EmblemHealth
2026 HMO Formulary

(List of Covered Drugs)

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

26229, V9

This formulary was updated on 09/30/2025. For more recent information or other questions, please contact EmblemHealth Medicare HMO at **877-344-7364** (TTY users should call **711)**. From Oct.1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to Sept. 30, you can call us Monday through Saturday from 8 a.m. to 8 p.m. or visit **emblemhealth.com/medicare**.

List of Covered Drugs for:

- EmblemHealth HMO Employer Group 4 Tier

EmblemHealth®

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

When this Drug List (formulary) refers to "we," "us," or "our," it means Health Insurance Plan of Greater New York (HIP). When it refers to "plan" or "our plan," it means EmblemHealth Medicare HMO Employer Group.

This document includes a Drug List (formulary) for our plan, which is current as of 09/30/2025. 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 Jan. 1, 2027, and from time to time during the year.

What is the EmblemHealth Medicare HMO Employer Group 4-Tier formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but our plan 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 Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **emblemhealth.com/medicare.**

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 version 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 EmblemHealth Medicare HMO Employer Group 4-Tier 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 any safety or effectiveness reasons we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

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

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the EmblemHealth Medicare HMO Employer Group 4-Tier formulary?".

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/30/2025. 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.

Note: In the event of a mid-year, non-maintenance formulary change, the change is added to a comprehensive list of changes that have been made since the formulary was printed. The list of changes is included with the formulary booklet that is available online. New members receive a notice in the welcome kit with information on how to access the formulary or how to request one. Existing members can view the updated formulary by visiting us on the web at **emblemhealth.com/medicare**. The formulary that is posted on our website is updated.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand

name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5 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:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

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

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

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the EmblemHealth Medicare HMO Employer Group 4-Tier Formulary?" on page v 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 our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.

- You can ask 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 EmblemHealth Medicare HMO Employer Group 4-Tier formulary?

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

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

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

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

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

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

If you are a current member in our plan and you experience a change in the level of care, such as an admission or discharge from the long-term care facility, we will provide you with one-time temporary supply of your medications, as needed, to assist with your transition to the new level of care.

For more information

For more detailed information about your EmblemHealth Medicare HMO Employer Group 4-Tier prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

EmblemHealth Medicare HMO Employer Group 4-Tier formulary

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

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

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

BD: Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.

PA: Prior Authorization.

QL: Quantity Limits.

#: High Risk Medication (HRM). Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found in lower co-pay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.

***:** Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Services at **877-344-7364** (TTY users should call **711**). From Oct. 1 to March 31, you can call us from 8 a.m. to 8 p.m., seven days a week. From April 1 to Sept. 30, you can call us from 8 a.m. to 8 p.m., Monday through Saturday or visit **emblemhealth.com/medicare**.

+: The vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Preventions (CDC) Advisory Committee on Immunization Practices (ACIP).

Please refer to the below for information about the different tier levels listed in this formulary:

Copay Tier-Type of drug	**Includes**
Tier 1- Generic	Lowest-cost tier. Most generic drugs on the formulary are included in this tier.
Tier 2 - Preferred Drugs	This tier contains a combination of preferred brand drugs and certain generics.
Tier 3- Non-Preferred Drug	This is your highest-cost tier that includes non-preferred and specialty generic and brand drugs. Some drugs on this tier may require special handling.
Tier 4- Select Care Drugs	Zero-dollar ($0) cost tier. This tier includes limited drug categories (i.e., certain high blood pressure, high cholesterol, vaccines, and oral diabetic drugs).

Please refer to your plan Benefit Summary about how the plan's cost-sharing relates to the different tier levels listed in this formulary for a one-month supply of a drug. If you are eligible for "Extra Help" or "Low-Income Subsidy" (LIS), some of the information in these tables about the cost of Part D prescription drugs may not apply to you. We will send you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS rider), which tells you about your drug coverage. If you don't have this insert, please call Customer Service at the numbers listed above and ask for the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS rider).

We offer additional coverage of some prescription drugs (enhanced drug coverage) not normally covered in a Medicare prescription drug plan. These drugs are listed after this introduction. The amount you pay for these drugs doesn't count towards qualifying you for the Catastrophic Coverage Stage. If you get Extra Help from Medicare to pay for your prescriptions, Extra Help won't pay for drugs that aren't normally covered.

Please Note: Employer Group Waiver Plan (EGWP) please refer to your Cost Sharing Guide or contact Customer Service for benefit details and cost sharing amounts.

Drug Name	Drug Tier	Requirements/Limits
Cough and Cold		
BENZONATATE - benzonatate cap 150 mg	3	
benzonatate cap 100 mg	1	
benzonatate cap 200 mg	1	
BUCKLEYS COUGH - dextromethorphan hbr liquid 12.5 mg/5ml	3	
DELSYM - dextromethorphan polistirex extended release susp 30 mg/5ml	3	
DELSYM COUGH CHILDRENS - dextromethorphan polistirex extended release susp 30 mg/5ml	3	
dextromethorphan hbr cap 15 mg	1	
dextromethorphan hbr liquid 15 mg/15ml	1	
dextromethorphan hbr liquid 15 mg/5ml	1	
dextromethorphan polistirex extended release susp 30 mg/5ml	1	
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	1	
GERI-TUSSIN - guaifenesin syrup 100 mg/5ml	3	
GILTUSS EX EXPECTORANT CHILDRENS - guaifenesin liquid 200 mg/5ml	3	
GILTUSS EX MAXIMUM STRENGTH - guaifenesin liquid 200 mg/5ml	3	
guaifenesin liquid 100 mg/5ml	1	
guaifenesin syrup 100 mg/5ml	1	
guaifenesin tab er 12hr 600 mg	1	
guaifenesin tab er 12hr 1200 mg	1	
guaifenesin tab 200 mg	1	
guaifenesin tab 400 mg	1	
guaifenesin-codeine soln 100-10 mg/5ml	1	
HERBAL EXPEC - guaifenesin liquid 150 mg/15ml	3	
HYCODAN - hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	3	
HYCODAN - hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	3	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX - hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	3	
MUCINEX - guaifenesin tab er 12hr 600 mg	3	
MUCINEX CHILDRENS COUGH MIGHTY - dextromethorphan hbr chew tab 10 mg	3	
MUCINEX MAXIMUM STRENGTH - guaifenesin tab er 12hr 1200 mg	3	

Drug Name	Drug Tier	Requirements/Limits
PEDIACARE CHILDRENS LONG-ACTING COUGH - dextromethorphan hbr liquid 7.5 mg/5ml	3	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
ROBITUSSIN LONG-ACTING COUGHGELS - dextromethorphan hbr cap 15 mg	3	
SCOT-TUSSIN DIABETES - dextromethorphan hbr liquid 10 mg/5ml	3	
TRIAMINIC LONG ACTING COUGH - dextromethorphan hbr liquid 7.5 mg/5ml	3	
TUXARIN ER - codeine phos-chlorpheniramine maleate tab er 12hr 54.3-8 mg	3	
VICKS CASERO - guaifenesin liquid 100 mg/6.25ml	3	
VICKS DAYQUIL COUGH - dextromethorphan hbr liquid 15 mg/15ml	3	
VICKS FORMULA 44 COUGH RELIEF - dextromethorphan hbr liquid 10 mg/5ml	3	
WAL-TUSSIN COUGH RELIEF CHILDRENS - dextromethorphan hbr chew tab 7.5 mg	3	
Sexual Dysfunction		
ADDYI - flibanserin tab 100 mg	3	
avanafil tab 50 mg	1	QL (6 tablets/30 days)
avanafil tab 100 mg	1	QL (6 tablets/30 days)
avanafil tab 200 mg	1	QL (6 tablets/30 days)
BI-MIX - papaverine-phentolamine for inj 150-5 mg	3	
CAVERJECT - alprostadil for inj 20 mcg	3	
CAVERJECT - alprostadil for inj 40 mcg	3	
CAVERJECT IMPULSE - alprostadil for inj kit 10 mcg	3	
CAVERJECT IMPULSE - alprostadil for inj kit 20 mcg	3	
EDEX - alprostadil for inj kit 10 mcg	3	
EDEX - alprostadil for inj kit 20 mcg	3	
EDEX - alprostadil for inj kit 40 mcg	3	
IFE-BIMIX 30/1 - papaverine-phentolamine inj 30-1 mg/ml	3	
PHENYLEPHRINE HYDROCHLORIDE - phenylephrine hcl intracavernosal soln 2 mg/2ml (0.1%)	3	
QUAD-MIX - papav-phentol-alpros-atrop for inj 150 mg-10 mg-0.1 mg-1 mg	3	
sildenafil citrate tab 25 mg	1	QL (6 tablets/30 days)
sildenafil citrate tab 50 mg	1	QL (6 tablets/30 days)
sildenafil citrate tab 100 mg	1	QL (6 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
SUPER BI-MIX - papaverine-phentolamine for inj 150-10 mg	3	
SUPER QUAD-MIX - papav-phentol-alpros-atrop for inj 150 mg-20 mg-0.2 mg-2 mg	3	
SUPER TRI-MIX - papav-phentolamine-alprostadil for inj 150 mg-10 mg-100 mcg	3	
tadalafil tab 2.5 mg	1	QL (30 tablets/30 days)
tadalafil tab 5 mg	1	QL (30 tablets/30 days)
tadalafil tab 10 mg	1	QL (6 tablets/30 days)
tadalafil tab 20 mg	1	QL (6 tablets/30 days)
TRI-MIX - papav-phentolamine-alprostadil for inj 150 mg-5 mg-50 mcg	3	
vardenafil hcl orally disintegrating tab 10 mg	1	QL (6 tablets/30 days)
vardenafil hcl tab 2.5 mg	1	QL (6 tablets/30 days)
vardenafil hcl tab 5 mg	1	QL (6 tablets/30 days)
vardenafil hcl tab 10 mg	1	QL (6 tablets/30 days)
vardenafil hcl tab 20 mg	1	QL (6 tablets/30 days)
VYLEESI - bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml	3	
Prescription Vitamins/Combos		
ABC COMPLETE ADULT - multiple vitamins w/ minerals tab	3	
ABC COMPLETE MENS - multiple vitamins w/ minerals tab	3	
ABC COMPLETE SENIOR MENS 50+ - multiple vitamins w/ minerals tab	3	
ABC COMPLETE SENIOR WOMENS 50+ - multiple vitamins w/ minerals tab	3	
ABC COMPLETE SENIOR 50+ - multiple vitamins w/ minerals tab	3	
ABC COMPLETE WOMENS - multiple vitamins w/ minerals tab	3	
ALIVE CALCIUM BONE SUPPORT MAX ABSORPTION - multiple vitamins w/ minerals tab	3	
ALIVE DAILY ENERGY - multiple vitamins w/ minerals tab	3	
ALIVE DIABETIC MULTIVITAMIN - multiple vitamins w/ minerals tab	3	
ALIVE ENERGY 50+ - multiple vitamins w/ minerals tab	3	
ALIVE GARDEN GOODNESS MENS - multiple vitamins w/ minerals tab	3	
ALIVE GARDEN GOODNESS WOMENS - multiple vitamins w/ minerals tab	3	
ALIVE MENS COMPLETE MAX POTENCY - multiple vitamins w/ minerals tab	3	
ALIVE MENS COMPLETE MULTIVITAMIN - multiple vitamins w/ minerals tab	3	
ALIVE MENS ULTRA - multiple vitamins w/ minerals tab	3	

Drug Name	Drug Tier	Requirements/Limits
ALIVE MENS 50+ - multiple vitamins w/ minerals tab	3	
ALIVE MENS 50+ ULTRA - multiple vitamins w/ minerals tab	3	
ALIVE ONCE DAILY WOMENS ULTRA POTENCY - multiple vitamins w/ minerals tab	3	
ALIVE ULTRA POTENCY ADULT - multiple vitamins w/ minerals tab	3	
ALIVE ULTRA POTENCY WOMENS 50+ - multiple vitamins w/ minerals tab	3	
ALIVE WOMENS ENERGY - multiple vitamins w/ minerals tab	3	
ALIVE WOMENS 50+ COMPLETE MULTIVITAMIN - multiple vitamins w/ minerals tab	3	
ALPHA BETIC - multiple vitamins w/ minerals tab	3	
ALTRIXA - multiple vitamin tab	3	
AMLADEX - multiple vitamin tab	3	
ANTIOXIDANT FORMULA - multiple vitamins w/ minerals tab	3	
AQUASOL A PARENTERAL - vitamin a inj 15 mg/ml (50000 unit/ml)	3	
ASCORBIC ACID - ascorbic acid inj 500 mg/ml	3	
ascorbic acid tab 500 mg	1	
AZO HORMONAL HEALTH CYCLE CARE & COMFORT - multiple vitamins w/ minerals tab	3	
AZO HORMONAL HEALTH HAPPY CYCLE - multiple vitamins w/ minerals tab	3	
b-complex w/ c & folic acid cap 1 mg	1	
b-complex w/ c & folic acid tab 0.8 mg	1	
b-complex w/ c & folic acid tab 1 mg	1	
BACMIN - multiple vitamins w/ minerals tab	3	
BARIATRIC MULTIVITAMINS - multiple vitamins w/ minerals tab	3	
BASIC AM - multiple vitamins w/ minerals tab	3	
BASIC PM - multiple vitamins w/ minerals tab	3	
BLADDER 2.2 - multiple vitamins w/ minerals tab	3	
BLOOD SUGAR MANAGER - multiple vitamins w/ minerals tab	3	
BONEUP VEGETARIAN - multiple vitamins w/ minerals tab	3	
CENTRAVITES ADULTS - multiple vitamins w/ minerals tab	3	
CENTRAVITES 50 PLUS - multiple vitamins w/ minerals tab	3	
CENTRUM ADULTS - multiple vitamins w/ minerals tab	3	
CENTRUM CARDIO - multiple vitamins w/ minerals tab	3	
CENTRUM MEN - multiple vitamins w/ minerals tab	3	
CENTRUM MINIS ADULTS 50+ - multiple vitamins w/ minerals tab	3	
CENTRUM MINIS MEN 50+ - multiple vitamins w/ minerals tab	3	

Drug Name	Drug Tier	Requirements/Limits
CENTRUM MINIS WOMEN IMMUNE SUPPORT - multiple vitamins w/ minerals tab	3	
CENTRUM MINIS WOMEN 50+ - multiple vitamins w/ minerals tab	3	
CENTRUM SILVER - multiple vitamins w/ minerals tab	3	
CENTRUM SILVER ADULTS 50+ - multiple vitamins w/ minerals tab	3	
CENTRUM SILVER MEN 50+ - multiple vitamins w/ minerals tab	3	
CENTRUM SILVER ULTRA WOMENS - multiple vitamins w/ minerals tab	3	
CENTRUM SILVER WOMEN 50+ - multiple vitamins w/ minerals tab	3	
CENTRUM SILVER 50+MEN - multiple vitamins w/ minerals tab	3	
CENTRUM SILVER 50+WOMEN - multiple vitamins w/ minerals tab	3	
CENTRUM SPECIALIST HEART - multiple vitamins w/ minerals tab	3	
CENTRUM SPECIALIST IMMUNE SUPPORT - multiple vitamins w/ minerals tab	3	
CENTRUM SPECIALIST VISION - multiple vitamins w/ minerals tab	3	
CENTRUM ULTRA WOMENS - multiple vitamins w/ minerals tab	3	
CENTRUM WOMEN - multiple vitamins w/ minerals tab	3	
CERTAVITE SENIOR - multiple vitamins w/ minerals tab	3	
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS - multiple vitamins w/ minerals tab	3	
CERTAVITE/ANTIOXIDANTS - multiple vitamins w/ minerals tab	3	
CITRACAL +D3 MAXIMUM PLUS - multiple vitamins w/ minerals tab	3	
CORVITA - multiple vitamins w/ minerals tab	3	
CVS DAILY MULTIVITAMIN MENS - multiple vitamins w/ minerals tab	3	
CVS DAILY MULTIVITAMIN WOMENS - multiple vitamins w/ minerals tab	3	
CVS DAILY MULTIVITAMIN/MINERAL MENS - multiple vitamins w/ minerals tab	3	
CVS ONE DAILY MENS 50+ ADVANCED - multiple vitamins w/ minerals tab	3	
CVS ONE DAILY WOMENS 50+ ADVANCED - multiple vitamins w/ minerals tab	3	
CVS SPECTRAVITE ADULT 50+ - multiple vitamins w/ minerals tab	3	
CVS SPECTRAVITE ADULTS - multiple vitamins w/ minerals tab	3	
CVS SPECTRAVITE ULTRA MEN 50+ - multiple vitamins w/ minerals tab	3	

Drug Name	Drug Tier	Requirements/Limits
CVS SPECTRAVITE ULTRA MENS HEALTH - multiple vitamins w/ minerals tab	3	
CVS SPECTRAVITE ULTRA WOMEN - multiple vitamins w/ minerals tab	3	
CYANOCOBALAMIN - cyanocobalamin inj 2000 mcg/ml	3	
cyanocobalamin inj 1000 mcg/ml	1	
cyanocobalamin nasal spray 500 mcg/0.1ml	1	
cyanocobalamin tab 1000 mcg	1	
DAYAVITE - multiple vitamins w/ minerals tab	3	
DERMACINRX MULTITAM - multiple vitamins w/ minerals tab	3	
DERMACINRX RIBOTIN-E - multiple vitamins w/ minerals tab	3	
DERMACINRX ZINTREXYL-C - multiple vitamins w/ minerals tab	3	
DERMAVITE - multiple vitamins w/ minerals tab	3	
DIALYVITE SUPREME D - multiple vitamins w/ minerals tab	3	
DIATROL - multiple vitamins w/ minerals tab	3	
DRISDOL - ergocalciferol cap 1.25 mg (50000 unit)	3	
ELFOLATE PLUS - l-methylfolate w/ vit b6-vit b12 tab 3-35-2 mg	3	
ELITE-OB - prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	3	
EQ COMPLETE MULTIVITAMIN ADULTS UNDER 50 - multiple vitamins w/ minerals tab	3	
EQ ONE DAILY MENS HEALTH - multiple vitamins w/ minerals tab	3	
EQ ONE DAILY MENS 50+ - multiple vitamins w/ minerals tab	3	
EQ ONE DAILY WOMENS HEALTH - multiple vitamins w/ minerals tab	3	
EQ ONE DAILY WOMENS 50+ - multiple vitamins w/ minerals tab	3	
EQL CENTURY MATURE ADULTS 50+ - multiple vitamins w/ minerals tab	3	
EQL CENTURY MENS - multiple vitamins w/ minerals tab	3	
EQL CENTURY WOMENS - multiple vitamins w/ minerals tab	3	
EQL ONE DAILY MENS - multiple vitamins w/ minerals tab	3	
ergocalciferol cap 1.25 mg (50000 unit)	1	
ESTROFACTORS - multiple vitamin tab	3	
EYE HEALTH/LUTEIN - multiple vitamins w/ minerals tab	3	
EYE MULTIVITAMIN/SODIUM - multiple vitamins w/ minerals tab	3	
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg	1	
FINAZOL - multiple vitamins w/ minerals tab	3	
FITNESS TABS FOR MEN AM/PM/LYCOPENE - multiple vitamins w/ minerals tab	3	
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE - multiple vitamins w/ minerals tab	3	

Drug Name	Drug Tier	Requirements/Limits
FLORRAVITE - multiple vitamins w/ minerals tab	3	
FLORRAXYL - multiple vitamins w/ minerals tab	3	
FOLAMAX - multiple vitamins w/ minerals tab	3	
FOLAPRIME - multiple vitamins w/ minerals tab	3	
FOLAWISE - multiple vitamin tab	3	
FOLBIC - folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	3	
FOLCYTEINE - multiple vitamin tab	3	
FOLGARD RX - folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg	3	
folic acid inj 5 mg/ml	1	
folic acid tab 1 mg	1	
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	1	
folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg	1	
FOLIFLEX - multiple vitamins w/ minerals tab	3	
FOLITIN-Z - multiple vitamins w/ minerals tab	3	
FOLTANX - l-methylfolate w/ vit b6-vit b12 tab 3-35-2 mg	3	
FREEDAVITE - multiple vitamins w/ minerals tab	3	
FT CENTURY ADULTS - multiple vitamins w/ minerals tab	3	
FT CENTURY MEN - multiple vitamins w/ minerals tab	3	
FT CENTURY MEN 50+ - multiple vitamins w/ minerals tab	3	
FT CENTURY WOMEN - multiple vitamins w/ minerals tab	3	
FT CENTURY WOMEN 50+ - multiple vitamins w/ minerals tab	3	
FT CENTURY 50+ - multiple vitamins w/ minerals tab	3	
FT EYE HEALTH - multiple vitamins w/ minerals tab	3	
FT HAIR SKIN & NAILS EXTRA STRENGTH - multiple vitamins w/ minerals tab	3	
FT ONE DAILY MENS - multiple vitamins w/ minerals tab	3	
FT ONE DAILY MENS 50+ - multiple vitamins w/ minerals tab	3	
FT ONE DAILY WOMENS - multiple vitamins w/ minerals tab	3	
FT ONE DAILY WOMENS 50+ - multiple vitamins w/ minerals tab	3	
GENICIN VITA-Q - multiple vitamin tab	3	
GERI-FREEDA SENIOR FORMULA - multiple vitamins w/ minerals tab	3	
GNP CENTURY ADULT - multiple vitamins w/ minerals tab	3	
GNP CENTURY MATURE FORMULA/ADULTS 50+ - multiple vitamins w/ minerals tab	3	
GNP CENTURY MEN ADULTS - multiple vitamins w/ minerals tab	3	
GNP CENTURY WOMEN ADULTS - multiple vitamins w/ minerals tab	3	
GNP THERAPEUTIC-M - multiple vitamins w/ minerals tab	3	

Drug Name	Drug Tier	Requirements/Limits
HAIR SKIN & NAILS - multiple vitamins w/ minerals tab	3	
HAIR SKIN & NAILS ADVANCED FORMULA - multiple vitamins w/ minerals tab	3	
HEAD CARE PROACTIVE HEALTH - multiple vitamins w/ minerals tab	3	
HIGH POTENCY MULTIVITAMIN - multiple vitamin tab	3	
HIGH POTENCY MULTIVITAMIN/FOLIC ACID - multiple vitamins w/ minerals tab	3	
HYDROXOCOBALAMIN - hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	3	
HYLAZINC - multiple vitamins w/ minerals tab	3	
ICAPS AREDS FORMULA - multiple vitamins w/ minerals tab	3	
JOINT HEALTH & BONE STRENGTH - multiple vitamins w/ minerals tab	3	
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH - multiple vitamins w/ minerals tab	3	
KEYFOLIC - multiple vitamins w/ minerals tab	3	
KEYLOSA - multiple vitamins w/ minerals tab	3	
KOSHER PRENATAL PLUS IRON - prenatal vit w/ iron carbonyl-fa tab 30-1 mg	3	
LIVER DETOX - multiple vitamins w/ minerals tab	3	
LUTEIN PLUS/ZEAXANTHIN - multiple vitamins w/ minerals tab	3	
MEDI TAB - multiple vitamins w/ minerals tab	3	
MEGA MULTI FOR MEN - multiple vitamins w/ minerals tab	3	
MEGA MULTI FOR WOMEN - multiple vitamins w/ minerals tab	3	
MEGAVITE FRUITS & VEGGIES - multiple vitamins w/ minerals tab	3	
MENS MULTIVITAMIN - multiple vitamins w/ minerals tab	3	
MENS MULTIVITAMIN HEALTH FORMULA - multiple vitamins w/ minerals tab	3	
MENS 50+ MULTIVITAMIN - multiple vitamins w/ minerals tab	3	
MINCORA - multiple vitamin tab	3	
MULTI VITAMIN - multiple vitamin tab	3	
MULTI VITAMIN/D-3 - multiple vitamin tab	3	
MULTI-VITAMIN MONOCAPS - multiple vitamins w/ minerals tab	3	
multiple vitamin tab	1	
multiple vitamins w/ minerals tab	1	
MULTITOL-M - multiple vitamins w/ minerals tab	3	
MULTIVITAMIN - multiple vitamin tab	3	
MULTIVITAMIN - multiple vitamins w/ minerals tab	3	
MULTIVITAMIN ADULT - multiple vitamin tab	3	

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMIN ADULTS - multiple vitamins w/ minerals tab	3	
MULTIVITAMIN MEN - multiple vitamins w/ minerals tab	3	
MULTIVITAMIN WOMEN - multiple vitamins w/ minerals tab	3	
MULTIVITAMIN/ZINC STRESS FORMULA - multiple vitamins w/ minerals tab	3	
NASCOBAL - cyanocobalamin nasal spray 500 mcg/0.1ml	3	
NAT-RUL THERAVITE-M/HIGH POTENCY - multiple vitamins w/ minerals tab	3	
NATRUL-VITES - multiple vitamins w/ minerals tab	3	
NEOMULTIVITE - multiple vitamin tab	3	
NEOVITE - multiple vitamins w/ minerals tab	3	
NICADAN - multiple vitamins w/ minerals tab	3	
NICAZEL - multiple vitamins w/ minerals tab	3	
NICAZEL FORTE - multiple vitamins w/ minerals tab	3	
NIVA-FOL - folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	3	
NO IRON MULTIPLE VITAMIN/MINERALS - multiple vitamins w/ minerals tab	3	
NUTRALYN - multiple vitamins w/ minerals tab	3	
OB COMPLETE - prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	3	
OCULAR VITAMINS - multiple vitamins w/ minerals tab	3	
OMNICAP - multiple vitamin tab	3	
ONCOVITE - multiple vitamins w/ minerals tab	3	
ONE A DAY ENERGY - multiple vitamins w/ minerals tab	3	
ONE A DAY MENS 50+ - multiple vitamins w/ minerals tab	3	
ONE A DAY TRIPLE IMMUNE SUPPORT ADULT - multiple vitamins w/ minerals tab	3	
ONE A DAY WOMENS 50+ - multiple vitamins w/ minerals tab	3	
ONE DAILY ESSENTIALS - multiple vitamin tab	3	
ONE DAILY MENS FORMULA W/O IRON - multiple vitamins w/ minerals tab	3	
ONE DAILY MENS 50+ MULTIVITAMIN - multiple vitamins w/ minerals tab	3	
ONE DAILY MULTIVITAMIN WOMENS - multiple vitamins w/ minerals tab	3	
ONE DAILY WOMENS - multiple vitamins w/ minerals tab	3	
ONE VITE DAILY MULTIVITAMIN - multiple vitamin tab	3	
ONE-A-DAY ENERGY - multiple vitamins w/ minerals tab	3	
ONE-A-DAY ESSENTIAL - multiple vitamin tab	3	
ONE-A-DAY MENOPAUSE FORMULA - multiple vitamins w/ minerals tab	3	
ONE-A-DAY MENS - multiple vitamin tab	3	

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY MENS - multiple vitamins w/ minerals tab	3	
ONE-A-DAY MENS HEALTH FORMULA - multiple vitamins w/ minerals tab	3	
ONE-A-DAY MENS PRO EDGE - multiple vitamins w/ minerals tab	3	
ONE-A-DAY MENS 50+ - multiple vitamins w/ minerals tab	3	
ONE-A-DAY MENS 50+ ADVANTAGE - multiple vitamins w/ minerals tab	3	
ONE-A-DAY PROACTIVE 65+ - multiple vitamins w/ minerals tab	3	
ONE-A-DAY TEEN ADVANTAGE - multiple vitamins w/ minerals tab	3	
ONE-A-DAY WEIGHT SMART ADVANCED - multiple vitamins w/ minerals tab	3	
ONE-A-DAY WOMENS - multiple vitamins w/ minerals tab	3	
ONE-A-DAY WOMENS ACTIVE MIND & BODY - multiple vitamins w/ minerals tab	3	
ONE-A-DAY WOMENS PETITES - multiple vitamins w/ minerals tab	3	
ONE-A-DAY WOMENS PLUS HEALTHY SKIN SUPPORT - multiple vitamins w/ minerals tab	3	
ONE-A-DAY WOMENS 50+ - multiple vitamins w/ minerals tab	3	
ONE-A-DAY WOMENS 50+ ADVANTAGE - multiple vitamins w/ minerals tab	3	
ONE-A-DAY WOMENS 50+ HEALTHY ADVANTAGE - multiple vitamins w/ minerals tab	3	
ONEVITE - multiple vitamins w/ minerals tab	3	
OPTIVITE P.M.T. - multiple vitamins w/ minerals tab	3	
OPURITY - multiple vitamins w/ minerals tab	3	
OSTEOPRIME PLUS/CALCIUM & MAGNESIUM - multiple vitamins w/ minerals tab	3	
PARVLEX - multiple vitamins w/ minerals tab	3	
PHYTOMULTI - multiple vitamins w/ minerals tab	3	
phytonadione inj 1 mg/0.5ml (2 mg/ml)	1	
phytonadione inj 10 mg/ml	1	
phytonadione tab 5 mg	1	
PRENATABS RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3	
PRESERVISION AREDS - multiple vitamins w/ minerals tab	3	
PREV-RX - multiple vitamins w/ minerals tab	3	
PRO-CAL - multiple vitamins w/ minerals tab	3	
PROCERV HP - multiple vitamins w/ minerals tab	3	
PROFOLA - multiple vitamins w/ minerals tab	3	
PRORENAL+D - multiple vitamins w/ minerals tab	3	

Drug Name	Drug Tier	Requirements/Limits
PROVIT - multiple vitamins w/ minerals tab	3	
PYRIDOXINE HCL - pyridoxine hcl inj 100 mg/ml	3	
QC MULTI-VITE - multiple vitamins w/ minerals tab	3	
QUIN B STRONG - multiple vitamins w/ minerals tab	3	
QUINTABS - multiple vitamin tab	3	
QUINTABS-M - multiple vitamins w/ minerals tab	3	
RA CENTRAL-VITE - multiple vitamins w/ minerals tab	3	
RAYAVIT - multiple vitamins w/ minerals tab	3	
RELCARE - multiple vitamin tab	3	
RENAPLEX-D - multiple vitamins w/ minerals tab	3	
SENTRY - multiple vitamins w/ minerals tab	3	
SENTRY SENIOR MENS 50+ - multiple vitamins w/ minerals tab	3	
SENTRY SENIOR/LUTEIN - multiple vitamins w/ minerals tab	3	
SIDEROL - multiple vitamins w/ minerals tab	3	
SOLO - multiple vitamins w/ minerals tab	3	
SPECTRAVITE - multiple vitamins w/ minerals tab	3	
STRESS FORMULA W/ZINC FOR ENERGY - multiple vitamin tab	3	
STROVITE ONE - multiple vitamins w/ minerals tab	3	
SUPER D/ZINC/SELENIUM/COPPER - multiple vitamins w/ minerals tab	3	
SUPERIOR MENS MULTI - multiple vitamins w/ minerals tab	3	
SUPERIOR WOMENS MULTI - multiple vitamins w/ minerals tab	3	
SYSTANE ICAPS AREDS2 - multiple vitamins w/ minerals tab	3	
T-VITES - multiple vitamins w/ minerals tab	3	
THERA - multiple vitamin tab	3	
THERA-M PLUS MULTIVITAMIN/BETA-CAROTENE HIGH POTENCY - multiple vitamins w/ minerals tab	3	
THERA-TABS M - multiple vitamins w/ minerals tab	3	
THERA-VITE MAX-M - multiple vitamins w/ minerals tab	3	
THERAGRAN-M - multiple vitamins w/ minerals tab	3	
THERAGRAN-M ADVANCED - multiple vitamins w/ minerals tab	3	
THERAGRAN-M ADVANCED 50 PLUS - multiple vitamins w/ minerals tab	3	
THERAGRAN-M PREMIER - multiple vitamins w/ minerals tab	3	
THERAGRAN-M PREMIER 50 PLUS - multiple vitamins w/ minerals tab	3	
THEREMS MULTIVITAMIN - multiple vitamin tab	3	
thiamine hcl inj 100 mg/ml	1	
thiamine hcl tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
THRIVITE RX - prenatal vit w/ iron carbonyl-fa tab 29-1 mg	3	
TM-DAILY VITE - multiple vitamin tab	3	
TRUE MULTIVITAMIN - multiple vitamin tab	3	
UDAMIN SP - multiple vitamins w/ minerals tab	3	
ULTRA BONEUP - multiple vitamins w/ minerals tab	3	
VENEXA - multiple vitamins w/ minerals tab	3	
VENEXA FE - multiple vitamins w/ minerals tab	3	
VENTRIXYL - multiple vitamins w/ minerals tab	3	
VENTRIXYL FE - multiple vitamins w/ minerals tab	3	
VITABASIC COMPLETE - multiple vitamins w/ minerals tab	3	
VITABASIC SENIOR - multiple vitamins w/ minerals tab	3	
VITACORE - multiple vitamins w/ minerals tab	3	
VITAROCA PLUS - multiple vitamins w/ minerals tab	3	
VITASANA - multiple vitamins w/ minerals tab	3	
VITEYES CLASSIC MULTIVITAMIN - multiple vitamins w/ minerals tab	3	
VITEYES OPTIC NERVE SUPPORT - multiple vitamins w/ minerals tab	3	
VITRAMYN - multiple vitamins w/ minerals tab	3	
VITRANOL - multiple vitamins w/ minerals tab	3	
VITRANOL FE - multiple vitamins w/ minerals tab	3	
VITREXATE - multiple vitamins w/ minerals tab	3	
VITREXATE FE - multiple vitamins w/ minerals tab	3	
VITREXYL - multiple vitamins w/ minerals tab	3	
VITREXYL/IRON - multiple vitamins w/ minerals tab	3	
WELLFOLA - multiple vitamins w/ minerals tab	3	
WESTAB MAX - folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg	3	
WOMENS 50+ MULTIVITAMIN - multiple vitamins w/ minerals tab	3	
YELETS TEENAGE FORMULA - multiple vitamins w/ minerals tab	3	
DESI Drugs and Other Non-FDA Approved Drugs		
ADTHYZA - thyroid tab 15 mg (1/4 grain)	3	
ADTHYZA - thyroid tab 16.25 mg	3	
ADTHYZA - thyroid tab 30 mg (1/2 grain)	3	
ADTHYZA - thyroid tab 32.5 mg	3	
ADTHYZA - thyroid tab 60 mg (1 grain)	3	
ADTHYZA - thyroid tab 65 mg	3	
ADTHYZA - thyroid tab 90 mg (1 1/2 grain)	3	
ADTHYZA - thyroid tab 97.5 mg	3	

Drug Name	Drug Tier	Requirements/Limits
ADTHYZA - thyroid tab 120 mg (2 grain)	3	
ADTHYZA - thyroid tab 130 mg	3	
ANALPRAM HC - hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	3	
ARMOUR THYROID - thyroid tab 15 mg (1/4 grain)	3	
ARMOUR THYROID - thyroid tab 30 mg (1/2 grain)	3	
ARMOUR THYROID - thyroid tab 60 mg (1 grain)	3	
ARMOUR THYROID - thyroid tab 90 mg (1 1/2 grain)	3	
ARMOUR THYROID - thyroid tab 120 mg (2 grain)	3	
ARMOUR THYROID - thyroid tab 180 mg (3 grain)	3	
ARMOUR THYROID - thyroid tab 240 mg (4 grain)	3	
ARMOUR THYROID - thyroid tab 300 mg (5 grain)	3	
CORTANE-B - hydrocortisone-pramoxine-chloroxylenol lot 10-10-1mg/ml	3	
DENTA 5000 PLUS SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3	
DONNATAL - pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	3	
DONNATAL - pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	3	
EFFER-K - potassium bicarbonate-citric acid effer tab 10 meq	3	
EFFER-K - potassium bicarbonate-citric acid effer tab 20 meq	3	
FLUORIDEX SENSITIVITY RELIEF - sodium fluoride-potassium nitrate gel 1.1-5%	3	
FLUORIMAX 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3	
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone acetate suppos 30 mg	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	1	
HYDROCORTISONE ACETATE/PRAMOXINE - pramoxine-hc cream 1-2.5%	3	
HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE - hydrocortisone acetate w/ pramoxine rectal suppos 25-18 mg	3	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
HYPERSAL - sodium chloride soln nebu 3.5%	3	
HYPERSAL - sodium chloride soln nebu 7%	3	
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%	1	

Drug Name	Drug Tier	Requirements/Limits
LEVSIN - hyoscyamine sulfate tab 0.125 mg	3	
NEBUSAL - sodium chloride soln nebu 6%	3	
NIVA THYROID - thyroid tab 15 mg (1/4 grain)	3	
NIVA THYROID - thyroid tab 30 mg (1/2 grain)	3	
NIVA THYROID - thyroid tab 60 mg (1 grain)	3	
NIVA THYROID - thyroid tab 90 mg (1 1/2 grain)	3	
NIVA THYROID - thyroid tab 120 mg (2 grain)	3	
NP THYROID 120 - thyroid tab 120 mg (2 grain)	3	
NP THYROID 15 - thyroid tab 15 mg (1/4 grain)	3	
NP THYROID 30 - thyroid tab 30 mg (1/2 grain)	3	
NP THYROID 60 - thyroid tab 60 mg (1 grain)	3	
NP THYROID 90 - thyroid tab 90 mg (1 1/2 grain)	3	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	1	
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	
PRAMOSONE - pramoxine-hc oint 1-1%	3	
PRAMOSONE - pramoxine-hc oint 1-2.5%	3	
PREVIDENT FLUORIDE - sodium fluoride gel 1.1% (0.5% f)	3	
PREVIDENT RINSE - sodium fluoride rinse 0.2%	3	
PREVIDENT 5000 BOOSTER PLUS - sodium fluoride paste 1.1%	3	
PREVIDENT 5000 DRY MOUTH - sodium fluoride gel 1.1% (0.5% f)	3	
PREVIDENT 5000 ENAMEL PROTECT - sodium fluoride-potassium nitrate gel 1.1-5%	3	
PREVIDENT 5000 KIDS - sodium fluoride paste 1.1%	3	
PREVIDENT 5000 ORTHO DEFENSE - sodium fluoride paste 1.1%	3	
PREVIDENT 5000 PLUS - sodium fluoride cream 1.1%	3	
PREVIDENT 5000 SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3	
PROCORT - hydrocortisone acet w/ pramoxine perianal cream 1.85-1.15%	3	
PROCTOCORT - hydrocortisone acetate suppos 30 mg	3	
PYRIDIUM - phenazopyridine hcl tab 100 mg	3	
PYRIDIUM - phenazopyridine hcl tab 200 mg	3	
RENTHYROID - thyroid tab 15 mg (1/4 grain)	3	
RENTHYROID - thyroid tab 30 mg (1/2 grain)	3	
RENTHYROID - thyroid tab 60 mg (1 grain)	3	
RENTHYROID - thyroid tab 90 mg (1 1/2 grain)	3	

Drug Name	Drug Tier	Requirements/Limits
RENTHYROID - thyroid tab 120 mg (2 grain)	3	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1	
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride paste 1.1%	1	
sodium fluoride rinse 0.2%	1	
SODIUM FLUORIDE 5000 PPM - sodium fluoride-potassium nitrate gel 1.1-5%	3	
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE - sodium fluoride-potassium nitrate gel 1.1-5%	3	
THYROID - thyroid tab 15 mg (1/4 grain)	3	
THYROID - thyroid tab 30 mg (1/2 grain)	3	
THYROID - thyroid tab 60 mg (1 grain)	3	
THYROID - thyroid tab 90 mg (1 1/2 grain)	3	
THYROID - thyroid tab 120 mg (2 grain)	3	
TRIMO-SAN - oxyquinoline sulfate-sod lauryl sulfate vag gel 0.025-0.01%	3	
VYTONE - iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	3	
OTC Drugs		
acetaminophen cap 500 mg	1	
acetaminophen liquid 160 mg/5ml	1	
acetaminophen liquid 167 mg/5ml	1	
acetaminophen suppos 120 mg	1	
acetaminophen suppos 650 mg	1	
acetaminophen tab er 650 mg	1	
acetaminophen tab 325 mg	1	
acetaminophen tab 500 mg	1	
ALLEGRA ALLERGY - fexofenadine hcl tab 60 mg	3	
ALLEGRA ALLERGY - fexofenadine hcl tab 180 mg	3	
ALLEGRA ALLERGY CHILDRENS - fexofenadine hcl orally disintegrating tab 30 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
ALLEGRA ALLERGY CHILDRENS - fexofenadine hcl susp 30 mg/5ml (6 mg/ml)	3	
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION - fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	3	
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION - fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	3	
aspirin chew tab 81 mg	1	
aspirin tab delayed release 81 mg	1	
aspirin tab delayed release 325 mg	1	
aspirin tab 325 mg	1	
BENZOYL PEROXIDE 8% - benzoyl peroxide gel 8%	3	
calcium carbonate tab 600 mg	1	
calcium carbonate tab 1250 mg (500 mg elemental ca)	1	
calcium carbonate tab 1500 mg (600 mg elemental ca)	1	
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)	1	
CALCIUM CITRATE - calcium citrate tab 250 mg	3	
CALCIUM CITRATE - calcium citrate tab 333 mg (elemental ca)	3	
calcium citrate tab 950 mg (200 mg elemental ca)	1	
calcium 600 mg w/ vitamin d tab	1	
CETACAINE - butamben-tetracaine-benzocaine aerosol spray 2-2-14%	3	
cetirizine hcl cap 10 mg	1	
cetirizine hcl chew tab 5 mg	1	
cetirizine hcl chew tab 10 mg	1	
cetirizine hcl orally disintegrating tab 10 mg	1	
cetirizine hcl syrup 1 mg/ml (5 mg/5ml)	1	
cetirizine hcl tab 5 mg	1	
cetirizine hcl tab 10 mg	1	
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	1	
cholecalciferol cap 25 mcg (1000 unit)	1	
cholecalciferol cap 50 mcg (2000 unit)	1	
cholecalciferol cap 125 mcg (5000 unit)	1	
cholecalciferol cap 1.25 mg (50000 unit)	1	
cholecalciferol tab 25 mcg (1000 unit)	1	
cholecalciferol tab 50 mcg (2000 unit)	1	
cholecalciferol tab 125 mcg (5000 unit)	1	
CLARITIN - loratadine cap 10 mg	3	
CLARITIN - loratadine chew tab 5 mg	3	
CLARITIN - loratadine chew tab 10 mg	3	

Drug Name	Drug Tier	Requirements/Limits
CLARITIN - loratadine oral soln 5 mg/5ml	3	
CLARITIN - loratadine tab 10 mg	3	
CLARITIN ALLERGY CHILDRENS - loratadine oral soln 5 mg/5ml	3	
CLARITIN CHILDRENS - loratadine chew tab 5 mg	3	
CLARITIN REDITABS - loratadine orally disintegrating tab 5 mg	3	
CLARITIN REDITABS - loratadine rapidly-disintegrating tab 10 mg	3	
CLARITIN REDITABS JUNIORS - loratadine rapidly-disintegrating tab 10 mg	3	
CLARITIN-D 12 HOUR - loratadine & pseudoephedrine tab er 12hr 5-120 mg	3	
CLARITIN-D 24 HOUR - loratadine & pseudoephedrine tab er 24hr 10-240 mg	3	
CVS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
CVS GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
CVS SOFT GLUCOSE - glucose chew tab 4 gm (rounded)	3	
CVS TRIPLE MAGNESIUM COMPLEX - magnesium cap 400 mg	3	
DEX4 - glucose-vitamin c chew tab 4-6 gm-mg	3	
DEX4 FAST ACTING GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
DEX4 GLUCOSE - glucose chew tab 4 gm (rounded)	3	
DEX4 NATURALS - glucose-vitamin c chew tab 4-6 gm-mg	3	
DEX4 POUCH PACK - glucose-vitamin c chew tab 4-6 gm-mg	3	
DEX4 QUICK DISSOLVE GLUCOSE - glucose chew tab 4 gm (rounded)	3	
DRUG MART GLUCOSE - glucose chew tab 4 gm (rounded)	3	
ECOTRIN - aspirin tab delayed release 325 mg	3	
ECOTRIN ARTHRITIS PAIN - aspirin tab delayed release 325 mg	3	
ECOTRIN REGULAR STRENGTH - aspirin tab delayed release 325 mg	3	
FERROUS GLUCONATE - ferrous gluconate tab 324 mg (38 mg elemental iron)	3	
FERROUS SULFATE - ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	3	
ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	1	
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	1	
ferrous sulfate tab 325 mg (65 mg elemental fe)	1	
fexofenadine hcl susp 30 mg/5ml (6 mg/ml)	1	
fexofenadine hcl tab 60 mg	1	
fexofenadine hcl tab 180 mg	1	
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	1	
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	1	

Drug Name	Drug Tier	Requirements/Limits
folic acid tab 400 mcg	1	
folic acid tab 800 mcg	1	
GLUCO TO GO - glucose chew tab 4 gm (rounded)	3	
GLUCOSE - glucose chew tab 4 gm	3	
GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
glucose gel 40%	1	
GLUCOSE INSTANT ENERGY - glucose-vitamin c chew tab 4-6 gm-mg	3	
GNP GLUCOSE - glucose chew tab 4 gm (rounded)	3	
GNP GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
GNP OMEPRAZOLE - omeprazole delayed release tab 20 mg	3	
GNP QUICK DISSOLVE GLUCOSE - glucose chew tab 4 gm (rounded)	3	
GOODSENSE GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
HY-VEE GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
INSTA-GLUCOSE - glucose gel 77.4%	3	
KROGER GLUCOSE - glucose chew tab 4 gm (rounded)	3	
KROGER GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
LEADER GLUCOSE - glucose chew tab 4 gm (rounded)	3	
LEADER GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
LEADER QUICK DISSOLVE GLUCOSE - glucose chew tab 4 gm (rounded)	3	
LONGS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
LONGS GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
loratadine & pseudoephedrine tab er 12hr 5-120 mg	1	
loratadine & pseudoephedrine tab er 24hr 10-240 mg	1	
loratadine cap 10 mg	1	
loratadine chew tab 5 mg	1	
loratadine oral soln 5 mg/5ml	1	
loratadine orally disintegrating tab 5 mg	1	
loratadine rapidly-disintegrating tab 10 mg	1	
loratadine tab 10 mg	1	
MAG-200 - magnesium oxide tab 200 mg (elemental mg)	3	
MAGNESIUM - magnesium oxide cap 400 mg (elemental mg) (mg supplement)	3	
MAGNESIUM - magnesium oxide chew tab 200 mg (elemental mg)	3	
MAGNESIUM - magnesium oxide tab 400 mg (elemental mg)	3	
MAGNESIUM - magnesium tab 200 mg	3	
magnesium cap 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM COMPLEX HIGH POTENCY - magnesium cap 250 mg	3	
MAGNESIUM ELEMENTAL - magnesium cap 300 mg	3	
MAGNESIUM ELEMENTAL - magnesium tab 30 mg	3	
MAGNESIUM EXTRA STRENGTH - magnesium oxide cap 400 mg (elemental mg) (mg supplement)	3	
MAGNESIUM OXIDE - magnesium oxide cap 400 mg (elemental mg) (mg supplement)	3	
MAGNESIUM OXIDE - magnesium oxide tab 420 mg (252 mg elemental mg)	3	
magnesium oxide cap 500 mg (elemental mg)	1	
magnesium oxide tab 200 mg (elemental mg)	1	
magnesium oxide tab 400 mg (240 mg elemental mg)	1	
magnesium oxide tab 250 mg (mg supplement)	1	
magnesium oxide tab 500 mg (mg supplement)	1	
magnesium tab 100 mg	1	
magnesium tab 200 mg	1	
magnesium tab 250 mg	1	
magnesium tab 400 mg	1	
MAGOX 400 - magnesium oxide tab 400 mg (240 mg elemental mg)	3	
MEDICINE SHOPPE GLUCOSE - glucose chew tab 4 gm (rounded)	3	
MEIJER GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
MS QUICK DISSOLVE GLUCOSE - glucose chew tab 4 gm (rounded)	3	
OMEPRAZOLE - omeprazole delayed release tab 20 mg	3	
omeprazole delayed release tab 20 mg	1	
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	1	
omeprazole magnesium delayed release tab 20 mg (base equiv)	1	
OPTIMAG NEURO - magnesium cap	3	
OPTIMAG 125 - magnesium cap 125 mg	3	
polysaccharide iron complex cap 150 mg (iron equivalent)	1	
PREFERRED PLUS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
PREFERRED PLUS GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
PRILOSEC OTC - omeprazole magnesium delayed release tab 20 mg (base equiv)	3	
PX GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
RA GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
RELION GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	

Drug Name	Drug Tier	Requirements/Limits
SMART SENSE GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
SMART SENSE GLUCOSE TABLETS - glucose-vitamin c chew tab 4-6 gm-mg	3	
TGT GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
TRUEPLUS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
TYLENOL - acetaminophen tab 325 mg	3	
TYLENOL ARTHRITIS PAIN - acetaminophen tab er 650 mg	3	
TYLENOL EXTRA STRENGTH - acetaminophen tab 500 mg	3	
TYLENOL SORE THROAT DAYTIME - acetaminophen liquid 167 mg/5ml	3	
TYLENOL 8 HOUR - acetaminophen tab er 650 mg	3	
TYLENOL 8 HOUR ARTHRITIS - acetaminophen tab er 650 mg	3	
UP & UP GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
VALUE PLUS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
VALUE PLUS GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
WALGREENS GLUCOSE - glucose chew tab 4 gm (rounded)	3	
WALGREENS GLUCOSE - glucose-vitamin c chew tab 4-6 gm-mg	3	
ZYRTEC - cetirizine hcl chew tab 10 mg	3	
ZYRTEC ALLERGY - cetirizine hcl cap 10 mg	3	
ZYRTEC ALLERGY - cetirizine hcl tab 10 mg	3	
ZYRTEC ALLERGY CHILDRENS - cetirizine hcl orally disintegrating tab 10 mg	3	
ZYRTEC CHILDRENS ALLERGY - cetirizine hcl chew tab 10 mg	3	
ZYRTEC-D ALLERGY/CONGESTION - cetirizine-pseudoephedrine tab er 12hr 5-120 mg	3	
ZYRTEC-D ALLERGY/SINUS - cetirizine-pseudoephedrine tab er 12hr 5-120 mg	3	
Smoking Cessation Over the Counter		
COMMIT - nicotine polacrilex lozenge 2 mg	3	
COMMIT - nicotine polacrilex lozenge 4 mg	3	
NICODERM CQ - nicotine td patch 24hr 7 mg/24hr	3	
NICODERM CQ - nicotine td patch 24hr 14 mg/24hr	3	
NICODERM CQ - nicotine td patch 24hr 21 mg/24hr	3	
NICORETTE - nicotine polacrilex gum 2 mg	3	
NICORETTE - nicotine polacrilex gum 4 mg	3	
NICORETTE - nicotine polacrilex lozenge 2 mg	3	
NICORETTE - nicotine polacrilex lozenge 4 mg	3	
NICORETTE MINI - nicotine polacrilex lozenge 2 mg	3	
NICORETTE MINI - nicotine polacrilex lozenge 4 mg	3	

Drug Name	Drug Tier	Requirements/Limits
NICORETTE STARTER KIT - nicotine polacrilex gum 2 mg	3	
NICORETTE STARTER KIT - nicotine polacrilex gum 4 mg	3	
nicotine polacrilex gum 2 mg	1	
nicotine polacrilex gum 4 mg	1	
nicotine polacrilex lozenge 2 mg	1	
nicotine polacrilex lozenge 4 mg	1	
nicotine td patch 24hr 7 mg/24hr	1	
nicotine td patch 24hr 14 mg/24hr	1	
nicotine td patch 24hr 21 mg/24hr	1	
NICOTINE TRANSDERMAL SYSTEM - nicotine td patch 24 hr kit 21-14-7 mg/24hr	3	

EmblemHealth®

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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **877-344-7364** (TTY: **711**; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **877-344-7364** (TTY: **711**) o hable con su proveedor.

中文 (Simplified Chinese) 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **877-344-7364**（文本电话：**711**）或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **877-344-7364** (TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **877-344-7364** (TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **877-344-7364** (TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **877-344-7364** (tty: **711**) o parla con il tuo fornitore.

(**Yiddish**) **ייִדיש** נאטיץ: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אַידס און באַדינונגס פֿאַר פּראַווייַדינג אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך בנימצא פריי. רופן (TTY: **711**) **877-344-7364** אָדער רעדן מיט דיין טרעגער.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

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বাংলা (Bengali) মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। **877-344-7364** (TTY: **711**) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **877-344-7364** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **877-344-7364** (**711**) أو تحدث إلى مقدم الخدمة.

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **877-344-7364** (TTY: **711**) ou parlez à votre fournisseur.

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: **711**) **877-344-7364** پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **877-344-7364** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **877-344-7364** (TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

SHQIP (Albanian) VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi **877-344-7364** (TTY: **711**) ose bisedoni me ofruesin tuaj të shërbimit.

NOTICE OF NONDISCRIMINATION POLICY

Discrimination is Against the Law

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. EmblemHealth does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters.
    - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
    - Qualified interpreters.
    - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services contact the Civil Rights Coordinator by calling Medicare Connect Concierge at **877-344-7364** (TTY: **711**; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by writing to the EmblemHealth Grievance and Appeals Department, P.O. Box 2807, New York, NY 10116-2807; faxing them at **866-854-2763**; or calling Medicare Connect Concierge at **877-344-7364**. (Dial **711** for TTY services.) You can file a grievance in person, by mail, by fax, or through your secure member portal. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at: **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201**; **800-368-1019** (TTY: **800-537-7697**).

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

This notice is available on EmblemHealth's website at **emblemhealth.com/legal/nondiscrimination**.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL (2700 mls/30 days)
acetaminophen w/ codeine tab 300-15 mg	2	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-30 mg	2	QL (360 tablets/30 days)
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tablets/30 days)
bac - butalbital-acetaminophen-caffeine tab 50-325-40 mg#	2	QL (180 tablets/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg#	2	QL (180 tablets/30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg#	2	QL (180 capsules/30 days)
celecoxib cap 50 mg	1	QL (60 capsules/30 days)
celecoxib cap 100 mg	1	QL (60 capsules/30 days)
celecoxib cap 200 mg	1	QL (60 capsules/30 days)
celecoxib cap 400 mg	2	QL (30 capsules/30 days)
diclofenac potassium tab 50 mg	2	QL (120 tablets/30 days)
diclofenac sodium soln 1.5%	2	PA
diclofenac sodium tab delayed release 25 mg	2	QL (240 tablets/30 days)
diclofenac sodium tab delayed release 50 mg	1	QL (120 tablets/30 days)
diclofenac sodium tab delayed release 75 mg	1	QL (60 tablets/30 days)
diclofenac sodium tab er 24hr 100 mg	1	QL (60 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 2.5-325 mg	2	QL (360 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 5-325 mg	2	QL (360 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 7.5-325 mg	2	QL (240 tablets/30 days)
endocet - oxycodone w/ acetaminophen tab 10-325 mg	2	QL (180 tablets/30 days)
etodolac cap 200 mg	2	QL (150 capsules/30 days)
etodolac cap 300 mg	2	QL (90 capsules/30 days)
etodolac tab er 24hr 400 mg	3	QL (60 tablets/30 days)
etodolac tab er 24hr 500 mg	3	QL (60 tablets/30 days)
etodolac tab er 24hr 600 mg	3	QL (30 tablets/30 days)
etodolac tab 400 mg	2	QL (60 tablets/30 days)
etodolac tab 500 mg	2	QL (60 tablets/30 days)
fentanyl td patch 72hr 12 mcg/hr	3	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 25 mcg/hr	3	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 37.5 mcg/hr	3	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 50 mcg/hr	3	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 62.5 mcg/hr	3	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 75 mcg/hr	3	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 87.5 mcg/hr	3	PA, QL (15 patches/30 days)
fentanyl td patch 72hr 100 mcg/hr	3	PA, QL (15 patches/30 days)
flurbiprofen tab 100 mg	1	QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	3	QL (2700 mls/30 days)
hydrocodone-acetaminophen tab 10-325 mg	2	QL (180 tablets/30 days)
hydrocodone-acetaminophen tab 5-325 mg	2	QL (240 tablets/30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL (180 tablets/30 days)
hydromorphone hcl liqd 1 mg/ml	3	QL (1440 mls/30 days)
hydromorphone hcl preservative free (pf) inj 10 mg/ml	3	BD
hydromorphone hcl tab 2 mg	2	QL (180 tablets/30 days)
hydromorphone hcl tab 4 mg	2	QL (180 tablets/30 days)
hydromorphone hcl tab 8 mg	2	QL (180 tablets/30 days)
ibu - ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibu - ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibu - ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
ibuprofen susp 100 mg/5ml	1	
ibuprofen tab 400 mg	1	QL (240 tablets/30 days)
ibuprofen tab 600 mg	1	QL (150 tablets/30 days)
ibuprofen tab 800 mg	1	QL (120 tablets/30 days)
indomethacin cap 25 mg#	1	QL (240 capsules/30 days)
indomethacin cap 50 mg#	1	QL (120 capsules/30 days)
meloxicam tab 7.5 mg	1	QL (60 tablets/30 days)
meloxicam tab 15 mg	1	QL (30 tablets/30 days)
methadone hcl tab 5 mg	2	QL (180 tablets/30 days)
methadone hcl tab 10 mg	2	QL (360 tablets/30 days)
morphine sulfate tab er 15 mg	2	PA, QL (90 tablets/30 days)
morphine sulfate tab er 30 mg	2	PA, QL (90 tablets/30 days)
morphine sulfate tab er 60 mg	2	PA, QL (90 tablets/30 days)
morphine sulfate tab er 100 mg	3	PA, QL (90 tablets/30 days)
morphine sulfate tab er 200 mg	3	PA, QL (90 tablets/30 days)
morphine sulfate tab 15 mg	3	QL (360 tablets/30 days)
morphine sulfate tab 30 mg	3	QL (180 tablets/30 days)
nabumetone tab 500 mg	1	QL (120 tablets/30 days)
nabumetone tab 750 mg	1	QL (60 tablets/30 days)
naproxen sodium tab 275 mg	2	QL (150 tablets/30 days)
naproxen sodium tab 550 mg	2	QL (90 tablets/30 days)
naproxen tab ec 375 mg	1	QL (120 tablets/30 days)
naproxen tab ec 500 mg	1	QL (90 tablets/30 days)
naproxen tab 250 mg	1	QL (180 tablets/30 days)
naproxen tab 375 mg	1	QL (120 tablets/30 days)
naproxen tab 500 mg	1	QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl tab 5 mg	2	QL (360 tablets/30 days)
oxycodone hcl tab 10 mg	2	QL (180 tablets/30 days)
oxycodone hcl tab 15 mg	2	QL (180 tablets/30 days)
oxycodone hcl tab 20 mg	2	QL (180 tablets/30 days)
oxycodone hcl tab 30 mg	2	QL (180 tablets/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	2	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 5-325 mg	2	QL (360 tablets/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	2	QL (240 tablets/30 days)
oxycodone w/ acetaminophen tab 10-325 mg	2	QL (180 tablets/30 days)
piroxicam cap 10 mg	2	QL (60 capsules/30 days)
piroxicam cap 20 mg	2	QL (30 capsules/30 days)
sulindac tab 150 mg	1	QL (60 tablets/30 days)
sulindac tab 200 mg	1	QL (60 tablets/30 days)
tramadol hcl tab er 24hr 100 mg	2	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 200 mg	2	PA, QL (30 tablets/30 days)
tramadol hcl tab er 24hr 300 mg	2	PA, QL (30 tablets/30 days)
tramadol hcl tab 50 mg	1	QL (240 tablets/30 days)
tramadol-acetaminophen tab 37.5-325 mg	2	QL (240 tablets/30 days)
Anesthetics		
lidocaine hcl viscous soln 2%	1	
lidocaine patch 5%	3	PA, QL (90 patches/30 days)
lidocaine-prilocaine cream 2.5-2.5%	3	PA, QL (60 grams/30 days)
lidocan - lidocaine patch 5%	3	PA, QL (90 patches/30 days)
tridacaine ii - lidocaine patch 5%	3	PA, QL (90 patches/30 days)
tridacaine iii - lidocaine patch 5%	3	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate calcium tab delayed release 333 mg	3	
buprenorphine hcl sl tab 2 mg (base equiv)	2	QL (480 tablets/30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	2	QL (120 tablets/30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	3	QL (480 films/30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	3	QL (240 films/30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	3	QL (120 films/30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	3	QL (90 films/30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (480 tablets/30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (120 tablets/30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	2	
disulfiram tab 250 mg	2	
disulfiram tab 500 mg	3	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	2	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	2	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	3	
OPVEE - nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	3	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	3	
varenicline tartrate tab 0.5 mg (base equiv)	3	
varenicline tartrate tab 1 mg (base equiv)	3	
Antibacterials		
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	3	
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	3	
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	3	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	3	
ampicillin cap 500 mg	1	
ampicillin sodium for inj 1 gm	3	
ampicillin sodium for iv soln 1 gm	3	
ARIKAYCE - amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	3	PA, QL (28 vials/28 days)
avidoxy - doxycycline monohydrate tab 100 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
azithromycin for susp 100 mg/5ml	2	
azithromycin for susp 200 mg/5ml	2	
azithromycin iv for soln 500 mg	3	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
aztreonam for inj 1 gm	3	
aztreonam for inj 2 gm	3	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml	3	
BICILLIN L-A - penicillin g benzathine im susp pref syr 2400000 unit/4ml	3	
BICILLIN L-A - penicillin g benzathine im susp pref syr 1200000 unit/2ml	3	
cefaclor cap 250 mg	2	
cefaclor cap 500 mg	2	
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefazolin sodium for inj 500 mg	3	
cefazolin sodium for inj 1 gm	3	
cefazolin sodium for iv soln 1 gm	3	
cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)	3	
cefazolin sodium-dextrose iv solution 1 gm/50ml-4%	3	
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	2	
cefdinir for susp 250 mg/5ml	2	
cefepime hcl for inj 1 gm	3	
cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)	3	
cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)	3	
cefepime hcl for iv soln 2 gm	3	
cefepime hcl iv soln 1 gm/50ml	3	
cefepime hcl iv soln 2 gm/100ml	3	
cefixime cap 400 mg	3	
cefoxitin sodium for iv soln 1 gm	3	
cefoxitin sodium for iv soln 2 gm	3	
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)	3	
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)	3	
cefpodoxime proxetil for susp 100 mg/5ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
cefpodoxime proxetil for susp 50 mg/5ml	3	
cefpodoxime proxetil tab 100 mg	3	
cefpodoxime proxetil tab 200 mg	3	
cefprozil tab 250 mg	2	
cefprozil tab 500 mg	2	
ceftazidime for inj 6 gm	3	
ceftazidime for inj 1 gm	3	
ceftazidime for iv soln 2 gm	3	
ceftriaxone sodium (bulk) for inj 100 gm	3	
ceftriaxone sodium for inj 250 mg	3	
ceftriaxone sodium for inj 500 mg	3	
ceftriaxone sodium for inj 1 gm	3	
ceftriaxone sodium for inj 2 gm	3	
ceftriaxone sodium for inj 10 gm	3	
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml	3	
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml	3	
ceftriaxone sodium for iv soln 1 gm	3	
ceftriaxone sodium for iv soln 2 gm	3	
ceftriaxone sodium in dextrose inj 20 mg/ml	3	
ceftriaxone sodium in dextrose inj 40 mg/ml	3	
cefuroxime axetil tab 250 mg	2	
cefuroxime axetil tab 500 mg	2	
cefuroxime sodium for inj 750 mg	3	
cefuroxime sodium for iv soln 1.5 gm	3	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
ciprofloxacin 200 mg/100ml in d5w	3	
ciprofloxacin 400 mg/200ml in d5w	3	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	3	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	3	
clarithromycin tab 250 mg	2	
clarithromycin tab 500 mg	2	
clindamycin hcl cap 75 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	3	
clindamycin phosphate gel 1% (once-daily)	2	
clindamycin phosphate gel 1% (twice-daily)	2	
clindamycin phosphate in d5w iv soln 300 mg/50ml	3	
clindamycin phosphate in d5w iv soln 600 mg/50ml	3	
clindamycin phosphate in d5w iv soln 900 mg/50ml	3	
clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml	3	
clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml	3	
clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml	3	
clindamycin phosphate inj 300 mg/2ml	3	
clindamycin phosphate inj 600 mg/4ml	3	
clindamycin phosphate inj 900 mg/6ml	3	
clindamycin phosphate soln 1%	2	
clindamycin phosphate vaginal cream 2%	2	
colistimethate sod for inj 150 mg (colistin base activity)	3	
daptomycin for iv soln 500 mg	3	
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	2	
DIFICID - fidaxomicin for susp 40 mg/ml	3	QL (1 bottle/10 days)
DIFICID - fidaxomicin tab 200 mg	3	QL (20 tablets/10 days)
doxycycline hyclate cap 50 mg	2	
doxycycline hyclate cap 100 mg	2	
doxycycline hyclate for inj 100 mg	3	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	2	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 75 mg	2	
doxycycline monohydrate tab 100 mg	2	
doxy 100 - doxycycline hyclate for inj 100 mg	3	
ertapenem sodium for inj 1 gm (base equivalent)	3	
erythrocin lactobionate - erythromycin lactobionate for inj500 mg	3	
erythromycin lactobionate for inj 500 mg	3	
erythromycin soln 2%	1	
erythromycin tab delayed release 250 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
erythromycin tab delayed release 333 mg	3	
erythromycin tab delayed release 500 mg	3	
erythromycin tab 250 mg	3	
erythromycin tab 500 mg	3	
erythromycin w/ delayed release particles cap 250 mg	3	
fidaxomicin tab 200 mg	3	QL (20 tablets/10 days)
fosfomycin tromethamine powd pack 3 gm (base equivalent)	2	
gentamicin sulfate inj 40 mg/ml	3	
HUMATIN - paromomycin sulfate cap 250 mg	3	
imipenem-cilastatin intravenous for soln 500 mg	3	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	2	
IMPAVIDO - miltefosine cap 50 mg	3	
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	
levofloxacin in d5w iv soln 750 mg/150ml	3	
levofloxacin oral soln 25 mg/ml	3	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
linezolid for susp 100 mg/5ml	3	PA
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	3	
linezolid iv soln 600 mg/300ml (2 mg/ml)	3	
linezolid tab 600 mg	3	PA
meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml	3	
meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml	2	
meropenem iv for soln 500 mg	2	
meropenem iv for soln 1 gm	3	
methenamine hippurate tab 1 gm	2	
metronidazole iv soln 500 mg/100ml	3	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
metronidazole vaginal gel 0.75%	2	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	3	
minocycline hcl tab 75 mg	3	
mondoxyne nl - doxycycline monohydrate cap 100 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
moxifloxacin hcl iv solution 400 mg/250ml (base equiv)	3	
moxifloxacin hcl tab 400 mg (base equiv)	2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	3	
nafcillin sodium for inj 1 gm	3	
nafcillin sodium for inj 2 gm	3	
nafcillin sodium for iv soln 10 gm	3	
nafcillin sodium in dextrose inj 2 gm/100ml	3	
neomycin sulfate tab 500 mg	1	
nitrofurantoin macrocrystalline cap 50 mg#	2	
nitrofurantoin macrocrystalline cap 100 mg#	2	
nitrofurantoin monohydrate macrocrystalline cap 100 mg#	2	
penicillin g potassium for inj 5000000 unit	3	
penicillin g potassium for inj 20000000 unit	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	3	
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
pfizerpen - penicillin g potassium for inj 5000000 unit	3	
pfizerpen - penicillin g potassium for inj 20000000 unit	3	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	3	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	3	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	3	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	3	
SIVEXTRO - tedizolid phosphate tab 200 mg	3	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	3	
sulfadiazine tab 500 mg	3	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
taxicef - ceftazidime for inj 1 gm	3	
taxicef - ceftazidime for iv soln 1 gm	3	
taxicef - ceftazidime for iv soln 6 gm	3	
taxicef - ceftazidime for iv soln 2 gm	3	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	3	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
tetracycline hcl cap 250 mg	3	
tetracycline hcl cap 500 mg	3	
tigecycline for iv soln 50 mg	3	
tinidazole tab 250 mg	2	
tinidazole tab 500 mg	2	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml (base equivalent)	3	
tobramycin sulfate for inj 1.2 gm	3	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	3	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	3	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	3	
trimethoprim tab 100 mg	1	
vancomycin hcl cap 125 mg (base equivalent)	3	QL (120 capsules/30 days)
vancomycin hcl cap 250 mg (base equivalent)	3	QL (240 capsules/30 days)
vancomycin hcl for iv soln 100 gm (base equivalent)	3	
vancomycin hcl for iv soln 500 mg (base equivalent)	3	
vancomycin hcl for iv soln 750 mg (base equivalent)	3	
vancomycin hcl for iv soln 1 gm (base equivalent)	3	
vancomycin hcl for iv soln 5 gm (base equivalent)	3	
vancomycin hcl for iv soln 10 gm (base equivalent)	3	
Anticonvulsants		
BRIVIACT - brivaracetam oral soln 10 mg/ml	3	QL (2 bottles/30 days)
BRIVIACT - brivaracetam tab 10 mg	3	QL (60 tablets/30 days)
BRIVIACT - brivaracetam tab 25 mg	3	QL (60 tablets/30 days)
BRIVIACT - brivaracetam tab 50 mg	3	QL (60 tablets/30 days)
BRIVIACT - brivaracetam tab 75 mg	3	QL (60 tablets/30 days)
BRIVIACT - brivaracetam tab 100 mg	3	QL (60 tablets/30 days)
carbamazepine cap er 12hr 100 mg	3	
carbamazepine cap er 12hr 200 mg	3	
carbamazepine cap er 12hr 300 mg	3	
carbamazepine chew tab 100 mg	2	
carbamazepine susp 100 mg/5ml	3	
carbamazepine tab er 12hr 100 mg	3	
carbamazepine tab er 12hr 200 mg	3	
carbamazepine tab er 12hr 400 mg	3	
carbamazepine tab 200 mg	2	
clobazam suspension 2.5 mg/ml	3	PA (>=65 yr), QL (480 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
clobazam tab 10 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
clobazam tab 20 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg*	3	
DIACOMIT - stiripentol cap 500 mg*	3	
DIACOMIT - stiripentol packet 250 mg*	3	
DIACOMIT - stiripentol packet 500 mg*	3	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	3	QL (5 twin pack(s)/30 days)
diazepam rectal gel delivery system 10 mg	3	QL (5 twin pack(s)/30 days)
diazepam rectal gel delivery system 20 mg	3	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	3	
divalproex sodium cap delayed release sprinkle 125 mg	2	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	2	
divalproex sodium tab er 24 hr 500 mg	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	3	PA
eslicarbazepine acetate tab 200 mg	3	QL (30 tablets/30 days)
eslicarbazepine acetate tab 400 mg	3	QL (30 tablets/30 days)
eslicarbazepine acetate tab 600 mg	3	QL (60 tablets/30 days)
eslicarbazepine acetate tab 800 mg	3	QL (60 tablets/30 days)
ethosuximide cap 250 mg	2	
ethosuximide soln 250 mg/5ml	3	
felbamate susp 600 mg/5ml	3	
felbamate tab 400 mg	3	
felbamate tab 600 mg	3	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	3	PA, QL (360 mls/30 days)
FYCOMPA - perampanel susp 0.5 mg/ml	3	QL (2 bottles/28 days)
gabapentin cap 100 mg	1	QL (1080 capsules/30 days)
gabapentin cap 300 mg	1	QL (360 capsules/30 days)
gabapentin cap 400 mg	1	QL (270 capsules/30 days)
gabapentin oral soln 250 mg/5ml	2	QL (2160 mls/30 days)
gabapentin tab 600 mg	1	QL (180 tablets/30 days)
gabapentin tab 800 mg	1	QL (135 tablets/30 days)
lacosamide oral solution 10 mg/ml	3	
lacosamide tab 50 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
lacosamide tab 100 mg	3	
lacosamide tab 150 mg	3	
lacosamide tab 200 mg	3	
lamotrigine tab chewable dispersible 5 mg	2	
lamotrigine tab chewable dispersible 25 mg	2	
lamotrigine tab 25 mg	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
levetiracetam oral soln 100 mg/ml	2	
levetiracetam tab er 24hr 500 mg	2	
levetiracetam tab er 24hr 750 mg	2	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
methsuximide cap 300 mg	3	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	3	QL (10 bottles/30 days)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	3	
oxcarbazepine tab 150 mg	2	
oxcarbazepine tab 300 mg	2	
oxcarbazepine tab 600 mg	2	
perampanel tab 2 mg	3	QL (30 tablets/30 days)
perampanel tab 4 mg	3	QL (30 tablets/30 days)
perampanel tab 6 mg	3	QL (30 tablets/30 days)
perampanel tab 8 mg	3	QL (30 tablets/30 days)
perampanel tab 10 mg	3	QL (30 tablets/30 days)
perampanel tab 12 mg	3	QL (30 tablets/30 days)
phenobarbital elixir 20 mg/5ml#	3	
phenobarbital tab 15 mg#	2	
phenobarbital tab 16.2 mg#	2	
phenobarbital tab 30 mg#	2	
phenobarbital tab 32.4 mg#	2	
phenobarbital tab 60 mg#	2	
phenobarbital tab 64.8 mg#	2	
phenobarbital tab 97.2 mg#	2	
phenobarbital tab 100 mg#	2	
phenytek - phenytoin sodium extended cap 200 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
phenytek - phenytoin sodium extended cap 300 mg	2	
phenytoin chew tab 50 mg	2	
phenytoin infatabs - phenytoin chew tab 50 mg	2	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	2	
phenytoin sodium extended cap 300 mg	2	
phenytoin susp 125 mg/5ml	2	
pregabalin cap 25 mg	2	QL (90 capsules/30 days)
pregabalin cap 50 mg	2	QL (90 capsules/30 days)
pregabalin cap 75 mg	2	QL (90 capsules/30 days)
pregabalin cap 100 mg	2	QL (90 capsules/30 days)
pregabalin cap 150 mg	2	QL (90 capsules/30 days)
pregabalin cap 200 mg	2	QL (90 capsules/30 days)
pregabalin cap 225 mg	2	QL (60 capsules/30 days)
pregabalin cap 300 mg	2	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml	2	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	3	
primidone tab 50 mg	1	
primidone tab 250 mg	1	
roweepra - levetiracetam tab 500 mg	1	
rufinamide susp 40 mg/ml	3	
rufinamide tab 200 mg	3	
rufinamide tab 400 mg	3	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	3	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	3	
subvenite - lamotrigine tab 25 mg	1	
subvenite - lamotrigine tab 100 mg	1	
subvenite - lamotrigine tab 150 mg	1	
subvenite - lamotrigine tab 200 mg	1	
SYMPAZAN - clobazam oral film 5 mg	3	PA (>=65 yr), QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	3	PA (>=65 yr), QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	3	PA (>=65 yr), QL (60 films/30 days)
tiagabine hcl tab 2 mg	3	
tiagabine hcl tab 4 mg	3	
tiagabine hcl tab 12 mg	3	
tiagabine hcl tab 16 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
topiramate oral soln 25 mg/ml	3	
topiramate sprinkle cap 15 mg	2	
topiramate sprinkle cap 25 mg	2	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	3	QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	3	QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	3	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	3	QL (5 twin pack(s)/30 days)
*vigabatrin powd pack 500 mg**	3	QL (180 packets/30 days)
*vigabatrin tab 500 mg**	3	QL (180 tablets/30 days)
*vigadrone - vigabatrin powd pack 500 mg**	3	QL (180 packets/30 days)
*vigadrone - vigabatrin tab 500 mg**	3	QL (180 tablets/30 days)
VIGAFYDE - vigabatrin oral soln 100 mg/ml	3	QL (5 bottles/30 days)
*vigpoder - vigabatrin powd pack 500 mg**	3	QL (180 packets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	3	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	3	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	3	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	3	
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	3	
XCOPRI - cenobamate tab 25 mg	3	
XCOPRI - cenobamate tab 50 mg	3	
XCOPRI - cenobamate tab 100 mg	3	
XCOPRI - cenobamate tab 150 mg	3	
XCOPRI - cenobamate tab 200 mg	3	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	3	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
ZTALMY - ganaxolone susp 50 mg/ml*	3	PA, QL (10 bottles/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents		
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	3	
galantamine hydrobromide cap er 24hr 8 mg	3	
galantamine hydrobromide cap er 24hr 16 mg	3	
galantamine hydrobromide cap er 24hr 24 mg	3	
galantamine hydrobromide tab 4 mg	3	
galantamine hydrobromide tab 8 mg	3	
galantamine hydrobromide tab 12 mg	3	
memantine hcl oral solution 2 mg/ml	3	PA (<=29 yr)
memantine hcl tab 5 mg	1	PA (<=29 yr)
memantine hcl tab 10 mg	1	PA (<=29 yr)
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	3	PA (<=29 yr)
rivastigmine tartrate cap 1.5 mg (base equivalent)	3	
rivastigmine tartrate cap 3 mg (base equivalent)	3	
rivastigmine tartrate cap 4.5 mg (base equivalent)	3	
rivastigmine tartrate cap 6 mg (base equivalent)	3	
rivastigmine td patch 24hr 4.6 mg/24hr	3	
rivastigmine td patch 24hr 9.5 mg/24hr	3	
rivastigmine td patch 24hr 13.3 mg/24hr	3	
Antidepressants		
amitriptyline hcl tab 10 mg#	1	
amitriptyline hcl tab 25 mg#	1	
amitriptyline hcl tab 50 mg#	1	
amitriptyline hcl tab 75 mg#	1	
amitriptyline hcl tab 100 mg#	1	
amitriptyline hcl tab 150 mg#	1	
amoxapine tab 25 mg#	3	
amoxapine tab 50 mg#	3	
amoxapine tab 100 mg#	3	
amoxapine tab 150 mg#	3	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	3	QL (60 tablets/30 days)
bupropion hcl tab er 12hr 100 mg	1	QL (90 tablets/30 days)
bupropion hcl tab er 12hr 150 mg	1	QL (60 tablets/30 days)
bupropion hcl tab er 12hr 200 mg	1	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tab er 24hr 150 mg	2	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg	2	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	2	QL (60 tablets/30 days)
bupropion hcl tab 100 mg	2	QL (120 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	2	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg (base equiv)	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 20 mg (base equiv)	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg (base equiv)	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg#	3	
clomipramine hcl cap 50 mg#	3	
clomipramine hcl cap 75 mg#	3	
desipramine hcl tab 10 mg#	3	
desipramine hcl tab 25 mg#	3	
desipramine hcl tab 50 mg#	3	
desipramine hcl tab 75 mg#	3	
desipramine hcl tab 100 mg#	3	
desipramine hcl tab 150 mg#	3	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	3	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	3	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	3	QL (30 tablets/30 days)
doxepin hcl cap 10 mg#	3	
doxepin hcl cap 25 mg#	3	
doxepin hcl cap 50 mg#	3	
doxepin hcl cap 75 mg#	3	
doxepin hcl cap 100 mg#	3	
doxepin hcl cap 150 mg#	3	
doxepin hcl conc 10 mg/ml#	3	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg (base eq)	3	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg (base eq)	3	QL (90 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 40 mg (base eq)	3	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 60 mg (base eq)	3	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	QL (90 capsules/30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	3	PA, QL (30 patches/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EMSAM - selegiline td patch 24hr 9 mg/24hr	3	PA, QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 12 mg/24hr	3	PA, QL (30 patches/30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv)	3	QL (600 mls/30 days)
escitalopram oxalate tab 5 mg (base equiv)	1	QL (45 tablets/30 days)
escitalopram oxalate tab 10 mg (base equiv)	1	QL (45 tablets/30 days)
escitalopram oxalate tab 20 mg (base equiv)	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	3	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	3	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	3	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	3	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3	QL (28 capsules/28 days)
fluoxetine hcl cap 10 mg	1	QL (90 capsules/30 days)
fluoxetine hcl cap 20 mg	1	QL (120 capsules/30 days)
fluoxetine hcl cap 40 mg	1	QL (60 capsules/30 days)
fluoxetine hcl solution 20 mg/5ml	2	QL (600 mls/30 days)
fluvoxamine maleate tab 25 mg	2	QL (30 tablets/30 days)
fluvoxamine maleate tab 50 mg	2	QL (30 tablets/30 days)
fluvoxamine maleate tab 100 mg	2	QL (90 tablets/30 days)
imipramine hcl tab 10 mg#	3	
imipramine hcl tab 25 mg#	3	
imipramine hcl tab 50 mg#	3	
MARPLAN - isocarboxazid tab 10 mg	3	
mirtazapine orally disintegrating tab 15 mg	3	QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 30 mg	3	QL (30 tablets/30 days)
mirtazapine orally disintegrating tab 45 mg	3	QL (30 tablets/30 days)
mirtazapine tab 7.5 mg	1	QL (30 tablets/30 days)
mirtazapine tab 15 mg	1	QL (45 tablets/30 days)
mirtazapine tab 30 mg	1	QL (30 tablets/30 days)
mirtazapine tab 45 mg	1	QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 150 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg	3	
nortriptyline hcl cap 10 mg#	1	

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

Drug Name	Drug Tier	Requirements/Limits
nortriptyline hcl cap 25 mg#	1	
nortriptyline hcl cap 50 mg#	1	
nortriptyline hcl cap 75 mg#	1	
nortriptyline hcl soln 10 mg/5ml#	3	
paroxetine hcl oral susp 10 mg/5ml (base equiv)#	3	QL (900 mls/30 days)
paroxetine hcl tab 10 mg#	1	QL (45 tablets/30 days)
paroxetine hcl tab 20 mg#	1	QL (30 tablets/30 days)
paroxetine hcl tab 30 mg#	1	QL (60 tablets/30 days)
paroxetine hcl tab 40 mg#	1	QL (45 tablets/30 days)
phenelzine sulfate tab 15 mg	2	
protriptyline hcl tab 5 mg#	3	
protriptyline hcl tab 10 mg#	3	
RALDESY - trazodone hcl oral soln 50 mg/5ml	3	QL (1200 mls/30 days)
sertraline hcl oral concentrate for solution 20 mg/ml	3	QL (300 mls/30 days)
sertraline hcl tab 25 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 50 mg	1	QL (45 tablets/30 days)
sertraline hcl tab 100 mg	1	QL (60 tablets/30 days)
tranylcypromine sulfate tab 10 mg	3	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	2	
trimipramine maleate cap 25 mg#	3	
trimipramine maleate cap 50 mg#	3	
trimipramine maleate cap 100 mg#	3	
TRINTELLIX - vortioxetine hbr tab 5 mg (base equiv)	3	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg (base equiv)	3	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg (base equiv)	3	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	3	QL (60 tablets/30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	QL (60 capsules/30 days)
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	QL (90 capsules/30 days)
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	QL (30 capsules/30 days)
venlafaxine hcl tab 25 mg (base equivalent)	1	QL (90 tablets/30 days)
venlafaxine hcl tab 37.5 mg (base equivalent)	1	QL (90 tablets/30 days)
venlafaxine hcl tab 50 mg (base equivalent)	1	QL (90 tablets/30 days)
venlafaxine hcl tab 75 mg (base equivalent)	1	QL (90 tablets/30 days)
venlafaxine hcl tab 100 mg (base equivalent)	1	QL (90 tablets/30 days)
vilazodone hcl tab 10 mg	3	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
vilazodone hcl tab 20 mg	3	QL (30 tablets/30 days)
vilazodone hcl tab 40 mg	3	QL (30 tablets/30 days)
ZURZUVAE - zuranolone cap 20 mg	3	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 25 mg	3	QL (28 capsules/365 days)
ZURZUVAE - zuranolone cap 30 mg	3	QL (14 capsules/365 days)
Antiemetics		
aprepitant capsule therapy pack 80 & 125 mg	3	BD
aprepitant capsule 40 mg	3	BD
aprepitant capsule 80 mg	3	BD
aprepitant capsule 125 mg	3	BD
chlorpromazine hcl conc 100 mg/ml	3	PA (>=65 yr)
chlorpromazine hcl conc 30 mg/ml	3	PA (>=65 yr)
chlorpromazine hcl tab 10 mg	3	PA (>=65 yr)
chlorpromazine hcl tab 25 mg	3	PA (>=65 yr)
chlorpromazine hcl tab 50 mg	3	PA (>=65 yr)
chlorpromazine hcl tab 100 mg	3	PA (>=65 yr)
chlorpromazine hcl tab 200 mg	3	PA (>=65 yr)
compro - prochlorperazine suppos 25 mg	3	
dronabinol cap 2.5 mg	3	BD
dronabinol cap 5 mg	3	BD
dronabinol cap 10 mg	3	BD
meclizine hcl tab 12.5 mg#	1	
meclizine hcl tab 25 mg#	1	
ondansetron hcl tab 4 mg	1	
ondansetron hcl tab 8 mg	1	
ondansetron orally disintegrating tab 4 mg	2	
ondansetron orally disintegrating tab 8 mg	2	
perphenazine tab 2 mg	3	PA (>=65 yr)
perphenazine tab 4 mg	3	PA (>=65 yr)
perphenazine tab 8 mg	3	PA (>=65 yr)
perphenazine tab 16 mg	3	PA (>=65 yr)
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	3	
promethazine hcl tab 12.5 mg#	2	PA (>=65 yr)
promethazine hcl tab 25 mg#	2	PA (>=65 yr)
promethazine hcl tab 50 mg#	2	PA (>=65 yr)
scopolamine td patch 72hr 1 mg/3days#	3	PA (>=65 yr)

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

Drug Name	Drug Tier	Requirements/Limits
Antifungals		
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	3	BD
amphotericin b liposome iv for susp 50 mg	3	BD
caspofungin acetate for iv soln 50 mg	3	
caspofungin acetate for iv soln 70 mg	3	
ciclodan - ciclopirox solution 8%	1	QL (6.6 mls/30 days)
ciclopirox gel 0.77%	2	
ciclopirox olamine cream 0.77% (base equiv)	2	
ciclopirox olamine susp 0.77% (base equiv)	2	
ciclopirox solution 8%	1	QL (6.6 mls/30 days)
clotrimazole cream 1%	2	
clotrimazole troche 10 mg	2	
CRESEMBA - isavuconazonium sulfate cap 74.5 mg	3	PA
CRESEMBA - isavuconazonium sulfate cap 186 mg	3	PA
econazole nitrate cream 1%	3	
fluconazole for susp 10 mg/ml	2	
fluconazole for susp 40 mg/ml	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	3	
fluconazole in nacl 0.9% inj 400 mg/200ml	3	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
flucytosine cap 250 mg	3	PA
flucytosine cap 500 mg	3	PA
griseofulvin microsize susp 125 mg/5ml	3	
griseofulvin microsize tab 500 mg	3	
griseofulvin ultramicrosize tab 125 mg	3	
griseofulvin ultramicrosize tab 250 mg	3	
itraconazole cap 100 mg	3	QL (120 capsules/30 days)
ketoconazole cream 2%	1	
ketoconazole shampoo 2%	1	
ketoconazole tab 200 mg	1	
klayesta - nystatin topical powder 100000 unit/gm	3	
micafungin sodium for iv soln 50 mg	3	
micafungin sodium for iv soln 100 mg	3	
nyamyc - nystatin topical powder 100000 unit/gm	3	
nystatin cream 100000 unit/gm	1	

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

Drug Name	Drug Tier	Requirements/Limits
nystatin oint 100000 unit/gm	1	
nystatin susp 100000 unit/ml	1	
nystatin tab 500000 unit	2	
nystatin topical powder 100000 unit/gm	3	
nystop - nystatin topical powder 100000 unit/gm	3	
posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	3	PA
posaconazole susp 40 mg/ml	3	PA
posaconazole tab delayed release 100 mg	3	PA
terbinafine hcl tab 250 mg	1	QL (30 tablets/30 days)
terconazole vaginal cream 0.4%	2	
terconazole vaginal cream 0.8%	2	
terconazole vaginal suppos 80 mg	2	
voriconazole for inj 200 mg	3	PA
voriconazole for susp 40 mg/ml	3	PA
voriconazole tab 50 mg	3	PA
voriconazole tab 200 mg	3	PA
Antigout Agents		
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	2	
colchicine w/ probenecid tab 0.5-500 mg	2	
probenecid tab 500 mg	2	
Antimigraine Agents		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	2	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	2	PA, QL (1 pen/30 days)
dihydroergotamine mesylate nasal spray 4 mg/ml	3	PA, QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2	PA, QL (2 syringes/30 days)
ergotamine w/ caffeine tab 1-100 mg	2	
naratriptan hcl tab 1 mg (base equiv)	2	QL (18 tablets/30 days)
naratriptan hcl tab 2.5 mg (base equiv)	2	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	2	PA, QL (16 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	3	QL (18 tablets/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	3	QL (18 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
rizatriptan benzoate tab 5 mg (base equivalent)	2	QL (18 tablets/30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	2	QL (18 tablets/30 days)
sumatriptan nasal spray 5 mg/act	3	QL (12 units (2 packages)/30 days)
sumatriptan nasal spray 20 mg/act	3	QL (12 units (2 packages)/30 days)
sumatriptan succinate inj 6 mg/0.5ml	3	QL (10 doses/30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	3	QL (12 doses/30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	3	QL (12 doses/30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	3	QL (12 doses/30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	3	QL (12 doses/30 days)
sumatriptan succinate tab 25 mg	1	QL (18 tablets/30 days)
sumatriptan succinate tab 50 mg	1	QL (18 tablets/30 days)
sumatriptan succinate tab 100 mg	1	QL (18 tablets/30 days)
Antimyasthenic Agents		
pyridostigmine bromide tab 60 mg	2	
Antimycobacterials		
dapsone tab 25 mg	2	
dapsone tab 100 mg	2	
ethambutol hcl tab 100 mg	2	
ethambutol hcl tab 400 mg	2	
isoniazid syrup 50 mg/5ml	3	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PRETOMANID - pretomanid tab 200 mg	3	
PRIFTIN - rifapentine tab 150 mg	3	
pyrazinamide tab 500 mg	3	
rifabutin cap 150 mg	3	
rifampin cap 150 mg	2	
rifampin cap 300 mg	2	
rifampin for inj 600 mg	3	
SIRTURO - bedaquiline fumarate tab 20 mg (base equiv)*	3	
SIRTURO - bedaquiline fumarate tab 100 mg (base equiv)*	3	
Antineoplastics		
abiraterone acetate tab 250 mg	3	PA, QL (120 tablets/30 days)
abirtega - abiraterone acetate tab 250 mg	3	PA, QL (120 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 50-500 mg†	3	PA, QL (60 tablets/30 days)
AKEEGA - niraparib tosylate-abiraterone acetate tab 100-500 mg†	3	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg (base equivalent)*	3	PA, QL (240 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	3	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	3	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg*	3	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 180 mg*	3	PA, QL (30 tablets/30 days)
anastrozole tab 1 mg	1	
AUGTYRO - repotrectinib cap 40 mg	3	PA, QL (180 capsules/30 days)
AUGTYRO - repotrectinib cap 160 mg	3	PA, QL (60 capsules/30 days)
AVMAPKI FAKZYNJA CO-PACK - avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack	3	PA, QL (66 tablets/28 days)
AYVAKIT - avapritinib tab 25 mg†	3	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 50 mg†	3	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 100 mg†	3	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 200 mg†	3	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 300 mg†	3	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg†	3	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg†	3	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg†	3	PA, QL (30 tablets/30 days)
bexarotene cap 75 mg†	3	PA
bexarotene gel 1%	3	PA
bicalutamide tab 50 mg	2	
BOSULIF - bosutinib cap 50 mg	3	PA, QL (330 capsules/30 days)
BOSULIF - bosutinib cap 100 mg	3	PA, QL (180 capsules/30 days)
BOSULIF - bosutinib tab 100 mg†	3	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg†	3	PA, QL (30 tablets/30 days)
BOSULIF - bosutinib tab 500 mg†	3	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	3	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	3	PA, QL (120 capsules/30 days)
BRUKINSA - zanubrutinib tab 160 mg	3	PA, QL (60 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent)*†	3	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg (base equivalent)*†	3	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 60 mg (base equivalent)*†	3	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*†	3	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	3	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	3	PA, QL (30 tablets/30 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	3	PA, QL (56 capsules/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	3	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	3	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg*	3	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 25 mg*	3	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)*	3	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg	2	BD
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg	2	BD
cyclophosphamide cap 25 mg	3	BD
cyclophosphamide cap 50 mg	3	BD
DANZITEN - nilotinib tartrate tab 71 mg (base equivalent)	3	PA, QL (112 tablets/28 days)
DANZITEN - nilotinib tartrate tab 95 mg (base equivalent)	3	PA, QL (112 tablets/28 days)
dasatinib tab 20 mg†	3	PA, QL (90 tablets/30 days)
dasatinib tab 50 mg†	3	PA, QL (30 tablets/30 days)
dasatinib tab 70 mg†	3	PA, QL (30 tablets/30 days)
dasatinib tab 80 mg†	3	PA, QL (30 tablets/30 days)
dasatinib tab 100 mg†	3	PA, QL (30 tablets/30 days)
dasatinib tab 140 mg†	3	PA, QL (30 tablets/30 days)
DAURISMO - glasdegib maleate tab 25 mg (base equivalent)†	3	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg (base equivalent)†	3	PA, QL (30 tablets/30 days)
ERIVEDGE - vismodegib cap 150 mg*†	3	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	3	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	3	PA, QL (30 tablets/30 days)
erlotinib hcl tab 25 mg (base equivalent)†	3	PA, QL (60 tablets/30 days)
erlotinib hcl tab 100 mg (base equivalent)†	3	PA, QL (30 tablets/30 days)
erlotinib hcl tab 150 mg (base equivalent)†	3	PA, QL (30 tablets/30 days)
EULEXIN - flutamide cap 125 mg	3	
everolimus tab for oral susp 2 mg	3	PA, QL (60 tablets/30 days)
everolimus tab for oral susp 3 mg	3	PA, QL (90 tablets/30 days)
everolimus tab for oral susp 5 mg	3	PA, QL (60 tablets/30 days)
everolimus tab 2.5 mg†	3	PA, QL (30 tablets/30 days)
everolimus tab 5 mg†	3	PA, QL (60 tablets/30 days)
everolimus tab 7.5 mg†	3	PA, QL (30 tablets/30 days)
everolimus tab 10 mg†	3	PA, QL (30 tablets/30 days)
exemestane tab 25 mg	3	
FOTIVDA - tivozanib hcl cap 0.89 mg (base equivalent)*	3	PA, QL (21 capsules/28 days)
FOTIVDA - tivozanib hcl cap 1.34 mg (base equivalent)*	3	PA, QL (21 capsules/28 days)
FRUZAQLA - fruquintinib cap 1 mg	3	PA, QL (84 capsules/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA - fruquintinib cap 5 mg	3	PA, QL (21 capsules/28 days)
GAVRETO - pralsetinib cap 100 mg†	3	PA, QL (120 capsules/30 days)
gefitinib tab 250 mg†	3	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg (base equivalent)*	3	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg (base equivalent)*	3	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg (base equivalent)*	3	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg	3	
GLEOSTINE - lomustine cap 40 mg	3	
GLEOSTINE - lomustine cap 100 mg	3	
GOMEKLI - mirdametinib cap 1 mg	3	PA, QL (168 capsules/28 days)
GOMEKLI - mirdametinib cap 2 mg	3	PA, QL (84 capsules/28 days)
GOMEKLI - mirdametinib tab for oral susp 1 mg	3	PA, QL (168 tablets/28 days)
HERNEXEOS - zongertinib tab 60 mg	3	PA, QL (180 tablets/60 days)
hydroxyurea cap 500 mg	1	
IBRANCE - palbociclib cap 75 mg*	3	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	3	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 125 mg*	3	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg*	3	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 100 mg*	3	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 125 mg*	3	PA, QL (21 tablets/28 days)
IBTROZI - taletrectinib adipate cap 200 mg	3	PA, QL (90 capsules/30 days)
ICLUSIG - ponatinib hcl tab 10 mg (base equiv)*†	3	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 15 mg (base equiv)*†	3	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 30 mg (base equiv)*†	3	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg (base equiv)*†	3	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg (base equivalent)*	3	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg (base equivalent)*	3	PA, QL (30 tablets/30 days)
imatinib mesylate tab 100 mg (base equivalent)†	3	PA, QL (90 tablets/30 days)
imatinib mesylate tab 400 mg (base equivalent)†	3	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	3	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	3	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	3	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib tab 140 mg*	3	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 280 mg*	3	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	3	PA, QL (30 tablets/30 days)
IMKELDI - imatinib mesylate oral soln 80 mg/ml (base equivalent)	3	PA, QL (2 bottles/28 days)
INLYTA - axitinib tab 1 mg*†	3	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*†	3	PA, QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
INQOVI - decitabine-cedazuridine tab 35-100 mg	3	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg†	3	PA, QL (120 capsules/30 days)
ITOVEBI - inavolisib tab 3 mg	3	PA, QL (60 tablets/30 days)
ITOVEBI - inavolisib tab 9 mg	3	PA, QL (30 tablets/30 days)
IWILFIN - eflornithine hcl tab 192 mg	3	PA, QL (240 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg (base equivalent)*†	3	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg (base equivalent)*†	3	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg (base equivalent)*†	3	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg (base equivalent)*†	3	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg (base equivalent)*†	3	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg†	3	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg†	3	PA, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	3	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	3	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	3	PA, QL (63 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	3	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	3	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	3	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	3	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*†	3	PA, QL (180 tablets/30 days)
lapatinib ditosylate tab 250 mg (base equiv)	3	PA, QL (180 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 80 mg†	3	PA, QL (60 tablets/30 days)
LAZCLUZE - lazertinib mesylate tab 240 mg†	3	PA, QL (30 tablets/30 days)
lenalidomide caps 2.5 mg	3	PA, QL (30 capsules/30 days)
lenalidomide cap 5 mg	3	PA, QL (30 capsules/30 days)
lenalidomide cap 10 mg	3	PA, QL (30 capsules/30 days)
lenalidomide cap 15 mg	3	PA, QL (21 capsules/28 days)
lenalidomide cap 20 mg	3	PA, QL (21 capsules/28 days)
lenalidomide cap 25 mg	3	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg (10 mg daily dose)*	3	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)*	3	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)*	3	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)*	3	PA, QL (90 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)*	3	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)*	3	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg (4 mg daily dose)*	3	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)*	3	PA, QL (60 capsules/30 days)
letrozole tab 2.5 mg	1	
leucovorin calcium tab 5 mg	2	
leucovorin calcium tab 10 mg	2	
leucovorin calcium tab 15 mg	3	
leucovorin calcium tab 25 mg	3	
LEUKERAN - chlorambucil tab 2 mg	3	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	3	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	3	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg†	3	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg†	3	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*†	3	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 240 mg*†	3	PA, QL (120 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*†	3	PA, QL (90 tablets/30 days)
LYNPARZA - olaparib tab 100 mg*†	3	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*†	3	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	3	
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	3	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	3	PA, QL (112 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	3	PA, QL (140 tablets/28 days)
MATULANE - procarbazine hcl cap 50 mg*	3	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	3	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)*	3	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)*	3	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	3	PA, QL (180 tablets/30 days)
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	3	
mercaptopurine tab 50 mg	2	
mesna tab 400 mg	3	
MODEYSO - dordaviprone hcl cap 125 mg	3	PA, QL (20 capsules/28 days)
NERLYNX - neratinib maleate tab 40 mg (base equivalent)*†	3	PA, QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
nilotinib hcl cap 50 mg (base equivalent)†	3	PA, QL (120 capsules/30 days)
nilotinib hcl cap 150 mg (base equivalent)	3	PA, QL (120 capsules/30 days)
nilotinib hcl cap 200 mg (base equivalent)	3	PA, QL (120 capsules/30 days)
nilutamide tab 150 mg	3	
NINLARO - ixazomib citrate cap 2.3 mg (base equivalent)	3	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg (base equivalent)	3	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg (base equivalent)	3	PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg†	3	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg (base equivalent)*†	3	PA, QL (30 capsules/30 days)
OGSIVEO - nirogacestat hydrobromide tab 50 mg†	3	PA, QL (180 tablets/30 days)
OGSIVEO - nirogacestat hydrobromide tab 100 mg†	3	PA, QL (56 tablets/28 days)
OGSIVEO - nirogacestat hydrobromide tab 150 mg†	3	PA, QL (56 tablets/28 days)
OJEMDA - tovorafenib for oral susp 25 mg/ml	3	PA, QL (8 bottles/28 days)
OJEMDA - tovorafenib tab 100 mg	3	PA, QL (24 tablets/28 days)
OJJAARA - momelotinib dihydrochloride tab 100 mg	3	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 150 mg	3	PA, QL (30 tablets/30 days)
OJJAARA - momelotinib dihydrochloride tab 200 mg	3	PA, QL (30 tablets/30 days)
ONUREG - azacitidine tab 200 mg	3	PA, QL (14 tablets/28 days)
ONUREG - azacitidine tab 300 mg	3	PA, QL (14 tablets/28 days)
ORGOVYX - relugolix tab 120 mg*	3	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 86 mg	3	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	3	PA, QL (30 tablets/30 days)
PANRETIN - alitretinoin gel 0.1%	3	PA
pazopanib hcl tab 200 mg (base equiv)†	3	PA, QL (120 tablets/30 days)
PEMAZYRE - pemigatinib tab 4.5 mg	3	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 9 mg	3	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 13.5 mg	3	PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	3	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	3	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	3	PA, QL (60 tablets/30 days)
POMALYST - pomalidomide cap 1 mg*	3	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	3	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	3	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	3	PA, QL (21 capsules/28 days)
QINLOCK - ripretinib tab 50 mg	3	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib tab 40 mg†	3	PA, QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
RETEVMO - selpercatinib tab 80 mg†	3	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 120 mg†	3	PA, QL (60 tablets/30 days)
RETEVMO - selpercatinib tab 160 mg†	3	PA, QL (60 tablets/30 days)
REVUFORJ - revumenib citrate tab 25 mg	3	PA, QL (240 tablets/30 days)
REVUFORJ - revumenib citrate tab 110 mg	3	PA, QL (120 tablets/30 days)
REVUFORJ - revumenib citrate tab 160 mg	3	PA, QL (60 tablets/30 days)
REZLIDHIA - olutasidenib cap 150 mg*†	3	PA, QL (60 capsules/30 days)
ROMVIMZA - vimseltinib cap 14 mg	3	PA, QL (8 capsules/28 days)
ROMVIMZA - vimseltinib cap 20 mg	3	PA, QL (8 capsules/28 days)
ROMVIMZA - vimseltinib cap 30 mg	3	PA, QL (8 capsules/28 days)
ROZLYTREK - entrectinib cap 100 mg†	3	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg†	3	PA, QL (90 capsules/30 days)
ROZLYTREK - entrectinib pellet pack 50 mg	3	PA, QL (336 packets/28 days)
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent)*†	3	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg (base equivalent)*†	3	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg (base equivalent)*†	3	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	3	PA, QL (240 capsules/30 days)
SCEMBLIX - asciminib hcl tab 20 mg	3	PA, QL (60 tablets/30 days)
SCEMBLIX - asciminib hcl tab 40 mg	3	PA, QL (240 tablets/30 days)
SCEMBLIX - asciminib hcl tab 100 mg	3	PA, QL (120 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	3	
sorafenib tosylate tab 200 mg (base equivalent)†	3	PA, QL (120 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	3	PA, QL (84 tablets/28 days)
sunitinib malate cap 12.5 mg (base equivalent)†	3	PA, QL (90 capsules/30 days)
sunitinib malate cap 25 mg (base equivalent)†	3	PA, QL (30 capsules/30 days)
sunitinib malate cap 37.5 mg (base equivalent)†	3	PA, QL (30 capsules/30 days)
sunitinib malate cap 50 mg (base equivalent)†	3	PA, QL (30 capsules/30 days)
TABLOID - thioguanine tab 40 mg	3	
TABRECTA - capmatinib hcl tab 150 mg	3	PA, QL (120 tablets/30 days)
TABRECTA - capmatinib hcl tab 200 mg	3	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)*	3	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)*	3	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg (base equiv)	3	PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg (base equivalent)*†	3	PA, QL (30 tablets/30 days)
TAGRISSO - osimertinib mesylate tab 80 mg (base equivalent)*†	3	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg (base equivalent)†	3	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)*†	3	PA, QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TALZENNA - talazoparib tosylate cap 0.35 mg (base equivalent)†	3	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.5 mg (base equivalent)*†	3	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 0.75 mg (base equivalent)*†	3	PA, QL (30 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)*†	3	PA, QL (30 capsules/30 days)
tamoxifen citrate tab 10 mg (base equivalent)	1	
tamoxifen citrate tab 20 mg (base equivalent)	1	
TAZVERIK - tazemetostat hbr tab 200 mg	3	PA, QL (240 tablets/30 days)
TEPMETKO - tepotinib hcl tab 225 mg*†	3	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg	3	PA, QL (90 capsules/30 days)
THALOMID - thalidomide cap 100 mg	3	PA, QL (120 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*	3	PA, QL (60 tablets/30 days)
toremifene citrate tab 60 mg (base equivalent)	3	
torpenz - everolimus tab 2.5 mg†	3	PA, QL (30 tablets/30 days)
torpenz - everolimus tab 5 mg†	3	PA, QL (60 tablets/30 days)
torpenz - everolimus tab 7.5 mg†	3	PA, QL (30 tablets/30 days)
torpenz - everolimus tab 10 mg†	3	PA, QL (30 tablets/30 days)
tretinoin cap 10 mg	3	PA
TRUQAP - capivasertib tab therapy pack 160 mg	3	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab therapy pack 200 mg	3	PA, QL (4 boxes/28 days)
TRUQAP - capivasertib tab 160 mg	3	PA, QL (64 tablets/28 days)
TRUQAP - capivasertib tab 200 mg	3	PA, QL (64 tablets/28 days)
TUKYSA - tucatinib tab 50 mg	3	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	3	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg (base equivalent)	3	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)*	3	PA, QL (1 tube/30 days)
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg*	3	PA, QL (60 tablets/30 days)
VANFLYTA - quizartinib dihydrochloride tab 26.5 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 10 mg*	2	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	3	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	3	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	3	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg*	3	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 100 mg*	3	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 150 mg*	3	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 200 mg*	3	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)*†	3	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)*†	3	PA, QL (60 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*	3	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg*†	3	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 30 mg*†	3	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 45 mg*†	3	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg*†	3	PA, QL (120 capsules/30 days)
VORANIGO - vorasidenib tab 10 mg	3	PA, QL (60 tablets/30 days)
VORANIGO - vorasidenib tab 40 mg	3	PA, QL (30 tablets/30 days)
XALKORI - crizotinib cap sprinkle 20 mg*†	3	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 50 mg*†	3	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap sprinkle 150 mg*†	3	PA, QL (180 capsules/30 days)
XALKORI - crizotinib cap 200 mg*†	3	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap 250 mg*†	3	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg (base equivalent)†	3	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 10 mg (40 mg once weekly)	3	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly)*	3	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)*	3	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)*	3	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)*	3	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)*	3	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)*	3	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)*	3	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*†	3	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*†	3	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*†	3	PA, QL (60 tablets/30 days)
ZEJULA - niraparib tosylate tab 100 mg (base equivalent)*	3	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 200 mg (base equivalent)*	3	PA, QL (30 tablets/30 days)
ZEJULA - niraparib tosylate tab 300 mg (base equivalent)*	3	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	3	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg†	3	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	3	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	3	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*†	3	PA, QL (90 tablets/30 days)
Antiparasitics		
albendazole tab 200 mg	3	
atovaquone susp 750 mg/5ml	3	PA, QL (600 mls/30 days)
atovaquone-proguanil hcl tab 62.5-25 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
atovaquone-proguanil hcl tab 250-100 mg	3	
chloroquine phosphate tab 250 mg	3	
chloroquine phosphate tab 500 mg	3	
COARTEM - artemether-lumefantrine tab 20-120 mg	3	
hydroxychloroquine sulfate tab 200 mg	2	
ivermectin tab 3 mg	2	PA
LAMPIT - nifurtimox tab 30 mg	3	
LAMPIT - nifurtimox tab 120 mg	3	
mefloquine hcl tab 250 mg	2	
nitazoxanide tab 500 mg	3	QL (20 tablets/30 days)
pentamidine isethionate for inj soln 300 mg	3	
pentamidine isethionate for nebulization soln 300 mg	3	BD
praziquantel tab 600 mg	3	
primaquine phosphate tab 26.3 mg (15 mg base)	3	
pyrimethamine tab 25 mg	3	PA
quinine sulfate cap 324 mg	3	PA
Antiparkinson Agents		
amantadine hcl cap 100 mg	2	
amantadine hcl soln 50 mg/5ml	2	
benztropine mesylate tab 0.5 mg#	1	
benztropine mesylate tab 1 mg#	1	
benztropine mesylate tab 2 mg#	1	
bromocriptine mesylate cap 5 mg (base equivalent)	3	
bromocriptine mesylate tab 2.5 mg (base equivalent)	3	
carbidopa & levodopa orally disintegrating tab 10-100 mg	3	
carbidopa & levodopa orally disintegrating tab 25-100 mg	3	
carbidopa & levodopa orally disintegrating tab 25-250 mg	3	
carbidopa & levodopa tab er 25-100 mg	2	
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
entacapone tab 200 mg	3	
INBRIJA - levodopa inhal powder cap 42 mg	3	PA, QL (300 capsules/30 days)
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
rasagiline mesylate tab 0.5 mg (base equiv)	3	
rasagiline mesylate tab 1 mg (base equiv)	3	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
selegiline hcl cap 5 mg	2	
selegiline hcl tab 5 mg	2	
Antipsychotics		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml	3	QL (1 syringe/56 days)
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 960 mg/3.2ml	3	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg	3	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg	3	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	3	QL (1 vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	3	QL (1 vial/28 days)
aripiprazole oral solution 1 mg/ml	3	PA (>=65 yr), QL (750 mls/30 days)
aripiprazole orally disintegrating tab 10 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole orally disintegrating tab 15 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
aripiprazole tab 2 mg	2	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 5 mg	2	PA (>=65 yr), QL (45 tablets/30 days)
aripiprazole tab 10 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 15 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
aripiprazole tab 20 mg	2	PA (>=65 yr), QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
aripiprazole tab 30 mg	2	PA (>=65 yr), QL (30 tablets/30 days)
asenapine maleate sl tab 2.5 mg (base equiv)	3	PA (>=65 yr), QL (60 tablets/30 days)
asenapine maleate sl tab 5 mg (base equiv)	3	PA (>=65 yr), QL (60 tablets/30 days)
asenapine maleate sl tab 10 mg (base equiv)	3	PA (>=65 yr), QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg	3	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 21 mg	3	QL (30 capsules/30 days)
CAPLYTA - lumateperone tosylate cap 42 mg	3	QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	3	PA (>=65 yr), QL (90 tablets/30 days)
clozapine orally disintegrating tab 25 mg	3	PA (>=65 yr), QL (270 tablets/30 days)
clozapine orally disintegrating tab 100 mg	3	PA (>=65 yr), QL (270 tablets/30 days)
clozapine orally disintegrating tab 150 mg	3	PA (>=65 yr), QL (180 tablets/30 days)
clozapine orally disintegrating tab 200 mg	3	PA (>=65 yr), QL (120 tablets/30 days)
clozapine tab 25 mg	2	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 50 mg	2	PA (>=65 yr), QL (90 tablets/30 days)
clozapine tab 100 mg	3	PA (>=65 yr), QL (270 tablets/30 days)
clozapine tab 200 mg	3	PA (>=65 yr), QL (120 tablets/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 50-20 mg	3	PA, QL (60 capsules/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 100-20 mg	3	PA, QL (60 capsules/30 days)
COBENFY - xanomeline tartrate-trospium chloride cap 125-30 mg	3	PA, QL (60 capsules/30 days)
COBENFY STARTER PACK - xanomeline-trospium chloride cap pack 50-20 mg & 100-20 mg	3	PA, QL (1 pack/28 days)
FANAPT - iloperidone tab 1 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	3	PA (>=65 yr), QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
FANAPT - iloperidone tab 8 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK A - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
FANAPT TITRATION PACK C - iloperidone tab 1 mg & 2 mg & 6 mg titration pak	3	PA (>=65 yr), QL (1 pack/28 days)
fluphenazine decanoate inj 25 mg/ml	3	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	3	PA (>=65 yr)
fluphenazine hcl tab 1 mg	3	PA (>=65 yr)
fluphenazine hcl tab 2.5 mg	3	PA (>=65 yr)
fluphenazine hcl tab 5 mg	3	PA (>=65 yr)
fluphenazine hcl tab 10 mg	3	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	3	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl inj 2.5 mg/ml	3	PA (>=65 yr)
haloperidol decanoate im soln 50 mg/ml	3	PA (>=65 yr)
haloperidol decanoate im soln 100 mg/ml	3	PA (>=65 yr)
haloperidol lactate inj 5 mg/ml	3	PA (>=65 yr)
haloperidol lactate oral conc 2 mg/ml	2	PA (>=65 yr)
haloperidol tab 0.5 mg	1	PA (>=65 yr)
haloperidol tab 1 mg	1	PA (>=65 yr)
haloperidol tab 2 mg	1	PA (>=65 yr)
haloperidol tab 5 mg	1	PA (>=65 yr)
haloperidol tab 10 mg	1	PA (>=65 yr)
haloperidol tab 20 mg	2	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml	3	QL (1 kit/180 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,560 mg/5ml	3	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	3	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	3	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	3	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	3	QL (1 kit/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	3	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml	3	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.32ml	3	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	3	QL (1 kit/84 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.63ml	3	QL (1 kit/84 days)
loxapine succinate cap 5 mg	2	PA (>=65 yr)
loxapine succinate cap 10 mg	2	PA (>=65 yr)
loxapine succinate cap 25 mg	2	PA (>=65 yr)
loxapine succinate cap 50 mg	2	PA (>=65 yr)
lurasidone hcl tab 20 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 40 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 60 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
lurasidone hcl tab 80 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
lurasidone hcl tab 120 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 10-10 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 15-10 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 20-10 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	3	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	3	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	3	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg (base equivalent)*	3	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg (base equivalent)*	3	PA, QL (30 tablets/30 days)
olanzapine for im inj 10 mg	3	PA (>=65 yr), QL (90 vials/30 days)
olanzapine orally disintegrating tab 5 mg	3	PA (>=65 yr), QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
olanzapine orally disintegrating tab 10 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 15 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine orally disintegrating tab 20 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine tab 2.5 mg	1	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 5 mg	1	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 7.5 mg	1	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 10 mg	1	PA (>=65 yr), QL (45 tablets/30 days)
olanzapine tab 15 mg	1	PA (>=65 yr), QL (30 tablets/30 days)
olanzapine tab 20 mg	1	PA (>=65 yr), QL (30 tablets/30 days)
OPIPZA - aripiprazole oral film 2 mg	3	PA (>=65 yr), QL (30 films/30 days)
OPIPZA - aripiprazole oral film 5 mg	3	PA (>=65 yr), QL (90 films/30 days)
OPIPZA - aripiprazole oral film 10 mg	3	PA (>=65 yr), QL (90 films/30 days)
paliperidone tab er 24hr 1.5 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
paliperidone tab er 24hr 3 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
paliperidone tab er 24hr 6 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
paliperidone tab er 24hr 9 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg	3	QL (1 syringe/28 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 120 mg	3	QL (1 syringe/28 days)
PIMOZIDE - pimozide tab 1 mg	3	PA (>=65 yr)
PIMOZIDE - pimozide tab 2 mg	3	PA (>=65 yr)
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	3	PA (>=65 yr), QL (150 tablets/30 days)
quetiapine fumarate tab er 24hr 50 mg	3	PA (>=65 yr), QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab er 24hr 150 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 200 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 300 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 400 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab 25 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 50 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 100 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 200 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
quetiapine fumarate tab 300 mg	1	PA (>=65 yr), QL (60 tablets/30 days)
quetiapine fumarate tab 400 mg	1	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
risperidone microspheres for im extended rel susp 12.5 mg	3	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 25 mg	3	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 37.5 mg	3	QL (2 vials/28 days)
risperidone microspheres for im extended rel susp 50 mg	3	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 0.5 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 1 mg	3	PA (>=65 yr), QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
risperidone orally disintegrating tab 2 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 3 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
risperidone orally disintegrating tab 4 mg	3	PA (>=65 yr), QL (120 tablets/30 days)
risperidone soln 1 mg/ml	2	PA (>=65 yr), QL (480 mls/30 days)
risperidone tab 0.25 mg	1	QL (60 tablets/30 days)
risperidone tab 0.5 mg	1	QL (60 tablets/30 days)
risperidone tab 1 mg	1	QL (60 tablets/30 days)
risperidone tab 2 mg	1	QL (60 tablets/30 days)
risperidone tab 3 mg	1	QL (60 tablets/30 days)
risperidone tab 4 mg	1	QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	3	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	3	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	3	PA (>=65 yr), QL (30 patches/30 days)
thioridazine hcl tab 10 mg	2	PA (>=65 yr)
thioridazine hcl tab 25 mg	2	PA (>=65 yr)
thioridazine hcl tab 50 mg	2	PA (>=65 yr)
thioridazine hcl tab 100 mg	2	PA (>=65 yr)
thiothixene cap 1 mg	3	PA (>=65 yr)
thiothixene cap 2 mg	3	PA (>=65 yr)
thiothixene cap 5 mg	3	PA (>=65 yr)
thiothixene cap 10 mg	3	PA (>=65 yr)
trifluoperazine hcl tab 1 mg (base equivalent)	2	PA (>=65 yr)
trifluoperazine hcl tab 2 mg (base equivalent)	2	PA (>=65 yr)
trifluoperazine hcl tab 5 mg (base equivalent)	2	PA (>=65 yr)
trifluoperazine hcl tab 10 mg (base equivalent)	2	PA (>=65 yr)
VERSACLOZ - clozapine susp 50 mg/ml	3	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg (base equivalent)	3	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg (base equivalent)	3	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg (base equivalent)	3	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg (base equivalent)	3	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg	3	QL (90 capsules/30 days)
ziprasidone hcl cap 40 mg	3	QL (90 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl cap 60 mg	3	QL (60 capsules/30 days)
ziprasidone hcl cap 80 mg	3	QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg (base equivalent)	3	PA (>=65 yr), QL (60 vials/30 days)
Antispasticity Agents		
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
dantrolene sodium cap 25 mg	3	
dantrolene sodium cap 50 mg	3	
dantrolene sodium cap 100 mg	3	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
Antivirals		
abacavir sulfate soln 20 mg/ml (base equiv)	3	QL (960 mls/30 days)
abacavir sulfate tab 300 mg (base equiv)	3	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	3	QL (30 tablets/30 days)
acyclovir cap 200 mg	1	
acyclovir oint 5%	3	PA, QL (30 grams/30 days)
acyclovir sodium iv soln 50 mg/ml	3	BD
acyclovir susp 200 mg/5ml	3	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
adefovir dipivoxil tab 10 mg	3	
APTIVUS - tipranavir cap 250 mg	3	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg (base equiv)	3	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg (base equiv)	3	QL (60 capsules/30 days)
atazanavir sulfate cap 300 mg (base equiv)	3	QL (30 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	3	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg	3	QL (30 tablets/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	3	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	3	QL (30 tablets/30 days)
darunavir tab 600 mg	3	QL (60 tablets/30 days)
darunavir tab 800 mg	3	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	3	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg	3	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	3	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	3	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg (base equivalent)	3	QL (30 tablets/30 days)
EDURANT PED - rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)	3	QL (180 tablets/30 days)
efavirenz tab 600 mg	3	QL (30 tablets/30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	3	QL (30 tablets/30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	3	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	3	QL (30 tablets/30 days)
emtricitabine caps 200 mg	3	QL (30 capsules/30 days)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	3	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	3	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	3	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	3	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	3	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	3	QL (850 mls/30 days)
entecavir tab 0.5 mg	3	
entecavir tab 1 mg	3	
etravirine tab 100 mg	3	QL (60 tablets/30 days)
etravirine tab 200 mg	3	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	3	QL (30 tablets/30 days)
famciclovir tab 125 mg	2	
famciclovir tab 250 mg	2	
famciclovir tab 500 mg	2	
fosamprenavir calcium tab 700 mg (base equiv)	3	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	3	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	3	QL (30 tablets/30 days)
INTELENCE - etravirine tab 25 mg	3	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg (base equiv)	2	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg (base equiv)	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg (base equiv)	3	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg (base equiv)	3	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg (base equiv)	3	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	3	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	3	QL (480 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
lamivudine oral soln 10 mg/ml	2	QL (960 mls/30 days)
lamivudine tab 100 mg (hbv)	2	
lamivudine tab 150 mg	2	QL (60 tablets/30 days)
lamivudine tab 300 mg	2	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg	3	QL (60 tablets/30 days)
LIVTENCITY - maribavir tab 200 mg*	3	QL (120 tablets/30 days)
lopinavir-ritonavir tab 100-25 mg	3	QL (300 tablets/30 days)
lopinavir-ritonavir tab 200-50 mg	3	QL (120 tablets/30 days)
maraviroc tab 150 mg	3	QL (60 tablets/30 days)
maraviroc tab 300 mg	3	QL (120 tablets/30 days)
MAVYRET - glecaprevir-pibrentasvir pellet pack 50-20 mg	3	PA
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	3	PA
nevirapine susp 50 mg/5ml	3	QL (1200 mls/30 days)
nevirapine tab er 24hr 400 mg	3	QL (30 tablets/30 days)
nevirapine tab 200 mg	2	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	3	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	3	QL (30 tablets/30 days)
oseltamivir phosphate cap 30 mg (base equiv)	2	QL (168 capsules/365 days)
oseltamivir phosphate cap 45 mg (base equiv)	2	QL (84 capsules/365 days)
oseltamivir phosphate cap 75 mg (base equiv)	2	QL (84 capsules/365 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	2	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	1	QL (11 tablets/30 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	1	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	1	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	3	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	3	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	3	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 675-150 mg	3	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	3	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	3	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	3	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	3	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	3	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg (base equiv)	3	QL (240 packets/30 days)
ribavirin cap 200 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
ribavirin tab 200 mg	2	
ritonavir tab 100 mg	2	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	3	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	3	QL (1840 mls/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	3	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	3	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	3	QL (5 tablets/28 days)
SUNLENCA - lenacapavir sodium tab 300 mg	3	QL (4 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	3	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg	3	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)	3	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)	3	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	3	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	3	QL (180 tablets/30 days)
TYBOST - cobicistat tab 150 mg	2	QL (30 tablets/30 days)
valacyclovir hcl tab 500 mg	1	
valacyclovir hcl tab 1 gm	1	
valganciclovir hcl for soln 50 mg/ml (base equiv)	3	
valganciclovir hcl tab 450 mg (base equivalent)	2	
VIRACEPT - nelfinavir mesylate tab 250 mg	3	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	3	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	3	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	3	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	3	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 250 mg	3	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	3	PA
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	3	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	3	QL (2 tablets/365 days)
zidovudine cap 100 mg	3	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	3	QL (1920 mls/30 days)
zidovudine tab 300 mg	2	QL (60 tablets/30 days)
Anxiolytics		
alprazolam tab 0.25 mg	1	QL (120 tablets/30 days)
alprazolam tab 0.5 mg	1	QL (120 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
alprazolam tab 1 mg	1	QL (120 tablets/30 days)
alprazolam tab 2 mg	1	QL (150 tablets/30 days)
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
clonazepam orally disintegrating tab 0.125 mg	3	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.25 mg	3	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.5 mg	3	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 1 mg	3	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 2 mg	3	QL (300 tablets/30 days)
clonazepam tab 0.5 mg	1	QL (120 tablets/30 days)
clonazepam tab 1 mg	1	QL (120 tablets/30 days)
clonazepam tab 2 mg	1	QL (300 tablets/30 days)
clorazepate dipotassium tab 3.75 mg	3	PA (>=65 yr), QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg	3	PA (>=65 yr), QL (360 tablets/30 days)
clorazepate dipotassium tab 15 mg	3	PA (>=65 yr), QL (180 tablets/30 days)
diazepam conc 5 mg/ml	3	PA (>=65 yr), QL (240 mls/30 days)
diazepam intensol - diazepam conc 5 mg/ml	3	PA (>=65 yr), QL (240 mls/30 days)
diazepam oral soln 1 mg/ml	3	PA (>=65 yr), QL (1200 mls/30 days)
diazepam tab 2 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
diazepam tab 5 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
diazepam tab 10 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
hydroxyzine hcl tab 10 mg#	2	PA (>=65 yr)
hydroxyzine hcl tab 25 mg#	2	PA (>=65 yr)
hydroxyzine hcl tab 50 mg#	2	PA (>=65 yr)
lorazepam conc 2 mg/ml	1	PA (>=65 yr), QL (150 mls/30 days)
lorazepam intensol - lorazepam conc 2 mg/ml	1	PA (>=65 yr), QL (150 mls/30 days)

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Drug Name	Drug Tier	Requirements/Limits
lorazepam tab 0.5 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
lorazepam tab 1 mg	1	PA (>=65 yr), QL (120 tablets/30 days)
lorazepam tab 2 mg	1	PA (>=65 yr), QL (150 tablets/30 days)
Bipolar Agents		
lithium carbonate cap 600 mg	1	
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
lithium carbonate tab 300 mg	1	
lithium oral solution 8 meq/5ml	3	
Blood Glucose Regulators		
acarbose tab 25 mg	1	QL (360 tablets/30 days)
acarbose tab 50 mg	1	QL (180 tablets/30 days)
acarbose tab 100 mg	1	QL (90 tablets/30 days)
ALCOHOL SWABS	2	PA
DAPAGLIFLOZIN PROPANEDIOL - dapagliflozin propanediol tab 5 mg (base equivalent)	2	QL (30 tablets/30 days)
DAPAGLIFLOZIN PROPANEDIOL - dapagliflozin propanediol tab 10 mg (base equivalent)	2	QL (30 tablets/30 days)
diazoxide susp 50 mg/ml	3	
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)	2	QL (30 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)	2	QL (30 tablets/30 days)
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml	2	QL (6 vials/30 days)
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2	QL (20 pens/30 days)
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2	QL (60 mls/30 days)
FIASP PUMPCART - insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2	QL (60 mls/30 days)
GAUZE PADS 2" X 2"	2	PA
glimepiride tab 1 mg#	4	QL (240 tablets/30 days)
glimepiride tab 2 mg#	4	QL (120 tablets/30 days)
glimepiride tab 4 mg#	4	QL (60 tablets/30 days)
glipizide tab er 24hr 2.5 mg	4	QL (240 tablets/30 days)
glipizide tab er 24hr 5 mg	4	QL (120 tablets/30 days)
glipizide tab er 24hr 10 mg	4	QL (60 tablets/30 days)
glipizide tab 5 mg	4	QL (240 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
glipizide tab 10 mg	4	QL (120 tablets/30 days)
glipizide-metformin hcl tab 2.5-250 mg	4	QL (240 tablets/30 days)
glipizide-metformin hcl tab 2.5-500 mg	4	QL (120 tablets/30 days)
glipizide-metformin hcl tab 5-500 mg	4	QL (120 tablets/30 days)
glyburide micronized tab 1.5 mg#	1	QL (240 tablets/30 days)
glyburide micronized tab 3 mg#	1	QL (120 tablets/30 days)
glyburide micronized tab 6 mg#	1	QL (60 tablets/30 days)
glyburide tab 1.25 mg#	1	QL (480 tablets/30 days)
glyburide tab 2.5 mg#	1	QL (240 tablets/30 days)
glyburide tab 5 mg#	1	QL (120 tablets/30 days)
glyburide-metformin tab 1.25-250 mg#	4	QL (240 tablets/30 days)
glyburide-metformin tab 2.5-500 mg#	4	QL (120 tablets/30 days)
glyburide-metformin tab 5-500 mg#	4	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	3	QL (30 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	3	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2	QL (4 syringes/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	2	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	2	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	2	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	2	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	2	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	2	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	2	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	2	QL (20 pens/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	2	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	2	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	2	QL (20 pens/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	2	QL (20 pens/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	2	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	2	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATED) - insulin regular (human) inj 500 unit/ml	2	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2	QL (20 pens/30 days)
INSULIN ASPART - insulin aspart inj soln 100 unit/ml	2	QL (6 vials/30 days)
INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2	QL (20 pens/30 days)
INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml	2	QL (20 cartridges/30 days)
INSULIN SYRINGE/NEEDLE	2	PA
JANUMET - sitagliptin phosphate-metformin hcl tab 50-500 mg	2	QL (60 tablets/30 days)
JANUMET - sitagliptin phosphate-metformin hcl tab 50-1000 mg	2	QL (60 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	2	QL (30 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	2	QL (60 tablets/30 days)
JANUMET XR - sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	2	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv)	2	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg (base equiv)	2	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg (base equiv)	2	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	2	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	2	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg	2	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg	2	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg	2	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	2	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	2	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	2	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	2	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	2	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	2	QL (20 pens/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	2	QL (20 pens/30 days)
LYUMJEV TEMPO PEN - insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml	2	QL (20 pens/30 days)
metformin hcl tab er 24hr 500 mg	4	QL (120 tablets/30 days)
metformin hcl tab er 24hr 750 mg	4	QL (60 tablets/30 days)
metformin hcl tab 500 mg	4	QL (150 tablets/30 days)
metformin hcl tab 850 mg	4	QL (90 tablets/30 days)
metformin hcl tab 1000 mg	4	QL (75 tablets/30 days)
MOUNJARO - tirzepatide soln auto-injector 2.5 mg/0.5ml	2	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 5 mg/0.5ml	2	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 7.5 mg/0.5ml	2	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 10 mg/0.5ml	2	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 12.5 mg/0.5ml	2	PA, QL (4 pens/28 days)
MOUNJARO - tirzepatide soln auto-injector 15 mg/0.5ml	2	PA, QL (4 pens/28 days)
nateglinide tab 60 mg	4	QL (180 tablets/30 days)
nateglinide tab 120 mg	4	QL (90 tablets/30 days)
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml	2	QL (60 mls/30 days)
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2	QL (20 pens/30 days)
NOVOLIN N FLEXPEN RELION - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2	QL (20 pens/30 days)
NOVOLIN N RELION - insulin nph (human) (isophane) inj 100 unit/ml	2	QL (60 mls/30 days)
NOVOLIN R - insulin regular (human) inj 100 unit/ml	2	QL (60 mls/30 days)
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml	2	QL (20 pens/30 days)
NOVOLIN R FLEXPEN RELION - insulin regular (human) soln pen-injector 100 unit/ml	2	QL (20 pens/30 days)
NOVOLIN R RELION - insulin regular (human) inj 100 unit/ml	2	QL (60 mls/30 days)
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2	QL (60 mls/30 days)
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2	QL (20 pens/30 days)
NOVOLIN 70/30 FLEXPEN RELION - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2	QL (20 pens/30 days)
NOVOLIN 70/30 RELION - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2	QL (60 mls/30 days)
NOVOLOG - insulin aspart inj soln 100 unit/ml	2	QL (6 vials/30 days)
NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml	2	QL (20 pens/30 days)
NOVOLOG FLEXPEN RELION - insulin aspart soln pen-injector 100 unit/ml	2	QL (20 pens/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2	QL (6 vials/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2	QL (20 pens/30 days)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2	QL (20 pens/30 days)
NOVOLOG MIX 70/30 RELION - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2	QL (6 vials/30 days)
NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml	2	QL (20 cartridges/30 days)
NOVOLOG RELION - insulin aspart inj soln 100 unit/ml	2	QL (6 vials/30 days)
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	2	PA, QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	2	PA, QL (15 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 - insulin infusion disposable pump kit	2	PA, QL (1 kit/720 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS - insulin infusion disposable pump reservoir	2	PA, QL (15 pods/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)	2	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)	2	PA, QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)	2	PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv)	4	QL (90 tablets/30 days)
pioglitazone hcl tab 30 mg (base equiv)	4	QL (30 tablets/30 days)
pioglitazone hcl tab 45 mg (base equiv)	4	QL (30 tablets/30 days)
pioglitazone hcl-glimepiride tab 30-2 mg#	4	QL (30 tablets/30 days)
pioglitazone hcl-glimepiride tab 30-4 mg#	4	QL (30 tablets/30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	4	QL (90 tablets/30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	4	QL (90 tablets/30 days)
repaglinide tab 0.5 mg	4	QL (960 tablets/30 days)
repaglinide tab 1 mg	4	QL (480 tablets/30 days)
repaglinide tab 2 mg	4	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg	2	PA, QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 7 mg	2	PA, QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 14 mg	2	PA, QL (30 tablets/30 days)
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2	QL (6 pens/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	3	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	3	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	2	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	2	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	2	QL (30 tablets/30 days)
TRULICITY - dulaglutide soln auto-injector 0.75 mg/0.5ml	2	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 1.5 mg/0.5ml	2	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 3 mg/0.5ml	2	PA, QL (4 pens/28 days)
TRULICITY - dulaglutide soln auto-injector 4.5 mg/0.5ml	2	PA, QL (4 pens/28 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg	2	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg	2	QL (30 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	2	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg	2	QL (30 tablets/30 days)
XIGDUO XR - dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	2	QL (30 tablets/30 days)
Blood Products and Modifiers		
anagrelide hcl cap 0.5 mg	2	
anagrelide hcl cap 1 mg	2	
aspirin-dipyridamole cap er 12hr 25-200 mg	3	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	3	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	3	QL (120 capsules/30 days)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	3	QL (60 capsules/30 days)
ELIQUIS - apixaban tab 2.5 mg	2	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	2	QL (74 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	2	QL (74 tablets/30 days)
eltrombopag olamine powder pack for susp 25 mg (base equiv)	3	PA
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	3	PA
eltrombopag olamine tab 12.5 mg (base equiv)	3	PA
eltrombopag olamine tab 25 mg (base equiv)	3	PA
eltrombopag olamine tab 50 mg (base equiv)	3	PA
eltrombopag olamine tab 75 mg (base equiv)	3	PA
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	3	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	3	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	3	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	3	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 100 mg/ml	3	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	3	QL (30 syringes/90 days)
enoxaparin sodium inj soln pref syr 150 mg/ml	3	QL (30 syringes/90 days)
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	3	PA
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	3	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	3	PA
heparin sodium (porcine) inj 1000 unit/ml	2	
heparin sodium (porcine) inj 5000 unit/ml	2	
heparin sodium (porcine) inj 10000 unit/ml	2	
heparin sodium (porcine) inj 20000 unit/ml	2	
heparin sodium (porcine) pf inj 5000 unit/ml	2	
heparin sodium (porcine) pf inj 1000 unit/ml	2	
jantoven - warfarin sodium tab 1 mg	1	
jantoven - warfarin sodium tab 2 mg	1	
jantoven - warfarin sodium tab 2.5 mg	1	
jantoven - warfarin sodium tab 3 mg	1	
jantoven - warfarin sodium tab 4 mg	1	
jantoven - warfarin sodium tab 5 mg	1	
jantoven - warfarin sodium tab 6 mg	1	
jantoven - warfarin sodium tab 7.5 mg	1	
jantoven - warfarin sodium tab 10 mg	1	
prasugrel hcl tab 5 mg (base equiv)	2	
prasugrel hcl tab 10 mg (base equiv)	2	
PROCRIT - epoetin alfa inj 2000 unit/ml	3	PA
PROCRIT - epoetin alfa inj 3000 unit/ml	3	PA
PROCRIT - epoetin alfa inj 4000 unit/ml	3	PA
PROCRIT - epoetin alfa inj 10000 unit/ml	3	PA

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT - epoetin alfa inj 20000 unit/ml	3	PA
PROCRIT - epoetin alfa inj 40000 unit/ml	3	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	3	PA
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	3	PA
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	3	PA
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	3	PA
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	3	PA
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	3	PA
rivaroxaban for susp 1 mg/ml	2	QL (4 bottles/30 days)
rivaroxaban tab 2.5 mg	2	QL (60 tablets/30 days)
ticagrelor tab 60 mg	3	
ticagrelor tab 90 mg	3	
tranexamic acid tab 650 mg	2	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
XARELTO - rivaroxaban tab 2.5 mg	2	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg	2	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	2	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 20 mg	2	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	2	QL (51 tablets/30 days)
Cardiovascular Agents		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
acetazolamide cap er 12hr 500 mg	3	
acetazolamide tab 125 mg	2	
acetazolamide tab 250 mg	2	
aliskiren fumarate tab 150 mg (base equivalent)	3	QL (30 tablets/30 days)
aliskiren fumarate tab 300 mg (base equivalent)	3	QL (30 tablets/30 days)
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl tab 5 mg	1	
amiodarone hcl tab 100 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
amiodarone hcl tab 200 mg	1	
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	3	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	3	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	3	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	3	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	3	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	3	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	3	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	3	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	3	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	3	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	4	
amlodipine besylate-benazepril hcl cap 5-10 mg	4	
amlodipine besylate-benazepril hcl cap 5-20 mg	4	
amlodipine besylate-benazepril hcl cap 5-40 mg	4	
amlodipine besylate-benazepril hcl cap 10-20 mg	4	
amlodipine besylate-benazepril hcl cap 10-40 mg	4	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	4	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	4	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	4	QL (30 tablets/30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	4	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-160 mg	4	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 5-320 mg	4	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 10-160 mg	4	QL (30 tablets/30 days)
amlodipine besylate-valsartan tab 10-320 mg	4	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	4	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	4	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	4	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	4	QL (30 tablets/30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	4	QL (30 tablets/30 days)
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
atenolol tab 100 mg	1	
atorvastatin calcium tab 10 mg (base equivalent)	4	QL (45 tablets/30 days)
atorvastatin calcium tab 20 mg (base equivalent)	4	QL (45 tablets/30 days)
atorvastatin calcium tab 40 mg (base equivalent)	4	QL (45 tablets/30 days)
atorvastatin calcium tab 80 mg (base equivalent)	4	QL (30 tablets/30 days)
benazepril & hydrochlorothiazide tab 5-6.25 mg	4	
benazepril & hydrochlorothiazide tab 10-12.5 mg	4	
benazepril & hydrochlorothiazide tab 20-12.5 mg	4	
benazepril & hydrochlorothiazide tab 20-25 mg	4	
benazepril hcl tab 5 mg	4	
benazepril hcl tab 10 mg	4	
benazepril hcl tab 20 mg	4	
benazepril hcl tab 40 mg	4	
betaxolol hcl tab 10 mg	2	
betaxolol hcl tab 20 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
bumetanide inj 0.25 mg/ml	3	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	2	
candesartan cilexetil tab 4 mg	4	QL (60 tablets/30 days)
candesartan cilexetil tab 8 mg	4	QL (60 tablets/30 days)
candesartan cilexetil tab 16 mg	4	QL (60 tablets/30 days)
candesartan cilexetil tab 32 mg	4	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	4	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	4	QL (30 tablets/30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	4	QL (30 tablets/30 days)
captopril tab 12.5 mg	4	
captopril tab 25 mg	4	
captopril tab 50 mg	4	
captopril tab 100 mg	4	
cartia xt - diltiazem hcl coated beads cap er 24hr 120 mg	1	
cartia xt - diltiazem hcl coated beads cap er 24hr 180 mg	1	
cartia xt - diltiazem hcl coated beads cap er 24hr 240 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
cartia xt - diltiazem hcl coated beads cap er 24hr 300 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
cholestyramine light powder packets 4 gm	2	
cholestyramine light powder 4 gm/dose	2	
cholestyramine powder packets 4 gm	2	
cholestyramine powder 4 gm/dose	2	
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	2	QL (60 capsules/30 days)
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	2	QL (30 capsules/30 days)
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	3	
clonidine td patch weekly 0.2 mg/24hr	3	
clonidine td patch weekly 0.3 mg/24hr	3	
colestipol hcl granule packets 5 gm	3	
colestipol hcl granules 5 gm	3	
colestipol hcl tab 1 gm	2	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)	3	PA, QL (600 mls/30 days)
digoxin oral soln 0.05 mg/ml#	3	QL (150 mls/30 days)
digoxin tab 125 mcg (0.125 mg)#	1	QL (30 tablets/30 days)
digoxin tab 250 mcg (0.25 mg)#	1	QL (30 tablets/30 days)
dilt-xr - diltiazem hcl cap er 24hr 120 mg	1	
dilt-xr - diltiazem hcl cap er 24hr 180 mg	1	
dilt-xr - diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl tab er 24hr 120 mg	2	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
dofetilide cap 125 mcg (0.125 mg)	3	
dofetilide cap 250 mcg (0.25 mg)	3	
dofetilide cap 500 mcg (0.5 mg)	3	
doxazosin mesylate tab 1 mg	1	QL (60 tablets/30 days)
doxazosin mesylate tab 2 mg	1	QL (60 tablets/30 days)
doxazosin mesylate tab 4 mg	1	QL (60 tablets/30 days)
doxazosin mesylate tab 8 mg	1	QL (60 tablets/30 days)
droxidopa cap 100 mg	3	PA
droxidopa cap 200 mg	3	PA
droxidopa cap 300 mg	3	PA
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	4	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	4	
enalapril maleate tab 2.5 mg	4	
enalapril maleate tab 5 mg	4	
enalapril maleate tab 10 mg	4	
enalapril maleate tab 20 mg	4	
ENTRESTO - sacubitril-valsartan sprinkle cap 6-6 mg	2	QL (240 capsules/30 days)
ENTRESTO - sacubitril-valsartan sprinkle cap 15-16 mg	2	QL (240 capsules/30 days)
ezetimibe tab 10 mg	1	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-10 mg	4	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-20 mg	4	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-40 mg	4	QL (30 tablets/30 days)
ezetimibe-simvastatin tab 10-80 mg	4	QL (30 tablets/30 days)
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
fenofibrate micronized cap 67 mg	2	QL (30 capsules/30 days)
fenofibrate micronized cap 134 mg	2	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
fenofibrate micronized cap 200 mg	2	QL (30 capsules/30 days)
fenofibrate tab 48 mg	2	QL (60 tablets/30 days)
fenofibrate tab 54 mg	2	QL (60 tablets/30 days)
fenofibrate tab 145 mg	2	QL (30 tablets/30 days)
fenofibrate tab 160 mg	2	QL (30 tablets/30 days)
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
fluvastatin sodium cap 20 mg (base equivalent)	3	QL (60 capsules/30 days)
fluvastatin sodium cap 40 mg (base equivalent)	3	QL (60 capsules/30 days)
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	4	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	4	
fosinopril sodium tab 10 mg	4	
fosinopril sodium tab 20 mg	4	
fosinopril sodium tab 40 mg	4	
furosemide inj 10 mg/ml	3	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
gemfibrozil tab 600 mg	1	QL (60 tablets/30 days)
guanfacine hcl tab 1 mg#	2	
guanfacine hcl tab 2 mg#	2	
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
irbesartan tab 75 mg	4	QL (30 tablets/30 days)
irbesartan tab 150 mg	4	QL (30 tablets/30 days)
irbesartan tab 300 mg	4	QL (30 tablets/30 days)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	4	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
irbesartan-hydrochlorothiazide tab 300-12.5 mg	4	QL (30 tablets/30 days)
isosorbide dinitrate tab 5 mg	2	
isosorbide dinitrate tab 10 mg	2	
isosorbide dinitrate tab 20 mg	2	
isosorbide dinitrate tab 30 mg	2	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
ivabradine hcl tab 5 mg (base equiv)	3	PA, QL (60 tablets/30 days)
ivabradine hcl tab 7.5 mg (base equiv)	3	PA, QL (60 tablets/30 days)
KERENDIA - finerenone tab 10 mg	2	PA, QL (30 tablets/30 days)
KERENDIA - finerenone tab 20 mg	2	PA, QL (30 tablets/30 days)
KERENDIA - finerenone tab 40 mg	2	PA, QL (30 tablets/30 days)
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	4	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	4	
lisinopril & hydrochlorothiazide tab 20-25 mg	4	
lisinopril tab 2.5 mg	4	
lisinopril tab 5 mg	4	
lisinopril tab 10 mg	4	
lisinopril tab 20 mg	4	
lisinopril tab 30 mg	4	
lisinopril tab 40 mg	4	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	4	QL (30 tablets/30 days)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	4	QL (30 tablets/30 days)
losartan potassium & hydrochlorothiazide tab 100-25 mg	4	QL (30 tablets/30 days)
losartan potassium tab 25 mg	4	QL (60 tablets/30 days)
losartan potassium tab 50 mg	4	QL (60 tablets/30 days)
losartan potassium tab 100 mg	4	QL (30 tablets/30 days)
lovastatin tab 10 mg	4	QL (60 tablets/30 days)
lovastatin tab 20 mg	4	QL (60 tablets/30 days)
lovastatin tab 40 mg	4	QL (60 tablets/30 days)
methazolamide tab 25 mg	3	
methazolamide tab 50 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
metolazone tab 2.5 mg	2	
metolazone tab 5 mg	2	
metolazone tab 10 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
metyrosine cap 250 mg	3	
mexiletine hcl cap 150 mg	3	
mexiletine hcl cap 200 mg	3	
mexiletine hcl cap 250 mg	3	
midodrine hcl tab 2.5 mg	3	
midodrine hcl tab 5 mg	3	
midodrine hcl tab 10 mg	3	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
moexipril hcl tab 7.5 mg	4	
moexipril hcl tab 15 mg	4	
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)	3	
nebivolol hcl tab 2.5 mg (base equivalent)	3	
nebivolol hcl tab 5 mg (base equivalent)	3	
nebivolol hcl tab 10 mg (base equivalent)	3	
nebivolol hcl tab 20 mg (base equivalent)	3	
niacin tab er 500 mg (antihyperlipidemic)	3	QL (30 tablets/30 days)
niacin tab er 750 mg (antihyperlipidemic)	3	QL (60 tablets/30 days)
niacin tab er 1000 mg (antihyperlipidemic)	3	QL (60 tablets/30 days)
nifedipine tab er 24hr 30 mg	2	
nifedipine tab er 24hr 60 mg	2	
nifedipine tab er 24hr 90 mg	2	
nifedipine tab er 24hr osmotic release 30 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
nifedipine tab er 24hr osmotic release 60 mg	2	
nifedipine tab er 24hr osmotic release 90 mg	2	
nimodipine cap 30 mg	3	
NITRO-BID - nitroglycerin oint 2%	3	
nitroglycerin oint 0.4%	3	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
olmesartan medoxomil tab 5 mg	4	QL (60 tablets/30 days)
olmesartan medoxomil tab 20 mg	4	QL (30 tablets/30 days)
olmesartan medoxomil tab 40 mg	4	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	4	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	4	QL (30 tablets/30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	4	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	2	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	2	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	2	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	2	QL (30 tablets/30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	2	QL (30 tablets/30 days)
omega-3-acid ethyl esters cap 1 gm	2	
pacerone - amiodarone hcl tab 100 mg	3	
pacerone - amiodarone hcl tab 200 mg	1	
pentoxifylline tab er 400 mg	1	
perindopril erbumine tab 2 mg	4	
perindopril erbumine tab 8 mg	4	
perindopril erbumine tab 4 mg	4	
phenoxybenzamine hcl cap 10 mg	3	
pindolol tab 5 mg	2	
pindolol tab 10 mg	2	
pravastatin sodium tab 10 mg	4	QL (45 tablets/30 days)
pravastatin sodium tab 20 mg	4	QL (45 tablets/30 days)
pravastatin sodium tab 40 mg	4	QL (45 tablets/30 days)
pravastatin sodium tab 80 mg	4	QL (30 tablets/30 days)
prazosin hcl cap 1 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
prevalite - cholestyramine light powder packets 4 gm	3	
prevalite - cholestyramine light powder 4 gm/dose	3	
propafenone hcl cap er 12hr 225 mg	3	
propafenone hcl cap er 12hr 325 mg	3	
propafenone hcl cap er 12hr 425 mg	3	
propafenone hcl tab 150 mg	2	
propafenone hcl tab 225 mg	2	
propafenone hcl tab 300 mg	2	
propranolol hcl cap er 24hr 60 mg	3	
propranolol hcl cap er 24hr 80 mg	3	
propranolol hcl cap er 24hr 120 mg	3	
propranolol hcl cap er 24hr 160 mg	3	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
quinapril hcl tab 5 mg	4	
quinapril hcl tab 10 mg	4	
quinapril hcl tab 20 mg	4	
quinapril hcl tab 40 mg	4	
quinapril-hydrochlorothiazide tab 20-25 mg	4	
quinapril-hydrochlorothiazide tab 10-12.5 mg	4	
quinapril-hydrochlorothiazide tab 20-12.5 mg	4	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 mg	1	
ramipril cap 1.25 mg	4	
ramipril cap 2.5 mg	4	
ramipril cap 5 mg	4	
ramipril cap 10 mg	4	
ranolazine tab er 12hr 500 mg	3	QL (60 tablets/30 days)
ranolazine tab er 12hr 1000 mg	3	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2	PA, QL (6 syringes/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2	PA, QL (6 pens/28 days)
rosuvastatin calcium tab 5 mg	4	QL (45 tablets/30 days)
rosuvastatin calcium tab 10 mg	4	QL (45 tablets/30 days)
rosuvastatin calcium tab 20 mg	4	QL (45 tablets/30 days)
rosuvastatin calcium tab 40 mg	4	QL (30 tablets/30 days)
sacubitril-valsartan tab 24-26 mg	2	QL (180 tablets/30 days)
sacubitril-valsartan tab 49-51 mg	2	QL (60 tablets/30 days)
sacubitril-valsartan tab 97-103 mg	2	QL (60 tablets/30 days)
simvastatin tab 5 mg	4	QL (45 tablets/30 days)
simvastatin tab 10 mg	4	QL (45 tablets/30 days)
simvastatin tab 20 mg	4	QL (60 tablets/30 days)
simvastatin tab 40 mg	4	QL (45 tablets/30 days)
simvastatin tab 80 mg	4	QL (30 tablets/30 days)
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
telmisartan tab 20 mg	4	QL (30 tablets/30 days)
telmisartan tab 40 mg	4	QL (30 tablets/30 days)
telmisartan tab 80 mg	4	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-10 mg	3	QL (30 tablets/30 days)
telmisartan-amlodipine tab 40-5 mg	3	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-10 mg	3	QL (30 tablets/30 days)
telmisartan-amlodipine tab 80-5 mg	3	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	4	QL (30 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	4	QL (60 tablets/30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	4	QL (30 tablets/30 days)
terazosin hcl cap 1 mg (base equivalent)	1	QL (90 capsules/30 days)
terazosin hcl cap 2 mg (base equivalent)	1	QL (60 capsules/30 days)
terazosin hcl cap 5 mg (base equivalent)	1	QL (60 capsules/30 days)
terazosin hcl cap 10 mg (base equivalent)	1	QL (60 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
tiadylt er - diltiazem hcl extended release beads cap er 24hr 120 mg	1	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 180 mg	1	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 240 mg	1	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 300 mg	1	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 360 mg	1	
tiadylt er - diltiazem hcl extended release beads cap er 24hr 420 mg	1	
timolol maleate tab 5 mg	3	
timolol maleate tab 10 mg	3	
timolol maleate tab 20 mg	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
trandolapril tab 1 mg	4	
trandolapril tab 2 mg	4	
trandolapril tab 4 mg	4	
trandolapril-verapamil hcl tab er 1-240 mg	4	
trandolapril-verapamil hcl tab er 2-180 mg	4	
trandolapril-verapamil hcl tab er 2-240 mg	4	
trandolapril-verapamil hcl tab er 4-240 mg	4	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
valsartan tab 40 mg	4	QL (60 tablets/30 days)
valsartan tab 80 mg	4	QL (60 tablets/30 days)
valsartan tab 160 mg	4	QL (60 tablets/30 days)
valsartan tab 320 mg	4	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	4	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	4	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	4	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	4	QL (30 tablets/30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	4	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	2	QL (240 capsules/30 days)
VASCEPA - icosapent ethyl cap 1 gm	2	QL (120 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl cap er 24hr 360 mg	3	
verapamil hcl cap er 24hr 120 mg	2	
verapamil hcl cap er 24hr 180 mg	2	
verapamil hcl cap er 24hr 240 mg	2	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
VERQUVO - vericiguat tab 2.5 mg	2	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 5 mg	2	QL (30 tablets/30 days)
VERQUVO - vericiguat tab 10 mg	2	QL (30 tablets/30 days)
Central Nervous System Agents		
amphetamine-dextroamphetamine cap er 24hr 5 mg	2	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	3	QL (30 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg	2	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 7.5 mg	2	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 10 mg	2	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 12.5 mg	2	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 15 mg	2	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg	2	QL (90 tablets/30 days)
amphetamine-dextroamphetamine tab 30 mg	2	QL (60 tablets/30 days)
atomoxetine hcl cap 10 mg (base equiv)	3	QL (60 capsules/30 days)
atomoxetine hcl cap 18 mg (base equiv)	3	QL (60 capsules/30 days)
atomoxetine hcl cap 25 mg (base equiv)	3	QL (60 capsules/30 days)
atomoxetine hcl cap 40 mg (base equiv)	3	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv)	3	QL (30 capsules/30 days)
atomoxetine hcl cap 80 mg (base equiv)	3	QL (30 capsules/30 days)
atomoxetine hcl cap 100 mg (base equiv)	3	QL (30 capsules/30 days)
AUSTEDO - deutetrabenazine tab 6 mg*	3	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg*	3	PA, QL (120 tablets/30 days)
AUSTEDO - deutetrabenazine tab 12 mg*	3	PA, QL (120 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 6 mg*	3	PA, QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR - deutetrabenazine tab er 24hr 12 mg*	3	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 18 mg	3	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 24 mg*	3	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 30 mg	3	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 36 mg	3	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 42 mg	3	PA, QL (30 tablets/30 days)
AUSTEDO XR - deutetrabenazine tab er 24hr 48 mg	3	PA, QL (30 tablets/30 days)
AUSTEDO XR PATIENT TITRATION KIT - deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg	3	PA, QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	3	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	3	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	3	PA, QL (15 vials/ syringes/30 days)
clonidine hcl tab er 12hr 0.1 mg	3	QL (120 tablets/30 days)
dalfampridine tab er 12hr 10 mg†	2	PA
dexmethylphenidate hcl tab 2.5 mg	2	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 5 mg	2	PA, QL (60 tablets/30 days)
dexmethylphenidate hcl tab 10 mg	2	PA, QL (60 tablets/30 days)
dextroamphetamine sulfate tab 5 mg	3	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	3	QL (180 tablets/30 days)
dimethyl fumarate capsule delayed release 120 mg	3	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule delayed release 240 mg	3	PA, QL (60 capsules/30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	3	PA, QL (60 capsules/30 days)
fingolimod hcl cap 0.5 mg (base equiv)	3	PA, QL (30 capsules/30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml	3	PA, QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	3	PA, QL (12 syringes/28 days)
glatopa - glatiramer acetate soln prefilled syringe 20 mg/ml	3	PA, QL (30 syringes/30 days)
glatopa - glatiramer acetate soln prefilled syringe 40 mg/ml	3	PA, QL (12 syringes/28 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)#	2	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 2 mg (base equiv)#	2	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 3 mg (base equiv)#	2	QL (30 tablets/30 days)
guanfacine hcl tab er 24hr 4 mg (base equiv)#	2	QL (30 tablets/30 days)
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	3	PA, QL (1 pack/28 days)
INGREZZA - valbenazine tosylate capsule sprinkle 40 mg (base equiv)	3	PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate capsule sprinkle 60 mg (base equiv)	3	PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate capsule sprinkle 80 mg (base equiv)	3	PA, QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
INGREZZA - valbenazine tosylate cap 40 mg (base equiv)	3	PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate cap 60 mg (base equiv)	3	PA, QL (30 capsules/30 days)
INGREZZA - valbenazine tosylate cap 80 mg (base equiv)	3	PA, QL (30 capsules/30 days)
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	3	PA, QL (4 pens/28 days)
methylphenidate hcl soln 5 mg/5ml	3	PA, QL (450 mls/30 days)
methylphenidate hcl soln 10 mg/5ml	3	PA, QL (900 mls/30 days)
methylphenidate hcl tab er 10 mg	3	PA, QL (90 tablets/30 days)
methylphenidate hcl tab er 20 mg	3	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 5 mg	2	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 10 mg	2	PA, QL (90 tablets/30 days)
methylphenidate hcl tab 20 mg	2	PA, QL (90 tablets/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln auto-injector 125 mcg/0.5ml	3	PA, QL (2 pens/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	3	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	3	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack	3	PA, QL (2 pens/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	3	PA, QL (2 syringes/28 days)
riluzole tab 50 mg	3	
tetrabenazine tab 12.5 mg	3	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg	3	PA, QL (120 tablets/30 days)
VEOZAH - fezolinetant tab 45 mg	3	PA, QL (30 tablets/30 days)
VUMERITY - diroximel fumarate capsule delayed release 231 mg	3	PA, QL (120 capsules/30 days)
zenzedi - dextroamphetamine sulfate tab 5 mg	3	QL (90 tablets/30 days)
zenzedi - dextroamphetamine sulfate tab 10 mg	3	QL (180 tablets/30 days)
Dental and Oral Agents		
chlorhexidine gluconate soln 0.12%	1	
kourzeq - triamcinolone acetonide dental paste 0.1%	2	
oralone dental paste - triamcinolone acetonide dental paste0.1%	2	
periogard - chlorhexidine gluconate soln 0.12%	1	
pilocarpine hcl tab 5 mg	3	
pilocarpine hcl tab 7.5 mg	3	
triamcinolone acetonide dental paste 0.1%	2	
Dermatological Agents		
accutane - isotretinoin cap 10 mg	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
accutane - isotretinoin cap 20 mg	3	PA
accutane - isotretinoin cap 30 mg	3	PA
accutane - isotretinoin cap 40 mg	3	PA
acitretin cap 10 mg	3	
acitretin cap 17.5 mg	3	
acitretin cap 25 mg	3	
ala-cort - hydrocortisone cream 1%	1	
alclometasone dipropionate cream 0.05%	2	QL (120 grams/30 days)
alclometasone dipropionate oint 0.05%	2	QL (120 grams/30 days)
amnesteem - isotretinoin cap 10 mg	3	PA
amnesteem - isotretinoin cap 20 mg	3	PA
amnesteem - isotretinoin cap 30 mg	3	PA
amnesteem - isotretinoin cap 40 mg	3	PA
azelaic acid gel 15%	3	
benzoyl peroxide-erythromycin gel 5-3%	3	
BETAMETHASONE DIPROPIONATE AUGMENTED - betamethasone dipropionate augmented gel 0.05%	3	QL (200 grams/28 days)
betamethasone dipropionate augmented cream 0.05%	2	QL (200 grams/28 days)
betamethasone dipropionate augmented lotion 0.05%	3	QL (210 mls/30 days)
betamethasone dipropionate augmented oint 0.05%	2	QL (200 grams/28 days)
betamethasone dipropionate cream 0.05%	2	QL (135 grams/30 days)
betamethasone dipropionate lotion 0.05%	2	QL (120 mls/30 days)
betamethasone dipropionate oint 0.05%	3	QL (135 grams/30 days)
betamethasone valerate cream 0.1% (base equivalent)	2	QL (135 grams/30 days)
betamethasone valerate lotion 0.1% (base equivalent)	2	QL (120 mls/30 days)
betamethasone valerate oint 0.1% (base equivalent)	2	QL (135 grams/30 days)
calcipotriene cream 0.005%	3	QL (120 grams/30 days)
calcipotriene oint 0.005%	3	QL (120 grams/30 days)
calcipotriene soln 0.005% (50 mcg/ml)	2	QL (120 mls/30 days)
calcitrene - calcipotriene oint 0.005%	3	QL (120 grams/30 days)
claravis - isotretinoin cap 10 mg	3	PA
claravis - isotretinoin cap 20 mg	3	PA
claravis - isotretinoin cap 30 mg	3	PA
claravis - isotretinoin cap 40 mg	3	PA
clobetasol propionate cream 0.05%	3	QL (210 grams/28 days)
clobetasol propionate e - clobetasol propionate emollient base cream 0.05%	3	QL (210 grams/28 days)
clobetasol propionate emollient - clobetasol propionate emollient base cream 0.05%	3	QL (210 grams/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate emollient base cream 0.05%	3	QL (210 grams/28 days)
clobetasol propionate gel 0.05%	3	QL (210 grams/28 days)
clobetasol propionate oint 0.05%	3	QL (210 grams/28 days)
clobetasol propionate soln 0.05%	3	QL (200 mls/28 days)
clotrimazole w/ betamethasone cream 1-0.05%	2	
desonide oint 0.05%	3	QL (120 grams/30 days)
desoximetasone cream 0.25%	3	QL (120 grams/30 days)
diclofenac sodium (actinic keratoses) gel 3%	3	PA
EUCRISA - crisaborole oint 2%	3	PA
FINACEA - azelaic acid foam 15%	3	
fluocinolone acetonide cream 0.01%	3	QL (120 grams/30 days)
fluocinolone acetonide cream 0.025%	3	QL (120 grams/30 days)
fluocinolone acetonide oil 0.01% (body oil)	3	QL (118.28 mls/30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	3	QL (118.28 mls/30 days)
fluocinolone acetonide oint 0.025%	2	QL (120 grams/30 days)
fluocinolone acetonide soln 0.01%	3	QL (120 mls/30 days)
fluocinonide cream 0.05%	2	QL (120 grams/30 days)
fluocinonide emulsified base cream 0.05%	2	QL (120 grams/30 days)
fluocinonide gel 0.05%	3	QL (120 grams/30 days)
fluocinonide oint 0.05%	2	QL (120 grams/30 days)
fluocinonide soln 0.05%	2	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil soln 2%	2	QL (10 mls/30 days)
fluorouracil cream 5%	2	QL (40 grams/30 days)
fluorouracil soln 5%	2	QL (10 mls/30 days)
fluticasone propionate cream 0.05%	1	QL (120 grams/30 days)
fluticasone propionate oint 0.005%	1	QL (120 grams/30 days)
gentamicin sulfate cream 0.1%	2	
gentamicin sulfate oint 0.1%	2	
halobetasol propionate cream 0.05%	3	QL (200 grams/28 days)
halobetasol propionate oint 0.05%	3	QL (200 grams/28 days)
hydrocortisone cream 1%	1	
hydrocortisone cream 2.5%	1	QL (454 grams/30 days)
hydrocortisone lotion 2.5%	1	QL (118 mls/30 days)
hydrocortisone oint 1%	1	
hydrocortisone oint 2.5%	1	QL (454 grams/30 days)
imiquimod cream 5%	2	PA
isotretinoin cap 10 mg	3	PA
isotretinoin cap 20 mg	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
isotretinoin cap 25 mg	3	PA
isotretinoin cap 30 mg	3	PA
isotretinoin cap 35 mg	3	PA
isotretinoin cap 40 mg	3	PA
lactic acid (ammonium lactate) cream 12%	1	
lactic acid (ammonium lactate) lotion 12%	2	
malathion lotion 0.5%	3	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	2	
metronidazole gel 1%	3	
metronidazole lotion 0.75%	3	
mometasone furoate cream 0.1%	1	QL (135 grams/30 days)
mometasone furoate oint 0.1%	1	QL (135 grams/30 days)
mometasone furoate solution 0.1% (lotion)	1	QL (120 mls/30 days)
mupirocin oint 2%	1	QL (30 grams/30 days)
OTEZLA - apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	3	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	3	PA, QL (1 pack/180 days)
OTEZLA - apremilast tab 20 mg	3	PA, QL (60 tablets/30 days)
OTEZLA - apremilast tab 30 mg*	3	PA, QL (60 tablets/30 days)
permethrin cream 5%	2	
podofilox soln 0.5%	3	
SANTYL - collagenase oint 250 unit/gm	2	QL (180 grams/30 days)
selenium sulfide lotion 2.5%	1	
silver sulfadiazine cream 1%	1	
ssd - silver sulfadiazine cream 1%	1	
sulfacetamide sodium lotion 10% (acne)	3	
tacrolimus oint 0.03%	3	PA
tacrolimus oint 0.1%	3	PA
tazarotene cream 0.05%	3	PA, QL (60 grams/30 days)
tazarotene cream 0.1%	3	PA, QL (60 grams/30 days)
tretinoin cream 0.025%	3	PA, QL (45 grams/30 days)
tretinoin cream 0.05%	3	PA, QL (45 grams/30 days)
tretinoin cream 0.1%	3	PA, QL (45 grams/30 days)
tretinoin gel 0.01%	3	PA, QL (45 grams/30 days)
tretinoin gel 0.025%	3	PA, QL (45 grams/30 days)
triamcinolone acetonide cream 0.025%	1	QL (454 grams/30 days)
triamcinolone acetonide cream 0.1%	1	QL (454 grams/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide cream 0.5%	1	QL (454 grams/30 days)
triamcinolone acetonide lotion 0.025%	2	QL (120 mls/30 days)
triamcinolone acetonide lotion 0.1%	2	QL (120 mls/30 days)
triamcinolone acetonide oint 0.025%	1	QL (454 grams/30 days)
triamcinolone acetonide oint 0.1%	1	QL (454 grams/30 days)
triamcinolone acetonide oint 0.5%	1	QL (120 grams/30 days)
triderm - triamcinolone acetonide cream 0.5%	1	QL (454 grams/30 days)
zenatane - isotretinoin cap 10 mg	3	PA
zenatane - isotretinoin cap 20 mg	3	PA
zenatane - isotretinoin cap 30 mg	3	PA
zenatane - isotretinoin cap 40 mg	3	PA
Electrolytes/Minerals/Metals/Vitamins		
carglumic acid soluble tab 200 mg	3	PA
CHEMET - succimer cap 100 mg	3	
deferasirox granules packet 90 mg†	3	PA
deferasirox granules packet 180 mg†	3	PA
deferasirox granules packet 360 mg†	3	PA
deferasirox tab for oral susp 125 mg†	3	PA
deferasirox tab for oral susp 250 mg†	3	PA
deferasirox tab for oral susp 500 mg†	3	PA
deferasirox tab 90 mg†	2	PA
deferasirox tab 180 mg†	3	PA
deferasirox tab 360 mg†	3	PA
dextrose inj 10%	3	
dextrose inj 5%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% w/ sodium chloride 0.2%	3	
dextrose 5% w/ sodium chloride 0.45%	3	
dextrose 5% w/ sodium chloride 0.9%	3	
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	3	BD
kcl 20 meq/l (0.149%) in nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	

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Drug Name	Drug Tier	Requirements/Limits
kionex - sodium polystyrene sulfonate susp 15 gm/60ml	2	
klor-con m10 - potassium chloride microencapsulated crys ertab 10 meq	1	
klor-con m15 - potassium chloride microencapsulated crys ertab 15 meq	1	
klor-con m20 - potassium chloride microencapsulated crys ertab 20 meq	1	
klor-con 8 - potassium chloride tab er 8 meq (600 mg)	1	
klor-con 10 - potassium chloride tab er 10 meq	1	
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm	2	
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm	2	
magnesium sulfate inj 50%	3	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	3	BD
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride inj 2 meq/ml	3	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	3	
potassium chloride oral soln 20% (40 meq/15ml)	3	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3	
potassium citrate tab er 5 meq (540 mg)	3	
potassium citrate tab er 10 meq (1080 mg)	3	
potassium citrate tab er 15 meq (1620 mg)	3	
sodium chloride iv soln 0.45%	3	
sodium chloride iv soln 0.9%	3	
sodium chloride preservative free (pf) inj 0.9%	3	
sodium polystyrene sulfonate powder	2	
sps - sodium polystyrene sulfonate rectal susp 30 gm/120ml	2	
sps - sodium polystyrene sulfonate susp 15 gm/60ml	2	
tolvaptan tab therapy pack 15 mg	3	PA
tolvaptan tab therapy pack 30 & 15 mg	3	PA
tolvaptan tab therapy pack 45 & 15 mg	3	PA
tolvaptan tab therapy pack 60 & 30 mg	3	PA
tolvaptan tab therapy pack 90 & 30 mg	3	PA

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Drug Name	Drug Tier	Requirements/Limits
tolvaptan tab 15 mg (generic for Jynarque)	3	PA
tolvaptan tab 30 mg (generic for Jynarque)	3	PA
TRAVASOL - amino acid infusion 10%	3	BD
trientine hcl cap 250 mg†	3	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	3	BD
Gastrointestinal Agents		
alosetron hcl tab 0.5 mg (base equiv)	3	PA, QL (60 tablets/30 days)
alosetron hcl tab 1 mg (base equiv)	3	PA, QL (60 tablets/30 days)
CHENODAL - chenodiol tab 250 mg*	3	PA
cimetidine tab 200 mg	2	
cimetidine tab 300 mg	2	
cimetidine tab 400 mg	2	
cimetidine tab 800 mg	2	
constulose - lactulose solution 10 gm/15ml	1	
dicyclomine hcl cap 10 mg#	1	PA (>=65 yr)
dicyclomine hcl oral soln 10 mg/5ml#	3	PA (>=65 yr)
dicyclomine hcl tab 20 mg#	1	PA (>=65 yr)
diphenoxylate w/ atropine tab 2.5-0.025 mg#	3	PA (>=65 yr)
enulose - lactulose (encephalopathy) solution 10 gm/15ml	1	
esomeprazole magnesium cap delayed release 20 mg (base eq)	2	QL (30 capsules/30 days)
esomeprazole magnesium cap delayed release 40 mg (base eq)	2	QL (30 capsules/30 days)
famotidine for susp 40 mg/5ml	3	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	
gavilyte-c - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
gavilyte-g - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
gavilyte-n/flavor pack - peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
generlac - lactulose (encephalopathy) solution 10 gm/15ml	1	
glycopyrrolate tab 1 mg	2	
glycopyrrolate tab 2 mg	2	
lactulose (encephalopathy) solution 10 gm/15ml	1	
lactulose solution 10 gm/15ml	1	
lansoprazole cap delayed release 15 mg	1	QL (30 capsules/30 days)
lansoprazole cap delayed release 30 mg	1	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 145 mcg	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 290 mcg	2	QL (30 capsules/30 days)
loperamide hcl cap 2 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
lubiprostone cap 8 mcg	2	QL (120 capsules/30 days)
lubiprostone cap 24 mcg	2	QL (60 capsules/30 days)
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	2	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
misoprostol tab 100 mcg	2	
misoprostol tab 200 mcg	2	
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent)	2	QL (30 tablets/30 days)
MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent)	2	QL (30 tablets/30 days)
nizatidine cap 150 mg	3	
nizatidine cap 300 mg	2	
omeprazole cap delayed release 10 mg	1	QL (30 capsules/30 days)
omeprazole cap delayed release 20 mg	1	QL (60 capsules/30 days)
omeprazole cap delayed release 40 mg	1	QL (60 capsules/30 days)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (30 tablets/30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (60 tablets/30 days)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
rabeprazole sodium ec tab 20 mg	2	QL (30 tablets/30 days)
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3	
sucralfate tab 1 gm	1	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	3	
ursodiol cap 300 mg	2	
ursodiol tab 250 mg	3	
ursodiol tab 500 mg	3	
VOWST - fecal microbiota spores, live-brpk caps	3	PA, QL (12 capsules/56 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	3	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	3	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ATTRUBY - acoramidis hcl tab pack 356 mg (712 mg twice daily)	3	PA, QL (112 tablets/28 days)
betaine powder for oral solution	3	
CEREZYME - imiglucerase for inj 400 unit*	3	PA
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	2	
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	2	
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	2	
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	2	

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Drug Name	Drug Tier	Requirements/Limits
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	2	
cromolyn sodium oral conc 100 mg/5ml	3	
CRYSVITA - burosumab-twza inj 10 mg/ml	3	PA
CRYSVITA - burosumab-twza inj 20 mg/ml	3	PA
CRYSVITA - burosumab-twza inj 30 mg/ml	3	PA
CYSTAGON - cysteamine bitartrate cap 50 mg*	3	PA
CYSTAGON - cysteamine bitartrate cap 150 mg*	3	PA
ELELYSO - taliglucerase alfa for inj 200 unit*	3	PA
glutamine (sickle cell) powd pack 5 gm	3	PA, QL (180 packets/30 days)
levocarnitine oral soln 1 gm/10ml (10%)	3	
levocarnitine tab 330 mg	3	
*miglustat cap 100 mg**	3	PA, QL (180 capsules/30 days)
nitisinone cap 2 mg	3	
nitisinone cap 5 mg	3	
nitisinone cap 10 mg	3	
nitisinone cap 20 mg	3	
ORFADIN - nitisinone susp 4 mg/ml*	3	
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	3	PA
PYRUKYND - mitapivat sulfate tab 5 mg*	3	PA, QL (56 tablets/28 days)
PYRUKYND - mitapivat sulfate tab 20 mg*	3	PA, QL (56 tablets/28 days)
PYRUKYND - mitapivat sulfate tab 50 mg*	3	PA, QL (56 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 5 mg*	3	PA, QL (7 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg*	3	PA, QL (14 tablets/28 days)
PYRUKYND TAPER PACK - mitapivat sulfate tab therapy pack 7 x 50 mg & 7 x 20 mg*	3	PA, QL (14 tablets/28 days)
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	3	PA
REZDIFFRA - resmetirom 60 mg tab	3	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 80 mg tab	3	PA, QL (30 tablets/30 days)
REZDIFFRA - resmetirom 100 mg tab	3	PA, QL (30 tablets/30 days)
sapropterin dihydrochloride powder packet 100 mg†	3	PA
sapropterin dihydrochloride powder packet 500 mg†	3	PA
sapropterin dihydrochloride tab 100 mg†	3	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	3	PA
sodium phenylbutyrate tab 500 mg	3	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	3	PA
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	3	PA
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	3	PA
VPRIV - velaglucerase alfa for inj 400 unit	3	PA
WELIREG - belzutifan tab 40 mg*†	3	PA, QL (90 tablets/30 days)
*yargesa - miglustat cap 100 mg**	3	PA, QL (180 capsules/30 days)
zelvysia - sapropterin dihydrochloride powder packet 100 mg†	3	PA
zelvysia - sapropterin dihydrochloride powder packet 500 mg†	3	PA
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	2	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	2	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	2	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	2	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	2	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	2	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	2	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit	2	
Genitourinary Agents		
alfuzosin hcl tab er 24hr 10 mg	1	QL (30 tablets/30 days)
bethanechol chloride tab 5 mg	2	
bethanechol chloride tab 10 mg	2	
bethanechol chloride tab 25 mg	2	
bethanechol chloride tab 50 mg	2	
dutasteride cap 0.5 mg	1	QL (30 capsules/30 days)
finasteride tab 5 mg	1	QL (30 tablets/30 days)
LILETTA - levonorgestrel iud 20.1 mcg/day (initial) (52 mg total)	2	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	2	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	2	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	2	QL (30 tablets/30 days)
NEXPLANON - etonogestrel subdermal implant 68 mg	2	
oxybutynin chloride solution 5 mg/5ml	2	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg	2	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg	2	QL (90 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg	2	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride tab 5 mg	1	QL (120 tablets/30 days)
penicillamine tab 250 mg	3	
SKYLA - levonorgestrel releasing iud 14 mcg/day (13.5 mg total)	3	
solifenacin succinate tab 5 mg	1	QL (30 tablets/30 days)
solifenacin succinate tab 10 mg	1	QL (30 tablets/30 days)
tadalafil tab 2.5 mg	3	PA, QL (30 tablets/30 days)
tadalafil tab 5 mg	3	PA, QL (30 tablets/30 days)
tamsulosin hcl cap 0.4 mg	1	QL (60 capsules/30 days)
tolterodine tartrate cap er 24hr 2 mg	3	QL (30 capsules/30 days)
tolterodine tartrate cap er 24hr 4 mg	3	QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg	3	QL (60 tablets/30 days)
tolterodine tartrate tab 2 mg	3	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethasone elixir 0.5 mg/5ml	2	
dexamethasone soln 0.5 mg/5ml	2	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
fludrocortisone acetate tab 0.1 mg	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone soln 15 mg/5ml	1	
prednisone oral soln 5 mg/5ml	3	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	

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

Drug Name	Drug Tier	Requirements/Limits
prednisone tab therapy pack 10 mg (48)	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	3	PA
desmopressin acetate inj 4 mcg/ml	3	
desmopressin acetate nasal spray soln 0.01%	3	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	3	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	3	
desmopressin acetate tab 0.1 mg	2	
desmopressin acetate tab 0.2 mg	2	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	3	
OMNITROPE - somatropin for inj 5.8 mg	3	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	3	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	3	PA
PREGNYL - chorionic gonadotropin for im inj 10000 unit	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
abigale - estradiol & norethindrone acetate tab 1-0.5 mg#	3	
afirmelle - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
altavera - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
alyacen 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
alyacen 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
apri - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
aranelle - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	3	
aubra eq - levonorgestrel & ethinyl estradiol tab 0.1 mg-20mcg	3	
aurovela fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	3	
aurovela fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
aurovela 1/20 - norethindrone ace & ethinyl estradiol tab 1mg-20 mcg	3	
aurovela 1.5/30 - norethindrone ace & ethinyl estradiol tab1.5 mg-30 mcg	3	

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

Drug Name	Drug Tier	Requirements/Limits
aurovela 24 fe - norethindrone ace-ethinyl estradiol-fe tab1 mg-20 mcg (24)	3	
aviane - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
ayuna - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
azurette - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
balziva - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
blisovi fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
blisovi fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
blisovi 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
briellyn - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
camila - norethindrone tab 0.35 mg	2	
camrese lo - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	
chateal eq - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day#	3	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day#	3	
cryselle-28 - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
cyred eq - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
danazol cap 50 mg	3	PA
danazol cap 100 mg	3	PA
danazol cap 200 mg	3	PA
dasetta 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
dasetta 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
deblitane - norethindrone tab 0.35 mg	2	
delyla - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	2	
depo-testosterone - testosterone cypionate im inj in oil 100 mg/ml	2	PA
depo-testosterone - testosterone cypionate im inj in oil 200 mg/ml	2	PA
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
dotti - estradiol td patch twice weekly 0.025 mg/24hr#	2	
dotti - estradiol td patch twice weekly 0.0375 mg/24hr#	2	
dotti - estradiol td patch twice weekly 0.05 mg/24hr#	2	

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

Drug Name	Drug Tier	Requirements/Limits
dotti - estradiol td patch twice weekly 0.075 mg/24hr#	2	
dotti - estradiol td patch twice weekly 0.1 mg/24hr#	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	3	
elinest - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
eluryng - etonogestrel-ethinyl estradiol va ring 0.12-0.015mg/24hr	2	
emzahh - norethindrone tab 0.35 mg	2	
enilloring - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2	
enpresse-28 - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
enskyce - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
errin - norethindrone tab 0.35 mg	2	
estarylla - norgestimate & ethinyl estradiol tab 0.25 mg-35mcg	3	
estradiol & norethindrone acetate tab 1-0.5 mg#	3	
estradiol tab 0.5 mg#	1	
estradiol tab 1 mg#	1	
estradiol tab 2 mg#	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)#	3	
estradiol td gel 0.5 mg/0.5gm (0.1%)#	3	
estradiol td gel 0.75 mg/0.75gm (0.1%)#	3	
estradiol td gel 1 mg/gm (0.1%)#	3	
estradiol td gel 1.25 mg/1.25gm (0.1%)#	3	
estradiol td patch twice weekly 0.025 mg/24hr#	2	
estradiol td patch twice weekly 0.0375 mg/24hr#	2	
estradiol td patch twice weekly 0.05 mg/24hr#	2	
estradiol td patch twice weekly 0.075 mg/24hr#	2	
estradiol td patch twice weekly 0.1 mg/24hr#	2	
estradiol td patch weekly 0.025 mg/24hr#	2	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#	2	
estradiol td patch weekly 0.05 mg/24hr#	2	
estradiol td patch weekly 0.06 mg/24hr#	2	
estradiol td patch weekly 0.075 mg/24hr#	2	
estradiol td patch weekly 0.1 mg/24hr#	2	
estradiol vaginal cream 0.01%	2	
estradiol vaginal tab 10 mcg	3	
estradiol valerate im in oil 10 mg/ml	2	
estradiol valerate im in oil 20 mg/ml	2	
estradiol valerate im in oil 40 mg/ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2	
falmina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
feirza 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
feirza 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
gallifrey - norethindrone acetate tab 5 mg	2	
hailey fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
hailey fe 1.5/30 - norethindrone ace & ethinyl estradiol-fetab 1.5 mg-30 mcg	3	
hailey 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
hailey 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	3	
haloette - etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2	
heather - norethindrone tab 0.35 mg	2	
iclevia - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
incassia - norethindrone tab 0.35 mg	2	
introvale - levonorgestrel & ethinyl estradiol (91-day) tab0.15-0.03 mg	3	
isibloom - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
jasmiel - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
jencycla - norethindrone tab 0.35 mg	2	
jolessa - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
juleber - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
junel fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
junel fe 24 - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
junel fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
junel 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
junel 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
kalliga - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
kariva - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	

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

Drug Name	Drug Tier	Requirements/Limits
kelnor 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	3	
kurvelo - levonorgestrel & ethinyl estradiol tab 0.15 mg-30mcg	3	
larin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
larin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
larin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
larin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
larin 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
leena - norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	3	
lessina - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
levonest - levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	3	
levora 0.15/30-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
lo-zumandimine - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
loestrin fe 1/20 - norethindrone ace & ethinyl estradiol-fetab 1 mg-20 mcg	3	
loestrin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
loestrin 1/20-21 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
loestrin 1.5/30-21 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
lojaimiess - levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	3	
loryna - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
low-ogestrel - norgestrel & ethinyl estradiol tab 0.3 mg-30mcg	3	
luizza 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
luizza 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
lutera - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
lyleq - norethindrone tab 0.35 mg	2	
lyllana - estradiol td patch twice weekly 0.025 mg/24hr#	2	

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

Drug Name	Drug Tier	Requirements/Limits
lyllana - estradiol td patch twice weekly 0.0375 mg/24hr#	2	
lyllana - estradiol td patch twice weekly 0.05 mg/24hr#	2	
lyllana - estradiol td patch twice weekly 0.075 mg/24hr#	2	
lyllana - estradiol td patch twice weekly 0.1 mg/24hr#	2	
lyza - norethindrone tab 0.35 mg	2	
marlissa - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	2	
medroxyprogesterone acetate im susp 150 mg/ml	2	
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 40 mg/ml#	3	
megestrol acetate tab 20 mg#	2	
megestrol acetate tab 40 mg#	2	
meleya - norethindrone tab 0.35 mg	2	
microgestin fe 1/20 - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
microgestin fe 1.5/30 - norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	
microgestin 1/20 - norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
microgestin 1.5/30 - norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
mili - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
mimvey - estradiol & norethindrone acetate tab 1-0.5 mg#	3	
mono-linyah - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
necon 0.5/35-28 - norethindrone & ethinyl estradiol tab 0.5mg-35 mcg	3	
nikki - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
nora-be - norethindrone tab 0.35 mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	2	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	3	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	3	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	3	

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

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	3	
norethindrone acetate tab 5 mg	2	
norethindrone tab 0.35 mg	2	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	3	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
norlyroc - norethindrone tab 0.35 mg	2	
nortrel 0.5/35 (28) - norethindrone & ethinyl estradiol tab0.5 mg-35 mcg	3	
nortrel 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
nortrel 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
nylia 1/35 - norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	3	
nylia 7/7/7 - norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	3	
ocella - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
orquidea - norethindrone tab 0.35 mg	2	
philith - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
pimtrea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
portia-28 - levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	2	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
raloxifene hcl tab 60 mg	2	
reclipsen - desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	3	
setlakin - levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	3	
sharobel - norethindrone tab 0.35 mg	2	
simliya - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
sprintec 28 - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
sronyx - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
syeda - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
tarina fe 1/20 eq - norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	3	
tarina 24 fe - norethindrone ace-ethinyl estradiol-fe tab 1mg-20 mcg (24)	3	

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

Drug Name	Drug Tier	Requirements/Limits
testosterone cypionate im inj in oil 100 mg/ml	2	PA
testosterone cypionate im inj in oil 200 mg/ml	2	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	2	PA
testosterone td gel 20.25 mg/1.25gm (1.62%)	3	PA, QL (30 packets/30 days)
testosterone td gel 25 mg/2.5gm (1%)	3	PA, QL (90 packets/30 days)
testosterone td gel 50 mg/5gm (1%)	3	PA, QL (60 units/30 days)
testosterone td gel 12.5 mg/act (1%)	3	PA, QL (4 pump bottles/30 days)
testosterone td gel 40.5 mg/2.5gm (1.62%)	3	PA, QL (60 packets/30 days)
testosterone td gel 20.25 mg/act (1.62%)	3	PA, QL (2 pump bottles/30 days)
tilia fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
tri-estarylla - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-legest fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
tri-linyah - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-lo-estarylla - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-marzia - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-mili - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-lo-sprintec - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
tri-mili - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-sprintec - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-vylibra - norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	3	
tri-vylibra lo - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
turqoz - norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	3	
valtya 1/50 - ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
velivet - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	3	
vestura - drospirenone-ethinyl estradiol tab 3-0.02 mg	3	
vienva - levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	3	
viorele - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	

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

Drug Name	Drug Tier	Requirements/Limits
volnea - desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	3	
vyfemla - norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	3	
vylibra - norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	3	
wera - norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	3	
wymzya fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	3	
xarah fe - norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	3	
xelria fe - norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	3	
xulane - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	2	
yuvafem - estradiol vaginal tab 10 mcg	3	
zafemy - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	2	
zovia 1/35 - ethynodiol diacetate & ethinyl estradiol tab 1mg-35 mcg	3	
zumandimine - drospirenone-ethinyl estradiol tab 3-0.03 mg#	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levo-t - levothyroxine sodium tab 25 mcg	2	
levo-t - levothyroxine sodium tab 50 mcg	2	
levo-t - levothyroxine sodium tab 75 mcg	2	
levo-t - levothyroxine sodium tab 88 mcg	2	
levo-t - levothyroxine sodium tab 100 mcg	2	
levo-t - levothyroxine sodium tab 112 mcg	2	
levo-t - levothyroxine sodium tab 125 mcg	2	
levo-t - levothyroxine sodium tab 137 mcg	2	
levo-t - levothyroxine sodium tab 150 mcg	2	
levo-t - levothyroxine sodium tab 175 mcg	2	
levo-t - levothyroxine sodium tab 200 mcg	2	
levo-t - levothyroxine sodium tab 300 mcg	2	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	

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

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
levoxyl - levothyroxine sodium tab 25 mcg	2	
levoxyl - levothyroxine sodium tab 50 mcg	2	
levoxyl - levothyroxine sodium tab 75 mcg	2	
levoxyl - levothyroxine sodium tab 88 mcg	2	
levoxyl - levothyroxine sodium tab 100 mcg	2	
levoxyl - levothyroxine sodium tab 112 mcg	2	
levoxyl - levothyroxine sodium tab 125 mcg	2	
levoxyl - levothyroxine sodium tab 137 mcg	2	
levoxyl - levothyroxine sodium tab 150 mcg	2	
levoxyl - levothyroxine sodium tab 175 mcg	2	
levoxyl - levothyroxine sodium tab 200 mcg	2	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
SYNTHROID - levothyroxine sodium tab 25 mcg	3	
SYNTHROID - levothyroxine sodium tab 50 mcg	3	
SYNTHROID - levothyroxine sodium tab 75 mcg	3	
SYNTHROID - levothyroxine sodium tab 88 mcg	3	
SYNTHROID - levothyroxine sodium tab 100 mcg	3	
SYNTHROID - levothyroxine sodium tab 112 mcg	3	
SYNTHROID - levothyroxine sodium tab 125 mcg	3	
SYNTHROID - levothyroxine sodium tab 137 mcg	3	
SYNTHROID - levothyroxine sodium tab 150 mcg	3	
SYNTHROID - levothyroxine sodium tab 175 mcg	3	
SYNTHROID - levothyroxine sodium tab 200 mcg	3	
SYNTHROID - levothyroxine sodium tab 300 mcg	3	
unithroid - levothyroxine sodium tab 25 mcg	2	
unithroid - levothyroxine sodium tab 50 mcg	2	
unithroid - levothyroxine sodium tab 75 mcg	2	
unithroid - levothyroxine sodium tab 88 mcg	2	
unithroid - levothyroxine sodium tab 100 mcg	2	
unithroid - levothyroxine sodium tab 112 mcg	2	
unithroid - levothyroxine sodium tab 125 mcg	2	
unithroid - levothyroxine sodium tab 137 mcg	2	
unithroid - levothyroxine sodium tab 150 mcg	2	
unithroid - levothyroxine sodium tab 175 mcg	2	

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

Drug Name	Drug Tier	Requirements/Limits
unithroid - levothyroxine sodium tab 200 mcg	2	
unithroid - levothyroxine sodium tab 300 mcg	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tab 0.5 mg	2	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	3	PA, QL (1 kit/84 days)
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	3	PA, QL (1 kit/112 days)
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	3	PA, QL (1 kit/168 days)
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	3	PA, QL (1 kit/28 days)
FIRMAGON - degarelix acetate for inj 80 mg (base equiv)	3	PA
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	3	PA
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	3	PA, QL (1 kit/84 days)
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	3	PA, QL (2 kits/28 days)
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	3	PA, QL (1 kit/28 days)
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	3	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	3	PA, QL (1 kit/28 days)
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	3	PA, QL (1 kit/84 days)
LUPRON DEPOT-PED (6-MONTH) - leuprolide acet (6 month) for im inj pediatric kit 45 mg	3	PA, QL (1 kit/168 days)
mifepristone tab 300 mg	3	PA, QL (120 tablets/30 days)
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	3	PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	3	PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	3	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	3	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	3	PA
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	3	PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	3	PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	3	PA
SIGNIFOR - pasireotide diaspartate inj 0.3 mg/ml (base equiv)*	3	PA
SIGNIFOR - pasireotide diaspartate inj 0.6 mg/ml (base equiv)*	3	PA
SIGNIFOR - pasireotide diaspartate inj 0.9 mg/ml (base equiv)*	3	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	3	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	3	PA
SOMAVERT - pegvisomant for inj 10 mg (as protein)*	3	PA
SOMAVERT - pegvisomant for inj 15 mg (as protein)*	3	PA
SOMAVERT - pegvisomant for inj 20 mg (as protein)*	3	PA
SOMAVERT - pegvisomant for inj 25 mg (as protein)*	3	PA
SOMAVERT - pegvisomant for inj 30 mg (as protein)*	3	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)	3	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	3	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	3	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	3	PA
Hormonal Agents, Suppressant (Thyroid)		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
Immunological Agents		
ABRYSVO - rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml+	4	QL (1 vaccine/lifetime)
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	3	PA, QL (4 syringes/28 days)
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	3	PA, QL (4 pens/28 days)
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	4	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	3	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml+	4	
ARCALYST - rilonacept for inj 220 mg*	3	PA, QL (8 vials/28 days)
AREXVY - rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml+	4	QL (1 vaccine/lifetime; >=50 yr)
azathioprine tab 50 mg	1	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg+	4	
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	3	PA, QL (8 pens/28 days)
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	3	PA, QL (8 syringes/28 days)
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	3	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe+	4	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml+	4	

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

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml+	4	
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	3	PA, QL (8 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	3	PA, QL (4 syringes/28 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	3	PA, QL (8 syringes/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	3	PA, QL (8 pens/28 days)
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	3	PA, QL (8 pens/28 days)
COSENTYX UNOREADY - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	3	PA, QL (4 pens/28 days)
cyclosporine cap 25 mg	3	BD
cyclosporine cap 100 mg	3	BD
cyclosporine modified cap 25 mg	3	BD
cyclosporine modified cap 50 mg	3	BD
cyclosporine modified cap 100 mg	3	BD
cyclosporine modified oral soln 100 mg/ml	3	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	4	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	4	
DUPIXENT - dupilumab subcutaneous soln auto-injector 200 mg/1.14ml	3	PA, QL (3 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln auto-injector 300 mg/2ml	3	PA, QL (4 pens/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	3	PA, QL (3 syringes/28 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	3	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	3	PA, QL (8 vials/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	3	PA, QL (4 syringes/28 days)
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	3	PA, QL (8 syringes/28 days)
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	3	PA, QL (8 cartridges/28 days)
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	3	PA, QL (8 pens/28 days)
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml+	4	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml+	4	BD

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

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml+	4	BD
ENTYVIO PEN - vedolizumab soln auto-injector 108 mg/0.68ml	3	PA, QL (2 pens/28 days)
ENVARSUS XR - tacrolimus tab er 24hr 0.75 mg	3	BD
ENVARSUS XR - tacrolimus tab er 24hr 1 mg	3	BD
ENVARSUS XR - tacrolimus tab er 24hr 4 mg	3	BD
ERVEBO - ebola zaire virus vaccine live im susp+	4	
everolimus tab 0.25 mg	3	BD
everolimus tab 0.5 mg	3	BD
everolimus tab 0.75 mg	3	BD
everolimus tab 1 mg	3	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	3	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	3	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	3	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	3	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	3	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	3	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	3	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	3	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	3	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	3	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	3	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	3	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp+	4	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr+	4	
gengraf - cyclosporine modified cap 25 mg	3	BD
gengraf - cyclosporine modified cap 100 mg	3	BD
gengraf - cyclosporine modified oral soln 100 mg/ml	3	BD
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml	3	PA, QL (6 syringes/28 days)

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Drug Name	Drug Tier	Requirements/Limits
HADLIMA - adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml	3	PA, QL (6 syringes/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.4ml	3	PA, QL (6 pens/28 days)
HADLIMA PUSHTOUCH - adalimumab-bwwd soln auto-injector 40 mg/0.8ml	3	PA, QL (6 pens/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	3	PA, QL (27 vials/28 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	3	PA, QL (18 vials/28 days)
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml+	4	
HAVRIX - hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml	4	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml+	4	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	4	
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	3	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp +	4	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	4	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection+	4	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj+	4	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml+	4	BD
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	4	
leflunomide tab 10 mg	2	
leflunomide tab 20 mg	2	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln+	4	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine+	4	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj +	4	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln+	4	
methotrexate sodium for inj 1 gm	2	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
MRESVIA - rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml+	4	QL (1 vaccine/lifetime; >=18 yr)

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Drug Name	Drug Tier	Requirements/Limits
mycophenolate mofetil cap 250 mg	2	BD
mycophenolate mofetil for oral susp 200 mg/ml	3	BD
mycophenolate mofetil tab 500 mg	2	BD
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	3	BD
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	3	BD
MYHIBBIN - mycophenolate mofetil oral susp 200 mg/ml	3	BD
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	3	PA, QL (4 syringes/28 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	3	PA, QL (4 syringes/28 days)
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	3	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	3	PA, QL (4 pens/28 days)
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	4	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	4	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	3	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	3	PA
PENBRAYA - meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj+	4	
PENMENVY - meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj+	4	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	4	
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp+	4	
PROGRAF - tacrolimus packet for susp 0.2 mg	3	BD
PROGRAF - tacrolimus packet for susp 1 mg	3	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	4	
PYZCHIVA - ustekinumab-ttwe subcutaneous soln 45 mg/0.5ml	3	PA, QL (3 vials/84 days)
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	4	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	4	
RABAVERT - rabies vaccine, pcec for inj+	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml+	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml+	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml+	4	BD

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

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml+	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml+	4	BD
RIDAURA - auranofin cap 3 mg	2	
RINVOQ - upadacitinib tab er 24hr 15 mg	3	PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 30 mg	3	PA, QL (30 tablets/30 days)
RINVOQ - upadacitinib tab er 24hr 45 mg	3	PA, QL (84 tablets/180 days)
RINVOQ LQ - upadacitinib oral soln 1 mg/ml	3	PA, QL (2 bottles/30 days)
ROTARIX - rotavirus vaccine, live oral susp	4	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	4	
sajazir - icatibant acetate subcutaneous soln pref syr 30 mg/3ml	3	PA, QL (6 syringes/30 days)
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml+	4	QL (2 vaccines/lifetime; >=18 yr)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 20 mg/0.2ml	3	PA, QL (2 syringes/28 days)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 40 mg/0.4ml	3	PA, QL (4 syringes/28 days)
SIMLANDI - adalimumab-ryvk prefilled syringe kit 80 mg/0.8ml	3	PA, QL (3 syringes/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	3	PA, QL (4 pens/28 days)
SIMLANDI 1-PEN KIT - adalimumab-ryvk auto-injector kit 80 mg/0.8ml	3	PA, QL (3 pens/28 days)
SIMLANDI 2-PEN KIT - adalimumab-ryvk auto-injector kit 40 mg/0.4ml	3	PA, QL (4 pens/28 days)
sirolimus oral soln 1 mg/ml	3	BD
sirolimus tab 0.5 mg	3	BD
sirolimus tab 1 mg	3	BD
sirolimus tab 2 mg	3	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	3	PA, QL (6 vials/180 days)
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	3	PA, QL (6 syringes/365 days)
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml	3	PA, QL (6 cartridges/365 days)
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	3	PA, QL (6 cartridges/365 days)
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	3	PA, QL (6 pens/365 days)
STEQEYMA - ustekinumab-stba iv soln 130 mg/26ml (5 mg/ml) (for iv inf)	3	PA, QL (4 vials/180 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 45 mg/0.5ml	3	PA, QL (3 syringes/84 days)
STEQEYMA - ustekinumab-stba soln prefilled syringe 90 mg/ml	3	PA, QL (3 syringes/84 days)
tacrolimus cap 0.5 mg	3	BD
tacrolimus cap 1 mg	3	BD
tacrolimus cap 5 mg	3	BD

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Drug Name	Drug Tier	Requirements/Limits
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu+	4	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	3	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml	4	
TICOVAC - tick-borne encephalit vac inact susp pref syr 2.4 mcg/0.5ml+	4	
TREMFYA - guselkumab soln auto-injector 200 mg/2ml	3	PA, QL (1 pen/28 days)
TREMFYA - guselkumab soln auto-injector 100 mg/ml	3	PA, QL (3 pens/56 days)
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	3	PA, QL (3 syringes/56 days)
TREMFYA - guselkumab soln prefilled syringe 200 mg/2ml	3	PA, QL (1 syringe/28 days)
TREMFYA INDUCTION PACK FOR CROHNS DISEASE - guselkumab soln auto-injector 200 mg/2ml	3	PA, QL (6 pens/180 days)
TREMFYA PEN - guselkumab soln auto-injector 100 mg/ml	3	PA, QL (3 pens/56 days)
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr+	4	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml+	4	
TYENNE - tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	3	PA, QL (4 pens/28 days)
TYENNE - tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	3	PA, QL (4 syringes/28 days)
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml+	4	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml+	4	
USTEKINUMAB-AEKN - ustekinumab-aekn soln prefilled syringe 45 mg/0.5ml	3	PA, QL (3 syringes/84 days)
USTEKINUMAB-AEKN - ustekinumab-aekn soln prefilled syringe 90 mg/ml	3	PA, QL (3 syringes/84 days)
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	4	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml+	4	
VARIVAX - varicella virus vac live for inj 1350 pfu/0.5ml+	4	
VAXCHORA - cholera vaccine live attenuated for oral susp+	4	
VIMKUNYA - chikungunya virus vac rcmb vlp im susp pref syr 40 mcg/0.8ml+	4	
VIVOTIF - typhoid vaccine cap delayed release+	4	
XATMEP - methotrexate oral soln 2.5 mg/ml	3	BD
XOLAIR - omalizumab for inj 150 mg*	3	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 75 mg/0.5ml*	3	PA
XOLAIR - omalizumab subcutaneous soln auto-injector 150 mg/ml*	3	PA

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR - omalizumab subcutaneous soln auto-injector 300 mg/2ml*	3	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*	3	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml*	3	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 300 mg/2ml*	3	PA
YF-VAX - yellow fever vaccine subcutaneous inj+	4	
Inflammatory Bowel Disease Agents		
balsalazide disodium cap 750 mg	3	
budesonide delayed release particles cap 3 mg	3	PA, QL (90 capsules/30 days)
budesonide tab er 24hr 9 mg	3	PA, QL (30 tablets/30 days)
hydrocortisone enema 100 mg/60ml	3	
hydrocortisone perianal cream 1%	1	
hydrocortisone perianal cream 2.5%	1	QL (454 grams/30 days)
mesalamine cap er 24hr 0.375 gm	3	QL (120 capsules/30 days)
mesalamine enema 4 gm	3	
mesalamine rectal enema 4 gm & cleanser wipe kit	3	
mesalamine suppos 1000 mg	3	
mesalamine tab delayed release 1.2 gm	3	QL (120 tablets/30 days)
procto-med hc - hydrocortisone perianal cream 2.5%	1	QL (454 grams/30 days)
proctocort - hydrocortisone perianal cream 1%	1	
proctosol hc - hydrocortisone perianal cream 2.5%	1	QL (454 grams/30 days)
proctozone-hc - hydrocortisone perianal cream 2.5%	1	QL (454 grams/30 days)
sulfasalazine tab delayed release 500 mg	2	
sulfasalazine tab 500 mg	1	
Metabolic Bone Disease Agents		
alendronate sodium tab 10 mg	1	QL (120 tablets/30 days)
alendronate sodium tab 35 mg	1	QL (4 tablets/28 days)
alendronate sodium tab 70 mg	1	QL (4 tablets/28 days)
BONSITY - teriparatide soln pen-inj 560 mcg/2.24ml	3	PA
calcitonin (salmon) nasal soln 200 unit/act	2	
calcitriol cap 0.25 mcg	1	
calcitriol cap 0.5 mcg	1	
calcitriol oral soln 1 mcg/ml	3	
cinacalcet hcl tab 30 mg (base equiv)	3	PA
cinacalcet hcl tab 60 mg (base equiv)	3	PA
cinacalcet hcl tab 90 mg (base equiv)	3	PA
ibandronate sodium tab 150 mg (base equivalent)	1	QL (1 tablet/28 days)

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Drug Name	Drug Tier	Requirements/Limits
JUBBONTI - denosumab-bbdz inj soln prefilled syringe 60 mg/ml	3	PA
paricalcitol cap 1 mcg	3	
paricalcitol cap 2 mcg	3	
paricalcitol cap 4 mcg	3	
risedronate sodium tab delayed release 35 mg	3	QL (4 tablets/28 days)
risedronate sodium tab 5 mg	2	QL (30 tablets/30 days)
risedronate sodium tab 30 mg	2	QL (30 tablets/30 days)
risedronate sodium tab 35 mg	2	QL (4 tablets/28 days)
risedronate sodium tab 150 mg	2	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide soln pen-inj 560 mcg/2.24ml (Alvogen)	3	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	3	PA
WYOST - denosumab-bbdz inj 120 mg/1.7ml	3	PA
Ophthalmic Agents		
atropine sulfate ophth soln 1%	2	
azelastine hcl ophth soln 0.05%	2	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
bacitracin-polymyxin b ophth oint	1	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
betaxolol hcl ophth soln 0.5%	2	
bimatoprost ophth soln 0.03%	2	QL (15 mls/75 days)
brimonidine tartrate ophth soln 0.15%	3	
brimonidine tartrate ophth soln 0.2%	1	
carteolol hcl ophth soln 1%	1	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
cromolyn sodium ophth soln 4%	1	
CYSTARAN - cysteamine hcl ophth soln 0.44% (base equivalent)*	3	PA, QL (4 bottles/28 days)
dexamethasone sodium phosphate ophth soln 0.1%	2	
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
epinastine hcl ophth soln 0.05%	2	
erythromycin ophth oint 5 mg/gm	1	
fluorometholone ophth susp 0.1%	2	
flurbiprofen sodium ophth soln 0.03%	2	
gentamicin sulfate ophth soln 0.3%	1	
ketorolac tromethamine ophth soln 0.4%	2	
ketorolac tromethamine ophth soln 0.5%	1	

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

Drug Name	Drug Tier	Requirements/Limits
latanoprost ophth soln 0.005%	1	QL (15 mls/75 days)
levobunolol hcl ophth soln 0.5%	1	
LUMIGAN - bimatoprost ophth soln 0.01%	2	QL (15 mls/75 days)
MIEBO - perfluorohexyloctane ophth soln 1.338 gm/ml	2	PA, QL (1 bottle/30 days)
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)(generic for Moxeza)	3	
moxifloxacin hcl ophth soln 0.5% (base equiv)(generic for Vigamox)	3	
NATACYN - natamycin ophth susp 5%	3	
neo-polycin - neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neo-polycin hc - bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
ofloxacin ophth soln 0.3%	1	
pilocarpine hcl ophth soln 1%	2	
pilocarpine hcl ophth soln 2%	2	
pilocarpine hcl ophth soln 4%	2	
polycin - bacitracin-polymyxin b ophth oint	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
prednisolone acetate ophth susp 1%	2	
prednisolone sodium phosphate ophth soln 1%	2	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	2	QL (60 vials/30 days)
sulfacetamide sodium ophth soln 10%	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
timolol maleate ophth gel forming soln 0.25%	3	
timolol maleate ophth gel forming soln 0.5%	3	
timolol maleate ophth soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
tobramycin ophth soln 0.3%	1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	2	
XDEMVY - lotilaner ophth soln 0.25%	3	PA
XIIDRA - lifitegrast ophth soln 5%	2	PA, QL (60 containers/30 days)
Otic Agents		
acetic acid otic soln 2%	1	

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

Drug Name	Drug Tier	Requirements/Limits
flac - fluocinolone acetonide (otic) oil 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	3	
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin otic soln 0.3%	2	
Respiratory Tract/Pulmonary Agents		
acetylcysteine inhal soln 10%	2	BD
acetylcysteine inhal soln 20%	2	BD
ADEMPAS - riociguat tab 0.5 mg*	3	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	3	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	3	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg*	3	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	3	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	2	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	2	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	2	QL (1 inhaler/30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generics for ProAir HFA and Proventil HFA)	2	QL (2 inhalers/30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	BD
albuterol sulfate soln nebu 0.5% (5 mg/ml)	2	BD
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	2	BD
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	2	BD
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	3	
albuterol sulfate tab 4 mg	3	
*ambrisentan tab 5 mg**	3	PA, QL (30 tablets/30 days)
*ambrisentan tab 10 mg**	3	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	2	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	2	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	2	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	2	QL (1 inhaler/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	2	QL (1 inhaler/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles/30 days)
*bosentan tab 62.5 mg**	3	PA, QL (60 tablets/30 days)
*bosentan tab 125 mg**	3	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	2	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	2	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	2	QL (1 package/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (3 inhalers/30 days)
breyna - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (3 inhalers/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2	QL (1 inhaler/30 days)
budesonide inhalation susp 0.25 mg/2ml	3	BD
budesonide inhalation susp 0.5 mg/2ml	3	BD
budesonide inhalation susp 1 mg/2ml	3	BD
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (3 inhalers/30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (3 inhalers/30 days)
CAYSTON - aztreonam lysine for inhal soln 75 mg (base equivalent)*	3	PA
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	3	QL (2 inhalers/30 days)
cromolyn sodium soln nebu 20 mg/2ml	2	BD
cyproheptadine hcl tab 4 mg#	3	PA (>=65 yr)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	2	QL (3 inhalers/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	2	QL (3 inhalers/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	2	QL (3 inhalers/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	2	
EPINEPHRINE - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(authorized generic for Adrenaclick 0.3 mg/0.3 mL)	2	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	2	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)	2	
flunisolide nasal soln 25 mcg/act (0.025%)	2	QL (3 bottles/30 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act	2	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act	2	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act	2	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	2	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	2	QL (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	2	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2	QL (30 blisters/30 days)
ipratropium bromide inhal soln 0.02%	1	BD
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	QL (2 bottles/30 days)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	QL (3 bottles/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	BD
KALYDECO - ivacaftor packet 5.8 mg*	3	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 13.4 mg*	3	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 25 mg*	3	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 50 mg*	3	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg*	3	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	3	PA, QL (60 tablets/30 days)
levocetirizine dihydrochloride tab 5 mg	1	
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	3	
montelukast sodium tab 10 mg (base equiv)	1	
OFEV - nintedanib esylate cap 100 mg (base equivalent)*†	3	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg (base equivalent)*†	3	PA, QL (60 capsules/30 days)
ORENITRAM - treprostinil diolamine tab er 0.125 mg (base equiv)	3	PA
ORENITRAM - treprostinil diolamine tab er 0.25 mg (base equiv)	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM - treprostinil diolamine tab er 1 mg (base equiv)	3	PA
ORENITRAM - treprostinil diolamine tab er 2.5 mg (base equiv)	3	PA
ORENITRAM - treprostinil diolamine tab er 5 mg (base equiv)	3	PA
ORENITRAM TITRATION KIT MONTH 1 - treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg	3	PA
ORENITRAM TITRATION KIT MONTH 2 - treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg	3	PA
ORENITRAM TITRATION KIT MONTH 3 - treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg	3	PA
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg*	3	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg*	3	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	3	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	3	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	3	PA, QL (120 tablets/30 days)
pirfenidone cap 267 mg	3	PA, QL (270 capsules/30 days)
pirfenidone tab 267 mg	3	PA, QL (270 tablets/30 days)
pirfenidone tab 801 mg	3	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	3	BD
roflumilast tab 250 mcg	3	PA, QL (30 tablets/30 days)
roflumilast tab 500 mcg	3	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2	QL (1 inhaler/30 days)
sildenafil citrate tab 20 mg	2	PA, QL (90 tablets/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	2	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	2	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2	QL (1 canister/30 days)
tadalafil tab 20 mg (pah)	3	PA, QL (60 tablets/30 days)
theophylline tab er 12hr 300 mg	3	
theophylline tab er 12hr 450 mg	3	
theophylline tab er 24hr 400 mg	2	
theophylline tab er 24hr 600 mg	2	
tobramycin nebu soln 300 mg/5ml	3	BD, PA
TRACLEER - bosentan tab for oral susp 32 mg*	3	PA, QL (120 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act	2	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act	2	QL (60 blisters/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA - elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	3	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	3	PA, QL (60 packets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	3	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	3	PA, QL (90 tablets/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	QL (2 inhalers/30 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 45 mg	3	PA, QL (1 kit/21 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 60 mg	3	PA, QL (1 kit/21 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 2 x 45 mg	3	PA, QL (1 kit/21 days)
WINREVAIR - sotatercept-csrk for subcutaneous soln kit 2 x 60 mg	3	PA, QL (1 kit/21 days)
wixela inhub - fluticasone-salmeterol aer powder ba 100-50 mcg/act	2	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 250-50 mcg/act	2	QL (1 inhaler/30 days)
wixela inhub - fluticasone-salmeterol aer powder ba 500-50 mcg/act	2	QL (1 inhaler/30 days)
zafirlukast tab 10 mg	3	
zafirlukast tab 20 mg	3	
Skeletal Muscle Relaxants		
cyclobenzaprine hcl tab 5 mg#	1	
cyclobenzaprine hcl tab 10 mg#	1	
methocarbamol tab 500 mg#	1	
methocarbamol tab 750 mg#	1	
Sleep Disorder Agents		
armodafinil tab 50 mg	3	PA, QL (30 tablets/30 days)
armodafinil tab 150 mg	3	PA, QL (30 tablets/30 days)
armodafinil tab 200 mg	3	PA, QL (30 tablets/30 days)
armodafinil tab 250 mg	3	PA, QL (30 tablets/30 days)
modafinil tab 100 mg	2	PA, QL (30 tablets/30 days)
modafinil tab 200 mg	2	PA, QL (30 tablets/30 days)
ramelteon tab 8 mg	3	QL (30 tablets/30 days)
SODIUM OXYBATE - sodium oxybate oral solution 500 mg/ml	3	PA, QL (540 mls/30 days)
tasimelteon capsule 20 mg	3	PA, QL (30 capsules/30 days)
temazepam cap 15 mg	1	QL (30 capsules/30 days)
temazepam cap 30 mg	1	QL (30 capsules/30 days)
zaleplon cap 5 mg#	2	QL (30 capsules/30 days)
zaleplon cap 10 mg#	2	QL (60 capsules/30 days)
zolpidem tartrate tab 5 mg#	1	QL (30 tablets/30 days)
zolpidem tartrate tab 10 mg#	1	QL (30 tablets/30 days)

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BREO ELLIPTA 99
BREO ELLIPTA 99
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buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 3
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CABOMETYX 23
CABOMETYX 23
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ciclopirox olamine cream 0.77% (base equiv).....20
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clindamycin phosphate in d5w iv soln 600 mg/50ml 7
clindamycin phosphate in d5w iv soln 900 mg/50ml 7
clindamycin phosphate inj 300 mg/2ml 7
clindamycin phosphate inj 600 mg/4ml 7
clindamycin phosphate inj 900 mg/6ml 7
clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml 7
clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml 7
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clonidine hcl tab er 12hr 0.1 mg 65
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clorazepate dipotassium tab 3.75 mg 44
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dabigatran etexilate mesylate cap 75 mg (etexilate base eq)....50
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fluconazole tab 100 mg....20
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