA per 28 days)
SCEMBLIX ORAL TABLET 100 MG	Tier 5	PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 20 MG	Tier 5	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	Tier 5	PA; QL (300 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	Drug Tier	Requirements/Limits
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 5	
sorafenib tosylate oral tablet 200 mg	Tier 5	PA; QL (120 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	Tier 5	PA; QL (84 EA per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 5	PA; QL (28 EA per 28 days)
TABLOID ORAL TABLET 40 MG	Tier 5	
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 5	PA; QL (840 EA per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5	PA; QL (30 EA per 30 days)
tamoxifen citrate oral tablet 10 mg, 20 mg	Tier 2	
TEPMETKO ORAL TABLET 225 MG	Tier 5	PA; LA
THALOMID ORAL CAPSULE 100 MG	Tier 5	PA; QL (112 EA per 28 days)
THALOMID ORAL CAPSULE 50 MG	Tier 5	PA; QL (28 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	Tier 5	PA
toremifene citrate oral tablet 60 mg	Tier 4	
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 5	PA; QL (30 EA per 30 days)
tretinoin oral capsule 10 mg	Tier 5	
TRUQAP ORAL TABLET THERAPY PACK 160 MG	Tier 5	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	Tier 5	PA; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	Tier 5	PA; LA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	Tier 5	PA; LA; QL (120 EA per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	Tier 5	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 5	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	Tier 3	PA; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	Tier 5	PA; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 5	PA; LA; QL (42 EA per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; LA; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	Tier 5	PA; LA; 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	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 25 MG	Tier 5	PA; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5	PA; LA; QL (300 ML per 30 days)
VONJO ORAL CAPSULE 100 MG	Tier 5	PA; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	Tier 5	PA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	Tier 5	PA; QL (30 EA per 30 days)
WELIREG ORAL TABLET 40 MG	Tier 5	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA; QL (60 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	Tier 5	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG	Tier 5	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	Tier 5	PA; LA; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Tier 5	PA; LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	Tier 5	PA; LA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Tier 5	PA; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Tier 5	PA; LA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 5	PA; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	Tier 5	PA; LA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Tier 5	PA; LA
XTANDI ORAL CAPSULE 40 MG	Tier 5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	Tier 5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	Tier 5	PA; QL (60 EA per 30 days)
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4	PA; QL (30 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	Tier 5	PA; QL (224 EA per 28 days)
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	Tier 5	PA; QL (21 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	PA; QL (120 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA; QL (90 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	Drug Tier	Requirements/Limits
Antiparasitics		
albendazole oral tablet 200 mg	Tier 4	
atovaquone oral suspension 750 mg/5ml	Tier 4	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Tier 4	
chloroquine phosphate oral tablet 250 mg, 500 mg	Tier 2	
COARTEM ORAL TABLET 20-120 MG	Tier 4	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 5	
hydroxychloroquine sulfate oral tablet 200 mg	Tier 2	
ivermectin oral tablet 3 mg	Tier 3	PA; QL (20 EA per 30 days)
ivermectin oral tablet 6 mg	Tier 3	PA; QL (8 EA per 30 days)
mefloquine hcl oral tablet 250 mg	Tier 2	
nitazoxanide oral tablet 500 mg	Tier 5	QL (12 EA per 30 days)
pentamidine isethionate inhalation solution reconstituted 300 mg	Tier 4	BD; QL (1 EA per 28 days)
pentamidine isethionate injection solution reconstituted 300 mg	Tier 4	
praziquantel oral tablet 600 mg	Tier 4	
primaquine phosphate oral tablet 26.3 (15 base) mg	Tier 4	
pyrimethamine oral tablet 25 mg	Tier 5	PA
quinine sulfate oral capsule 324 mg	Tier 4	
Antiparkinson Agents		
amantadine hcl oral capsule 100 mg	Tier 2	
amantadine hcl oral solution 50 mg/5ml	Tier 2	
amantadine hcl oral tablet 100 mg	Tier 2	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	PA
bromocriptine mesylate oral capsule 5 mg	Tier 4	
bromocriptine mesylate oral tablet 2.5 mg	Tier 4	
carbidopa oral tablet 25 mg	Tier 4	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Tier 2	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 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	Drug Tier	Requirements/Limits
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Tier 2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 4	
entacapone oral tablet 200 mg	Tier 4	
INBRIJA INHALATION CAPSULE 42 MG	Tier 5	PA; QL (300 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 4	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 2	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Tier 4	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 4	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 2	
selegiline hcl oral capsule 5 mg	Tier 2	
selegiline hcl oral tablet 5 mg	Tier 2	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Tier 1	
Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	Tier 5	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	Tier 5	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 5	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 5	QL (1 EA per 28 days)
aripiprazole oral solution 1 mg/ml	Tier 4	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 2	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	Tier 4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	Tier 5	QL (2.4 ML per 180 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	Tier 5	QL (3.9 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	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	Tier 5	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	Tier 5	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	Tier 5	QL (3.2 ML per 28 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 5	QL (30 EA per 30 days)
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	Tier 4	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 4	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 3	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 4	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 5	QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 5	QL (56 EA per 180 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 4	ST; QL (8 EA per 180 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	Tier 4	ST; QL (12 EA per 180 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	Tier 4	ST; QL (8 EA per 180 days)
fluphenazine decanoate injection solution 25 mg/ml	Tier 4	
fluphenazine hcl injection solution 2.5 mg/ml	Tier 4	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 4	
fluphenazine hcl oral elixir 2.5 mg/5ml	Tier 4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 4	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Tier 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	Drug Tier	Requirements/Limits
haloperidol lactate injection solution 5 mg/ml	Tier 4	
haloperidol lactate oral concentrate 2 mg/ml	Tier 2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 2	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	Tier 5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	Tier 5	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	Tier 5	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	Tier 5	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	Tier 5	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	Tier 3	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	Tier 5	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	Tier 5	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	Tier 5	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	Tier 5	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	Tier 5	QL (2.63 ML per 90 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	Tier 4	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	Drug Tier	Requirements/Limits
lurasidone hcl oral tablet 80 mg	Tier 4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 5	QL (30 EA per 30 days)
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	Tier 4	
NUPLAZID ORAL CAPSULE 34 MG	Tier 5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA; QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	Tier 4	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 2	QL (30 EA per 30 days)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	Tier 4	QL (30 EA per 30 days)
OPIPZA ORAL FILM 10 MG	Tier 5	QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG	Tier 5	QL (30 EA per 30 days)
OPIPZA ORAL FILM 5 MG	Tier 5	QL (180 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	Tier 4	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	Tier 4	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 8 mg	Tier 4	
perphenazine oral tablet 2 mg, 4 mg	Tier 2	
pimozide oral tablet 1 mg, 2 mg	Tier 4	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 2	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	Tier 3	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	Tier 3	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	QL (90 EA per 30 days)
quetiapine fumarate oral tablet 300 mg, 400 mg	Tier 2	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	QL (30 EA per 30 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg	Tier 3	QL (2 EA per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg	Tier 5	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	Tier 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	Drug Tier	Requirements/Limits
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	QL (60 EA per 30 days)
risperidone oral tablet 4 mg	Tier 1	QL (120 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 4	QL (60 EA per 30 days)
risperidone oral tablet dispersible 4 mg	Tier 4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 5	QL (30 EA per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 3	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 5	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 3	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	Tier 4	
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Tier 4	
tizanidine hcl oral tablet 2 mg, 4 mg	Tier 2	
Antivirals		
abacavir sulfate oral solution 20 mg/ml	Tier 3	
abacavir sulfate oral tablet 300 mg	Tier 3	
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 3	
acyclovir oral capsule 200 mg	Tier 2	
acyclovir oral suspension 200 mg/5ml	Tier 4	
acyclovir oral tablet 400 mg, 800 mg	Tier 2	
acyclovir sodium intravenous solution 50 mg/ml	Tier 4	BD
adefovir dipivoxil oral tablet 10 mg	Tier 4	
amantadine hcl oral capsule 100 mg	Tier 2	
amantadine hcl oral solution 50 mg/5ml	Tier 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	Drug Tier	Requirements/Limits
amantadine hcl oral tablet 100 mg	Tier 2	
APTIVUS ORAL CAPSULE 250 MG	Tier 5	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	Tier 4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 4	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 5	
CIMDUO ORAL TABLET 300-300 MG	Tier 5	
darunavir oral tablet 600 mg, 800 mg	Tier 4	
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 5	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	Tier 5	
DOVATO ORAL TABLET 50-300 MG	Tier 5	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	Tier 5	
efavirenz oral tablet 600 mg	Tier 4	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 4	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 5	
emtricitabine oral capsule 200 mg	Tier 4	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Tier 4	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	Tier 5	
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 3	
entecavir oral tablet 0.5 mg, 1 mg	Tier 4	
etravirine oral tablet 100 mg, 200 mg	Tier 4	
EVOTAZ ORAL TABLET 300-150 MG	Tier 5	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 2	
fosamprenavir calcium oral tablet 700 mg	Tier 4	
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 5	
IDVYNSO ORAL TABLET 100-0.25 MG	Tier 5	
INTELENCE ORAL TABLET 25 MG	Tier 4	
ISENTRESS HD ORAL TABLET 600 MG	Tier 5	
ISENTRESS ORAL PACKET 100 MG	Tier 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	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET 400 MG	Tier 5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Tier 5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Tier 3	
JULUCA ORAL TABLET 50-25 MG	Tier 5	
lamivudine oral solution 10 mg/ml	Tier 3	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	Tier 3	
lamivudine-zidovudine oral tablet 150-300 mg	Tier 3	
LIVTENCITY ORAL TABLET 200 MG	Tier 5	PA; LA; QL (120 EA per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	Tier 3	
maraviroc oral tablet 150 mg, 300 mg	Tier 5	
MAVYRET ORAL PACKET 50-20 MG	Tier 5	PA; QL (168 EA per 28 days)
MAVYRET ORAL TABLET 100-40 MG	Tier 5	PA; QL (84 EA per 28 days)
nevirapine er oral tablet extended release 24 hour 400 mg	Tier 4	
nevirapine oral suspension 50 mg/5ml	Tier 4	
nevirapine oral tablet 200 mg	Tier 3	
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 5	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	Tier 2	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tier 2	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 2	QL (20 EA per 30 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	Tier 2	QL (11 EA per 30 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 2	QL (30 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	Tier 5	
PREVYMIS ORAL TABLET 240 MG	Tier 5	PA; QL (56 EA per 28 days)
PREVYMIS ORAL TABLET 480 MG	Tier 5	PA; QL (28 EA per 28 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	Tier 5	
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 5	
PREZISTA ORAL TABLET 150 MG	Tier 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	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 75 MG	Tier 4	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 4	
REYATAZ ORAL PACKET 50 MG	Tier 5	
ribavirin oral capsule 200 mg	Tier 3	
ribavirin oral tablet 200 mg	Tier 3	
rilpivirine hcl oral tablet 25 mg	Tier 5	
rimantadine hcl oral tablet 100 mg	Tier 4	
ritonavir oral tablet 100 mg	Tier 3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 5	
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 5	
SUNLENCA ORAL TABLET 300 MG	Tier 5	
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	Tier 5	
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 5	
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 4	
TIVICAY ORAL TABLET 50 MG	Tier 5	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 5	
trifluridine ophthalmic solution 1 %	Tier 3	
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 5	
triumeq pd oral tablet soluble 60-5-30 mg	Tier 4	
valacyclovir hcl oral tablet 1 gm	Tier 2	QL (120 EA per 30 days)
valacyclovir hcl oral tablet 500 mg	Tier 2	QL (60 EA per 30 days)
valganciclovir hcl oral solution reconstituted 50 mg/ml	Tier 5	
valganciclovir hcl oral tablet 450 mg	Tier 3	
VEMLIDY ORAL TABLET 25 MG	Tier 5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 4	
VIREAD ORAL POWDER 40 MG/GM	Tier 5	
VIREAD ORAL TABLET 150 MG	Tier 5	
VIREAD ORAL TABLET 200 MG, 250 MG	Tier 4	
VOSEVI ORAL TABLET 400-100-100 MG	Tier 5	PA; QL (28 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	Drug Tier	Requirements/Limits
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 3	
zidovudine oral capsule 100 mg	Tier 3	
zidovudine oral syrup 50 mg/5ml	Tier 3	
zidovudine oral tablet 300 mg	Tier 2	
Anxiolytics		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
clonazepam oral tablet 0.5 mg, 1 mg	Tier 2	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	Tier 2	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	Tier 2	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	Tier 2	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	Tier 3	PA; QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	Tier 3	PA; QL (90 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	Tier 3	PA; QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	PA; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	Tier 2	PA; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 2	PA; QL (120 EA per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 4	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
doxepin hcl oral concentrate 10 mg/ml	Tier 2	
doxepin hcl oral tablet 3 mg, 6 mg	Tier 3	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	Tier 4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	Tier 4	QL (30 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Tier 2	QL (60 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	Tier 2	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	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	Drug Tier	Requirements/Limits
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 2	PA; QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	Tier 2	PA; QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	Tier 2	PA; QL (150 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 3	PA; QL (10 EA per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	Tier 3	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5ml	Tier 4	
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	Tier 2	QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg	Tier 2	QL (60 EA per 30 days)
sertraline hcl oral concentrate 20 mg/ml	Tier 4	
sertraline hcl oral tablet 100 mg, 50 mg	Tier 1	QL (60 EA per 30 days)
sertraline hcl oral tablet 25 mg	Tier 1	QL (30 EA per 30 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 3	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	Tier 3	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	Tier 3	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 3	PA; QL (10 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg	Tier 2	QL (30 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	Tier 2	QL (90 EA per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 2	QL (90 EA per 30 days)
Bipolar Agents		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 4	QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 3	
carbamazepine er oral tablet extended release 12 hour 100 mg	Tier 3	
carbamazepine oral suspension 100 mg/5ml	Tier 2	
carbamazepine oral tablet 200 mg	Tier 2	
carbamazepine oral tablet chewable 100 mg	Tier 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	Drug Tier	Requirements/Limits
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Tier 2	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Tier 2	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Tier 2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 2	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	Tier 4	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Tier 2	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium oral solution 8 meq/5ml	Tier 2	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	Tier 4	QL (30 EA per 30 days)
lurasidone hcl oral tablet 80 mg	Tier 4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 5	QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	Tier 4	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 2	QL (30 EA per 30 days)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	Tier 4	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	Tier 3	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	Tier 3	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	QL (90 EA per 30 days)
quetiapine fumarate oral tablet 300 mg, 400 mg	Tier 2	QL (60 EA per 30 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg	Tier 3	QL (2 EA per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg	Tier 5	QL (2 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	Drug Tier	Requirements/Limits
risperidone oral solution 1 mg/ml	Tier 2	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	QL (60 EA per 30 days)
risperidone oral tablet 4 mg	Tier 1	QL (120 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 4	QL (60 EA per 30 days)
risperidone oral tablet dispersible 4 mg	Tier 4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 5	QL (30 EA per 30 days)
SUBVENITE ORAL SUSPENSION 10 MG/ML	Tier 5	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	
valproic acid oral capsule 250 mg	Tier 2	
valproic acid oral solution 250 mg/5ml	Tier 2	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 3	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	Tier 4	
Blood Glucose Regulators		
acarbose oral tablet 100 mg	Tier 2	QL (90 EA per 30 days)
acarbose oral tablet 25 mg	Tier 2	QL (360 EA per 30 days)
acarbose oral tablet 50 mg	Tier 2	QL (180 EA per 30 days)
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 3	
colesevelam hcl oral packet 3.75 gm	Tier 4	
colesevelam hcl oral tablet 625 mg	Tier 4	
dapagliflozin oral tablet 10 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg	Tier 1	QL (30 EA per 30 days)
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	Tier 1	QL (60 EA per 30 days)
diazoxide oral suspension 50 mg/ml	Tier 5	
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 3	QL (30 EA per 30 days)
glimepiride oral tablet 1 mg	Tier 1	QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	Tier 1	QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	Tier 1	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	Drug Tier	Requirements/Limits
glipizide er oral tablet extended release 24 hour 10 mg	Tier 1	QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg	Tier 1	QL (240 EA per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	Tier 1	QL (120 EA per 30 days)
glipizide oral tablet 10 mg	Tier 1	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	Tier 1	QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	Tier 1	QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	Tier 1	QL (120 EA per 30 days)
global alcohol prep ease pad 70 %	Tier 3	PA
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	Tier 3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	Tier 3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	Tier 3	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	Tier 3	INS
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	INS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 3	INS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Tier 3	INS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	Tier 3	INS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Tier 3	INS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 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	Drug Tier	Requirements/Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3	INS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3	INS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 3	INS
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	INS
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 3	INS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 3	INS
INPEFA ORAL TABLET 200 MG, 400 MG	Tier 3	PA; QL (30 EA per 30 days)
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	Tier 3	INS
insulin lispro injection solution 100 unit/ml	Tier 3	INS
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	Tier 3	INS
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	Tier 3	INS
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	QL (30 EA per 30 days)
KIRSTY INJECTION SOLUTION 100 UNIT/ML	Tier 3	INS
KIRSTY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	INS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	INS
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	INS
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	Tier 3	INS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 3	INS
metformin hcl er oral tablet extended release 24 hour 500 mg	Tier 1	QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	Tier 1	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	Drug Tier	Requirements/Limits
metformin hcl oral tablet 1000 mg	Tier 1	QL (75 EA per 30 days)
metformin hcl oral tablet 500 mg	Tier 1	QL (150 EA per 30 days)
metformin hcl oral tablet 850 mg	Tier 1	QL (90 EA per 30 days)
mifepristone oral tablet 300 mg	Tier 5	PA
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	Tier 3	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg	Tier 2	QL (90 EA per 30 days)
nateglinide oral tablet 60 mg	Tier 2	QL (180 EA per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3	INS
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3	INS
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 3	INS
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	INS
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	INS
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 3	INS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	Tier 3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 3	PA; QL (3 ML per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 3	PA; QL (30 EA per 30 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Tier 1	QL (30 EA per 30 days)
repaglinide oral tablet 0.5 mg	Tier 2	QL (960 EA per 30 days)
repaglinide oral tablet 1 mg	Tier 2	QL (480 EA per 30 days)
repaglinide oral tablet 2 mg	Tier 2	QL (240 EA per 30 days)
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg	Tier 3	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	Drug Tier	Requirements/Limits
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg	Tier 3	QL (60 EA per 30 days)
sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg	Tier 3	QL (60 EA per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	Tier 3	QL (30 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 3	QL (15 ML per 25 days); INS
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	Tier 3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	Tier 3	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 3	INS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 3	INS
TRADJENTA ORAL TABLET 5 MG	Tier 3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	Tier 3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	Tier 3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 3	PA; QL (2 ML per 28 days)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	Tier 3	PA; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	Tier 3	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	Tier 3	PA; QL (3 ML per 28 days)
Blood Products And Modifiers		
anagrelide hcl oral capsule 0.5 mg, 1 mg	Tier 3	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Tier 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	Drug Tier	Requirements/Limits
CABLIVI INJECTION KIT 11 MG	Tier 5	PA; LA
cilostazol oral tablet 100 mg, 50 mg	Tier 2	
clopidogrel bisulfate oral tablet 300 mg	Tier 2	
clopidogrel bisulfate oral tablet 75 mg	Tier 1	QL (30 EA per 30 days)
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Tier 3	QL (60 EA per 30 days)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 4	
DOPTELET ORAL TABLET 20 MG	Tier 5	PA; LA
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	Tier 5	PA; LA
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	Tier 3	QL (420 EA per 28 days)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	Tier 3	QL (560 EA per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 3	QL (74 EA per 180 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	Tier 3	QL (70 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	Tier 3	QL (140 EA per 28 days)
eltrombopag olamine oral packet 12.5 mg, 25 mg	Tier 5	PA
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	Tier 5	PA
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	Tier 4	QL (56 ML per 28 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	Tier 4	QL (44.8 ML per 28 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	Tier 4	QL (16.8 ML per 28 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	Tier 4	QL (22.4 ML per 28 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	Tier 4	QL (33.6 ML per 28 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 5	
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	Tier 4	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 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	Drug Tier	Requirements/Limits
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	Tier 3	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Tier 5	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 5	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 5	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5	PA
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 2	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	Tier 5	PA
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	Tier 4	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Tier 3	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	Tier 5	PA
rivaroxaban oral suspension reconstituted 1 mg/ml	Tier 3	QL (775 ML per 28 days)
rivaroxaban oral tablet 2.5 mg	Tier 3	ST; QL (60 EA per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	Tier 3	
tranexamic acid oral tablet 650 mg	Tier 3	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	Tier 3	QL (30 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 3	QL (51 EA per 180 days)
Cardiovascular Agents		
acebutolol hcl oral capsule 200 mg, 400 mg	Tier 2	
acetazolamide oral tablet 125 mg, 250 mg	Tier 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	Drug Tier	Requirements/Limits
aliskiren fumarate oral tablet 150 mg, 300 mg	Tier 4	
amiloride hcl oral tablet 5 mg	Tier 2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 2	
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	Tier 2	
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	Tier 1	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 2	QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	QL (30 EA per 30 days)
azilsartan medoxomil oral tablet 40 mg, 80 mg	Tier 3	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
betaxolol hcl oral tablet 10 mg, 20 mg	Tier 2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
bumetanide injection solution 0.25 mg/ml	Tier 4	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 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	Drug Tier	Requirements/Limits
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 5	PA; QL (30 EA per 30 days)
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 2	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	Tier 2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
chlorthalidone oral tablet 25 mg, 50 mg	Tier 2	
cholestyramine light oral packet 4 gm	Tier 2	
cholestyramine oral packet 4 gm	Tier 2	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 4	QL (4 EA per 28 days)
colesevelam hcl oral packet 3.75 gm	Tier 4	
colesevelam hcl oral tablet 625 mg	Tier 4	
colestipol hcl oral packet 5 gm	Tier 4	
colestipol hcl oral tablet 1 gm	Tier 2	
digoxin oral solution 0.05 mg/ml	Tier 4	
digoxin oral tablet 125 mcg, 250 mcg	Tier 2	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	Tier 2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	Tier 2	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	Tier 2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 2	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 4	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	Tier 1	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	Drug Tier	Requirements/Limits
doxazosin mesylate oral tablet 8 mg	Tier 1	QL (60 EA per 30 days)
droxidopa oral capsule 100 mg	Tier 4	PA
droxidopa oral capsule 200 mg, 300 mg	Tier 5	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 3	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	Tier 3	QL (240 EA per 30 days)
eplerenone oral tablet 25 mg, 50 mg	Tier 3	
ezetimibe oral tablet 10 mg	Tier 2	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Tier 1	QL (30 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 3	QL (30 EA per 30 days)
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 2	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	Tier 2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier 2	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 2	
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 5	PA; QL (30 EA per 30 days)
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Tier 2	
fluvastatin sodium oral capsule 20 mg	Tier 2	QL (30 EA per 30 days)
fluvastatin sodium oral capsule 40 mg	Tier 2	QL (60 EA per 30 days)
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
furosemide injection solution 10 mg/ml	Tier 1	
furosemide oral solution 10 mg/ml, 8 mg/ml	Tier 2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
gemfibrozil oral tablet 600 mg	Tier 1	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 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	Drug Tier	Requirements/Limits
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
icosapent ethyl oral capsule 0.5 gm, 1 gm	Tier 3	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
INPEFA ORAL TABLET 200 MG	Tier 3	PA; QL (30 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	Tier 3	QL (180 EA per 30 days)
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	Tier 2	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	Tier 2	
ivabradine hcl oral tablet 5 mg, 7.5 mg	Tier 3	QL (60 EA per 30 days)
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	PA; QL (30 EA per 30 days)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	Tier 2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
lovastatin oral tablet 10 mg	Tier 1	QL (30 EA per 30 days)
lovastatin oral tablet 20 mg, 40 mg	Tier 1	QL (60 EA per 30 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 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	Drug Tier	Requirements/Limits
metyrosine oral capsule 250 mg	Tier 5	PA
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Tier 3	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 3	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 2	
moexipril hcl oral tablet 15 mg, 7.5 mg	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 3	
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 2	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 2	
NEXLETOL ORAL TABLET 180 MG	Tier 3	PA
NEXLIZET ORAL TABLET 180-10 MG	Tier 3	PA
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	Tier 4	
nicardipine hcl oral capsule 20 mg, 30 mg	Tier 4	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Tier 2	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	Tier 2	
nimodipine oral capsule 30 mg	Tier 4	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3	
nitroglycerin rectal ointment 0.4 %	Tier 3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Tier 2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 2	
nitroglycerin translingual solution 0.4 mg/spray	Tier 4	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	Tier 1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 2	
omega-3-acid ethyl esters oral capsule 1 gm	Tier 2	
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	Tier 3	PA; QL (30 EA per 30 days)
PACERONE ORAL TABLET 100 MG, 200 MG	Tier 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	Drug Tier	Requirements/Limits
pentoxifylline er oral tablet extended release 400 mg	Tier 2	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
pindolol oral tablet 10 mg, 5 mg	Tier 3	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	Tier 1	QL (30 EA per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	QL (30 EA per 30 days)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 2	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	Tier 4	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Tier 2	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	Tier 2	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	Tier 2	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 2	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Tier 2	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 3	PA; QL (6 ML per 28 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
sacubitril-valsartan oral tablet 24-26 mg	Tier 3	QL (180 EA per 30 days)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	Tier 3	QL (60 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	Tier 1	QL (30 EA per 30 days)
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Tier 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	Drug Tier	Requirements/Limits
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
spironolactone-hctz oral tablet 25-25 mg	Tier 2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 2	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 2	
terazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
terazosin hcl oral capsule 10 mg	Tier 1	QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 4	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 2	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
triamterene-hctz oral capsule 37.5-25 mg	Tier 1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 4	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	Tier 2	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 2	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	QL (30 EA per 30 days)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	Tier 3	PA; QL (30 EA per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	Tier 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	Drug Tier	Requirements/Limits
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	Tier 3	PA; QL (3 ML per 28 days)
Central Nervous System Agents		
amphetamine er oral tablet extended release dispersible 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	Tier 4	
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	Tier 4	
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 3	
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	Tier 4	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	Tier 4	QL (30 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	Tier 5	PA; QL (60 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	Tier 5	PA; QL (30 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Tier 5	PA; QL (28 EA per 180 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 5	PA; QL (1 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 5	PA; QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA; QL (14 EA per 28 days)
carbamazepine er oral tablet extended release 12 hour 100 mg	Tier 3	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	Tier 4	
dalfampridine er oral tablet extended release 12 hour 10 mg	Tier 3	PA; QL (60 EA per 30 days)
dextromethorphan-quinidine oral capsule 20-10 mg	Tier 5	PA
dimethyl fumarate oral capsule delayed release 120 mg	Tier 4	PA; QL (56 EA per 28 days)

Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate oral capsule delayed release 240 mg	Tier 5	PA; QL (60 EA per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Tier 4	PA; QL (120 EA per 180 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Tier 2	QL (60 EA per 30 days)
fingolimod hcl oral capsule 0.5 mg	Tier 5	PA; QL (30 EA per 30 days)
gabapentin (once-daily) oral tablet 300 mg	Tier 3	PA; QL (30 EA per 30 days)
gabapentin (once-daily) oral tablet 450 mg, 600 mg, 750 mg, 900 mg	Tier 3	PA; QL (60 EA per 30 days)
gabapentin oral capsule 300 mg	Tier 2	QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	Tier 2	QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5ml	Tier 3	QL (2160 ML per 30 days)
gabapentin oral tablet 800 mg	Tier 2	QL (120 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	Tier 5	PA; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	Tier 5	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Tier 5	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Tier 5	PA; QL (12 ML per 28 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Tier 5	PA; LA; QL (28 EA per 180 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Tier 5	PA; QL (1.6 ML per 28 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	Tier 4	
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	Tier 4	
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 4	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 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	Drug Tier	Requirements/Limits
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	Tier 4	
milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 3	QL (60 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 3	PA; QL (16 EA per 30 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	Tier 5	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Tier 5	PA; QL (1 ML per 28 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 2	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	Tier 2	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	Tier 2	QL (900 ML per 30 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	Tier 5	PA
RELGAABI ORAL CAPSULE 300 MG	Tier 2	QL (360 EA per 30 days)
RELGAABI ORAL CAPSULE 400 MG	Tier 2	QL (270 EA per 30 days)
riluzole oral tablet 50 mg	Tier 3	PA
teriflunomide oral tablet 14 mg, 7 mg	Tier 5	PA; QL (30 EA per 30 days)
tetrabenazine oral tablet 12.5 mg	Tier 4	PA; QL (240 EA per 30 days)
tetrabenazine oral tablet 25 mg	Tier 5	PA; QL (120 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Tier 5	PA; QL (120 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Tier 5	PA; QL (7 EA per 180 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	Tier 5	PA; QL (28 EA per 180 days)
Dental And Oral Agents		
cevimeline hcl oral capsule 30 mg	Tier 4	
chlorhexidine gluconate mouth/throat solution 0.12 %	Tier 1	
doxycycline hyclate oral tablet 20 mg	Tier 2	
KOURZEQ MOUTH/THROAT PASTE 0.1 %	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 4	
triamcinolone acetonide mouth/throat paste 0.1 %	Tier 2	
Dermatological Agents		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 4	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	
acyclovir external ointment 5 %	Tier 4	PA; QL (30 GM per 30 days)
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 5	PA; QL (6 ML per 28 days)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5	PA; QL (6 ML per 28 days)
ala-cort external cream 1 %	Tier 2	
alclometasone dipropionate external cream 0.05 %	Tier 3	
alclometasone dipropionate external ointment 0.05 %	Tier 3	
ammonium lactate external cream 12 %	Tier 2	
ammonium lactate external lotion 12 %	Tier 2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 4	
azelaic acid external gel 15 %	Tier 4	
betamethasone dipropionate aug external cream 0.05 %	Tier 2	
betamethasone dipropionate aug external gel 0.05 %	Tier 3	
betamethasone dipropionate aug external lotion 0.05 %	Tier 3	
betamethasone dipropionate aug external ointment 0.05 %	Tier 3	
betamethasone dipropionate external cream 0.05 %	Tier 3	
betamethasone dipropionate external lotion 0.05 %	Tier 3	
betamethasone dipropionate external ointment 0.05 %	Tier 3	
betamethasone valerate external cream 0.1 %	Tier 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	Drug Tier	Requirements/Limits
betamethasone valerate external lotion 0.1 %	Tier 3	
betamethasone valerate external ointment 0.1 %	Tier 3	
calcipotriene external cream 0.005 %	Tier 4	QL (120 GM per 30 days)
calcipotriene external ointment 0.005 %	Tier 4	QL (120 GM per 30 days)
calcipotriene external solution 0.005 %	Tier 3	QL (120 ML per 30 days)
ciclopirox external gel 0.77 %	Tier 3	QL (100 GM per 28 days)
ciclopirox external shampoo 1 %	Tier 3	QL (120 ML per 28 days)
ciclopirox external solution 8 %	Tier 2	QL (6.6 ML per 28 days)
ciclopirox olamine external cream 0.77 %	Tier 2	QL (90 GM per 28 days)
ciclopirox olamine external suspension 0.77 %	Tier 3	QL (60 ML per 28 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 4	
clindamycin phos (twice-daily) external gel 1 %	Tier 3	QL (120 GM per 30 days)
clindamycin phosphate external lotion 1 %	Tier 3	QL (120 ML per 30 days)
clindamycin phosphate external solution 1 %	Tier 3	QL (120 ML per 30 days)
clobetasol propionate external cream 0.05 %	Tier 4	QL (120 GM per 28 days)
clobetasol propionate external foam 0.05 %	Tier 4	QL (100 GM per 28 days)
clobetasol propionate external gel 0.05 %	Tier 4	QL (120 GM per 28 days)
clobetasol propionate external lotion 0.05 %	Tier 2	QL (118 ML per 28 days)
clobetasol propionate external ointment 0.05 %	Tier 4	QL (120 GM per 28 days)
clobetasol propionate external shampoo 0.05 %	Tier 4	QL (236 ML per 28 days)
clobetasol propionate external solution 0.05 %	Tier 4	QL (100 ML per 28 days)
clotrimazole-betamethasone external cream 1-0.05 %	Tier 3	QL (45 GM per 28 days)
clotrimazole-betamethasone external lotion 1-0.05 %	Tier 4	QL (60 ML per 28 days)
desonide external cream 0.05 %	Tier 4	
desonide external ointment 0.05 %	Tier 4	
diclofenac sodium external gel 3 %	Tier 4	PA; QL (100 GM per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	Tier 5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier 5	PA; QL (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	Drug Tier	Requirements/Limits
econazole nitrate external cream 1 %	Tier 4	QL (85 GM per 28 days)
ery external pad 2 %	Tier 3	
erythromycin external solution 2 %	Tier 2	
EUCRISA EXTERNAL OINTMENT 2 %	Tier 4	PA; QL (120 GM per 30 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	Tier 4	
fluocinolone acetonide external ointment 0.025 %	Tier 2	
fluocinolone acetonide external solution 0.01 %	Tier 4	
fluocinolone acetonide scalp external oil 0.01 %	Tier 4	
fluocinonide emulsified base external cream 0.05 %	Tier 4	QL (120 GM per 30 days)
fluocinonide external cream 0.05 %	Tier 4	QL (120 GM per 30 days)
fluocinonide external gel 0.05 %	Tier 4	QL (120 GM per 30 days)
fluocinonide external ointment 0.05 %	Tier 4	QL (120 GM per 30 days)
fluocinonide external solution 0.05 %	Tier 4	QL (120 ML per 30 days)
fluorouracil external cream 5 %	Tier 3	
fluorouracil external solution 2 %, 5 %	Tier 3	
fluticasone propionate external cream 0.05 %	Tier 2	
fluticasone propionate external ointment 0.005 %	Tier 2	
global alcohol prep ease pad 70 %	Tier 3	PA
halobetasol propionate external cream 0.05 %	Tier 4	
halobetasol propionate external ointment 0.05 %	Tier 4	
hydrocortisone (perianal) external cream 2.5 %	Tier 2	
hydrocortisone external cream 1 %	Tier 2	
hydrocortisone external lotion 2.5 %	Tier 2	
hydrocortisone external ointment 1 %, 2.5 %	Tier 2	
imiquimod external cream 5 %	Tier 3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 4	
malathion external lotion 0.5 %	Tier 4	
methoxsalen rapid oral capsule 10 mg	Tier 5	
metronidazole external cream 0.75 %	Tier 2	
metronidazole external gel 0.75 %	Tier 2	
metronidazole external gel 1 %	Tier 4	
metronidazole external lotion 0.75 %	Tier 4	
mometasone furoate external cream 0.1 %	Tier 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	Drug Tier	Requirements/Limits
mometasone furoate external ointment 0.1 %	Tier 2	
mometasone furoate external solution 0.1 %	Tier 2	
mupirocin external ointment 2 %	Tier 2	QL (44 GM per 30 days)
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG	Tier 5	PA; QL (2 EA per 28 days)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Tier 2	QL (60 GM per 28 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Tier 3	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Tier 5	PA; QL (55 EA per 180 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	Tier 5	PA; QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	Tier 5	PA; QL (41 EA per 180 days)
PANRETIN EXTERNAL GEL 0.1 %	Tier 5	PA
penciclovir external cream 1 %	Tier 4	QL (5 GM per 30 days)
permethrin external cream 5 %	Tier 3	QL (60 GM per 30 days)
pimecrolimus external cream 1 %	Tier 4	PA; QL (100 GM per 30 days)
podofilox external solution 0.5 %	Tier 3	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Tier 2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Tier 2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 2	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3	QL (180 GM per 30 days)
selenium sulfide external lotion 2.5 %	Tier 2	
silver sulfadiazine external cream 1 %	Tier 2	
SSD EXTERNAL CREAM 1 %	Tier 2	
sulfacetamide sodium (acne) external lotion 10 %	Tier 4	
tacrolimus external ointment 0.03 %, 0.1 %	Tier 4	PA; QL (100 GM per 30 days)
tazarotene external cream 0.05 %, 0.1 %	Tier 4	PA
tazarotene external gel 0.05 %, 0.1 %	Tier 4	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Tier 4	PA
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	Tier 3	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	Drug Tier	Requirements/Limits
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	Tier 2	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Tier 2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	Tier 2	
TRIDERM EXTERNAL CREAM 0.5 %	Tier 2	
TRILITAS EXTERNAL GEL 0.1 %	Tier 4	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 4	
Electrolytes/Minerals/Metals/Vitamins		
calcium acetate (phos binder) oral capsule 667 mg	Tier 3	PA
calcium acetate (phos binder) oral tablet 667 mg	Tier 3	PA
carglumic acid oral tablet soluble 200 mg	Tier 5	PA
CHEMET ORAL CAPSULE 100 MG	Tier 5	PA
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	Tier 4	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	Tier 4	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	Tier 4	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	Tier 4	BD
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	Tier 5	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 3	PA
deferasirox oral tablet soluble 125 mg	Tier 3	PA
deferasirox oral tablet soluble 250 mg, 500 mg	Tier 5	PA
deferiprone oral tablet 1000 mg, 500 mg	Tier 5	PA
dextrose intravenous solution 10 %, 5 %	Tier 4	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	Tier 4	
INTRALIPID INTRAVENOUS EMULSION 20 %	Tier 4	BD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	Tier 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	Drug Tier	Requirements/Limits
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	Tier 4	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	Tier 4	
KIONEX COMBINATION SUSPENSION 15 GM/60ML	Tier 3	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 2	
KLOR-CON ORAL PACKET 20 MEQ	Tier 4	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 2	
levocarnitine oral solution 1 gm/10ml	Tier 4	
levocarnitine oral tablet 330 mg	Tier 4	
LOKELMA ORAL PACKET 10 GM, 5 GM	Tier 3	
magnesium sulfate injection solution 50 %	Tier 4	
multiple electro type 1 ph 7.4 intravenous solution	Tier 3	
penicillamine oral tablet 250 mg	Tier 5	PA
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	Tier 2	
potassium chloride er oral capsule extended release 10 meq, 8 meq	Tier 2	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 2	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	Tier 4	
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml	Tier 4	
potassium chloride oral packet 20 meq	Tier 4	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	Tier 4	

Drug Name	Drug Tier	Requirements/Limits
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Tier 2	
PREMASOL INTRAVENOUS SOLUTION 10 %	Tier 4	BD
prenatal oral tablet 27-1 mg	Tier 2	
sevelamer carbonate oral tablet 800 mg	Tier 4	PA
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	Tier 4	
sodium chloride irrigation solution 0.9 %	Tier 4	
sodium fluoride oral tablet 2.2 (1 f) mg	Tier 2	
sodium polystyrene sulfonate combination suspension 15 gm/60ml	Tier 3	
sodium polystyrene sulfonate oral powder	Tier 3	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	Tier 3	
tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg	Tier 5	PA
tolvaptan oral tablet 15 mg, 30 mg	Tier 5	PA
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	Tier 5	PA
TRAVASOL INTRAVENOUS SOLUTION 10 %	Tier 4	BD
trientine hcl oral capsule 250 mg	Tier 5	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	Tier 4	BD
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	Tier 3	
Excluded Drug		
folic acid oral tablet 1 mg	Tier 1	EX; QL (30 EA per 30 days)
sildenafil citrate oral tablet 25 mg, 50 mg	Tier 1	EX; QL (6 EA per 30 days)
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	Tier 1	EX
Gastrointestinal Agents		
alosetron hcl oral tablet 0.5 mg, 1 mg	Tier 4	PA
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	Tier 4	QL (120 EA per 180 days)
constulose oral solution 10 gm/15ml	Tier 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	Drug Tier	Requirements/Limits
dicyclomine hcl oral capsule 10 mg	Tier 2	
dicyclomine hcl oral solution 10 mg/5ml	Tier 4	
dicyclomine hcl oral tablet 20 mg	Tier 2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 3	
enulose oral solution 10 gm/15ml	Tier 2	
esomeprazole magnesium oral capsule delayed release 20 mg	Tier 3	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release 40 mg	Tier 3	QL (60 EA per 30 days)
famotidine oral tablet 20 mg, 40 mg	Tier 1	
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 5	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	Tier 1	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	Tier 1	
generlac oral solution 10 gm/15ml	Tier 2	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 3	
lactulose oral solution 10 gm/15ml	Tier 2	
lansoprazole oral capsule delayed release 15 mg	Tier 3	QL (30 EA per 30 days)
lansoprazole oral capsule delayed release 30 mg	Tier 3	QL (60 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3	QL (30 EA per 30 days)
LIVDELZI ORAL CAPSULE 10 MG	Tier 5	PA; QL (30 EA per 30 days)
loperamide hcl oral capsule 2 mg	Tier 2	
lubiprostone oral capsule 24 mcg	Tier 3	QL (60 EA per 30 days)
lubiprostone oral capsule 8 mcg	Tier 3	QL (180 EA per 30 days)
metoclopramide hcl oral solution 5 mg/5ml	Tier 2	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
misoprostol oral tablet 100 mcg, 200 mcg	Tier 3	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Tier 4	
nitroglycerin rectal ointment 0.4 %	Tier 3	
omeprazole oral capsule delayed release 10 mg, 20 mg	Tier 1	QL (30 EA per 30 days)
omeprazole oral capsule delayed release 40 mg	Tier 1	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	Drug Tier	Requirements/Limits
pantoprazole sodium oral tablet delayed release 20 mg	Tier 1	QL (30 EA per 30 days)
pantoprazole sodium oral tablet delayed release 40 mg	Tier 1	QL (60 EA per 30 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Tier 1	
peg-3350/electrolytes oral solution reconstituted 236 gm	Tier 1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	Tier 5	ST; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	Tier 5	ST; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	Tier 5	ST; QL (12 ML per 30 days)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 5	PA; QL (30 EA per 30 days)
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 4	
sucralfate oral suspension 1 gm/10ml	Tier 4	
sucralfate oral tablet 1 gm	Tier 2	
SYMPROIC ORAL TABLET 0.2 MG	Tier 3	QL (30 EA per 30 days)
TRULANCE ORAL TABLET 3 MG	Tier 3	QL (30 EA per 30 days)
ursodiol oral capsule 300 mg	Tier 3	
ursodiol oral tablet 250 mg, 500 mg	Tier 3	
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 5	QL (60 EA per 30 days)
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	Tier 4	QL (112 EA per 180 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	Tier 4	QL (112 EA per 180 days)
VOWST ORAL CAPSULE	Tier 5	PA; LA
XERMELO ORAL TABLET 250 MG	Tier 5	PA; LA; QL (84 EA per 28 days)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 3	PA; QL (90 EA per 30 days)
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
betaine oral powder	Tier 5	

Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 3	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Tier 3	BD
cromolyn sodium oral concentrate 100 mg/5ml	Tier 4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	PA; LA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 5	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
l-glutamine oral packet 5 gm	Tier 5	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 5	PA
PLENAMINE INTRAVENOUS SOLUTION 15 %	Tier 4	BD
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 5	PA; LA
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Tier 5	PA
sapropterin dihydrochloride oral tablet 100 mg	Tier 5	PA
sodium phenylbutyrate oral powder 3 gm/tsp	Tier 5	PA
sodium phenylbutyrate oral tablet 500 mg	Tier 5	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Tier 5	PA
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML	Tier 5	PA; LA
WELIREG ORAL TABLET 40 MG	Tier 5	PA; LA
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	Tier 3	
Genitourinary Agents		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Tier 2	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 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	Drug Tier	Requirements/Limits
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	Tier 1	QL (30 EA per 30 days)
doxazosin mesylate oral tablet 8 mg	Tier 1	QL (60 EA per 30 days)
dutasteride oral capsule 0.5 mg	Tier 2	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Tier 4	
ELMIRON ORAL CAPSULE 100 MG	Tier 3	
finasteride oral tablet 5 mg	Tier 1	
GEMTESA ORAL TABLET 75 MG	Tier 3	
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 3	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 2	
oxybutynin chloride oral solution 5 mg/5ml	Tier 2	
oxybutynin chloride oral tablet 5 mg	Tier 2	
penicillamine oral tablet 250 mg	Tier 5	PA
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Tier 2	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 2	
solifenacin succinate oral tablet 10 mg, 5 mg	Tier 2	
tadalafil oral tablet 2.5 mg	Tier 4	PA; QL (60 EA per 30 days)
tadalafil oral tablet 5 mg	Tier 4	PA; QL (30 EA per 30 days)
tamsulosin hcl oral capsule 0.4 mg	Tier 1	
terazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 1	QL (30 EA per 30 days)
terazosin hcl oral capsule 10 mg	Tier 1	QL (60 EA per 30 days)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	Tier 3	
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 3	
trospium chloride oral tablet 20 mg	Tier 2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
budesonide er oral tablet extended release 24 hour 9 mg	Tier 5	
budesonide oral capsule delayed release particles 3 mg	Tier 4	
dexamethasone oral solution 0.5 mg/5ml	Tier 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	Drug Tier	Requirements/Limits
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 2	
fludrocortisone acetate oral tablet 0.1 mg	Tier 2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 2	BD
methylprednisolone oral tablet therapy pack 4 mg	Tier 2	
prednisolone oral solution 15 mg/5ml	Tier 2	
prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 4	
prednisone oral solution 5 mg/5ml	Tier 2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablet delayed release 1 mg, 2 mg, 5 mg	Tier 5	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Tier 1	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	Tier 5	PA; QL (120 EA per 30 days)
TRIDERM EXTERNAL CREAM 0.5 %	Tier 2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin ace spray refrig nasal solution 0.01 %	Tier 4	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	Tier 3	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 5	LA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Tier 5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Tier 5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
misoprostol oral tablet 200 mcg	Tier 3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Tier 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	Drug Tier	Requirements/Limits
ABIGALE ORAL TABLET 1-0.5 MG	Tier 3	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	Tier 2	
alyacen 1/35 oral tablet 1-35 mg-mcg	Tier 2	
APRI ORAL TABLET 0.15-30 MG-MCG	Tier 2	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 2	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 2	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 2	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 2	
CAMILA ORAL TABLET 0.35 MG	Tier 2	
CRYSELLE ORAL TABLET 0.3-30 MG-MCG	Tier 2	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	Tier 2	
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 4	
DEBLITANE ORAL TABLET 0.35 MG	Tier 2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Tier 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	Tier 3	QL (8 EA per 28 days)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Tier 2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	Tier 3	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	Tier 2	
ERRIN ORAL TABLET 0.35 MG	Tier 2	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	
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	Tier 3	QL (8 EA per 28 days)
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	Tier 3	QL (4 EA per 28 days)
estradiol vaginal cream 0.01 %	Tier 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	Drug Tier	Requirements/Limits
estradiol vaginal tablet 10 mcg	Tier 4	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	Tier 4	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 3	
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Tier 3	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	Tier 3	
FALMINA ORAL TABLET 0.1-20 MG-MCG	Tier 2	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 4	
GALLIFREY ORAL TABLET 5 MG	Tier 2	
HEATHER ORAL TABLET 0.35 MG	Tier 2	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	
INCASSIA ORAL TABLET 0.35 MG	Tier 2	
INTROVALE ORAL TABLET 0.15-0.03 MG	Tier 2	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	Tier 2	
JASMIEL ORAL TABLET 3-0.02 MG	Tier 2	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 4	
JULEBER ORAL TABLET 0.15-30 MG-MCG	Tier 2	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 2	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	Tier 2	
KURVELO ORAL TABLET 0.15-30 MG-MCG	Tier 2	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 2	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	Tier 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	Drug Tier	Requirements/Limits
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	Tier 2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	Tier 2	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Tier 2	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 3	
LORYNA ORAL TABLET 3-0.02 MG	Tier 2	
LYLEQ ORAL TABLET 0.35 MG	Tier 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	Tier 3	QL (8 EA per 28 days)
LYZA ORAL TABLET 0.35 MG	Tier 2	
marlissa oral tablet 0.15-30 mg-mcg	Tier 2	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	Tier 2	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	Tier 2	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
megestrol acetate oral suspension 40 mg/ml	Tier 3	PA
megestrol acetate oral suspension 625 mg/5ml	Tier 4	PA
megestrol acetate oral tablet 20 mg, 40 mg	Tier 3	PA
MELEYA ORAL TABLET 0.35 MG	Tier 2	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	Tier 2	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	Tier 2	
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 2	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 3	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Tier 3	
NIKKI ORAL TABLET 3-0.02 MG	Tier 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	Drug Tier	Requirements/Limits
NORA-BE ORAL TABLET 0.35 MG	Tier 2	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	Tier 3	
norethindrone acetate oral tablet 5 mg	Tier 2	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	Tier 2	
norethindrone oral tablet 0.35 mg	Tier 2	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 4	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Tier 2	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	Tier 2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Tier 2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	Tier 2	
ORQUIDEA ORAL TABLET 0.35 MG	Tier 2	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	Tier 2	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	Tier 2	
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 3	
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3	
progesterone oral capsule 100 mg, 200 mg	Tier 2	
raloxifene hcl oral tablet 60 mg	Tier 2	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	Tier 2	
SETLAKIN ORAL TABLET 0.15-0.03 MG	Tier 2	
SHAROBEL ORAL TABLET 0.35 MG	Tier 2	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	Tier 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	Drug Tier	Requirements/Limits
SYEDA ORAL TABLET 3-0.03 MG	Tier 2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	Tier 2	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 3	PA
testosterone enanthate intramuscular solution 200 mg/ml	Tier 3	PA
testosterone transdermal gel 12.5 mg/act (1%)	Tier 3	PA; QL (300 GM per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	Tier 4	PA; QL (150 GM per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	Tier 4	PA; QL (300 GM per 30 days)
testosterone transdermal solution 30 mg/act	Tier 4	PA; QL (180 ML per 30 days)
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 4	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 2	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 4	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 2	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 2	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	Tier 2	
TURQOZ ORAL TABLET 0.3-30 MG-MCG	Tier 2	
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	Tier 2	
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	Tier 2	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	Tier 2	
VESTURA ORAL TABLET 3-0.02 MG	Tier 2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 2	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	Tier 2	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 3	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 4	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 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	Drug Tier	Requirements/Limits
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
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	Tier 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	Tier 1	
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	Tier 2	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 2	
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	Tier 1	
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
bromocriptine mesylate oral capsule 5 mg	Tier 4	
bromocriptine mesylate oral tablet 2.5 mg	Tier 4	
cabergoline oral tablet 0.5 mg	Tier 3	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	Tier 3	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Tier 5	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Tier 4	PA
leuprolide acetate injection kit 1 mg/0.2ml	Tier 4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	Tier 5	PA
LYSODREN ORAL TABLET 500 MG	Tier 5	
mifepristone oral tablet 300 mg	Tier 5	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 5	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	Tier 4	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	Drug Tier	Requirements/Limits
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	Tier 5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	Tier 4	PA
Hormonal Agents, Suppressant (Thyroid)		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
propylthiouracil oral tablet 50 mg	Tier 2	
Immunological Agents		
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 5	PA; QL (6 EA per 28 days)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	Tier 5	PA; QL (2 EA per 28 days)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 5	PA; QL (6 EA per 28 days)
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Tier 1	VAC
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 3	VAC
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Tier 5	PA
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 1	VAC
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	Tier 1	VAC
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Tier 5	PA
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Tier 1	VAC
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 5	PA; QL (3.6 ML per 28 days)
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5	PA; QL (3.6 ML per 28 days)
azathioprine oral tablet 50 mg	Tier 2	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	Drug Tier	Requirements/Limits
bcg vaccine injection solution reconstituted 50 mg	Tier 1	VAC
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 5	PA
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML	Tier 5	PA; LA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Tier 5	PA; LA
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	VAC
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 1	VAC
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 5	PA; QL (4 EA per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 5	PA; QL (2 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 5	PA; QL (2 EA per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Tier 5	PA; QL (3 EA per 180 days)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5	PA; QL (10 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Tier 5	PA; QL (2.5 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 5	PA; QL (10 ML per 28 days)
cyclosporine (pf) ophthalmic emulsion 0.05 %	Tier 3	QL (60 EA per 30 days)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 3	BD
cyclosporine modified oral solution 100 mg/ml	Tier 3	BD
cyclosporine oral capsule 100 mg, 25 mg	Tier 3	BD
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 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	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	Tier 5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier 5	PA; QL (8 ML per 28 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 5	PA; QL (8 ML per 28 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 1	BD; VAC
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	Tier 1	BD; VAC
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Tier 5	PA; QL (1.36 ML per 28 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	Tier 4	BD
everolimus oral tablet 0.25 mg	Tier 3	BD
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	Tier 5	BD
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 5	PA; QL (30 EA per 30 days)
everolimus oral tablet soluble 2 mg	Tier 5	PA; QL (150 EA per 30 days)
everolimus oral tablet soluble 3 mg	Tier 5	PA; QL (90 EA per 30 days)
everolimus oral tablet soluble 5 mg	Tier 5	PA; QL (60 EA per 30 days)
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	Tier 5	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 1	VAC
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 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	Drug Tier	Requirements/Limits
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 3	BD
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	Tier 5	PA; QL (2.4 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	Tier 5	PA; QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Tier 5	PA; QL (2.4 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	Tier 5	PA; QL (4.8 ML per 28 days)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML	Tier 1	VAC
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	Tier 3	VAC
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 1	BD; VAC
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 3	VAC
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	Tier 5	PA
ICOTYDE ORAL TABLET 200 MG	Tier 5	PA; QL (30 EA per 30 days)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	Tier 1	BD; VAC
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 3	VAC
IPOL INJECTION SUSPENSION	Tier 1	VAC
IXIARO INTRAMUSCULAR SUSPENSION	Tier 1	VAC
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	Tier 1	BD; VAC
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Tier 5	PA; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 5	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 5	PA; QL (18.76 ML per 28 days)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 3	VAC
leflunomide oral tablet 10 mg, 20 mg	Tier 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	Drug Tier	Requirements/Limits
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	Tier 1	VAC
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 1	VAC
mercaptopurine oral tablet 50 mg	Tier 3	
methotrexate sodium (pf) injection solution 50 mg/2ml	Tier 2	
methotrexate sodium injection solution 50 mg/2ml	Tier 2	
methotrexate sodium oral tablet 2.5 mg	Tier 2	BD
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 1	VAC
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 1	VAC
mycophenolate mofetil oral capsule 250 mg	Tier 3	BD
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	Tier 5	BD
mycophenolate mofetil oral tablet 500 mg	Tier 3	BD
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Tier 4	BD
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 5	BD
OTEZLA ORAL TABLET 20 MG	Tier 5	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Tier 5	PA; QL (55 EA per 180 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	Tier 5	PA; QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG	Tier 5	PA; QL (41 EA per 180 days)
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 3	PA; QL (0.5 ML per 28 days)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	PA; QL (0.5 ML per 28 days)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; QL (1 ML per 28 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 2	QL (20 EA per 30 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	Tier 2	QL (11 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	Drug Tier	Requirements/Limits
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 2	QL (30 EA per 30 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 3	VAC
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 3	VAC
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 5	QL (2 ML per 28 days)
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 1	VAC
penmenvy intramuscular suspension reconstituted	Tier 1	VAC
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 3	VAC
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 1	VAC
PROGRAF ORAL PACKET 0.2 MG, 1 MG	Tier 4	BD
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 3	VAC
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 3	PA; QL (0.5 ML per 28 days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	PA; QL (0.5 ML per 28 days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; QL (1 ML per 28 days)
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 3	VAC
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 3	VAC
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 1	BD; VAC
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 1	BD; VAC
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 1	BD; VAC
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 5	PA; LA

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

Drug Name	Drug Tier	Requirements/Limits
REZUROCK ORAL TABLET 200 MG	Tier 5	PA; LA; QL (30 EA per 30 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 5	PA; QL (360 ML per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	Tier 5	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	Tier 5	PA; QL (84 EA per 180 days)
ROTARIX ORAL SUSPENSION	Tier 3	VAC
ROTATEQ ORAL SOLUTION	Tier 3	VAC
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Tier 5	PA
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 1	QL (1 ML per 720 days); VAC
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Tier 5	PA; QL (3 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 5	PA; QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	Tier 3	PA; QL (2 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 5	PA; QL (4 EA per 28 days)
sirolimus oral solution 1 mg/ml	Tier 4	BD
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 4	BD
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 5	PA; QL (2 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	Tier 5	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	Tier 5	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5	PA; QL (2 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	Tier 5	PA; QL (0.74 ML per 84 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 3	BD
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	Tier 3	VAC
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	Tier 5	PA; QL (30 EA per 30 days)
tofacitinib citrate oral solution 1 mg/ml	Tier 5	PA; QL (480 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	Drug Tier	Requirements/Limits
tofacitinib citrate oral tablet 10 mg, 5 mg	Tier 5	PA; QL (60 EA per 30 days)
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 5	PA; QL (30 EA per 30 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 5	PA; QL (2 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 5	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	Tier 5	PA; QL (2 ML per 28 days)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	Tier 5	PA; QL (12 ML per 180 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 1	VAC
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 1	VAC
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 5	PA; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5	PA; QL (3.6 ML per 28 days)
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	Tier 1	VAC
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	Tier 3	VAC
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	Tier 1	VAC
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML	Tier 3	VAC
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	Tier 1	VAC
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	Tier 1	VAC
VAXCHORA ORAL SUSPENSION RECONSTITUTED	Tier 1	VAC
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	Tier 1	VAC
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Tier 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	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	Tier 5	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Tier 5	PA; LA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Tier 5	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Tier 5	PA; LA; QL (1 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 5	PA; LA; QL (8 EA per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 3	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	Tier 3	PA; QL (0.5 ML per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	Tier 5	PA; QL (1 ML per 28 days)
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 1	VAC
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 4	PA; QL (30 EA per 30 days)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML	Tier 5	PA; QL (2 EA per 28 days)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML	Tier 5	PA; QL (2 EA per 28 days)
Inflammatory Bowel Disease Agents		
balsalazide disodium oral capsule 750 mg	Tier 3	
budesonide er oral tablet extended release 24 hour 9 mg	Tier 5	
budesonide oral capsule delayed release particles 3 mg	Tier 4	
dexamethasone oral solution 0.5 mg/5ml	Tier 2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 2	
hydrocortisone (perianal) external cream 2.5 %	Tier 2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
hydrocortisone rectal enema 100 mg/60ml	Tier 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	Drug Tier	Requirements/Limits
mesalamine er oral capsule extended release 24 hour 0.375 gm	Tier 4	
mesalamine er oral capsule extended release 250 mg, 500 mg	Tier 4	
mesalamine oral capsule delayed release 400 mg	Tier 4	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	Tier 4	
mesalamine rectal enema 4 gm	Tier 4	
mesalamine rectal suppository 1000 mg	Tier 4	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 2	BD
methylprednisolone oral tablet therapy pack 4 mg	Tier 2	
prednisolone oral solution 15 mg/5ml	Tier 2	
prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 4	
prednisone oral solution 5 mg/5ml	Tier 2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablet delayed release 1 mg, 2 mg, 5 mg	Tier 5	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Tier 1	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Tier 2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Tier 2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 2	
sulfasalazine oral tablet 500 mg	Tier 2	
sulfasalazine oral tablet delayed release 500 mg	Tier 2	
Metabolic Bone Disease Agents		
alendronate sodium oral solution 70 mg/75ml	Tier 2	QL (300 ML per 28 days)
alendronate sodium oral tablet 10 mg	Tier 1	QL (30 EA per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	Tier 1	QL (4 EA per 28 days)
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 5	PA
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/1.7ML	Tier 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	Drug Tier	Requirements/Limits
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	Tier 5	PA; QL (2.24 ML per 28 days)
calcitonin (salmon) nasal solution 200 unit/act	Tier 3	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 2	
calcitriol oral solution 1 mcg/ml	Tier 4	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Tier 4	PA
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 4	
ibandronate sodium oral tablet 150 mg	Tier 2	QL (1 EA per 30 days)
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 3	QL (1 ML per 180 days)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 3	QL (1 ML per 180 days)
risedronate sodium oral tablet 150 mg	Tier 3	QL (1 EA per 30 days)
risedronate sodium oral tablet 30 mg, 5 mg	Tier 3	QL (30 EA per 30 days)
risedronate sodium oral tablet 35 mg	Tier 3	QL (4 EA per 28 days)
risedronate sodium oral tablet delayed release 35 mg	Tier 4	QL (4 EA per 28 days)
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	Tier 5	PA; QL (2.24 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	Tier 5	PA; QL (1.56 ML per 30 days)
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 5	PA
Miscellaneous Therapeutic Agents		
ADVOCATE ALCOHOL PREP PADS PAD 70 %	Tier 3	PA
alcohol prep pad 70 %	Tier 3	PA
alcohol swabs pad 70 %	Tier 3	PA
alcohol wipes external 70 %	Tier 3	PA
BAND-AID GAUZE SMALL PAD 2"X2"	Tier 3	PA
BD AUTOSHIELD DUO 30G X 5 MM	Tier 3	PA
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML	Tier 3	PA
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	Tier 3	PA
BD INSULIN SYRINGE 27G X 1/2" 1 ML	Tier 3	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	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML	Tier 3	PA
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)	Tier 3	PA
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	Tier 3	PA
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	Tier 3	PA
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	Tier 3	PA
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	Tier 3	PA
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (OTC)	Tier 3	PA
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)	Tier 3	PA
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	Tier 3	PA
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 3	PA
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	Tier 3	PA
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	Tier 3	PA
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML	Tier 3	PA
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML	Tier 3	PA
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML	Tier 3	PA
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML	Tier 3	PA
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	Tier 3	PA
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	Tier 3	PA
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	Tier 3	PA
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	Tier 3	PA
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	Tier 3	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	Drug Tier	Requirements/Limits
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	Tier 3	PA
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	Tier 3	PA
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	Tier 3	PA
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	Tier 3	PA
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	Tier 3	PA
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	Tier 3	PA
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	Tier 3	PA
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	Tier 3	PA
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML	Tier 3	PA
BD SWAB SINGLE USE REGULAR PAD	Tier 3	PA
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	Tier 3	PA
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	Tier 3	PA
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	Tier 3	PA
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	Tier 3	PA
CARETOUCH ALCOHOL PREP PAD 70 %	Tier 3	PA
CEQUR SIMPLICITY 1U EXTND WEAR DEVICE	Tier 3	QL (8 EA per 30 days)
CEQUR SIMPLICITY 2U DEVICE	Tier 3	QL (8 EA per 30 days)
CEQUR SIMPLICITY 2U EXTND WEAR DEVICE	Tier 3	QL (8 EA per 30 days)
CEQUR SIMPLICITY INSERTER	Tier 3	QL (1 EA per 365 days)
c-nate dha capsule 28-1-200 mg oral	Tier 2	
complete natal dha 29-1-200 & 200 mg oral	Tier 2	
CURITY ALCOHOL PREPS PAD 70 %	Tier 3	PA
CURITY ALL PURPOSE SPONGES PAD 2"X2"	Tier 3	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	Drug Tier	Requirements/Limits
CURITY GAUZE PAD 2"X2"	Tier 3	PA
CURITY GAUZE SPONGE PAD 2"X2"	Tier 3	PA
CURITY SPONGES PAD 2"X2"	Tier 3	PA
cvs alcohol prep pads pad 70 %	Tier 3	PA
cvs gauze pad 2"x2"	Tier 3	PA
cvs isopropyl alcohol wipes 70 % external	Tier 3	PA
cvs prep pad 70 %	Tier 3	PA
DERMACEA GAUZE SPONGE PAD 2"X2"	Tier 3	PA
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	Tier 3	PA
DERMACEA TYPE VII GAUZE PAD 2"X2"	Tier 3	PA
dextrose 5%/electrolyte #48 solution intravenous	Tier 4	
dextrose in lactated ringers solution 5 % intravenous	Tier 4	
dextrose solution 250 mg/ml intravenous	Tier 4	
dextrose solution 70 % intravenous	Tier 4	
dextrose-sodium chloride solution 5-0.225 % intravenous	Tier 4	
dextrose-sodium chloride solution 5-0.33 % intravenous	Tier 4	
DROPSAFE ALCOHOL PREP PAD 70 %	Tier 3	PA
easy comfort alcohol pads pad	Tier 3	PA
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	Tier 3	PA
ELITE-OB TABLET 50-1.25 MG ORAL	Tier 2	
EMBECTA AUTOSHIELD DUO 30G X 5 MM	Tier 3	PA
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	Tier 3	PA
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	Tier 3	PA
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML	Tier 3	PA
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML	Tier 3	PA
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML	Tier 3	PA
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	Tier 3	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	Drug Tier	Requirements/Limits
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	Tier 3	PA
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	Tier 3	PA
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML	Tier 3	PA
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML	Tier 3	PA
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML	Tier 3	PA
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML	Tier 3	PA
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	Tier 3	PA
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	Tier 3	PA
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML	Tier 3	PA
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 3	PA
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	Tier 3	PA
EMBECTA PEN NEEDLE NANO 32G X 4 MM	Tier 3	PA
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	Tier 3	PA
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM	Tier 3	PA
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM	Tier 3	PA
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM	Tier 3	PA
FIFTY50 ALCOHOL PREP PAD 70 %	Tier 3	PA
FOLIVANE-OB CAPSULE 85-1 MG ORAL	Tier 2	
gauze pads pad 2"x2"	Tier 3	PA
glucagon emergency solution reconstituted 1 mg injection	Tier 3	
gnp alcohol swabs pad 70 %	Tier 3	PA
gnp sterile gauze pad 2"x2"	Tier 3	PA
goodsense alcohol swabs pad 70 %	Tier 3	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	Drug Tier	Requirements/Limits
h-e-b incontrol alcohol pad	Tier 3	PA
hydromorphone hcl oral liquid 5 mg/5ml	Tier 4	QL (2400 ML per 30 days)
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	Tier 3	INS
insulin aspart injection solution 100 unit/ml	Tier 3	INS
lactated ringers solution irrigation	Tier 4	
lactulose encephalopathy solution 10 gm/15ml oral	Tier 2	
lactulose solution 10 gm/15ml oral	Tier 2	
lactulose solution 20 gm/30ml oral	Tier 2	
m-natal plus tablet 27-1 mg oral	Tier 2	
NOVOFINE PEN NEEDLE 32G X 6 MM	Tier 3	PA
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	Tier 3	PA
OBSTETRIX DHA ORAL 29-1 & 350 MG	Tier 2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 3	QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	Tier 3	QL (15 EA per 30 days)
OMNIPOD 5 LIBRE INTRO KIT	Tier 3	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS	Tier 3	QL (15 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	Tier 3	QL (15 EA per 30 days)
PHARMACIST CHOICE ALCOHOL PAD	Tier 3	PA
pivot insulin pump starter kit	Tier 3	QL (1 EA per 365 days)
pivot supply kit	Tier 3	QL (40 EA per 30 days)
pnv-dha capsule 27-0.6-0.4-300 mg oral	Tier 2	
pnv-omega capsule 28-0.6-0.4-340 mg oral	Tier 2	
pnv-select tablet 27-0.6-0.4 mg oral	Tier 2	
pro comfort alcohol pad 70 %	Tier 3	PA
pure comfort alcohol prep pad	Tier 3	PA
RELION ALCOHOL SWABS PAD 70 %	Tier 3	PA
ringers irrigation solution irrigation	Tier 4	
ringers solution intravenous	Tier 4	
saps care alcohol prep pad 70 %	Tier 3	PA
saps health alcohol prep pad	Tier 3	PA
saps health alcohol prep pad 70 %	Tier 3	PA
saps health care alcohol prep pad 70 %	Tier 3	PA
sm sterile pad 2"x2"	Tier 3	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	Drug Tier	Requirements/Limits
sure comfort alcohol prep pad 70 %	Tier 3	PA
TARON-C DHA CAPSULE 35-1 MG ORAL	Tier 2	
trinatal rx 1 oral tablet 60-1 mg	Tier 2	
true comfort alcohol prep pads pad 70 %	Tier 3	PA
true comfort pro alcohol prep pad 70 %	Tier 3	PA
TWIIST REFILL KIT KIT	Tier 3	QL (1 EA per 30 days)
TWIIST REFILL KIT/INFUSION SET KIT	Tier 3	QL (1 EA per 30 days)
TWIIST STARTER KIT KIT	Tier 3	QL (1 EA per 365 days)
ULTICARE ALCOHOL SWABS PAD	Tier 3	PA
ULTICARE ALCOHOL SWABS PAD 70 %	Tier 3	PA
ultra-care alcohol prep pads pad 70 %	Tier 3	PA
WEBCOL ALCOHOL PREP LARGE PAD 70 %	Tier 3	PA
WEBCOL ALCOHOL PREP MEDIUM PAD 70 %	Tier 3	PA
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	Tier 2	
wesnate dha oral capsule 28-1-200 mg	Tier 2	
westab plus oral tablet 27-1 mg	Tier 2	
Ophthalmic Agents		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 2	
acetazolamide oral tablet 125 mg, 250 mg	Tier 2	
apraclonidine hcl ophthalmic solution 0.5 %	Tier 3	
atropine sulfate ophthalmic solution 1 %	Tier 3	
azelastine hcl ophthalmic solution 0.05 %	Tier 3	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Tier 2	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Tier 3	
betaxolol hcl ophthalmic solution 0.5 %	Tier 3	
bimatoprost ophthalmic solution 0.01 %	Tier 3	
bimatoprost ophthalmic solution 0.03 %	Tier 2	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	Tier 3	
brimonidine tartrate ophthalmic solution 0.2 %	Tier 1	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	Tier 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	Drug Tier	Requirements/Limits
carteolol hcl ophthalmic solution 1 %	Tier 2	
ciprofloxacin hcl ophthalmic solution 0.3 %	Tier 2	
cromolyn sodium ophthalmic solution 4 %	Tier 2	
cyclosporine (pf) ophthalmic emulsion 0.05 %	Tier 3	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 5	PA
dexamethasone sodium phosphate ophthalmic solution 0.1 %	Tier 2	
diclofenac sodium ophthalmic solution 0.1 %	Tier 2	
dorzolamide hcl ophthalmic solution 2 %	Tier 2	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Tier 2	
epinastine hcl ophthalmic solution 0.05 %	Tier 3	
erythromycin ophthalmic ointment 5 mg/gm	Tier 2	QL (3.5 GM per 14 days)
fluorometholone ophthalmic suspension 0.1 %	Tier 3	
flurbiprofen sodium ophthalmic solution 0.03 %	Tier 2	
gatifloxacin ophthalmic solution 0.5 %	Tier 4	
gentamicin sulfate ophthalmic solution 0.3 %	Tier 2	QL (70 ML per 30 days)
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Tier 2	
latanoprost ophthalmic solution 0.005 %	Tier 1	
levobunolol hcl ophthalmic solution 0.5 %	Tier 2	
levofloxacin ophthalmic solution 0.5 %	Tier 3	
loteprednol etabonate ophthalmic gel 0.5 %	Tier 3	
loteprednol etabonate ophthalmic suspension 0.5 %	Tier 3	
methazolamide oral tablet 25 mg, 50 mg	Tier 4	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Tier 3	QL (3 ML per 30 days)
moxifloxacin hcl ophthalmic solution 0.5 %	Tier 3	
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 4	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	Tier 3	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Tier 2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Tier 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	Drug Tier	Requirements/Limits
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Tier 3	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	Tier 4	
ofloxacin ophthalmic solution 0.3 %	Tier 2	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Tier 5	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Tier 3	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Tier 1	
prednisolone acetate ophthalmic suspension 1 %	Tier 2	
prednisolone sodium phosphate ophthalmic solution 1 %	Tier 2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Tier 3	
sulfacetamide sodium ophthalmic solution 10 %	Tier 2	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Tier 2	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Tier 4	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 3	QL (3.5 GM per 14 days)
tobramycin ophthalmic solution 0.3 %	Tier 2	QL (10 ML per 14 days)
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Tier 2	QL (10 ML per 14 days)
travoprost (bak free) ophthalmic solution 0.004 %	Tier 3	
trifluridine ophthalmic solution 1 %	Tier 3	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	Tier 5	PA; QL (10 ML per 42 days)
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 3	QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 4	
Otic Agents		
acetic acid otic solution 2 %	Tier 2	
ciprofloxacin hcl otic solution 0.2 %	Tier 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	Drug Tier	Requirements/Limits
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Tier 3	QL (7.5 ML per 7 days)
fluocinolone acetonide otic oil 0.01 %	Tier 4	
hydrocortisone-acetic acid otic solution 1-2 %	Tier 4	
neomycin-polymyxin-hc otic solution 1 %	Tier 3	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Tier 3	
ofloxacin otic solution 0.3 %	Tier 2	
Respiratory Tract/ Pulmonary Agents		
acetylcysteine inhalation solution 10 %, 20 %	Tier 3	BD
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 5	PA; LA; QL (90 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 3	QL (12 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Tier 2	QL (17 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	Tier 2	BD
albuterol sulfate oral syrup 2 mg/5ml	Tier 2	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 4	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	Tier 3	QL (12.2 GM per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	Tier 3	QL (6.1 GM per 30 days)
ALYQ ORAL TABLET 20 MG	Tier 4	PA; QL (60 EA per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	Tier 5	PA; LA; QL (30 EA per 30 days)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Tier 4	BD; QL (120 ML per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 3	QL (2 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	Tier 3	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	Tier 3	QL (1 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 3	QL (13 GM per 30 days)
azelastine hcl nasal solution 0.1 %	Tier 2	QL (60 ML per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	Tier 3	QL (10.7 GM per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	Tier 5	PA; LA; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 3	QL (60 EA per 30 days)
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT, 160-9-4.8 MCG/ACT	Tier 3	QL (10.7 GM per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	Tier 4	BD; QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	Tier 4	BD; QL (60 ML per 30 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	Tier 4	QL (10.2 GM per 30 days)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 5	PA; LA; QL (84 ML per 56 days)
cetirizine hcl oral solution 5 mg/5ml	Tier 2	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 3	QL (8 GM per 30 days)
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Tier 3	BD
cromolyn sodium oral concentrate 100 mg/5ml	Tier 4	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	Tier 3	QL (13 GM per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Tier 5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	Tier 5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Tier 5	PA; QL (8 ML per 28 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Tier 3	QL (4 EA per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Tier 5	PA; QL (1 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	Drug Tier	Requirements/Limits
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	Tier 5	PA; QL (0.5 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	Tier 5	PA; QL (1 ML per 28 days)
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 3	QL (50 ML per 30 days)
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	Tier 3	QL (60 EA per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	Tier 4	ST; QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	Tier 4	ST; QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	Tier 4	QL (10.6 GM per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	Tier 2	QL (16 GM per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Tier 3	QL (60 EA per 30 days)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	Tier 4	BD; QL (120 ML per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	PA
ipratropium bromide hfa inhalation aerosol solution 17 mcg/act	Tier 4	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	Tier 2	BD
ipratropium bromide nasal solution 0.03 %	Tier 2	QL (30 ML per 28 days)
ipratropium bromide nasal solution 0.06 %	Tier 2	QL (30 ML per 20 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 2	BD
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	Tier 5	PA; QL (56 EA per 28 days)
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Tier 4	
levocetirizine dihydrochloride oral tablet 5 mg	Tier 2	QL (30 EA per 30 days)
macitentan oral tablet 10 mg	Tier 5	PA; QL (30 EA per 30 days)
mometasone furoate nasal suspension 50 mcg/act	Tier 4	QL (34 GM per 30 days)
montelukast sodium oral packet 4 mg	Tier 4	
montelukast sodium oral tablet 10 mg	Tier 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	Drug Tier	Requirements/Limits
montelukast sodium oral tablet chewable 4 mg, 5 mg	Tier 2	
nintedanib esylate oral capsule 100 mg, 150 mg	Tier 5	PA; QL (60 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 5	PA; LA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 5	PA; LA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Tier 5	PA; LA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 5	PA; LA; QL (3 EA per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA; QL (112 EA per 28 days)
pirfenidone oral capsule 267 mg	Tier 5	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 267 mg	Tier 5	PA; QL (270 EA per 30 days)
pirfenidone oral tablet 801 mg	Tier 5	PA; QL (90 EA per 30 days)
promethazine hcl oral solution 6.25 mg/5ml	Tier 4	PA
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 4	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 5	BD
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	Tier 3	QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	Tier 3	QL (21.2 GM per 30 days)
roflumilast oral tablet 250 mcg, 500 mcg	Tier 4	PA; QL (30 EA per 30 days)
sildenafil citrate oral tablet 20 mg	Tier 3	PA; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 3	QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 3	QL (4 GM per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Tier 5	PA; QL (56 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	Drug Tier	Requirements/Limits
tadalafil (pah) oral tablet 20 mg	Tier 4	PA; QL (60 EA per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	Tier 4	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Tier 5	PA; QL (1.91 ML per 30 days)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	Tier 2	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Tier 2	
theophylline oral solution 80 mg/15ml	Tier 4	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 5	QL (224 EA per 56 days)
tobramycin inhalation nebulization solution 300 mg/4ml	Tier 5	PA; QL (224 ML per 28 days)
tobramycin inhalation nebulization solution 300 mg/5ml	Tier 5	PA; QL (280 ML per 28 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Tier 5	PA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Tier 5	PA; QL (56 EA per 28 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5	PA; LA; QL (60 EA per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 5	PA; LA; QL (200 EA per 180 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Tier 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	Tier 3	QL (60 EA per 30 days)
YUTREPIA INHALATION CAPSULE 106 MCG	Tier 5	PA; QL (224 EA per 28 days)
YUTREPIA INHALATION CAPSULE 26.5 MCG	Tier 5	PA; QL (896 EA per 28 days)
YUTREPIA INHALATION CAPSULE 53 MCG	Tier 5	PA; QL (448 EA per 28 days)
YUTREPIA INHALATION CAPSULE 79.5 MCG	Tier 5	PA; QL (308 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	Drug Tier	Requirements/Limits
zafirlukast oral tablet 10 mg, 20 mg	Tier 4	
Skeletal Muscle Relaxants		
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Tier 4	PA
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Tier 4	PA; QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	PA; QL (30 EA per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	Tier 3	QL (30 EA per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 4	QL (30 EA per 30 days)
modafinil oral tablet 100 mg	Tier 3	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	Tier 3	PA; QL (60 EA per 30 days)
ramelteon oral tablet 8 mg	Tier 3	QL (30 EA per 30 days)
sodium oxybate oral solution 500 mg/ml	Tier 5	PA; LA; QL (540 ML per 30 days)
zaleplon oral capsule 10 mg	Tier 4	QL (60 EA per 30 days)
zaleplon oral capsule 5 mg	Tier 4	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	Tier 2	QL (30 EA per 30 days)

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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.

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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.

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Hindi: ध्याान दें: यदिदें आप दि□ंदें ी बोलते े □ं, तो आपके े दिलए दिनः शु ल्क भाषा स□ायतेा सेवाएं उपलब्ध □ोती
□ं। सुलभा प्रारूपों में ं जानकारी प्रादें ान केरीने के े दिलए उपयुक्त स□ायके साधन औरी सेवाएँ भी दिनः शु ल्क उपलब्ध □ं। 1-888-965-1965 (TTY 711) परी कॉल केरीं या अपने प्रादें ातेा से बोते केरीं।

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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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