



True West Rx 1 (PPO)
True West Rx 2 (PPO)
True West Rx 4 (PPO)
True West Rx 5 (PPO)

2027 Connected Classic Formulary (List of Covered Drugs)

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

FORMULARY ID: 00027027 V7

This formulary was updated on 01/01/2027.

For more recent information or other questions, please contact Range Health Customer Service at 1-833-574-6031 (TTY users should call 711), 8:00 a.m. to 8:00 p.m. **October 1st to March 31st**, seven days a week and **April 1st to September 30th**, Monday through Friday, or visit [**rangehealth.com/drugList**](https://rangehealth.com/drugList).

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Note to members: Please review this document to make sure that it contains the drugs you take.

When this Drug List (formulary) refers to “we,” “us”, or “our,” it means Range Health. When it refers to “plan” or “our plan,” it means True West Rx 1, True West Rx 2, True West Rx 4 or True West Rx 5.

This document includes a Drug List (formulary) for our plan which is current as of 01/01/2027. 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 True West Rx 1, True West Rx 2, True West Rx 4 or True West Rx 5 formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a True West Rx 1, True West Rx 2, True West Rx 4 or True West Rx 5 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: rangehealth.com/drugList.

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 True West Rx 1, True West Rx 2, True West Rx 4 or True West Rx 5 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 will 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, or when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

- o 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 True West Rx 1, True West Rx 2, True West Rx 4 or True West Rx 5 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 01/01/2027. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. We will send you a notice in the event of a mid-year non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. We list any formulary updates on our website along with the most current formulary.

01/01/2027

How do I use the formulary?

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

Medical Condition

The formulary begins on page eleven. 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 eleven. 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 in the back of the formulary. 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?

We cover 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:** We require you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us based on specific criteria before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 30 pills per prescription for Januvia 100 MG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require 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, we may not cover Drug B unless you try Drug A

first. If Drug A does not work for you, we 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 eleven. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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 True West Rx 1, True West Rx 2, True West Rx 4 or True West Rx 5 formulary?” on the next page for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by us.
- You can ask us 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 True West Rx 1, True West Rx 2, True West Rx 4 or True West Rx 5 formulary?

You can ask us 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, the plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level, unless the drug is on the specialty tier.

Generally, we 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 formulary exception. **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 your prescriber's supporting statement.

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

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

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

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

When you have a change in your level of care, like admission to a long-term care facility, you may need more medication. Requests for more medication may be denied if you ask for a refill too soon. If this happens, your pharmacy can ask us to override the denial in order to refill your prescription.

For more information

For more detailed information about your True West Rx 1, True West Rx 2, True West Rx 4 or True West Rx 5 prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about True West Rx 1, True West Rx 2, True West Rx 4 or True West Rx 5, 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>.

True West Rx 1, True West Rx 2, True West Rx 4 or True West Rx 5 formulary

The formulary that begins on page eleven provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index in the back of the formulary.

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

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

Connected Classic (List of Covered Drugs)

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LEGEND

B/D PA: Covered under Medicare B or D. This drug may be covered under Medicare Part B or D depending upon circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

NEDS: Some drugs cannot be filled for more than a 30-day supply. Or, there is a dispensing limit that does not allow multiple fills at one time.

NM: Not available for Mail Order

PA: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

QL: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

ST: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS AND ANTI-INFLAMMATORY AGENTS		
<i>acetaminophen-codeine oral solution</i>	3	QL (900 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet</i>	3	QL (180 per 30 days); NEDS
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	4	QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	4	QL (30 per 30 days)
<i>colchicine oral tablet</i>	3	QL (120 per 30 days)
<i>colchicine-probenecid</i>	3	
<i>diclofenac potassium oral tablet 50 mg</i>	3	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium external solution 1.5 %</i>	4	QL (300 per 30 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	3	
<i>diclofenac sodium oral tablet delayed release 50 mg, 75 mg</i>	2	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	QL (180 per 30 days); NEDS
ENDOCET ORAL TABLET 2.5-325 MG	4	QL (180 per 30 days); NEDS
<i>etodolac oral</i>	3	
<i>fentanyl citrate buccal lozenge on a handle 800 mcg</i>	5	PA; QL (120 per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; QL (15 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	4	QL (2700 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (180 per 30 days); NEDS
<i>hydromorphone hcl oral tablet</i>	4	QL (180 per 30 days); NEDS
<i>hydromorphone hcl pf injection solution 10 mg/ml, 500 mg/50ml</i>	4	
<i>ibu oral tablet 600 mg, 800 mg</i>	2	
<i>ibuprofen oral suspension (rx)</i>	4	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>lidocaine external patch 5 %</i>	4	PA; QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lidocaine hcl external solution</i>	3	PA; QL (300 per 30 days)
<i>lidocaine hcl urethral/mucosal external gel</i>	3	
<i>lidocaine viscous hcl</i>	2	
<i>lidocaine-prilocaine external cream</i>	4	QL (30 per 30 days)
<i>meloxicam oral tablet</i>	1	
<i>methadone hcl oral solution</i>	2	QL (900 per 30 days); NEDS
<i>methadone hcl oral tablet</i>	3	PA; QL (180 per 30 days); NEDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	4	QL (180 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	4	PA; QL (60 per 30 days); NEDS
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	3	PA; QL (90 per 30 days); NEDS
<i>morphine sulfate intravenous solution 2 mg/ml</i>	3	
<i>morphine sulfate oral solution</i>	4	QL (900 per 30 days); NEDS
<i>morphine sulfate oral tablet</i>	4	QL (180 per 30 days); NEDS
<i>nabumetone oral</i>	2	
<i>naproxen oral tablet</i>	1	
<i>oxycodone hcl oral solution</i>	4	QL (900 per 30 days); NEDS
<i>oxycodone hcl oral tablet</i>	3	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (180 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	4	QL (180 per 30 days); NEDS
<i>probenecid oral</i>	3	
<i>sulindac oral</i>	2	
<i>tramadol hcl oral tablet 50 mg</i>	3	QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen</i>	2	QL (40 per 5 days); NEDS
ANTINEOPLASTICS		
<i>abiraterone acetate oral tablet 250 mg</i>	4	PA; QL (120 per 30 days); NM
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; QL (60 per 30 days); NM
ABIRTEGA	4	PA; QL (120 per 30 days); NM
AKEEGA	5	PA; QL (60 per 30 days); NM
ALECENSA	5	PA; QL (240 per 30 days); NM

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 per 30 days); NM
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 per 30 days); NM
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days); NM
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days); NM
<i>anastrozole oral</i>	2	
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 per 30 days); NM
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days); NM
AVMAPKI FAKZYNJA CO-PACK	5	PA; QL (66 per 28 days); NM
AYVAKIT	5	PA; QL (30 per 30 days); NM
<i>azacitidine</i>	5	NM
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days); NM
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days); NM
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days); NM
BESREMI	5	PA; NM
<i>bexarotene oral</i>	5	PA; QL (300 per 30 days); NM
<i>bicalutamide</i>	3	QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 per 30 days); NM
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 per 30 days); NM
BOSULIF ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); NM
BOSULIF ORAL TABLET 500 MG	5	PA; QL (30 per 30 days); NM
<i>bosutinib oral tablet 100 mg</i>	4	PA; QL (180 per 30 days); NM
<i>bosutinib oral tablet 400 mg, 500 mg</i>	5	PA; QL (30 per 30 days); NM
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days); NM
BRUKINSA ORAL CAPSULE	5	PA; QL (120 per 30 days); NM
BRUKINSA ORAL TABLET	5	PA; QL (60 per 30 days); NM
CABOMETYX	5	PA; QL (30 per 30 days); NM
CALQUENCE ORAL TABLET	5	PA; QL (60 per 30 days); NM
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); NM
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days); NM
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days); NM
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days); NM
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days); NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COPIKTRA	5	PA; QL (60 per 30 days); NM
COTELLIC	5	PA; QL (90 per 30 days); NM
<i>cyclophosphamide oral capsule</i>	3	B/D PA; NM
DANZITEN	5	PA; QL (112 per 28 days); NM
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	5	PA; QL (30 per 30 days); NM
<i>dasatinib oral tablet 20 mg</i>	5	PA; QL (90 per 30 days); NM
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); NM
ELIGARD	4	PA; NM
ENSACOVE	5	PA; QL (60 per 30 days); NM
ERIVEDGE	5	PA; QL (30 per 30 days); NM
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 per 30 days); NM
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days); NM
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	4	PA; QL (30 per 30 days); NM
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 per 30 days); NM
EULEXIN	5	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; NM
<i>everolimus oral tablet soluble</i>	5	PA; NM
<i>exemestane</i>	4	
FIRMAGON (240 MG DOSE)	5	PA; NM
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; NM
FOTIVDA	5	PA; QL (21 per 28 days); NM
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); NM
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); NM
GAVRETO	5	PA; QL (120 per 30 days); NM
<i>gefitinib</i>	5	PA; QL (60 per 30 days); NM
GILOTRIF	5	PA; QL (30 per 30 days); NM
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (240 per 30 days); NM
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (120 per 30 days); NM
GOMEKLI ORAL TABLET SOLUBLE	5	PA; QL (240 per 30 days); NM
HERNEXEOS	5	PA; QL (90 per 30 days); NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydroxyurea oral</i>	2	
HYRNUO	5	PA; QL (120 per 30 days); NM
IBRANCE	5	PA; QL (21 per 28 days); NM
IBTROZI	5	PA; QL (90 per 30 days); NM
ICLUSIG	5	PA; QL (30 per 30 days); NM
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days); NM
<i>imatinib mesylate oral tablet 100 mg</i>	3	PA; QL (90 per 30 days); NM
<i>imatinib mesylate oral tablet 400 mg</i>	3	PA; QL (60 per 30 days); NM
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); NM
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); NM
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 per 27 days); NM
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days); NM
<i>imkeldi</i>	5	PA; QL (280 per 28 days); NM
INLURIYO	5	PA; QL (56 per 28 days); NM
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days); NM
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days); NM
INQOVI	5	PA; QL (5 per 28 days); NM
INREBIC	5	PA; QL (120 per 30 days); NM
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (56 per 28 days); NM
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (28 per 28 days); NM
IWILFIN	5	PA; QL (240 per 30 days); NM
JAKAFI	5	PA; QL (60 per 30 days); NM
JAKAFI XR	5	PA; QL (30 per 30 days); NM
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days); NM
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); NM
KISQALI (200 MG DOSE)	5	PA; QL (21 per 28 days); NM
KISQALI (400 MG DOSE)	5	PA; QL (42 per 28 days); NM
KISQALI (600 MG DOSE)	5	PA; QL (63 per 28 days); NM
KOMZIFTI	5	PA; QL (90 per 30 days); NM
KRAZATI	5	PA; QL (180 per 30 days); NM
<i>lapatinib ditosylate</i>	5	PA; QL (180 per 30 days); NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LAZCLUZE ORAL TABLET 240 MG	5	PA; QL (30 per 30 days); NM
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 per 30 days); NM
LEDERLE LEUCOVORIN	2	NM
<i>lenalidomide oral capsule 10 mg</i>	5	PA; QL (60 per 30 days); NM
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	5	PA; QL (30 per 30 days); NM
<i>lenalidomide oral capsule 5 mg</i>	5	PA; QL (150 per 30 days); NM
LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days); NM
LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM
LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM
LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM
LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM
LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM
LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days); NM
LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM
<i>letrozole oral</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	4	NM
<i>leucovorin calcium oral tablet 5 mg</i>	2	NM
LEUKERAN	5	
<i>leuprolide acetate (3 month)</i>	4	PA; NM
<i>leuprolide acetate injection</i>	2	PA; NM
LIFYORLI (125 MG DOSE)	5	PA; QL (18 per 28 days); NM
LIFYORLI (150 MG DOSE)	5	PA; QL (27 per 28 days); NM
<i>lomustine</i>	4	PA; NM
LONSURF	5	PA; NM
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days); NM
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days); NM
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120 per 30 days); NM
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days); NM
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA; QL (1 per 28 days); NM
LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days); NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LYSODREN	5	NM
LYTGOBI (12 MG DAILY DOSE)	5	PA; QL (84 per 28 days); NM
LYTGOBI (16 MG DAILY DOSE)	5	PA; QL (112 per 28 days); NM
LYTGOBI (20 MG DAILY DOSE)	5	PA; QL (140 per 28 days); NM
MATULANE	5	NM
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	4	PA
<i>megestrol acetate oral tablet</i>	3	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA; QL (1200 per 30 days); NM
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days); NM
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days); NM
MEKTOVI	5	PA; QL (180 per 30 days); NM
<i>mercaptopurine oral suspension</i>	5	PA; NM
<i>mercaptopurine oral tablet</i>	3	
<i>mesna oral</i>	4	
MODEYSO	5	PA; QL (20 per 28 days); NM
NERLYNX	5	PA; QL (180 per 30 days); NM
<i>nilotinib hcl</i>	5	PA; QL (112 per 28 days); NM
<i>nilutamide</i>	5	QL (30 per 30 days)
NINLARO	5	PA; QL (3 per 28 days); NM
NUBEQA	5	PA; QL (120 per 30 days); NM
ODOMZO	5	PA; QL (30 per 30 days); NM
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days); NM
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA; QL (96 per 28 days); NM
OJEMDA ORAL TABLET	5	PA; QL (24 per 28 days); NM
OJJAARA	5	PA; QL (30 per 30 days); NM
ONUREG	5	PA; QL (14 per 28 days); NM
ORGOVYX	5	PA; QL (30 per 28 days); NM
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); NM
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days); NM
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA; QL (120 per 30 days); NM
<i>pazopanib hcl oral tablet 400 mg</i>	5	PA; QL (60 per 30 days); NM
PEMAZYRE	5	PA; QL (30 per 30 days); NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PHYRAGO ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; QL (30 per 30 days); NM
PHYRAGO ORAL TABLET 20 MG	5	PA; QL (90 per 30 days); NM
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days); NM
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days); NM
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days); NM
<i>pomalidomide</i>	5	PA; QL (21 per 28 days); NM
POMALYST	5	PA; QL (21 per 28 days); NM
QINLOCK	5	PA; QL (90 per 30 days); NM
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60 per 30 days); NM
RETEVMO ORAL TABLET 40 MG	5	PA; QL (90 per 30 days); NM
RETEVMO ORAL TABLET 80 MG	5	PA; QL (120 per 30 days); NM
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days); NM
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days); NM
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240 per 30 days); NM
REZLIDHIA	5	PA; QL (60 per 30 days); NM
ROMVIMZA	5	PA; QL (8 per 28 days); NM
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days); NM
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); NM
ROZLYTREK ORAL PACKET	5	PA; QL (360 per 30 days); NM
RUBRACA	5	PA; QL (120 per 30 days); NM
RYDAPT	5	PA; QL (240 per 30 days); NM
RYLAZE	5	PA; NM
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days); NM
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA; QL (60 per 30 days); NM
SOLTAMOX	5	
<i>sorafenib tosylate</i>	5	PA; QL (120 per 30 days); NM
STIVARGA	5	PA; QL (84 per 28 days); NM
<i>sunitinib malate</i>	5	PA; QL (30 per 30 days); NM
TABLOID	5	
TABRECTA	5	PA; QL (120 per 30 days); NM
TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days); NM
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days); NM

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on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAGRISSO	5	PA; QL (30 per 30 days); NM
TALZENNA	5	PA; QL (30 per 30 days); NM
<i>tamoxifen citrate oral</i>	2	
TECVAYLI	5	PA; NM
TEPMETKO	5	PA; QL (60 per 30 days); NM
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (112 per 28 days); NM
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (224 per 28 days); NM
TIBSOVO	5	PA; QL (60 per 30 days); NM
<i>toremifene citrate</i>	4	NM
<i>tretinoin oral</i>	5	
TRUQAP ORAL TABLET 200 MG	5	PA; QL (64 per 28 days); NM
TRUQAP ORAL TABLET THERAPY PACK	5	PA; QL (64 per 28 days); NM
TUKYSA	5	PA; QL (120 per 30 days); NM
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 per 30 days); NM
VANFLYTA	5	PA; QL (56 per 28 days); NM
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); NM
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); NM
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); NM
VENCLEXTA STARTING PACK	5	PA; NM
VERZENIO	5	PA; QL (56 per 28 days); NM
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days); NM
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days); NM
VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days); NM
VIZIMPRO	5	PA; QL (30 per 30 days); NM
VONJO	5	PA; QL (120 per 30 days); NM
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days); NM
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days); NM
WELIREG	5	PA; QL (90 per 30 days); NM
XALKORI ORAL CAPSULE	5	PA; QL (120 per 30 days); NM
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 per 30 days); NM
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 per 30 days); NM
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 per 30 days); NM
XOSPATA	5	PA; QL (90 per 30 days); NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days); NM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 per 28 days); NM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days); NM
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); NM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days); NM
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 per 28 days); NM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); NM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	5	PA; QL (4 per 28 days); NM
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 per 28 days); NM
XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days); NM
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days); NM
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days); NM
YULITHIRA	4	PA; NM
ZEJULA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); NM
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; QL (30 per 30 days); NM
ZELBORAF	5	PA; QL (240 per 30 days); NM
ZOLINZA	4	PA; QL (120 per 30 days); NM
ZYDELIG	5	PA; QL (60 per 30 days); NM
ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days); NM
BLOOD PRODUCTS AND MODIFIERS		
<i>anagrelide hcl oral capsule 0.5 mg</i>	3	
<i>anagrelide hcl oral capsule 1 mg</i>	4	
<i>aspirin-dipyridamole er</i>	4	QL (60 per 30 days)
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days)
<i>dabigatran etexilate mesylate</i>	4	QL (60 per 30 days)
ELIQUIS (1.5 MG PACK)	3	
ELIQUIS (2 MG PACK)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)
ELIQUIS ORAL CAPSULE SPRINKLE	3	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
ELIQUIS ORAL TABLET SOLUBLE	3	QL (592 per 30 days)
<i>eltrombopag olamine oral packet 12.5 mg</i>	5	PA; QL (360 per 30 days); NM
<i>eltrombopag olamine oral packet 25 mg</i>	5	PA; QL (180 per 30 days); NM
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	5	PA; QL (30 per 30 days); NM
<i>eltrombopag olamine oral tablet 50 mg</i>	5	PA; QL (90 per 30 days); NM
<i>eltrombopag olamine oral tablet 75 mg</i>	5	PA; QL (60 per 30 days); NM
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (56 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	QL (33.6 per 28 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (18 per 30 days)
HAEGARDA	5	PA; NM
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	3	B/D PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	3	B/D PA

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	5	PA; QL (18 per 30 days); NM
<i>jantoven</i>	1	
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA; NM
<i>l-glutamine oral packet</i>	5	PA; NM
<i>pentoxifylline er</i>	2	
<i>plerixafor</i>	5	PA; NM
<i>prasugrel hcl</i>	4	QL (30 per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; NM
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA; NM
<i>rivaroxaban oral suspension reconstituted</i>	3	QL (600 per 30 days)
<i>rivaroxaban oral tablet</i>	3	QL (60 per 30 days)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (18 per 30 days); NM
<i>ticagrelor</i>	3	QL (60 per 30 days)
<i>tranexamic acid oral</i>	3	
<i>warfarin sodium oral</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	3	QL (60 per 30 days)
XARELTO STARTER PACK	3	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	4	PA; NM
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	5	PA; NM
CARDIOVASCULAR AGENTS		
<i>acebutolol hcl oral</i>	2	
<i>acetazolamide oral</i>	3	
<i>aliskiren fumarate</i>	4	
<i>amiloride hcl oral</i>	2	
<i>amiodarone hcl oral tablet 100 mg, 200 mg</i>	2	
<i>amiodarone hcl oral tablet 400 mg</i>	4	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg</i>	2	QL (120 per 30 days)
<i>amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg</i>	2	QL (60 per 30 days)
<i>amlodipine besylate oral</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	2	QL (30 per 30 days)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	2	QL (60 per 30 days)
<i>atenolol oral</i>	1	
<i>atorvastatin calcium oral</i>	1	QL (30 per 30 days)
<i>benazepril hcl oral</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	2	QL (60 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	2	QL (30 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	3	QL (120 per 30 days)
<i>bisoprolol fumarate oral</i>	2	
<i>bumetanide injection</i>	4	
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	2	
<i>bumetanide oral tablet 2 mg</i>	3	
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	3	QL (60 per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	3	QL (30 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	4	QL (60 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	4	QL (30 per 30 days)
<i>captopril oral tablet 100 mg</i>	4	QL (120 per 30 days)
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	4	QL (180 per 30 days)
CARTIA XT	3	
<i>carvedilol</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>cholestyramine light</i>	4	
<i>cholestyramine oral</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clonidine hcl oral</i>	2	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	4	QL (12 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	4	QL (4 per 28 days)
<i>colestipol hcl oral packet</i>	4	
<i>colestipol hcl oral tablet</i>	3	
<i>digox oral tablet 125 mcg</i>	2	QL (30 per 30 days)
<i>digox oral tablet 250 mcg</i>	2	QL (60 per 30 days)
<i>digoxin oral solution</i>	4	
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg</i>	2	QL (60 per 30 days)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	3	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	3	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	4	
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	4	
<i>diltiazem hcl oral tablet</i>	2	
<i>dilt-xr</i>	3	
<i>dofetilide</i>	4	NM
<i>doxazosin mesylate oral</i>	2	
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (90 per 30 days); NM
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	PA; QL (180 per 30 days); NM
<i>enalapril maleate oral tablet</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	2	QL (60 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	2	QL (120 per 30 days)
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (240 per 30 days)
<i>eplerenone</i>	4	
<i>ezetimibe oral</i>	2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	3	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	3	
<i>flecainide acetate</i>	2	
<i>fosinopril sodium</i>	2	
<i>furosemide injection</i>	4	
<i>furosemide oral solution 10 mg/ml</i>	4	
<i>furosemide oral tablet</i>	1	
<i>gemfibrozil oral</i>	2	
<i>guanfacine hcl oral</i>	3	PA
<i>hydralazine hcl oral</i>	2	
<i>hydrochlorothiazide oral</i>	1	
<i>icosapent ethyl</i>	4	
<i>irbesartan</i>	2	QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	2	QL (60 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	2	QL (30 per 30 days)
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 5 mg</i>	3	
<i>isosorbide dinitrate oral tablet 30 mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<i>ivabradine hcl</i>	4	PA; QL (60 per 30 days)
<i>labetalol hcl oral</i>	2	
<i>lisinopril oral</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	QL (120 per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	1	QL (60 per 30 days)
<i>losartan potassium oral tablet 100 mg</i>	1	QL (30 per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30 per 30 days)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lovastatin oral</i>	1	QL (60 per 30 days)
MATZIM LA	4	
<i>methyldopa oral</i>	3	
<i>metolazone</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	NM
<i>midodrine hcl</i>	4	
<i>minoxidil oral</i>	2	
<i>moexipril hcl</i>	2	
MULTAQ	4	QL (60 per 30 days)
NEXLETOL	3	PA; QL (30 per 30 days)
NEXLIZET	3	PA; QL (30 per 30 days)
<i>niacin er (antihyperlipidemic)</i>	4	
<i>nifedipine er</i>	3	
<i>nifedipine er osmotic release</i>	3	
<i>nimodipine oral capsule</i>	4	
NITRO-BID	4	
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal ointment</i>	4	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	2	QL (30 per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	2	QL (60 per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	2	QL (60 per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	2	QL (30 per 30 days)
<i>omega-3-acid ethyl esters</i>	3	
<i>pacerone oral tablet 100 mg, 200 mg</i>	2	
<i>pacerone oral tablet 400 mg</i>	4	
<i>perindopril erbumine</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pindolol oral tablet 10 mg</i>	3	
<i>pindolol oral tablet 5 mg</i>	2	
<i>pravastatin sodium</i>	1	QL (30 per 30 days)
<i>prazosin hcl oral</i>	2	
<i>prevalite</i>	4	
<i>propafenone hcl oral tablet 150 mg, 225 mg</i>	2	
<i>propafenone hcl oral tablet 300 mg</i>	3	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl oral</i>	2	
<i>quinapril hcl</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	2	QL (120 per 30 days)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	2	QL (60 per 30 days)
<i>quinidine sulfate oral</i>	3	
<i>ramipril</i>	1	
<i>ranolazine er</i>	4	QL (60 per 30 days)
REPATHA	3	PA; QL (3 per 28 days); NM
REPATHA SURECLICK	3	PA; QL (3 per 28 days); NM
<i>rosuvastatin calcium oral</i>	2	QL (30 per 30 days)
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	3	QL (180 per 30 days)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	3	QL (60 per 30 days)
<i>simvastatin oral tablet</i>	1	QL (30 per 30 days)
<i>sotalol hcl (af)</i>	2	
<i>sotalol hcl oral</i>	2	
<i>spironolactone oral tablet</i>	2	
<i>spironolactone-hctz</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg</i>	2	QL (30 per 30 days)
<i>telmisartan oral tablet 80 mg</i>	2	QL (60 per 30 days)
<i>terazosin hcl oral</i>	2	
TIADYL ER	3	
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	2	
<i>timolol maleate oral tablet 20 mg</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>torsemide oral</i>	2	
<i>trandolapril</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet</i>	2	
<i>valsartan oral tablet 160 mg</i>	2	QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	2	QL (30 per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	2	QL (90 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	2	QL (60 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	2	QL (30 per 30 days)
VASCEPA	4	
<i>verapamil hcl er oral tablet extended release</i>	2	
<i>verapamil hcl oral</i>	2	
VERQUVO	4	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 per 28 days)
<i>acamprosate calcium</i>	4	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 per 28 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 per 28 days)
<i>alprazolam oral tablet</i>	2	QL (120 per 30 days)
<i>amantadine hcl oral capsule</i>	3	
<i>amantadine hcl oral solution</i>	2	
<i>amantadine hcl oral tablet</i>	4	
<i>amitriptyline hcl oral</i>	2	PA
<i>amoxapine</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amphetamine-dextroamphetamine</i>	3	PA; QL (30 per 30 days)
<i>aripiprazole oral solution</i>	4	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	3	
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	3	QL (30 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	4	QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	QL (60 per 30 days)
ARISTADA INITIO	5	QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	3	PA; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (60 per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	QL (60 per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	4	QL (240 per 30 days)
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	4	QL (120 per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30 per 30 days)
AUSTEDO	5	PA; QL (120 per 30 days); NM
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	5	PA; QL (60 per 30 days); NM
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 per 30 days); NM
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; NM
AUVELITY	5	PA; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AUVELITY TITRATION PACK	4	PA
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>baclofen oral tablet 15 mg, 5 mg</i>	3	
<i>benztropine mesylate oral</i>	2	PA
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days); NM
<i>brivaracetam oral solution</i>	4	PA; QL (600 per 30 days)
<i>brivaracetam oral tablet</i>	4	PA; QL (60 per 30 days)
<i>bromocriptine mesylate oral</i>	4	
<i>buprenorphine hcl sublingual</i>	3	NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	4	NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	4	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	4	QL (240 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	4	QL (120 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (480 per 30 days); NEDS
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (120 per 30 days); NEDS
<i>bupropion hcl er (smoking det)</i>	3	QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	2	QL (120 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	QL (60 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	3	QL (90 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	3	QL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	3	QL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	3	QL (180 per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg</i>	2	
<i>buspirone hcl oral tablet 7.5 mg</i>	3	
BYSANTI	5	PA; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BYSANTI TITRATION PACK A	5	PA
BYSANTI TITRATION PACK B	5	PA
BYSANTI TITRATION PACK C	5	PA
CAPLYTA	5	QL (30 per 30 days)
<i>carbamazepine er</i>	4	
<i>carbamazepine oral suspension</i>	4	
<i>carbamazepine oral tablet</i>	3	
<i>carbamazepine oral tablet chewable</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	3	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet dispersible</i>	4	
<i>chlorthalidone-amitriptyline</i>	4	PA
<i>chlorpromazine hcl oral</i>	4	
<i>citalopram hydrobromide oral solution</i>	4	QL (600 per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 per 30 days)
<i>clobazam oral suspension 2.5 mg/ml</i>	4	PA; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	4	PA; QL (120 per 30 days)
<i>clobazam oral tablet 20 mg</i>	4	PA; QL (60 per 30 days)
<i>clomipramine hcl oral</i>	4	PA
<i>clonazepam oral tablet</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet dispersible</i>	4	QL (90 per 30 days)
<i>clorazepate dipotassium</i>	4	
<i>clozapine oral tablet 100 mg</i>	4	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	3	QL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	QL (540 per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	4	QL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	QL (2160 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	4	QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clozapine oral tablet dispersible 25 mg</i>	4	QL (1080 per 30 days)
COBENFY	5	PA; QL (60 per 30 days)
COBENFY STARTER PACK	5	PA
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	2	PA; QL (90 per 30 days)
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	2	PA; QL (180 per 30 days)
<i>dalfampridine er</i>	3	PA; QL (60 per 30 days); NM
<i>desipramine hcl oral</i>	4	PA
<i>desvenlafaxine succinate er</i>	4	
<i>dexmethylphenidate hcl</i>	4	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	QL (90 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (360 per 30 days); NM
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 per 30 days); NM
DIACOMIT ORAL PACKET 250 MG	5	PA; QL (360 per 30 days); NM
DIACOMIT ORAL PACKET 500 MG	5	PA; QL (180 per 30 days); NM
DIAZEPAM INTENSOL	4	PA; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	4	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	4	PA; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	PA; QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	PA; QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	PA; QL (240 per 30 days)
<i>diazepam rectal</i>	4	
<i>dihydroergotamine mesylate nasal</i>	4	PA; QL (8 per 28 days)
DILANTIN ORAL CAPSULE 30 MG	4	PA
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	4	PA; QL (14 per 7 days); NM
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	4	PA; QL (60 per 30 days); NM
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	4	PA; NM
<i>disulfiram oral tablet 250 mg</i>	3	
<i>disulfiram oral tablet 500 mg</i>	4	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	3	
<i>divalproex sodium oral tablet delayed release</i>	2	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	3	QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible</i>	4	QL (30 per 30 days)
<i>doxepin hcl oral capsule</i>	4	PA
<i>doxepin hcl oral concentrate</i>	4	PA
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (30 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	3	QL (180 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	3	QL (120 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	3	QL (90 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	3	QL (60 per 30 days)
EMSAM	5	PA; QL (30 per 30 days)
<i>entacapone</i>	4	
EPIDIOLEX	5	PA; NM
<i>ergotamine-caffeine</i>	3	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	4	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	2	QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	2	QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	2	QL (120 per 30 days)
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	4	QL (30 per 30 days)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	4	QL (60 per 30 days)
<i>ethosuximide oral capsule</i>	3	
<i>ethosuximide oral solution</i>	4	
EXXUA	5	PA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EXXUA TITRATION PACK	5	PA
FANAPT ORAL TABLET 1 MG	5	PA; QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	5	PA; QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	5	PA; QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	5	PA; QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	5	PA; QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	5	PA; QL (90 per 30 days)
FANAPT TITRATION PACK A	4	PA; NM
FANAPT TITRATION PACK B ORAL TABLET	4	PA
FANAPT TITRATION PACK C ORAL TABLET	4	PA
<i>felbamate</i>	4	
FETZIMA	4	PA; QL (30 per 30 days)
FETZIMA TITRATION	4	PA; NM
<i>fingolimod hcl</i>	4	PA; QL (30 per 30 days); NM
FINTEPLA	5	PA; NM
<i>fluoxetine hcl oral capsule 10 mg</i>	1	
<i>fluoxetine hcl oral capsule 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine hcl oral capsule 40 mg</i>	1	QL (60 per 30 days)
<i>fluoxetine hcl oral capsule delayed release</i>	4	QL (4 per 28 days)
<i>fluoxetine hcl oral solution</i>	4	QL (600 per 30 days)
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl injection</i>	4	
<i>fluphenazine hcl oral</i>	4	
<i>fluvoxamine maleate oral tablet 100 mg</i>	2	QL (90 per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	QL (180 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	QL (270 per 30 days)
<i>gabapentin oral solution</i>	4	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	3	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	3	QL (120 per 30 days)
<i>galantamine hydrobromide er</i>	4	QL (30 per 30 days)
<i>galantamine hydrobromide oral solution</i>	4	QL (200 per 30 days)
<i>galantamine hydrobromide oral tablet</i>	4	QL (60 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days); NM
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days); NM
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	4	PA; QL (30 per 30 days); NM
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days); NM
<i>guanfacine hcl er</i>	4	QL (30 per 30 days)
<i>haloperidol decanoate intramuscular</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>haloperidol oral tablet 20 mg</i>	3	
<i>imipramine hcl oral</i>	4	PA
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 per 84 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 per 84 days)
KLOXXADO	4	
<i>lacosamide oral solution</i>	4	QL (1200 per 30 days)
<i>lacosamide oral tablet</i>	4	QL (60 per 30 days)
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet chewable</i>	4	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	3	QL (180 per 30 days)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	3	QL (120 per 30 days)
<i>levetiracetam oral solution</i>	4	
<i>levetiracetam oral tablet</i>	2	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	4	PA; QL (360 per 30 days)
<i>levetiracetam oral tablet disintegrating soluble 500 mg</i>	4	PA; QL (180 per 30 days)
<i>lithium</i>	4	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	3	
<i>lithium carbonate oral capsule 300 mg</i>	2	
<i>lithium carbonate oral tablet</i>	2	
LORAZEPAM INTENSOL	4	QL (150 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	4	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	2	QL (120 per 30 days)
<i>lorazepam oral tablet 1 mg</i>	2	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 per 30 days)
<i>loxapine succinate oral</i>	3	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	4	QL (60 per 30 days)
LYBALVI	5	PA; QL (30 per 30 days)
MARPLAN	4	
<i>memantine hcl er</i>	4	PA; QL (30 per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA; QL (300 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>memantine hcl oral tablet 10 mg</i>	2	PA; QL (60 per 30 days)
<i>memantine hcl oral tablet 5 mg</i>	2	PA; QL (90 per 30 days)
<i>methsuximide</i>	4	
<i>methylphenidate hcl er oral tablet extended release</i>	4	PA; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg</i>	3	PA; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet 5 mg</i>	4	PA; QL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet 45 mg</i>	2	QL (30 per 30 days)
<i>mirtazapine oral tablet dispersible</i>	4	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PA; QL (60 per 30 days)
<i>molindone hcl</i>	4	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe</i>	2	
<i>naltrexone hcl oral</i>	3	
NAYZILAM	4	PA
<i>nefazodone hcl</i>	4	
NICOTROL NS	4	QL (120 per 30 days)
<i>nortriptyline hcl oral capsule</i>	2	
<i>nortriptyline hcl oral solution</i>	4	
NUEDEXTA	5	PA; QL (60 per 30 days)
NUPLAZID ORAL CAPSULE	5	PA; QL (30 per 30 days); NM
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 per 30 days); NM
NURTEC	5	PA; QL (16 per 30 days)
<i>olanzapine intramuscular</i>	4	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	
<i>olanzapine oral tablet 20 mg</i>	3	QL (30 per 30 days)
<i>olanzapine oral tablet dispersible</i>	4	QL (30 per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	4	QL (30 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	4	QL (90 per 30 days)
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; QL (30 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	
<i>oxcarbazepine oral tablet</i>	3	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	4	QL (30 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	4	QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	2	QL (45 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	2	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	QL (60 per 30 days)
<i>perampanel oral suspension</i>	5	PA; QL (720 per 30 days)
<i>perampanel oral tablet</i>	4	PA; QL (30 per 30 days)
<i>perphenazine oral</i>	4	
<i>perphenazine-amitriptyline</i>	4	PA
<i>phenelzine sulfate oral</i>	3	
<i>phenobarbital oral elixir</i>	4	PA; QL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	PA; QL (120 per 30 days)
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	2	PA; QL (210 per 30 days)
PHENYTEK	4	
PHENYTOIN INFATABS	4	
<i>phenytoin oral</i>	4	
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	3	
<i>pimozide</i>	4	
<i>pramipexole dihydrochloride</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>pregabalin oral capsule 200 mg</i>	3	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	QL (60 per 30 days)
<i>pregabalin oral solution</i>	4	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>protriptyline hcl</i>	4	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	4	QL (30 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	4	QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg</i>	2	QL (240 per 30 days)
<i>quetiapine fumarate oral tablet 150 mg</i>	2	QL (150 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	2	QL (120 per 30 days)
<i>quetiapine fumarate oral tablet 25 mg</i>	2	QL (960 per 30 days)
<i>quetiapine fumarate oral tablet 300 mg</i>	2	QL (80 per 30 days)
<i>quetiapine fumarate oral tablet 400 mg</i>	2	QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 50 mg</i>	2	QL (480 per 30 days)
RALDESY	4	QL (1800 per 30 days)
<i>rasagiline mesylate oral</i>	4	
REXULTI	5	QL (30 per 30 days)
<i>riluzole</i>	4	NM
<i>risperidone microspheres er</i>	4	QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	4	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	QL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	2	QL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	2	QL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	2	QL (240 per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	2	QL (120 per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg</i>	4	QL (1920 per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	4	QL (960 per 30 days)
<i>risperidone oral tablet dispersible 1 mg</i>	4	QL (480 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>risperidone oral tablet dispersible 2 mg</i>	4	QL (240 per 30 days)
<i>risperidone oral tablet dispersible 3 mg</i>	4	QL (150 per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	4	QL (120 per 30 days)
<i>rivastigmine</i>	4	QL (30 per 30 days)
<i>rivastigmine tartrate</i>	4	QL (60 per 30 days)
<i>rizatriptan benzoate oral tablet</i>	2	QL (12 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	4	QL (12 per 30 days)
<i>ropinirole hcl</i>	2	
ROWEEPRA ORAL TABLET 500 MG	2	
<i>rufinamide oral suspension</i>	5	PA; QL (2400 per 30 days)
<i>rufinamide oral tablet 200 mg</i>	4	PA; QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i>	5	PA; QL (240 per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG	5	QL (2 per 28 days)
SECUADO	5	QL (30 per 30 days)
<i>selegiline hcl oral capsule</i>	3	
<i>selegiline hcl oral tablet</i>	4	
<i>sertraline hcl oral concentrate</i>	4	QL (300 per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 per 30 days)
<i>sertraline hcl oral tablet 25 mg</i>	1	QL (240 per 30 days)
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days)
<i>sodium oxybate</i>	5	PA; QL (540 per 30 days); NM
SPRAVATO (84 MG DOSE)	5	PA; QL (24 per 28 days); NM
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	PA; QL (60 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	5	PA; QL (120 per 30 days)
SUBVENITE ORAL SUSPENSION	5	
SUBVENITE ORAL TABLET	3	
<i>sumatriptan succinate oral</i>	2	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (6 per 30 days)
SYMPAZAN ORAL FILM 10 MG	4	PA; QL (60 per 30 days)
SYMPAZAN ORAL FILM 20 MG	5	PA; QL (60 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days)
<i>tasimelteon</i>	5	PA; QL (30 per 30 days); NM
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QL (30 per 30 days)
<i>teriflunomide</i>	4	PA; QL (30 per 30 days); NM
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240 per 30 days); NM
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120 per 30 days); NM
<i>thioridazine hcl oral</i>	4	
<i>thiothixene oral</i>	4	
<i>tiagabine hcl</i>	4	
<i>tizanidine hcl oral tablet</i>	2	
<i>topiramate oral capsule sprinkle 15 mg</i>	2	
<i>topiramate oral capsule sprinkle 25 mg, 50 mg</i>	3	
<i>topiramate oral solution</i>	4	
<i>topiramate oral tablet</i>	2	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>trazodone hcl oral tablet 300 mg</i>	4	
<i>trifluoperazine hcl oral</i>	4	
<i>trihexyphenidyl hcl oral solution</i>	4	PA
<i>trihexyphenidyl hcl oral tablet</i>	2	
<i>trimipramine maleate oral</i>	4	
TRINTELLIX	4	QL (30 per 30 days)
<i>valproic acid oral capsule</i>	2	
<i>valproic acid oral solution</i>	4	
VALTOCO 10 MG DOSE	5	QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	5	QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	5	QL (10 per 30 days)
VALTOCO 5 MG DOSE	5	QL (10 per 30 days)
<i>varenicline tartrate (starter)</i>	4	NM
<i>varenicline tartrate oral tablet 0.5 mg</i>	4	QL (60 per 30 days)
<i>varenicline tartrate oral tablet 1 mg</i>	4	QL (56 per 28 days)
<i>varenicline tartrate(continue)</i>	4	QL (56 per 28 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>venlafaxine hcl</i>	2	QL (90 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	2	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	2	QL (180 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	2	QL (90 per 30 days)
VERSACLOZ	4	QL (600 per 30 days)
<i>vigabatrin oral packet</i>	5	PA; QL (150 per 25 days); NM
<i>vigabatrin oral tablet</i>	5	PA; QL (180 per 30 days); NM
VIGADRONE ORAL PACKET	5	PA; QL (150 per 25 days); NM
VIGADRONE ORAL TABLET	5	PA; QL (180 per 30 days); NM
<i>vilazodone hcl</i>	4	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	QL (30 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	PA; QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA; QL (56 per 365 days); NM
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	PA; QL (56 per 365 days); NM
<i>zaleplon oral capsule 10 mg</i>	2	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	4	QL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	4	QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	4	QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	QL (6 per 3 days)
<i>zolpidem tartrate oral tablet</i>	2	QL (30 per 30 days)
ZONISADE	4	PA
<i>zonisamide oral</i>	2	
ZTALMY	5	PA; QL (1100 per 30 days); NM
ZURZUVAE	5	PA; NM

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on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	QL (2 per 28 days); NM
DERMATOLOGICAL AGENTS		
ACCUTANE	4	
<i>acitretin</i>	4	PA
<i>ala-cort external cream 1 % (rx)</i>	2	
<i>alclometasone dipropionate external cream</i>	4	
<i>ammonium lactate external cream (rx)</i>	2	
<i>ammonium lactate external lotion (rx)</i>	3	
AMNESTEEM	4	
<i>betamethasone dipropionate aug</i>	4	
<i>betamethasone dipropionate external cream</i>	4	
<i>betamethasone dipropionate external lotion</i>	4	
<i>betamethasone dipropionate external ointment</i>	4	QL (45 per 30 days)
<i>bexarotene external</i>	5	PA; QL (60 per 30 days); NM
<i>calcipotriene external cream</i>	4	QL (120 per 30 days)
<i>calcipotriene external ointment</i>	4	QL (120 per 30 days)
<i>calcipotriene external solution</i>	3	QL (60 per 30 days)
<i>chlorhexidine gluconate mouth/throat</i>	2	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external suspension</i>	4	
CLARAVIS	4	
<i>clindamycin phos (once-daily)</i>	4	
<i>clindamycin phosphate external lotion</i>	4	QL (120 per 30 days)
<i>clindamycin phosphate external solution</i>	3	QL (120 per 30 days)
<i>clobetasol prop emollient base</i>	4	QL (120 per 30 days)
<i>clobetasol propionate e</i>	4	QL (120 per 30 days)
<i>clotrimazole external cream (rx)</i>	2	
<i>clotrimazole mouth/throat troche</i>	3	QL (150 per 30 days)
<i>clotrimazole-betamethasone external cream</i>	2	QL (120 per 30 days)
<i>desonide external ointment</i>	4	
<i>diclofenac sodium external gel 3 %</i>	4	PA; QL (100 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); NM

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on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 per 28 days); NM
<i>econazole nitrate external cream</i>	4	QL (90 per 30 days)
<i>erythromycin external gel</i>	4	
<i>erythromycin external solution</i>	4	
EUCRISA	4	
<i>fluocinolone acetonide external</i>	4	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	3	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	3	QL (240 per 30 days)
<i>fluocinonide external gel</i>	4	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	4	QL (240 per 30 days)
<i>fluocinonide external solution</i>	4	QL (240 per 30 days)
<i>fluorouracil external cream 5 %</i>	4	QL (40 per 28 days)
<i>fluorouracil external solution</i>	3	QL (10 per 28 days)
<i>gentamicin sulfate external</i>	3	QL (30 per 30 days)
<i>halobetasol propionate external cream</i>	4	
<i>halobetasol propionate external ointment</i>	4	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	3	
<i>hydrocortisone butyrate external ointment</i>	4	
<i>hydrocortisone external cream 1 % (rx)</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 2.5 %</i>	2	
<i>hydrocortisone valerate external cream</i>	3	
<i>imiquimod external cream 5 %</i>	3	QL (24 per 28 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>ketoconazole external cream</i>	3	QL (120 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	2	QL (120 per 30 days)
KLAYESTA	2	
KOURZEQ	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>malathion external</i>	4	
<i>metronidazole external cream</i>	4	
<i>metronidazole external gel 0.75 %</i>	3	
<i>mometasone furoate external</i>	2	
<i>mupirocin external</i>	2	QL (120 per 30 days)
<i>nitroglycerin rectal</i>	4	QL (30 per 30 days)
NYAMYC	2	
<i>nystatin external</i>	2	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
NYSTOP	2	
PANRETIN	5	NM
PERIOGARD	2	
<i>permethrin external cream</i>	3	
<i>pilocarpine hcl oral</i>	4	
<i>pimecrolimus</i>	4	PA; QL (100 per 30 days)
<i>podofilox external solution</i>	4	
PROCTO-MED HC EXTERNAL	3	
PROCTOSOL HC EXTERNAL	3	
PROCTOZONE-HC EXTERNAL	3	
SANTYL	4	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	2	
<i>silver sulfadiazine external</i>	2	
SSD (SILVER SULFADIAZINE)	2	
<i>sulfacetamide sodium (acne)</i>	4	
<i>tacrolimus external ointment</i>	4	PA; QL (100 per 30 days)
<i>tazarotene external cream 0.1 %</i>	4	PA
<i>tretinoin external cream 0.05 %, 0.1 %</i>	4	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	4	PA; QL (45 per 30 days)
<i>triamcinolone acetonide external cream</i>	3	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide mouth/throat</i>	2	

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on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VALCHLOR	5	PA; NM
ZENATANE	4	
ELECTROLYTES / MINERALS / METALS / VITAMINS		
<i>carglumic acid oral tablet soluble</i>	5	PA; NM
CLINIMIX/DEXTROSE (4.25/10)	4	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	4	B/D PA
CLINIMIX/DEXTROSE (5/15)	4	B/D PA
CLINIMIX/DEXTROSE (5/20)	4	B/D PA
<i>dextrose intravenous solution 10 %, 5 %</i>	4	
<i>dextrose-nacl intravenous solution 5-0.9 %</i>	3	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %</i>	4	
<i>dextrose-sodium chloride intravenous solution 5-0.9 %</i>	3	
INTRALIPID	4	B/D PA
ISOLYTE-P IN D5W	4	
ISOLYTE-S	4	
<i>kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-%</i>	2	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	4	
KLOR-CON 10	3	
KLOR-CON M10	2	
KLOR-CON M20	2	
<i>levocarnitine oral solution</i>	4	B/D PA
<i>levocarnitine oral tablet</i>	4	B/D PA
<i>levocarnitine sf</i>	4	B/D PA
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	4	
<i>magnesium sulfate intravenous solution 40 gm/1000ml</i>	4	
<i>multiple electro type 1 ph 5.5</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>multiple electro type 1 ph 7.4</i>	4	
NUTRILIPID	4	B/D PA
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2	
<i>potassium chloride er oral capsule extended release</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 8 meq</i>	3	
<i>potassium chloride er oral tablet extended release 20 meq</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%</i>	4	
<i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml</i>	4	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l</i>	2	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	4	
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D PA
<i>prenatal oral tablet 27-1 mg</i>	3	
PROSOL	4	B/D PA
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	4	
<i>sodium chloride intravenous solution 3 %, 5 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	
TRAVASOL	4	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D PA
ENDOCRINE AND METABOLIC DISORDER AGENTS		
<i>acarbose oral</i>	2	
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal</i>	3	QL (4 per 30 days)
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	4	
<i>calcium acetate (phos binder) oral capsule</i>	3	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	B/D PA; QL (60 per 30 days); NM
<i>cinacalcet hcl oral tablet 90 mg</i>	4	B/D PA; QL (120 per 30 days); NM
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg</i>	3	QL (30 per 30 days)
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	3	QL (60 per 30 days)
<i>dapagliflozin</i>	3	QL (30 per 30 days)
<i>deferasirox oral tablet 90 mg</i>	3	PA; NM
<i>diazoxide oral</i>	4	
FARXIGA	3	ST; QL (30 per 30 days)
FIASP FLEXTOUCH	3	
FIASP INJECTION	3	
FIASP PENFILL	3	
FIASP PUMPCART	3	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	2	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	2	QL (240 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	2	QL (120 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 15 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
GLYXAMBI	3	QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	
<i>ibandronate sodium oral</i>	2	QL (1 per 28 days)
<i>insulin asp prot & asp flexpen</i>	3	
<i>insulin aspart flexpen</i>	3	
<i>insulin aspart injection</i>	3	
<i>insulin aspart penfill</i>	3	
<i>insulin aspart prot & aspart</i>	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 per 30 days)
JARDIANCE	3	QL (30 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days)
KERENDIA	4	QL (30 per 30 days)
KIONEX COMBINATION	3	
LANTUS	3	QL (30 per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 per 30 days)
<i>linagliptin-metformin hcl</i>	3	QL (60 per 30 days)
<i>liraglutide</i>	3	PA; QL (9 per 30 days)
LOKELMA ORAL PACKET 10 GM	3	QL (34 per 30 days)
LOKELMA ORAL PACKET 5 GM	3	QL (90 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days); NM
<i>nateglinide</i>	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
NOVOLOG INJECTION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
NOVOLOG RELION INJECTION	3	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days)
OZEMPIC ORAL TABLET 1.5 MG	3	PA; QL (60 per 365 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 per 30 days)
<i>paricalcitol oral</i>	4	B/D PA
<i>pioglitazone hcl oral tablet 15 mg</i>	1	QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>pioglitazone hcl oral tablet 30 mg</i>	1	QL (45 per 30 days)
<i>pioglitazone hcl oral tablet 45 mg</i>	1	QL (30 per 30 days)
<i>repaglinide</i>	2	
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 per 365 days); NM
<i>sevelamer carbonate oral tablet</i>	3	QL (540 per 30 days)
<i>sitagliptin phos-metformin hcl</i>	3	QL (60 per 30 days)
<i>sitagliptin phosphate</i>	3	QL (30 per 30 days)
<i>sodium polystyrene sulfonate combination</i>	3	
<i>sodium polystyrene sulfonate oral powder</i>	4	
SOLQUA	3	QL (15 per 25 days)
SPS (SODIUM POLYSTYRENE SULF)	3	
SYNJARDY	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 per 30 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	4	PA; QL (2.24 per 28 days); NM
<i>tolvaptan oral tablet</i>	5	PA; QL (120 per 30 days); NM
TOUJEO MAX SOLOSTAR	3	QL (12 per 30 days)
TOUJEO SOLOSTAR	3	QL (13.5 per 30 days)
TRADJENTA	3	QL (30 per 30 days)
<i>trientine hcl oral capsule 250 mg</i>	5	PA; NM
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; QL (2 per 28 days); NM
GASTROINTESTINAL AGENTS		
<i>alosetron hcl</i>	4	PA; QL (60 per 30 days)
<i>aprepitant oral capsule 125 mg</i>	4	B/D PA; QL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	4	B/D PA; QL (1 per 28 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>aprepitant oral capsule 80 mg</i>	4	B/D PA; QL (10 per 30 days)
<i>aprepitant oral capsule therapy pack</i>	4	B/D PA; QL (15 per 30 days)
<i>balsalazide disodium</i>	4	
<i>bis subcit-metronid-tetracyc</i>	4	
<i>bismuth/metronidaz/tetracyclin</i>	4	
<i>budesonide er oral tablet extended release 24 hour</i>	4	PA
<i>budesonide oral</i>	4	
COMPRO	4	
<i>constulose</i>	2	
<i>dicyclomine hcl oral capsule</i>	3	PA
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	4	PA
<i>dicyclomine hcl oral tablet 20 mg</i>	3	PA
<i>diphenoxylate-atropine oral liquid</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	
<i>dronabinol oral capsule</i>	4	B/D PA; QL (120 per 30 days)
<i>enulose</i>	2	
<i>famotidine oral suspension reconstituted</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg (rx)</i>	2	
GAVILYTE-C	4	
GAVILYTE-G	2	
GAVILYTE-N WITH FLAVOR PACK	2	
<i>generlac</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>granisetron hcl oral</i>	4	B/D PA; QL (30 per 30 days)
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone rectal enema</i>	4	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution</i>	2	
<i>lansoprazole oral capsule delayed release 15 mg (rx)</i>	2	
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	QL (30 per 30 days)
LINZESS	3	QL (30 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>loperamide hcl oral capsule</i>	2	
<i>lubiprostone</i>	4	QL (60 per 30 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg (rx)</i>	2	PA
<i>mesalamine er oral capsule extended release 24 hour</i>	4	
<i>mesalamine er oral capsule extended release 500 mg</i>	4	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	
<i>mesalamine rectal</i>	4	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	4	
<i>metoclopramide hcl oral tablet</i>	2	
<i>misoprostol oral</i>	3	
MOVANTIK	3	QL (30 per 30 days)
<i>na sulfate-k sulfate-mg sulf</i>	3	
<i>nizatidine oral capsule 150 mg</i>	4	
<i>nizatidine oral capsule 300 mg</i>	2	
<i>omeprazole oral capsule delayed release</i>	2	
<i>ondansetron hcl oral solution</i>	4	B/D PA; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	4	B/D PA; QL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; QL (90 per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	4	B/D PA; QL (90 per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	2	
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>prochlorperazine</i>	4	
<i>prochlorperazine maleate oral</i>	2	
<i>promethazine hcl oral solution</i>	4	PA
<i>promethazine hcl oral tablet</i>	2	PA
<i>scopolamine</i>	4	QL (10 per 28 days)
<i>sucralfate oral tablet</i>	2	
<i>sulfasalazine oral tablet</i>	2	
<i>sulfasalazine oral tablet delayed release</i>	3	
<i>ursodiol oral tablet</i>	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VELSIPITY	5	PA; QL (30 per 30 days); NM
VOWST	5	PA; NM
XERMELO	5	PA; QL (90 per 30 days); NM
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine</i>	4	NM
CREON	3	
<i>cromolyn sodium oral</i>	4	
CYSTAGON	4	PA; NM
<i>nitisinone</i>	5	PA; NM
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; NM
REVCovi	5	PA; NM
<i>sapropterin dihydrochloride oral tablet</i>	5	PA; NM
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA; NM
<i>sodium phenylbutyrate oral tablet</i>	5	PA; NM
GENITOURINARY AGENTS		
<i>alfuzosin hcl er</i>	2	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg</i>	3	
<i>bethanechol chloride oral tablet 50 mg</i>	4	
<i>clindamycin phosphate vaginal</i>	3	
<i>dutasteride oral</i>	2	QL (30 per 30 days)
FILSPARI ORAL TABLET 200 MG	5	PA; QL (30 per 30 days); NM
FILSPARI ORAL TABLET 400 MG	5	PA; QL (60 per 30 days); NM
<i>finasteride oral tablet 5 mg</i>	2	
GEMTESA	4	QL (30 per 30 days)
<i>metronidazole vaginal</i>	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	3	QL (60 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	3	QL (30 per 30 days)
<i>oxybutynin chloride oral solution</i>	4	QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	2	QL (120 per 30 days)
<i>penicillamine oral tablet</i>	5	NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>potassium citrate er</i>	4	
<i>tadalafil oral tablet 5 mg</i>	4	PA; QL (30 per 30 days)
<i>tamsulosin hcl</i>	2	
TARPEYO	5	PA; QL (120 per 30 days); NM
<i>terconazole vaginal cream 0.4 %</i>	3	
<i>terconazole vaginal cream 0.8 %</i>	2	
<i>terconazole vaginal suppository</i>	4	
<i>tolterodine tartrate</i>	4	QL (60 per 30 days)
<i>tolterodine tartrate er</i>	4	QL (30 per 30 days)
VANDAZOLE	4	
HORMONAL AGENTS		
ALTAVERA	4	
<i>alyacen 1/35</i>	4	
APRI	4	
ARANELLE	4	
AUBRA EQ	2	
AVIANE	4	
AZURETTE	2	
BALZIVA	4	
BLISOVI 24 FE	4	
BLISOVI FE 1.5/30	4	
<i>briellyn</i>	4	
<i>cabergoline</i>	3	
CAMILA	4	
CAMRESE LO	4	
CRYSELLE	4	
CRYSELLE-28	4	
CYRED EQ	2	
<i>danazol oral</i>	4	
DEBLITANE	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
<i>desmopressin ace spray refrig</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>desmopressin acetate oral</i>	3	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	4	
<i>dexamethasone oral solution</i>	4	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	2	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	4	
<i>dexamethasone oral tablet 1.5 mg</i>	3	
DOTTI	3	QL (8 per 28 days)
<i>drospirenone-ethinyl estradiol</i>	4	
ELINEST	4	
ELURYNG	2	
EMZAHH	4	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	4	
ERRIN	4	
ESTARYLLA	4	
<i>estradiol oral</i>	2	
<i>estradiol transdermal patch twice weekly</i>	3	QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	3	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 %</i>	3	
<i>estradiol vaginal tablet</i>	4	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	
<i>ethynodiol diac-eth estradiol</i>	4	
FALMINA	4	
FEIRZA 1.5/30	4	
FEIRZA 1/20	4	
<i>fludrocortisone acetate oral</i>	2	
FYAVOLV	3	
GALLIFREY	3	
HAILEY 24 FE	4	
HEATHER	2	
ICLEVIA	4	
INCASSIA	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
INCRELEX	5	PA; NM
INTROVALE	4	
ISIBLOOM	4	
JASMIEL	4	
JINTELI	3	
JULEBER	4	
JUNEL 1.5/30	4	
JUNEL 1/20	4	
JUNEL FE 1.5/30	4	
JUNEL FE 1/20	4	
JUNEL FE 24	4	
KARIVA	4	
KELNOR 1/35	4	
KURVELO	4	
LARIN 1.5/30	4	
LARIN 1/20	4	
LARIN FE 1.5/30	4	
LARIN FE 1/20	4	
LESSINA	4	
LEVONEST	4	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	4	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	4	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	4	
LEVORA 0.15/30 (28)	4	
<i>levo-t</i>	1	
<i>levothyroxine sodium oral tablet</i>	1	
LEVOXYL	1	
<i>liomny</i>	2	
<i>liothyronine sodium oral</i>	2	
LOESTRIN 1.5/30 (21)	4	
LOESTRIN 1/20 (21)	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LOESTRIN FE 1.5/30	4	
LOESTRIN FE 1/20	4	
LORYNA	4	
LOW-OGESTREL	4	
LUIZZA 1.5/30	4	
LUIZZA 1/20	4	
LUTERA	4	
LYLEQ	4	
LYLLANA	3	QL (8 per 28 days)
LYZA	4	
<i>marlissa</i>	4	
<i>medroxyprogesterone acetate intramuscular</i>	3	
<i>medroxyprogesterone acetate oral</i>	2	
MELEYA	4	
<i>methimazole oral</i>	2	
<i>methylprednisolone oral</i>	3	
MICROGESTIN 1.5/30	4	
MICROGESTIN 1/20	4	
MICROGESTIN FE 1.5/30	4	
MICROGESTIN FE 1/20	4	
<i>mifepristone oral tablet 300 mg</i>	5	PA; NM
MILI	4	
NECON 0.5/35 (28)	4	
NEXPLANON	3	NM
NIKKI	4	
NORA-BE	4	
<i>norelgestromin-eth estradiol</i>	3	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	4	
<i>norethindrone acetate oral</i>	3	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	4	
<i>norethindrone oral</i>	4	
<i>norethindrone-eth estradiol</i>	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>norethindron-ethinyl estrad-fe</i>	3	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	4	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	4	
<i>norgestim-eth estrad triphasic</i>	4	
NORTREL 0.5/35 (28)	4	
NORTREL 1/35 (21)	4	
NORTREL 1/35 (28)	4	
NORTREL 7/7/7	4	
NYLIA 1/35	3	
NYLIA 7/7/7	4	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; NM
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; NM
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; NM
ORQUIDEA	4	
ORSYTHIA	4	
PIMTREA	4	
PORTIA-28	4	
<i>prednisolone oral solution</i>	4	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	4	
PREDNISONE INTENSOL	4	
<i>prednisone oral solution</i>	4	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>prednisone oral tablet 50 mg</i>	3	
<i>prednisone oral tablet therapy pack</i>	2	
<i>progesterone oral</i>	2	
<i>propylthiouracil oral</i>	2	
<i>raloxifene hcl</i>	3	QL (30 per 30 days)
RECLIPSEN	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
REZDIFFRA	5	PA; QL (30 per 30 days); NM
SETLAKIN	4	
SHAROBEL	4	
SIGNIFOR	5	PA; NM
SKYLA	3	NM
SOMAVERT	5	PA; NM
SPRINTEC 28	4	
SRONYX	4	
SYEDA	4	
SYNTHROID	3	
TARINA 24 FE	4	
TARINA FE 1/20 EQ	2	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	
<i>testosterone enanthate intramuscular solution</i>	4	
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA; QL (300 per 30 days)
TILIA FE	4	
TRI-ESTARYLLA	4	
TRI-LEGEST FE	4	
TRI-LO-ESTARYLLA	4	
TRI-LO-SPRINTEC	4	
TRI-MILI	4	
TRI-SPRINTEC	4	
TRIVORA (28)	4	
TRI-VYLIBRA	4	
TRI-VYLIBRA LO	4	
TURQOZ	4	
UNITHROID	1	
VALTYA 1/35	2	
VALTYA 1/50	4	
VELIVET	4	
VESTURA	2	
VIENVA	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
VYFEMLA	4	
VYLIBRA	4	
WYMZYA FE	4	
XARAH FE	4	
XELRIA FE	4	
<i>yuvaferm</i>	4	
ZOVIA 1/35 (28)	2	
IMMUNOLOGICAL AGENTS		
ABRYSVO	3	QL (1 per 365 days)
ACTHIB	3	
ACTIMMUNE	5	PA; NM
ADACEL	3	
ARCALYST	5	PA; NM
AREXVY	3	QL (1 per 365 days)
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; NM
<i>bcg vaccine injection solution reconstituted</i>	3	
BENLYSTA SUBCUTANEOUS	5	PA; NM
BEXSERO	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
COSENTYX (300 MG DOSE)	5	PA; QL (8 per 28 days); NM
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 per 28 days); NM
COSENTYX SENSOREADY PEN	5	PA; QL (8 per 28 days); NM
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 per 28 days); NM
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2 per 28 days); NM
COSENTYX UNOREADY	5	PA; QL (8 per 28 days); NM
<i>cyclosporine modified</i>	4	B/D PA; NM
<i>cyclosporine oral capsule</i>	4	B/D PA; NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENBREL MINI	5	PA; QL (8 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 per 28 days); NM
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 per 28 days); NM
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	B/D PA
ENTYVIO PEN	5	PA; QL (1.36 per 28 days); NM
ENVARUSUS XR	4	B/D PA; NM
<i>everolimus oral tablet 0.25 mg</i>	4	B/D PA; NM
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; NM
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA; NM
GARDASIL 9	3	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	B/D PA; NM
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D PA
HIBERIX INJECTION	3	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (2 per 28 days); NM
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; QL (2 per 28 days); NM
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days); NM

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 per 365 days); NM
HYPERRAB	5	NM
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
INFANRIX	3	
IPOL INJECTION SUSPENSION	3	
IXIARO	3	
JYNNEOS	3	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (18.76 per 28 days); NM
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>leflunomide oral tablet 10 mg</i>	4	QL (30 per 30 days)
<i>leflunomide oral tablet 20 mg</i>	3	QL (30 per 30 days)
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO	3	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	3	NM
<i>methotrexate sodium injection solution 50 mg/2ml</i>	3	NM
<i>methotrexate sodium oral</i>	2	
M-M-R II INJECTION	3	
MRESVIA	3	QL (0.5 per 365 days)
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; NM
<i>mycophenolate mofetil oral suspension reconstituted</i>	4	B/D PA; NM
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; NM
<i>mycophenolate sodium</i>	4	B/D PA; NM
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	4	B/D PA; NM
MYHIBBIN	5	B/D PA; NM
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	4	PA; NM
OCTAGAM INTRAVENOUS SOLUTION 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	5	PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OTEZLA ORAL TABLET	5	PA; QL (60 per 30 days); NM
OTEZLA ORAL TABLET THERAPY PACK	5	PA; NM
OTEZLA XR	5	PA; QL (30 per 30 days); NM
OTEZLA/OTEZLA XR INITIATION PK	5	PA; NM
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PEDVAXHIB	3	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	NM
PENBRAYA	3	
<i>penmenvy</i>	3	
PENTACEL	3	
PRIORIX	3	
PROGRAF ORAL PACKET	4	B/D PA; NM
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D PA
REZUROCK	5	PA; QL (30 per 30 days); NM
RINVOQ	5	PA; QL (30 per 30 days); NM
RINVOQ LQ	5	PA; QL (360 per 30 days); NM
ROTARIX ORAL SUSPENSION	3	
ROTATEQ ORAL SOLUTION	3	
SELARSDI INTRAVENOUS	5	PA; NM
SELARSDI SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 per 28 days); NM
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 per 28 days); NM
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NM
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
SIMLANDI (1 PEN)	5	PA; QL (4 per 28 days); NM
SIMLANDI (1 SYRINGE)	5	PA; QL (4 per 28 days); NM
SIMLANDI (2 PEN)	5	PA; QL (4 per 28 days); NM
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	5	PA; QL (2 per 28 days); NM
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; QL (4 per 28 days); NM
<i>sirolimus oral</i>	4	B/D PA; NM
SKYRIZI INTRAVENOUS	5	PA; QL (10 per 28 days); NM
SKYRIZI PEN	5	PA; QL (6 per 365 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 per 56 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 per 56 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (6 per 365 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	5	PA; QL (2.22 per 365 days); NM
<i>tacrolimus oral</i>	4	B/D PA; NM
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYENNE SUBCUTANEOUS	5	PA; QL (3.6 per 28 days); NM
TYPHIM VI	3	
VAQTA	3	
VARIVAX INJECTION	3	
VAXCHORA	3	PA
VIMKUNYA	3	
VIVOTIF	3	
XATMEP	4	ST; NM
YESINTEK INTRAVENOUS	5	PA; NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 per 28 days); NM
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 per 28 days); NM
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NM
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
ZYMFENTRA (2 PEN)	5	PA; QL (2 per 28 days); NM
ZYMFENTRA (2 SYRINGE)	5	PA; QL (2 per 28 days); NM
INFECTIOUS DISEASE AGENTS		
<i>abacavir sulfate oral solution</i>	4	QL (960 per 30 days); NM
<i>abacavir sulfate oral tablet</i>	4	QL (60 per 30 days); NM
<i>abacavir sulfate-lamivudine</i>	4	QL (30 per 30 days); NM
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	4	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	4	B/D PA
<i>adefovir dipivoxil</i>	4	PA; NM
<i>albendazole oral</i>	4	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin-pot clavulanate er</i>	4	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	3	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	
<i>amphotericin b intravenous</i>	4	B/D PA
<i>amphotericin b liposome</i>	5	B/D PA
<i>ampicillin oral capsule 500 mg</i>	4	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	
<i>ampicillin-sulbactam sodium intravenous</i>	4	
APTIVUS ORAL CAPSULE	5	QL (120 per 30 days); NM
ARIKAYCE	5	NM
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	4	QL (60 per 30 days); NM
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 per 30 days); NM
<i>atovaquone oral</i>	4	PA
<i>atovaquone-proguanil hcl</i>	3	
<i>azithromycin intravenous</i>	4	
<i>azithromycin oral suspension reconstituted</i>	4	
<i>azithromycin oral tablet</i>	2	
<i>aztreonam</i>	4	
BARACLUDE ORAL SOLUTION	5	NM
BICILLIN L-A INTRAMUSCULAR SUSPENSION REFILLED SYRINGE	4	
BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days); NM
<i>caspofungin acetate</i>	4	B/D PA
<i>cefaclor oral capsule</i>	3	
<i>cefadroxil oral capsule</i>	4	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefadroxil oral tablet</i>	4	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 3 gm, 500 mg</i>	4	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	4	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	3	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	4	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	
<i>cefixime oral capsule</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium intravenous</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil oral suspension reconstituted</i>	4	
<i>cefprozil oral tablet</i>	3	
<i>ceftaroline fosamil</i>	5	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	4	
<i>ceftazidime intravenous</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	4	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
<i>chloroquine phosphate oral tablet 250 mg</i>	4	
<i>chloroquine phosphate oral tablet 500 mg</i>	2	
CIMDUO	5	QL (30 per 30 days); NM
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	4	
<i>clarithromycin er</i>	4	
<i>clarithromycin oral</i>	4	
<i>clindamycin hcl oral</i>	2	
<i>clindamycin phosphate in d5w</i>	4	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	4	
COARTEM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>colistimethate sodium (cba)</i>	4	
CRESEMBA ORAL	5	PA
<i>dapsone oral</i>	3	
<i>daptomycin</i>	4	
<i>darunavir</i>	4	QL (60 per 30 days); NM
DELSTRIGO	5	QL (30 per 30 days); NM
DESCOVY	5	QL (30 per 30 days); NM
<i>dicloxacillin sodium oral capsule 250 mg</i>	2	
<i>dicloxacillin sodium oral capsule 500 mg</i>	3	
DOVATO	5	QL (30 per 30 days); NM
DOXY 100	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	3	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	4	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
EDURANT	5	QL (30 per 30 days); NM
EDURANT PED	5	QL (180 per 30 days); NM
<i>efavirenz oral tablet</i>	4	QL (30 per 30 days); NM
<i>efavirenz-emtricitab-tenofo df</i>	4	QL (30 per 30 days); NM
<i>efavirenz-lamivudine-tenofovir</i>	4	QL (30 per 30 days); NM
<i>emtricitabine</i>	4	QL (30 per 30 days); NM
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg</i>	4	QL (30 per 30 days); NM
<i>emtricitabine-tenofovir df oral tablet 133-200 mg</i>	5	QL (30 per 30 days); NM
<i>emtricitab-rilpivir-tenofov df</i>	5	QL (30 per 30 days); NM
EMTRIVA ORAL SOLUTION	4	QL (850 per 30 days); NM
<i>entecavir</i>	4	NM
<i>ertapenem sodium</i>	4	
<i>erythromycin base oral</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin oral</i>	4	
<i>ethambutol hcl oral</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>etravirine oral tablet 100 mg</i>	4	QL (120 per 30 days); NM
<i>etravirine oral tablet 200 mg</i>	4	QL (60 per 30 days); NM
EVOTAZ	5	QL (30 per 30 days); NM
<i>famciclovir oral tablet 125 mg, 250 mg</i>	4	QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	4	QL (21 per 7 days)
<i>fidaxomicin</i>	5	PA
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	4	
<i>fluconazole oral suspension reconstituted</i>	4	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral</i>	5	
<i>fosamprenavir calcium</i>	4	QL (120 per 30 days); NM
<i>fosfomycin tromethamine</i>	4	
<i>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-%</i>	4	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	4	
GENVOYA	5	QL (30 per 30 days); NM
<i>griseofulvin microsize oral</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	
IDVYNZO	5	QL (30 per 30 days)
<i>imipenem-cilastatin</i>	4	
IMPAVIDO	5	
INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days); NM
ISENTRESS HD	5	QL (60 per 30 days); NM
ISENTRESS ORAL PACKET	5	QL (180 per 30 days); NM
ISENTRESS ORAL TABLET	5	QL (120 per 30 days); NM
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (180 per 30 days); NM
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (720 per 30 days); NM
<i>isoniazid oral syrup</i>	4	
<i>isoniazid oral tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>itraconazole oral capsule</i>	4	PA
<i>ivermectin oral</i>	2	
JULUCA	5	QL (30 per 30 days); NM
KALETRA ORAL SOLUTION	4	QL (480 per 30 days); NM
<i>ketoconazole oral</i>	3	
<i>lamivudine oral solution</i>	4	QL (960 per 30 days); NM
<i>lamivudine oral tablet 100 mg</i>	3	NM
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 per 30 days); NM
<i>lamivudine oral tablet 300 mg</i>	4	QL (30 per 30 days); NM
<i>lamivudine-zidovudine</i>	4	QL (60 per 30 days); NM
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin oral solution</i>	4	
<i>levofloxacin oral tablet</i>	2	
<i>linezolid in sodium chloride</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted</i>	5	PA; QL (1800 per 30 days)
<i>linezolid oral tablet</i>	4	PA; QL (56 per 28 days)
LIVTENCITY	5	PA; NM
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300 per 30 days); NM
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 per 30 days); NM
<i>maraviroc</i>	3	QL (120 per 30 days); NM
MAVYRET ORAL PACKET	5	PA; QL (180 per 30 days); NM
MAVYRET ORAL TABLET	5	PA; QL (90 per 30 days); NM
<i>mefloquine hcl</i>	4	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	3	
<i>methenamine hippurate</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	4	
<i>metronidazole oral tablet</i>	2	
<i>micafungin sodium</i>	4	
<i>minocycline hcl oral capsule</i>	2	
<i>moxifloxacin hcl in nacl</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>moxifloxacin hcl oral</i>	4	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>neomycin sulfate oral</i>	2	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 per 30 days); NM
<i>nevirapine oral suspension</i>	4	QL (1200 per 30 days); NM
<i>nevirapine oral tablet</i>	3	QL (60 per 30 days); NM
<i>nitazoxanide oral</i>	4	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	
<i>nitrofurantoin monohyd macro</i>	3	
NORVIR ORAL PACKET	4	QL (360 per 30 days); NM
<i>nystatin oral tablet</i>	3	
ODEFSEY	5	QL (30 per 30 days); NM
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	2	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	4	QL (1080 per 365 days)
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
PAXLOVID (150/100)	3	QL (20 per 90 days)
PAXLOVID (300/100 & 150/100)	3	QL (11 per 90 days)
PAXLOVID (300/100)	3	QL (30 per 90 days)
<i>penicillin g potassium</i>	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium oral solution reconstituted</i>	4	
<i>penicillin v potassium oral tablet</i>	2	
<i>pentamidine isethionate inhalation</i>	4	B/D PA; NM
<i>pentamidine isethionate injection</i>	4	NM
PIFELTRO	5	QL (30 per 30 days); NM

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
<i>posaconazole oral tablet delayed release</i>	5	PA
<i>praziquantel oral</i>	4	
<i>pretomanid</i>	4	PA
PREVYMIS ORAL PACKET	5	PA; QL (120 per 30 days); NM
PREVYMIS ORAL TABLET	5	PA; QL (30 per 30 days); NM
PREZCOBIX	5	QL (30 per 30 days); NM
PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days); NM
PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days); NM
PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days); NM
PRIFTIN	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	
<i>pyrazinamide oral</i>	4	
<i>pyrimethamine oral</i>	5	PA
<i>quinine sulfate oral</i>	4	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
RETROVIR INTRAVENOUS	4	NM
REYATAZ ORAL PACKET	5	QL (240 per 30 days); NM
<i>ribavirin oral capsule</i>	3	NM
<i>ribavirin oral tablet 200 mg</i>	3	NM
<i>rifabutin</i>	4	
<i>rifampin intravenous</i>	4	
<i>rifampin oral</i>	3	
<i>rilpivirine hcl</i>	5	QL (30 per 30 days); NM
<i>rimantadine hcl</i>	4	
<i>ritonavir</i>	3	QL (360 per 30 days); NM
RUKOBIA	5	QL (60 per 30 days)
SELZENTRY ORAL SOLUTION	5	QL (1840 per 30 days); NM
SIRTURO	5	PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sofosbuvir-velpatasvir</i>	5	PA; QL (30 per 30 days); NM
<i>streptomycin sulfate intramuscular</i>	5	
STRIBILD	5	QL (30 per 30 days); NM
<i>sulfadiazine oral</i>	5	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
SUNLENCA ORAL TABLET	5	QL (10 per 365 days); NM
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 per 365 days); NM
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 per 365 days); NM
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days); NM
SYM TUZA	5	QL (30 per 30 days); NM
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	4	
<i>tenofovir disoproxil fumarate</i>	4	QL (30 per 30 days); NM
<i>terbinafine hcl oral</i>	2	
<i>tetracycline hcl oral capsule</i>	4	
<i>tigecycline</i>	4	
<i>tinidazole oral</i>	4	
TIVICAY ORAL TABLET 50 MG	5	QL (60 per 30 days); NM
TIVICAY PD	5	QL (360 per 30 days); NM
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	
<i>trifluridine ophthalmic</i>	3	
<i>trimethoprim oral</i>	2	
TRIUMEQ	5	QL (30 per 30 days); NM
TRIUMEQ PD	4	QL (180 per 30 days); NM
TYBOST	3	QL (30 per 30 days); NM
<i>valacyclovir hcl oral tablet 1 gm</i>	2	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	2	QL (60 per 30 days)
<i>valganciclovir hcl oral solution reconstituted</i>	4	NM

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>valganciclovir hcl oral tablet</i>	3	NM
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule 125 mg</i>	4	QL (120 per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	4	QL (240 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 per 30 days); NM
VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days); NM
VIREAD ORAL POWDER	5	QL (240 per 30 days); NM
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 per 30 days); NM
<i>voriconazole intravenous solution reconstituted</i>	4	PA
<i>voriconazole oral suspension reconstituted</i>	4	PA; QL (300 per 30 days)
<i>voriconazole oral tablet 200 mg</i>	4	PA; QL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	PA; QL (120 per 30 days)
VOSEVI	5	PA; QL (30 per 30 days); NM
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (84 per 28 days)
<i>zidovudine oral capsule</i>	4	QL (180 per 30 days); NM
<i>zidovudine oral syrup</i>	4	QL (1920 per 30 days); NM
<i>zidovudine oral tablet</i>	2	QL (60 per 30 days); NM
ZIRGAN	4	
MISCELLANEOUS THERAPEUTIC AGENTS		
ALCOHOL SWABS	3	
GAUZE STERILE PADS 2	3	
IGALMI SUBLINGUAL FILM 120 MCG	5	QL (30 per 30 days)
IGALMI SUBLINGUAL FILM 180 MCG	4	QL (30 per 30 days)
INSULIN PEN NEEDLE: BD, EMBECTA	3	QL (200 per 30 days)
INSULIN SYRINGE: BD, EMBECTA	3	QL (200 per 30 days)
KOSELUGO	5	PA; NM
OMNIPOD 5 DEXG7G6 INTRO GEN 5	4	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	PA
OMNIPOD 5 LIBRE INTRO	4	PA
OMNIPOD 5 LIBRE PODS	4	PA
OMNIPOD DASH INTRO (GEN 4)	4	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OMNIPOD DASH PODS (GEN 4)	4	PA
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sterile water for irrigation</i>	4	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	5	PA; NM
WEGOVY ORAL TABLET 1.5 MG	3	PA; QL (60 per 365 days)
WEGOVY ORAL TABLET 25 MG, 4 MG, 9 MG	3	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; QL (3 per 28 days)
OPHTHALMIC AGENTS		
<i>acetazolamide er</i>	3	
<i>apraclonidine hcl</i>	4	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>azelastine hcl ophthalmic</i>	4	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
<i>bimatoprost ophthalmic solution 0.01 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	4	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>brimonidine tartrate-timolol</i>	3	
<i>brinzolamide</i>	4	
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	4	
<i>carteolol hcl</i>	4	
<i>ciprofloxacin hcl ophthalmic</i>	2	
<i>cromolyn sodium ophthalmic</i>	2	
CYSTARAN	5	NM
<i>dexamethasone sodium phosphate ophthalmic</i>	3	
<i>diclofenac sodium ophthalmic</i>	4	
<i>dorzolamide hcl ophthalmic</i>	2	
<i>dorzolamide hcl-timolol mal</i>	2	

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>epinastine hcl</i>	2	
<i>erythromycin ophthalmic</i>	2	QL (3.5 per 30 days)
<i>fluorometholone ophthalmic</i>	3	
<i>flurbiprofen sodium</i>	4	
<i>gentamicin sulfate ophthalmic solution</i>	2	
ILEVRO	4	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	3	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	
<i>latanoprost ophthalmic</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>levofloxacin ophthalmic solution 1.5 %</i>	4	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>methazolamide oral</i>	4	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	4	
<i>neomycin-polymyxin-dexameth</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	4	
<i>ofloxacin ophthalmic</i>	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
POLYCIN	2	
<i>polymyxin b-trimethoprim</i>	2	
<i>prednisolone acetate ophthalmic</i>	4	
RESTASIS	3	QL (60 per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days)
RHOPRESSA	3	
ROCKLATAN	4	
SIMBRINZA	3	
<i>sulfacetamide sodium ophthalmic solution</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sulfacetamide-prednisolone ophthalmic solution</i>	4	
<i>timolol maleate ophthalmic gel forming solution</i>	4	
<i>timolol maleate ophthalmic solution</i>	1	
TOBRADEX ST	4	
<i>tobramycin ophthalmic</i>	2	
<i>tobramycin-dexamethasone</i>	4	
<i>travoprost (bak free)</i>	4	
VYZULTA	4	
XDEMVI	5	PA; NM
OTIC AGENTS		
<i>acetic acid otic</i>	2	
<i>ciprofloxacin-dexamethasone</i>	4	
FLAC	4	
<i>fluocinolone acetonide otic</i>	4	
<i>hydrocortisone-acetic acid</i>	4	
<i>neomycin-polymyxin-hc otic</i>	3	
<i>ofloxacin otic</i>	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
<i>acetylcysteine inhalation</i>	3	B/D PA
ADEMPAS	5	PA; QL (90 per 30 days); NM
<i>albuterol sulfate hfa</i>	3	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	2	B/D PA
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	3	B/D PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	4	
ALYQ	4	PA; QL (60 per 30 days); NM
<i>ambrisentan</i>	5	PA; QL (30 per 30 days); NM
ARNUIITY ELLIPTA	3	QL (30 per 30 days)
ATROVENT HFA	4	QL (26 per 30 days)
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	3	QL (30 per 25 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 per 30 days)
<i>breyana</i>	4	QL (30.9 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	4	B/D PA; QL (120 per 30 days)
<i>budesonide-formoterol fumarate</i>	4	QL (30.6 per 30 days)
CAYSTON	5	PA; NM
COMBIVENT RESPIMAT	4	QL (8 per 30 days)
<i>cromolyn sodium inhalation</i>	3	B/D PA
<i>cyproheptadine hcl oral tablet</i>	4	
ELIXOPHYLLIN	4	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	QL (2 per 28 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	4	QL (2 per 28 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	QL (2 per 28 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	3	QL (60 per 30 days)
<i>fluticasone propionate nasal (rx)</i>	2	QL (16 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>	3	QL (12 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (60 per 30 days)
<i>hydroxyzine hcl oral syrup</i>	4	PA
<i>hydroxyzine hcl oral tablet</i>	2	PA
<i>hydroxyzine pamoate oral</i>	4	PA
<i>ipratropium bromide hfa</i>	4	QL (26 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA
<i>ipratropium bromide nasal</i>	2	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	4	B/D PA; QL (540 per 30 days)
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days); NM
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	4	B/D PA; QL (540 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	4	B/D PA; QL (270 per 30 days)
<i>levocetirizine dihydrochloride oral tablet (rx)</i>	2	
<i>macitentan</i>	5	PA; QL (30 per 30 days); NM
<i>montelukast sodium oral packet</i>	4	
<i>montelukast sodium oral tablet</i>	2	
<i>montelukast sodium oral tablet chewable</i>	4	
<i>nintedanib esylate</i>	5	PA; QL (60 per 30 days); NM
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 per 28 days); NM
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 per 28 days); NM
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 per 28 days); NM
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 per 28 days); NM
OFEV	5	PA; QL (60 per 30 days); NM
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA; NM
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NM
ORKAMBI ORAL TABLET	5	PA; QL (120 per 30 days); NM
<i>pirfenidone oral tablet 267 mg</i>	3	PA; QL (270 per 30 days); NM
<i>pirfenidone oral tablet 534 mg</i>	5	PA; QL (90 per 30 days); NM
<i>pirfenidone oral tablet 801 mg</i>	3	PA; QL (90 per 30 days); NM
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA; NM
<i>roflumilast oral tablet 500 mcg</i>	4	QL (30 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (360 per 30 days); NM
SPIRIVA RESPIMAT	3	QL (4 per 30 days)
<i>tadalafil (pah)</i>	4	PA; QL (60 per 30 days); NM
<i>terbutaline sulfate oral</i>	4	
<i>theophylline er oral tablet extended release 12 hour</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 10.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>theophylline er oral tablet extended release 24 hour</i>	2	
<i>theophylline oral solution</i>	4	
<i>tiotropium bromide</i>	3	QL (30 per 30 days)
TOBI PODHALER	5	QL (224 per 28 days); NM
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D PA; QL (280 per 28 days); NM
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 per 28 days); NM
TRIKAFTA ORAL THERAPY PACK	5	PA; QL (56 per 28 days); NM
<i>umeclidinium-vilanterol</i>	3	QL (60 per 30 days)
WINREVAIR	5	PA; NM
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	4	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); NM
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (4 per 28 days); NM
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); NM
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (4 per 28 days); NM
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days); NM
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Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-574-6031 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-574-6031 (TTY: 711).

Swahili: TAZAMA: Ikiwa unazungumza Kiswahili, huduma za usaidizi za lugha bila malipo zinapatikana kwa ajili yako. Piga simu kwa 1-833-574-6031 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-833-574-6031 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-833-574-6031 (TTY: 711).



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This formulary was updated on 01/01/2027.

For more recent information or other questions, please contact Range Health Customer Service at 1-833-574-6031 (TTY users should call 711), 8:00 a.m. to 8:00 p.m. **October 1st to March 31st**, seven days a week and **April 1st to September 30th**, Monday through Friday, or visit [*rangehealth.com/drugList*](https://rangehealth.com/drugList).

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