

2022

# Drug List (Formulary)

## CareOregon Advantage **Plus** (HMO-POS SNP)

For Oregon counties: Clackamas, Columbia, Jackson,  
Multnomah, Tillamook and Washington

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# CareOregon Advantage Plus (HMO-POS SNP) 2022 Formulary (List of Covered Drugs)

**Please read: this document contains information about the drugs we cover in this plan**

This formulary was updated on 10/01/2022. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 503-416-4279 or toll-free, 888-712-3258 or, for TTY users, 711, October 1 – March 31, 8 a.m. to 8 p.m., seven days a week, April 1 – September 30: 8 a.m. to 8 p.m., Monday through Friday, or visit [careoregonadvantage.org/druglist](https://careoregonadvantage.org/druglist).

## CareOregon Advantage **Formulary (List of Covered Drugs) for 2022**

**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 Plan of CareOregon, Inc. When it refers to “plan” or “our plan,” it means CareOregon Advantage Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/1/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023 and from time to time during the year.

### **What is the CareOregon Advantage Plus Formulary?**

A formulary is a list of covered drugs selected by CareOregon Advantage Plus 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. CareOregon Advantage Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareOregon Advantage Plus 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 (drug list) change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that 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 the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the CareOregon Advantage Plus Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and 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 add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - » If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. 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 CareOregon Advantage Plus Formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/1/2022. To get updated information about the drugs covered by CareOregon Advantage Plus, please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year, non-maintenance changes to our formulary that affect you, they will be captured in our online formulary, which is updated on the first of each month throughout the plan year.

### **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 Drugs.” If you know what your drug is used for, look for the category name in the list that begins on page number 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 73. 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?**

CareOregon Advantage Plus 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 cost less than brand name drugs.

### **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:** CareOregon Advantage Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, CareOregon Advantage Plus limits the amount of the drug that we will cover. For example, we provide 9 tablets per prescription for sumatriptan succinate tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareOregon Advantage Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the CareOregon Advantage Plus formulary?” on below 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 CareOregon Advantage Plus does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by us. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CareOregon Advantage Plus.
- 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 CareOregon Advantage Plus Formulary?**

You can ask CareOregon Advantage Plus 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 coverage restrictions or limits on your drug. For example, for certain drugs, we limit 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.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

## CareOregon Advantage **Formulary (List of Covered Drugs) for 2022**

You should contact us to ask us for an initial coverage decision for a formulary, utilization restriction exception. **When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

### **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary a 30-day supply (or a 31-day supply if you reside in a long-term care facility). If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30- day supply of medication (or a 31-day supply if you reside in a long-term care facility). 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 108 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 transition from one level of care to another, for example, if you are discharged from a hospital or change hospice status, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy.



## For more information

For more detailed information about your CareOregon Advantage Plus prescription drug coverage, please review your *Evidence of Coverage* and other plan materials. If you have questions about CareOregon Advantage Plus, 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 800-MEDICARE (800-633-4227) 24 hours a day/7 days a week. TTY users should call 877-486-2048. Or, visit <http://www.medicare.gov>.

## CareOregon Advantage Plus' Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by CareOregon Advantage Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

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

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

## List of Abbreviations

**B/D:** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**LA:** Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 503-416-4279 or toll free, 888-712-3258 or, for TTY/TDD users, 711, October 1 – March 31, 8 a.m. to 8 p.m., seven days a week, April 1 – September 30: 8 a.m. to 8 p.m., Monday through Friday

**MO:** Mail Order Pharmacy. This drug is also available through one of our mail order pharmacies.

**PA:** Prior Authorization. CareOregon Advantage requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. The drug has a maximum quantity limit for each prescription.

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

## CareOregon Advantage **Formulary (List of Covered Drugs) for 2022**

### **Discrimination is Against the Law**

CareOregon Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareOregon Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **CareOregon Advantage:**

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

If you need these services, contact CareOregon Advantage Customer Service

If you believe that CareOregon Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Coordinator  
315 SW Fifth Ave  
Portland, OR 97204  
Toll-free: 888-712-3258  
TTY/TDD: 711  
Fax: 503-416-1313  
Email: **customerservice@careoregon.org**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Customer Service 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 **<https://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, D.C. 20201  
800-368-1019, (TDD) 800-537-7697

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

Drug Name	Drug Tier	Requirements/Limits*
<b>Anti-infective Agents</b>		
<i>Anthelmintics</i>		
<i>albendazole tablet</i>	1	
<i>emverm</i>	1	
<i>ivermectin tablet</i>	1	
<i>praziquantel tablet</i>	1	
<i>Antibacterials</i>		
<i>amikacin sulfate injection 500mg/2ml</i>	1	
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>ampicillin sodium injection</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin capsule 500mg</i>	1	
ARIKAYCE	1	QL (8.4 ML per 1 days) PA (Arikayce)
AZACTAM INJECTION 1GM	1	
<i>azithromycin suspension reconstituted, tablet</i>	1	
<i>azithromycin injection 500mg</i>	1	
<i>aztreonam</i>	1	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	1	
CAYSTON	1	QL (84 ML per 28 days) PA (cayston) LA
<i>cefaclor capsule</i>	1	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%</i>	1	
<i>cefazolin sodium injection 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hydrochloride injection 1gm, 2gm</i>	1	
<i>cefepime/dextrose</i>	1	
<i>cefepime injection 1gm, 2gm</i>	1	
<i>cefixime</i>	1	
<i>cefotaxime sodium injection 1gm, 2gm</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime/dextrose</i>	1	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>ceftriaxone/dextrose</i>	1	
<i>cefuroxime axetil tablet</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	1	
<i>cephalexin capsule, suspension reconstituted</i>	1	
<i>chloramphenicol sodium succinate</i>	1	
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin suspension reconstituted 500mg/5ml</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin suspension reconstituted, tablet</i>	1	
<i>clindamycin hcl capsule</i>	1	
<i>clindamycin hydrochloride capsule</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 9000mg/60ml, 900mg/6ml, 9gm/60ml</i>	1	
<i>colistimethate sodium injection</i>	1	
<i>daptomycin</i>	1	
<i>dicloxacillin sodium</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline</i>	1	
<i>doxycycline hyclate capsule, injection</i>	1	
<i>doxycycline hyclate tablet 100mg, 20mg</i>	1	
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	1	
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	1	
<b>E.E.S. 400 TABLET</b>	1	
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>ery-tab</i>	1	
<i>erythrocin lactobionate injection 500mg</i>	1	
<i>erythrocin stearate tablet 250mg</i>	1	
<i>erythromycin base tablet</i>	1	
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted, tablet</i>	1	
<i>erythromycin lactobionate</i>	1	
<i>erythromycin capsule delayed release particles 250mg</i>	1	
<i>erythromycin tablet 250mg, 500mg</i>	1	
<b>FIRVANQ</b>	1	
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate injection 40mg/ml</i>	1	
<i>imipenem/cilastatin</i>	1	
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
<i>levofloxacin oral solution 25mg/ml</i>	1	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	
<i>lincomycin hcl injection</i>	1	
<i>linezolid suspension reconstituted, tablet</i>	1	
<i>linezolid injection 600mg/300ml</i>	1	
<i>lymepak</i>	1	
<i>meropenem</i>	1	
<i>meropenem/sodium chloride</i>	1	
<i>minocycline hcl capsule 75mg</i>	1	
<i>minocycline hcl tablet</i>	1	
<i>minocycline hydrochloride</i>	1	
<i>mondoxyne nl capsule 100mg, 75mg</i>	1	
<i>morgidox 1x100mg capsule</i>	1	
<i>morgidox 1x50mg</i>	1	
<i>morgidox 2x100mg capsule</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	
NAFCILLIN	1	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>neomycin sulfate tablet</i>	1	
<i>okebo capsule 75mg</i>	1	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	1	
<i>oxacillin sodium injection 10gm, 1gm</i>	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	1	
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
SIVEXTRO	1	
<i>streptomycin sulfate injection 1gm</i>	1	
<i>sulfadiazine tablet</i>	1	
<i>sulfamethoxazole/trimethoprim</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfasalazine tablet, tablet delayed release</i>	1	MO
<i>suprax tablet chewable</i>	1	
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	1	
SYNERCID INJECTION 350MG; 150MG	1	
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO	1	
<i>tetracycline hydrochloride capsule</i>	1	
<i>tigecycline</i>	1	PA (Tigecycline)
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>tobramycin nebulization solution 300mg/5ml</i>	1	QL (280 ML per 56 days) B/D

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

Drug Name	Drug Tier	Requirements/Limits*
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	1	
<i>vancomycin hcl injection 10gm</i>	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1GM/200ML, 5%; 500MG/100ML, 5%; 750MG/150ML	1	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL (120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL (240 EA per 30 days)
<i>vancomycin hydrochloride oral solution reconstituted</i>	1	
<i>vancomycin hydrochloride injection 1000mg/200ml, 10gm, 1500mg/300ml, 1gm, 250mg, 500mg/100ml, 500mg, 5gm, 750mg</i>	1	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	1	
<i>vancomycin injection 2000mg/400ml</i>	1	
XENLETA INJECTION	1	PA (XENLETA)
XENLETA TABLET	1	QL (2 EA per 1 days) PA (XENLETA)
XIFAXAN TABLET 550MG	1	MO
ZERBAXA	1	
ZOSYN INJECTION 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	1	
<b>Antifungals</b>		
ABELCET	1	B/D
AMBISOME	1	B/D
<i>amphotericin b liposome</i>	1	B/D
<i>amphotericin b injection</i>	1	B/D
<i>casprofungin acetate</i>	1	
CRESEMBA	1	PA (Cresemba)
ERAXIS	1	
<i>fluconazole in nacl injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	1	
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole suspension reconstituted, tablet</i>	1	
<i>flucytosine capsule</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	
<i>itraconazole capsule</i>	1	
<i>ketoconazole tablet 200mg</i>	1	
<i>micafungin</i>	1	
NOXAFIL INJECTION, SUSPENSION	1	PA (Noxafil) MO
<i>nystatin suspension 100000unit/ml</i>	1	
<i>nystatin tablet 500000unit</i>	1	
<i>posaconazole dr</i>	1	PA (Noxafil) MO
<i>posaconazole tablet delayed release</i>	1	PA (Noxafil) MO
<i>terbinafine hcl tablet</i>	1	
<i>terbinafine hydrochloride</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>voriconazole suspension reconstituted, tablet</i>	1	
<i>voriconazole injection</i>	1	PA (Voriconazole)
<b><i>Antimycobacterials</i></b>		
CAPASTAT SULFATE	1	
<i>cycloserine capsule</i>	1	
<i>dapsone tablet</i>	1	MO
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid injection</i>	1	
<i>isoniazid syrup, tablet</i>	1	MO
<i>paser</i>	1	
PRETOMANID	1	QL (1 EA per 1 days) PA (Pretomanid)
PRIFTIN	1	
<i>pyrazinamide tablet</i>	1	
<i>rifabutin</i>	1	
<i>rifampin capsule, injection</i>	1	
RIFATER	1	
SIRTURO	1	PA (sirturo)
TRECTOR	1	
<b><i>Antiprotozoals</i></b>		
<i>atovaquone/proguanil hcl</i>	1	
<i>atovaquone suspension</i>	1	
BENZNIDAZOLE	1	PA (Benznidazole)
<i>chloroquine phosphate tablet</i>	1	MO
COARTEM	1	
DARAPRIM	1	
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	MO
IMPAVIDO	1	QL (3 EA per 1 days) PA (Impavido)
KRINTAFEL	1	QL (4 EA per 180 days)
LAMPIT	1	PA (Lampit)
<i>mefloquine hcl</i>	1	MO
<i>metronidazole in nacl 0.79% injection 500mg/100ml</i>	1	
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitazoxanide tablet</i>	1	PA (Nitazoxanide)
<i>paromomycin sulfate capsule</i>	1	
<i>pentam 300</i>	1	
<i>pentamidine isethionate injection</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
<i>primaquine phosphate tablet</i>	1	
<i>pyrimethamine tablet</i>	1	
<i>quinine sulfate capsule 324mg</i>	1	QL (42 EA per 30 days) PA (quinine sulfate)
<i>tinidazole tablet</i>	1	PA (Tinidazole)
<b><i>Antivirals</i></b>		
<i>abacavir</i>	1	MO

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



Drug Name	Drug Tier	Requirements/Limits*
<i>abacavir sulfate</i>	1	MO
<i>abacavir sulfate/lamivudine</i>	1	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	1	MO
<i>acyclovir sodium injection 50mg/ml</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	
<i>acyclovir suspension 200mg/5ml</i>	1	
<i>acyclovir tablet 400mg, 800mg</i>	1	
<i>adefovir dipivoxil</i>	1	QL (1 EA per 1 days) MO
APTIVUS CAPSULE	1	MO
<i>atazanavir</i>	1	MO
<i>atazanavir sulfate</i>	1	MO
BARACLUDE SOLUTION	1	MO
BIKTARVY TABLET 30MG; 120MG; 15MG	1	QL (1 EA per 1 days)
BIKTARVY TABLET 50MG; 200MG; 25MG	1	QL (1 EA per 1 days) MO
<i>cidofovir</i>	1	
CIMDUO	1	QL (1 EA per 1 days) MO
COMPLERA	1	MO
CRIXIVAN CAPSULE 200MG, 400MG	1	MO
DELSTRIGO	1	QL (1 EA per 1 days) MO
DESCOVY	1	QL (1 EA per 1 days) MO
<i>didanosine capsule delayed release 200mg, 250mg, 400mg</i>	1	MO
DOVATO	1	QL (1 EA per 1 days) MO
EDURANT	1	MO
<i>efavirenz</i>	1	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg</i>	1	QL (1 EA per 1 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 600mg; 300mg; 300mg</i>	1	QL (1 EA per 1 days) MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine/tenofovir disoproxil</i>	1	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	1	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	1	QL (1 EA per 1 days) MO
EMTRIVA SOLUTION	1	MO
<i>entecavir</i>	1	MO
EPCLUSA PACKET	1	QL (1 EA per 1 days) PA (Sofosbuvir/Velpatasvir)
EPCLUSA TABLET 200MG; 50MG	1	QL (1 EA per 1 days) PA (Sofosbuvir/Velpatasvir)
EPIVIR HBV SOLUTION	1	MO
<i>etravirine</i>	1	MO
EVOTAZ	1	MO
<i>famciclovir tablet</i>	1	
<i>fosamprenavir calcium</i>	1	
FUZEON	1	MO

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



Drug Name	Drug Tier	Requirements/Limits*
<i>ganciclovir injection 500mg</i>	1	B/D
GENVOYA	1	QL (1 EA per 1 days) MO
INTELENCE TABLET 25MG	1	MO
INVIRASE TABLET	1	MO
ISENTRESS	1	MO
ISENTRESS HD	1	MO
JULUCA	1	QL (1 EA per 1 days) MO
LAGEVRIO	1	QL (40 EA per 5 days)
<i>lamivudine</i>	1	MO
<i>lamivudine/zidovudine</i>	1	MO
LEXIVA SUSPENSION	1	MO
LIVTENCITY	1	QL (4 EA per 1 days) PA (Livtencity)
<i>lopinavir/ritonavir</i>	1	MO
<i>maraviroc tablet 150mg</i>	1	QL (2 EA per 1 days) MO
<i>maraviroc tablet 300mg</i>	1	QL (4 EA per 1 days) MO
MAVYRET TABLET	1	QL (3 EA per 1 days) PA (Mavyret)
MAVYRET PACKET	1	QL (6 EA per 1 days) PA (Mavyret)
<i>nevirapine</i>	1	MO
<i>nevirapine er</i>	1	MO
NORVIR PACKET, SOLUTION	1	MO
ODEFSEY	1	QL (1 EA per 1 days) MO
<i>oseltamivir phosphate capsule, suspension reconstituted</i>	1	
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	1	QL (20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	1	QL (30 EA per 5 days)
PEGASYS	1	QL (4 ML per 28 days) PA (Pegasys)
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	1	QL (4 ML per 28 days) PA (Pegasys)
PIFELTRO	1	QL (1 EA per 1 days) MO
PLEGRIDY	1	QL (1 ML per 28 days) MO
PLEGRIDY STARTER PACK	1	QL (1 ML per 180 days)
PREVYMIS INJECTION	1	PA (Prevymis)
PREVYMIS TABLET	1	QL (1 EA per 1 days) PA (Prevymis)
PREZCOBIX	1	MO
PREZISTA SUSPENSION	1	MO
PREZISTA TABLET 150MG, 600MG, 75MG, 800MG	1	MO
RELENZA DISKHALER	1	QL (120 EA per 365 days)
RESCRIPTOR TABLET 200MG	1	MO
RETROVIR IV INFUSION	1	
REYATAZ PACKET	1	MO
<i>ribasphere capsule</i>	1	PA (Oral Ribavirin)
<i>ribavirin capsule</i>	1	PA (Oral Ribavirin)
<i>ribavirin tablet 200mg</i>	1	PA (Oral Ribavirin)
<i>rimantadine hydrochloride</i>	1	
<i>ritonavir</i>	1	MO
RUKOBIA	1	

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

Drug Name	Drug Tier	Requirements/Limits*
SELZENTRY SOLUTION	1	MO
SELZENTRY TABLET 75MG	1	QL (2 EA per 1 days) MO
SELZENTRY TABLET 25MG	1	QL (4 EA per 1 days) MO
SOFOSBUVIR/VELPATASVIR	1	QL (1 EA per 1 days) PA (Sofosbuvir/Velpatasvir)
<i>stavudine capsule</i>	1	MO
STRIBILD	1	MO
SYMTUZA	1	QL (1 EA per 1 days) MO
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	1	PA (Synagis)
TEMIXYS	1	QL (1 EA per 1 days)
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY PD	1	QL (6 EA per 1 days) MO
TIVICAY TABLET 10MG, 25MG	1	QL (1 EA per 1 days) MO
TIVICAY TABLET 50MG	1	QL (2 EA per 1 days) MO
TRIUMEQ	1	MO
TRIUMEQ PD	1	QL (6 EA per 1 days) MO
TRIZIVIR	1	MO
TRUVADA TABLET 100MG; 150MG, 133MG; 200MG, 167MG; 250MG	1	QL (1 EA per 1 days) MO
<i>valacyclovir hcl tablet 1gm</i>	1	
<i>valacyclovir hydrochloride tablet 500mg</i>	1	
<i>valganciclovir</i>	1	MO
<i>valganciclovir hydrochloride</i>	1	MO
VIDEX EC CAPSULE DELAYED RELEASE 125MG	1	MO
VIDEX PEDIATRIC SOLUTION RECONSTITUTED 2GM	1	MO
VIRACEPT	1	MO
VIREAD POWDER	1	MO
VIREAD TABLET 150MG, 200MG, 250MG	1	MO
VOSEVI	1	QL (1 EA per 1 days) PA (Vosevi)
<i>zidovudine</i>	1	MO
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine</i>	1	QL (1 EA per 1 days) PA (Fosfomycin)
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin monohydrate capsule</i>	1	
<i>trimethoprim tablet</i>	1	
<b>Antihistamine Drugs</b>		
<b>First Generation Antihistamines</b>		
<i>clemastine fumarate tablet 2.68mg</i>	1	
<i>diphenhydramine hcl injection 50mg/ml</i>	1	
<i>diphenhydramine hydrochloride injection</i>	1	
<i>phenadoz</i>	1	
<i>promethazine hcl plain</i>	1	
<i>promethazine hcl injection, suppository</i>	1	
<i>promethazine hcl syrup</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>promethazine hcl tablet 12.5mg, 50mg</i>	1	
<i>promethazine hydrochloride injection, tablet</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine/phenylephrine</i>	1	
<b>Second Generation Antihistamines</b>		
<i>desloratadine</i>	1	QL (1 EA per 1 days)
<i>levocetirizine dihydrochloride tablet</i>	1	QL (1 EA per 1 days)
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
<i>abiraterone acetate tablet 500mg</i>	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>abiraterone acetate tablet 250mg</i>	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
ABRAXANE	1	PA (Cancer Drugs, new starts only)
<i>adriamycin injection 10mg, 2mg/ml</i>	1	PA (Cancer Drugs, new starts only)
<i>adrucil injection 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	PA (Cancer Drugs, new starts only)
ALECENSA	1	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
ALIMTA	1	PA (Cancer Drugs, new starts only)
ALIQOPA	1	PA (Cancer Drugs, new starts only)
ALUNBRIG TABLET THERAPY PACK	1	QL (30 EA per 180 days) PA (Cancer Drugs, new starts only)
ALUNBRIG TABLET 180MG, 90MG	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ALUNBRIG TABLET 30MG	1	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
ARRANON	1	PA (Cancer Drugs, new starts only)
<i>arsenic trioxide injection</i>	1	
AVASTIN	1	PA (Cancer Drugs, new starts only)
AYVAKIT	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>azacitidine</i>	1	
BALVERSA TABLET 5MG	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
BALVERSA TABLET 4MG	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
BALVERSA TABLET 3MG	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
BAVENCIO	1	PA (Cancer Drugs, new starts only)
BELEODAQ	1	PA (Cancer Drugs, new starts only)
BESREMI	1	QL (2 ML per 28 days) PA (Cancer Drugs, new starts only)
<i>bexarotene capsule 75mg</i>	1	PA (Cancer Drugs, new starts only)
<i>bicalutamide</i>	1	
<i>bleomycin sulfate injection 30unit</i>	1	B/D
BORTEZOMIB INJECTION 3.5MG	1	PA (Cancer Drugs, new starts only)
<i>bortezomib injection 3.5mg</i>	1	PA (Cancer Drugs, new starts only)

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

Drug Name	Drug Tier	Requirements/Limits*
BOSULIF	1	PA (Cancer Drugs, new starts only)
BRAFTOVI CAPSULE 75MG	1	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
BRUKINSA	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>busulfan</i>	1	PA (Cancer Drugs, new starts only)
CABOMETYX	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
CALQUENCE CAPSULE	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
CALQUENCE TABLET	2	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
CAPRELSA TABLET 300MG	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
CAPRELSA TABLET 100MG	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) LA
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	
<i>carmustine injection 100mg</i>	1	PA (Cancer Drugs, new starts only)
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	
<i>cladribine</i>	1	B/D
<i>clofarabine</i>	1	PA (Cancer Drugs, new starts only)
COMETRIQ	1	PA (Cancer Drugs, new starts only)
COPIKTRA	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
COTELLIC	1	QL (63 EA per 28 days) PA (Cancer Drugs, new starts only)
CYCLOPHOSPHAMIDE TABLET	1	B/D
<i>cyclophosphamide capsule</i>	1	B/D
CYRAMZA	1	PA (Cancer Drugs, new starts only)
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	1	B/D
<i>dacarbazine injection 200mg</i>	1	PA (Cancer Drugs, new starts only)
<i>dactinomycin</i>	1	PA (Cancer Drugs, new starts only)
DARZALEX	1	PA (Cancer Drugs, new starts only)
DARZALEX FASPRO	1	PA (Cancer Drugs, new starts only)
<i>daunorubicin hydrochloride injection 20mg/4ml</i>	1	PA (Cancer Drugs, new starts only)
DAURISMO TABLET 100MG	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
DAURISMO TABLET 25MG	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>decitabine</i>	1	
<i>docetaxel injection 160mg/16ml, 160mg/8ml, 200mg/10ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	1	PA (Cancer Drugs, new starts only)
<i>doxorubicin hcl injection 2mg/ml</i>	1	PA (Cancer Drugs, new starts only)
<i>doxorubicin hydrochloride liposomal</i>	1	PA (Cancer Drugs, new starts only)
<i>doxorubicin hydrochloride injection 10mg</i>	1	PA (Cancer Drugs, new starts only)
DROXIA	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
EMCYT	1	
EMPLICITI	1	PA (Cancer Drugs, new starts only)
<i>epirubicin hcl injection 200mg/100ml</i>	1	
ERBITUX INJECTION 100MG/50ML	1	PA (Cancer Drugs, new starts only)
ERIVEDGE	1	PA (Cancer Drugs, new starts only) LA
ERLEADA	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>erlotinib hydrochloride</i>	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ERWINASE	1	PA (Cancer Drugs, new starts only)
ERWINAZE	1	PA (Cancer Drugs, new starts only)
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	1	PA (Cancer Drugs, new starts only)
<i>everolimus tablet 10mg</i>	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>everolimus tablet 2.5mg, 5mg, 7.5mg</i>	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) MO
EXKIVITY	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
FARYDAK	1	PA (Cancer Drugs, new starts only)
<i>fludarabine phosphate injection 50mg</i>	1	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	PA (Cancer Drugs, new starts only)
<i>flutamide</i>	1	
FOLOTYN	1	PA (Cancer Drugs, new starts only)
FOTIVDA	1	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
FULVESTRANT	1	PA (Cancer Drugs, new starts only)
GAVRETO	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>gemcitabine hcl</i>	1	
<i>gemcitabine hydrochloride injection 1gm/26.3ml, 1gm, 200mg/2ml, 200mg/5.26ml, 200mg, 2gm/20ml, 2gm/52.6ml</i>	1	
GILOTRIF	1	PA (Cancer Drugs, new starts only) LA
HALAVEN	1	PA (Cancer Drugs, new starts only)
<i>hydroxyurea capsule</i>	1	
IBRANCE	1	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
ICLUSIG TABLET 10MG, 30MG	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ICLUSIG TABLET 15MG, 45MG	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
<i>idarubicin hcl</i>	1	PA (Cancer Drugs, new starts only)
<i>idarubicin hydrochloride</i>	1	PA (Cancer Drugs, new starts only)

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

Drug Name	Drug Tier	Requirements/Limits*
IDHIFA	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>ifosfamide injection 1gm</i>	1	
<i>imatinib mesylate</i>	1	PA (Cancer Drugs, new starts only)
IMBRUVICA CAPSULE 70MG	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
IMBRUVICA CAPSULE 140MG	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only) LA
IMBRUVICA TABLET 280MG, 420MG, 560MG	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
IMFINZI	1	PA (Cancer Drugs, new starts only)
INLYTA	1	PA (Cancer Drugs, new starts only) LA
INQOVI	1	QL (5 EA per 28 days) PA (Cancer Drugs, new starts only)
INREBIC	1	QL (4 EA per 1 days) PA (Inrebic, new starts only)
INTRON A	1	PA (interferon alfa-2b, new starts only) MO
IRESSA	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only) LA
<i>irinotecan hydrochloride</i>	1	
ISTODAX (OVERFILL)	1	PA (Cancer Drugs, new starts only)
JAKAFI	1	PA (Cancer Drugs, new starts only)
JEVTANA	1	PA (Cancer Drugs, new starts only)
KEYTRUDA INJECTION 100MG/4ML	1	PA (Cancer Drugs, new starts only)
KISQALI TABLET THERAPY PACK 200MG	1	QL (21 EA per 28 days) PA (Cancer Drugs, new starts only)
KISQALI TABLET THERAPY PACK 200MG	1	QL (42 EA per 28 days) PA (Cancer Drugs, new starts only)
KISQALI TABLET THERAPY PACK 200MG	1	QL (63 EA per 28 days) PA (Cancer Drugs, new starts only)
KOSELUGO	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
KYPROLIS	1	PA (Cancer Drugs, new starts only)
<i>lapatinib ditosylate</i>	1	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
LARTRUVO	1	PA (Cancer Drugs, new starts only)
<i>lenalidomide capsule 2.5mg, 20mg</i>	1	PA (Cancer Drugs, new starts only)
<i>lenalidomide capsule 10mg, 15mg, 25mg, 5mg</i>	1	PA (Cancer Drugs, new starts only) LA
LENVIMA 10 MG DAILY DOSE	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 12MG DAILY DOSE	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 14 MG DAILY DOSE	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)

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



Drug Name	Drug Tier	Requirements/Limits*
LENVIMA 18 MG DAILY DOSE	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 20 MG DAILY DOSE	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 24 MG DAILY DOSE	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 4 MG DAILY DOSE	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
LENVIMA 8 MG DAILY DOSE	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
LEUKERAN	1	
LIBTAYO	1	PA (Cancer Drugs, new starts only)
LONSURF	1	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
LORBRENA TABLET 100MG	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
LORBRENA TABLET 25MG	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
LUMAKRAS	1	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
LUMOXITI	1	PA (Cancer Drugs, new starts only)
LYNPARZA TABLET	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
LYSODREN	1	
MATULANE	1	
MEKINIST	1	PA (Cancer Drugs, new starts only)
MEKTOVI	1	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>melfalan hydrochloride</i>	1	PA (Cancer Drugs, new starts only)
<i>mercaptopurine tablet</i>	1	
<i>methotrexate sodium tablet</i>	1	B/D
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate tablet</i>	1	B/D
<i>methotrexate injection 50mg/2ml</i>	1	
<i>mitomycin injection 20mg, 40mg, 5mg</i>	1	PA (Cancer Drugs, new starts only)
<i>mitoxantrone hcl injection 2mg/ml</i>	1	
<i>mutamycin</i>	1	PA (Cancer Drugs, new starts only)
MYLOTARG	1	PA (Cancer Drugs, new starts only)
<i>nelarabine</i>	1	PA (Cancer Drugs, new starts only)
NERLYNX	1	QL (6 EA per 1 days) PA (Nerlynx, new starts only)
<i>nilutamide</i>	1	
NINLARO	1	QL (3 EA per 28 days) PA (Cancer Drugs, new starts only)
NIPENT	1	PA (Cancer Drugs, new starts only)

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

Drug Name	Drug Tier	Requirements/Limits*
NUBEQA	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
ODOMZO	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
ONUREG	1	QL (14 EA per 28 days) PA (Cancer Drugs, new starts only)
OPDIVO INJECTION 100MG/10ML, 240MG/24ML, 40MG/4ML	1	PA (Cancer Drugs, new starts only)
<i>oxaliplatin injection 100mg/20ml, 100mg</i>	1	PA (Cancer Drugs, new starts only)
<i>paclitaxel protein-bound particles</i>	1	PA (Cancer Drugs, new starts only)
<i>paclitaxel injection 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	
<i>paraplatin injection 450mg/45ml, 50mg/5ml</i>	1	
PEMAZYRE	1	QL (14 EA per 21 days) PA (Cancer Drugs, new starts only)
<i>pemetrexed disodium</i>	1	PA (Cancer Drugs, new starts only)
<i>pemetrexed injection 100mg, 500mg</i>	1	PA (Cancer Drugs, new starts only)
PERJETA	1	PA (Cancer Drugs, new starts only)
PIQRAY 200MG DAILY DOSE	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
PIQRAY 250MG DAILY DOSE	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
PIQRAY 300MG DAILY DOSE	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
POMALYST	1	PA (Cancer Drugs, new starts only)
PROLEUKIN	1	PA (Cancer Drugs, new starts only)
PURIXAN	1	PA (Purixan Suspension, new starts only)
QINLOCK	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
RETEVMO CAPSULE 80MG	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
RETEVMO CAPSULE 40MG	1	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
REVLIMID CAPSULE 2.5MG, 20MG	1	PA (Cancer Drugs, new starts only)
RIABNI	1	PA (Rituximab, new starts only)
RITUXAN	1	PA (Rituximab, new starts only)
ROMIDEPSIN INJECTION 10MG	1	PA (Cancer Drugs, new starts only)
ROZLYTREK CAPSULE 200MG	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
ROZLYTREK CAPSULE 100MG	1	QL (5 EA per 1 days) PA (Cancer Drugs, new starts only)
RUBRACA	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
RUXIENCE	1	PA (Rituximab, new starts only)
RYDAPT	1	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)

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



Drug Name	Drug Tier	Requirements/Limits*
SCSEMBLIX TABLET 40MG	1	QL (10 EA per 1 days) PA (Cancer Drugs, new starts only)
SCSEMBLIX TABLET 20MG	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
SIKLOS	1	PA (Siklos, new starts only)
<i>sorafenib</i>	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>sorafenib tosylate tablet</i>	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
SPRYCEL	1	PA (Cancer Drugs, new starts only)
STIVARGA	1	PA (Cancer Drugs, new starts only) LA
<i>sunitinib malate</i>	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
SYLATRON	1	PA (Cancer Drugs, new starts only) MO
SYNRIBO	1	PA (Cancer Drugs, new starts only)
TABLOID	1	
TABRECTA	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TAFINLAR	1	PA (Cancer Drugs, new starts only)
TAGRISSE	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TALZENNA CAPSULE 0.5MG, 0.75MG	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TALZENNA CAPSULE 0.25MG, 1MG	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
TASIGNA	1	PA (Cancer Drugs, new starts only)
TAZVERIK	1	QL (8 EA per 1 days) PA (Cancer Drugs, new starts only)
TECENTRIQ	1	PA (Cancer Drugs, new starts only)
<i>temsirolimus</i>	1	PA (Cancer Drugs, new starts only)
TEPMETKO	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>thiotepa injection 15mg</i>	1	PA (Cancer Drugs, new starts only)
TIBSOVO	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>toposar injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	
<i>topotecan hcl injection 4mg</i>	1	
TREANDA INJECTION 100MG, 25MG	1	PA (Cancer Drugs, new starts only)
<i>tretinoin capsule 10mg</i>	1	PA (Cancer Drugs, new starts only)
<i>trexall</i>	1	B/D
TRISENOX INJECTION 12MG/6ML	1	
TRUSELTIQ CAPSULE THERAPY PACK 100MG	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)

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

Drug Name	Drug Tier	Requirements/Limits*
TRUSELTIQ CAPSULE THERAPY PACK 25MG	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
TRUXIMA	1	PA (Rituximab, new starts only)
TUKYSA TABLET 50MG	1	QL (10 EA per 1 days) PA (Cancer Drugs, new starts only)
TUKYSA TABLET 150MG	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TURALIO	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
TYKERB	1	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
UKONIQ	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
VECTIBIX INJECTION 100MG/5ML	1	PA (Cancer Drugs, new starts only)
VELCADE	1	PA (Cancer Drugs, new starts only)
VENCLEXTA STARTING PACK	1	QL (42 EA per 180 days) PA (Cancer Drugs, new starts only)
VENCLEXTA TABLET 10MG, 50MG	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
VENCLEXTA TABLET 100MG	1	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
VERZENIO	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate injection</i>	1	B/D
<i>vinorelbine tartrate injection 50mg/5ml</i>	1	
VITRAKVI SOLUTION	1	QL (10 ML per 1 days) PA (Cancer Drugs, new starts only)
VITRAKVI CAPSULE 100MG	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
VITRAKVI CAPSULE 25MG	1	QL (6 EA per 1 days) PA (Cancer Drugs, new starts only)
VIZIMPRO	1	QL (1 EA per 1 days) PA (Cancer Drugs, new starts only)
VONJO	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
VOTRIENT	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
VYXEOS	1	PA (Cancer Drugs, new starts only)
WELIREG	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
XALKORI	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only) LA
XATMEP	1	B/D
XOSPATA	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)

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

Drug Name	Drug Tier	Requirements/Limits*
XPOVIO 100 MG ONCE WEEKLY	1	QL (20 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 40 MG ONCE WEEKLY	1	QL (8 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 40 MG TWICE WEEKLY	1	QL (16 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 60 MG ONCE WEEKLY	1	QL (12 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 60 MG TWICE WEEKLY	1	QL (24 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 80 MG ONCE WEEKLY	1	QL (16 EA per 28 days) PA (Cancer Drugs, new starts only)
XPOVIO 80 MG TWICE WEEKLY	1	QL (32 EA per 28 days) PA (Cancer Drugs, new starts only)
XTANDI CAPSULE	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
XTANDI TABLET 80MG	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
XTANDI TABLET 40MG	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
YERVOY	1	PA (Cancer Drugs, new starts only)
YONDELIS	1	PA (Cancer Drugs, new starts only)
YONSA	1	QL (4 EA per 1 days) PA (Cancer Drugs, new starts only)
ZALTRAP	1	PA (Cancer Drugs, new starts only)
ZANOSAR	1	PA (Cancer Drugs, new starts only)
ZEJULA	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
ZELBORAF	1	PA (Cancer Drugs, new starts only) LA
ZOLINZA	1	PA (Cancer Drugs, new starts only)
ZYDELIG	1	QL (2 EA per 1 days) PA (Cancer Drugs, new starts only)
ZYKADIA TABLET	1	QL (3 EA per 1 days) PA (Cancer Drugs, new starts only)
<b>Antitoxins, Immune Globulins, Toxoids, and Vaccines</b>		
<i>Allergenic Extracts</i>		
GRASTEK	1	PA (Oral Immunotherapy) MO
ODACTRA	1	QL (1 EA per 1 days) PA (Oral Immunotherapy) MO
RAGWITEK	1	PA (Oral Immunotherapy) MO
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	1	PA (intravenous immune globulin)
CARIMUNE NANOFILTERED INJECTION 12GM	1	PA (intravenous immune globulin)
FLEBOGAMMA DIF	1	PA (intravenous immune globulin)
GAMASTAN	1	PA (intravenous immune globulin)
GAMMAGARD LIQUID	1	PA (intravenous immune globulin)

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

Drug Name	Drug Tier	Requirements/Limits*
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	1	PA (intravenous immune globulin)
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	1	PA (intravenous immune globulin)
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	1	PA (intravenous immune globulin)
GAMUNEX-C	1	PA (intravenous immune globulin)
OCTAGAM INJECTION 10GM/100ML, 1GM/20ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/50ML	1	PA (intravenous immune globulin)
PRIVIGEN	1	PA (intravenous immune globulin)
VARIZIG INJECTION 125UNIT/1.2ML	1	PA (Varizig)
ZINPLAVA	1	PA (Zinplava)
<b>Toxoids</b>		
ADACEL	1	
BOOSTRIX	1	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	1	
INFANRIX	1	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	1	
<i>quadracel injection 15lfu/0.5ml; 48mcg/0.5ml; 0; 5lfu/0.5ml</i>	1	
TDVAX	1	
TENIVAC	1	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	1	
<b>Vaccines</b>		
ACTHIB	1	
BCG VACCINE INJECTION 50MG	1	
BEXSERO	1	PA (Bexsero)
DENGVAXIA	1	PA (Dengvaxia)
ENGERIX-B	1	B/D
GARDASIL 9	1	PA (gardasil)
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	1	
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
IPOL INACTIVATED IPV	1	
IXIARO	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	1	

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

Drug Name	Drug Tier	Requirements/Limits*
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	1	
PREHEVBRIO	1	B/D
PROQUAD	1	
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ SOLUTION	1	
SHINGRIX	1	PA (Shingrix)
TICOVAC	1	PA (Ticovac)
TRUMENBA	1	PA (Trumenba)
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	
ZOSTAVAX	1	PA (zostavax)
<b>Autonomic Drugs</b>		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA	1	QL (2 EA per 1 days) MO
ATROPINE SULFATE INJECTION 0.25MG/5ML	1	
ATROVENT HFA	1	MO
<i>dicyclomine hcl solution</i>	1	
<i>dicyclomine hydrochloride capsule, solution, tablet</i>	1	
<i>glycopyrrolate tablet 1mg, 2mg</i>	1	
INCRUSE ELLIPTA	1	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution</i>	1	B/D MO
<i>ipratropium bromide nasal solution</i>	1	MO
SPIRIVA HANDIHALER	1	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	1	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT	1	QL (4 GM per 30 days) MO
<i>Autonomic Drugs, Miscellaneous</i>		
APO-VARENICLINE	1	QL (336 EA per 365 days)
NICOTROL INHALER	1	QL (2688 EA per 365 days)
NICOTROL NS	1	QL (360 ML per 365 days)
<i>varenicline starting month box</i>	1	QL (53 EA per 180 days)
<i>varenicline tartrate</i>	1	QL (336 EA per 365 days)
<i>Parasympathomimetic (Cholinergic) Agents</i>		
<i>bethanechol chloride tablet</i>	1	
<i>cevimeline hydrochloride</i>	1	MO
<i>donepezil hcl tablet disintegrating 10mg</i>	1	MO
<i>donepezil hcl tablet disintegrating 5mg</i>	1	QL (1 EA per 1 days) MO
<i>donepezil hcl tablet 10mg</i>	1	MO
<i>donepezil hcl tablet 23mg</i>	1	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride odt tablet disintegrating 10mg</i>	1	MO
<i>donepezil hydrochloride odt tablet disintegrating 5mg</i>	1	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride tablet 10mg</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>donepezil hydrochloride tablet 5mg</i>	1	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour 24mg</i>	1	MO
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 8mg</i>	1	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide solution, tablet</i>	1	MO
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	1	MO
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide solution</i>	1	
<i>pyridostigmine bromide tablet 60mg</i>	1	
<i>regonol injection 10mg/2ml</i>	1	
<i>rivastigmine tartrate</i>	1	MO
<i>rivastigmine transdermal system</i>	1	QL (1 EA per 1 days) MO
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen tablet 10mg, 20mg</i>	1	MO
<i>chlorzoxazone tablet 500mg</i>	1	
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	1	
<i>methocarbamol tablet</i>	1	
<i>tizanidine hcl tablet 2mg</i>	1	MO
<i>tizanidine hydrochloride tablet 2mg</i>	1	
<i>tizanidine hydrochloride tablet 4mg</i>	1	MO
<b>Sympatholytic (Adrenergic Blocking) Agents</b>		
<i>alfuzosin hcl er</i>	1	MO
<i>dihydroergotamine mesylate injection</i>	1	
<i>dihydroergotamine mesylate nasal solution</i>	1	QL (8 ML per 28 days)
<i>ergoloid mesylates tablet</i>	1	MO
<i>tamsulosin hydrochloride</i>	1	MO
<b>Sympathomimetic (Adrenergic) Agents</b>		
ADVAIR HFA	1	QL (12 GM per 30 days) MO
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	1	B/D MO
<i>albuterol sulfate syrup, tablet</i>	1	MO
<i>arformoterol tartrate</i>	1	B/D MO
COMBIVENT RESPIMAT	1	QL (8 GM per 30 days) MO
<i>droxidopa capsule 100mg</i>	1	QL (15 EA per 1 days) PA (Droxidopa)
<i>droxidopa capsule 200mg, 300mg</i>	1	QL (6 EA per 1 days) PA (Droxidopa)
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	
<i>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO

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



Drug Name	Drug Tier	Requirements/Limits*
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D MO
<i>levalbuterol hcl nebulization solution</i>	1	B/D MO
<i>levalbuterol hydrochloride</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA	1	QL (30 GM per 30 days) MO
<i>levalbuterol nebulization solution</i>	1	B/D MO
LUCEMYRA	1	QL (16 EA per 1 days) PA (Lucemyra)
<i>midodrine hcl</i>	1	
<i>midodrine hydrochloride</i>	1	
PROAIR HFA	1	QL (17 GM per 30 days) MO
SEREVENT DISKUS	1	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate tablet</i>	1	MO
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO
<b>Blood Formation,Coagulation &amp; Thrombosis</b>		
<b><i>Antihemorrhagic Agents</i></b>		
<i>tranexamic acid injection, tablet</i>	1	
<b><i>Antithrombotic Agents</i></b>		
<i>anagrelide hydrochloride</i>	1	MO
<i>argatroban injection 125mg/125ml; 0.9%, 250mg/2.5ml, 50mg/50ml</i>	1	
<i>aspirin/dipyridamole</i>	1	MO
<i>aspirin/dipyridamole er</i>	1	MO
BRILINTA	1	QL (2 EA per 1 days) MO
CABLIVI	1	QL (1 EA per 1 days) PA (CABLIVI)
<i>cilostazol</i>	1	MO
<i>clopidogrel tablet 75mg</i>	1	MO
COUMADIN TABLET	1	MO
ELIQUIS STARTER PACK	1	QL (74 EA per 180 days) MO
ELIQUIS TABLET 2.5MG	1	QL (2 EA per 1 days) MO
ELIQUIS TABLET 5MG	1	QL (4 EA per 1 days) MO
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium injection 5mg/0.4ml</i>	1	QL (0.4 ML per 1 days)
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	QL (0.5 ML per 1 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	1	QL (0.6 ML per 1 days)
<i>fondaparinux sodium injection 10mg/0.8ml</i>	1	QL (0.8 ML per 1 days)
HEPARIN SODIUM/D5W INJECTION 5%; 100UNIT/ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	1	
HEPARIN SODIUM/DEXTROSE INJECTION 5%; 25000UNIT/250ML, 5%; 25000UNIT/500ML	1	
<i>heparin sodium/nacl 0.45% injection 12500unit/250ml; 0.45%, 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	1	
<i>heparin sodium/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	MO
<i>prasugrel</i>	1	QL (1 EA per 1 days) MO
<i>warfarin sodium tablet</i>	1	MO
XARELTO STARTER PACK	1	QL (51 EA per 180 days)
XARELTO SUSPENSION RECONSTITUTED	1	PA (Xarelto Suspension) MO
XARELTO TABLET 15MG, 20MG	1	MO
XARELTO TABLET 10MG	1	QL (1 EA per 1 days) MO
XARELTO TABLET 2.5MG	1	QL (2 EA per 1 days) MO
<b><i>Blood Formation, Coagulation, and Thrombosis Agents, Misc.</i></b>		
OXBRYTA	1	QL (5 EA per 1 days) PA (Oxbryta)
PYRUKYND	1	QL (2 EA per 1 days) PA (Pyrukynd)
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	1	QL (14 EA per 180 days) PA (Pyrukynd)
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	1	QL (7 EA per 180 days) PA (Pyrukynd)
TAVALISSE	1	QL (2 EA per 1 days) PA (Tavalisse) MO
<b><i>Hematopoietic Agents</i></b>		
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 10MCG/0.4ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 25MCG/0.42ML, 25MCG/ML, 300MCG/0.6ML, 300MCG/ML, 40MCG/0.4ML, 40MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	1	PA (erythropoiesis-stimulating agents)
DOPTELET	1	QL (3 EA per 1 days) PA (Doptelet)
FULPHILA	1	PA (colony stimulating factors)
GRANIX	1	PA (colony stimulating factors)
LEUKINE INJECTION 250MCG	1	PA (colony stimulating factors)
MOZOBIL	1	PA (Mozobil)
MULPLETA	1	QL (1 EA per 1 days) PA (Mulpleta)
NEULASTA	1	PA (colony stimulating factors)
NEUPOGEN	1	PA (colony stimulating factors)
NIVESTYM	1	PA (colony stimulating factors)
NYVEPRIA	1	PA (colony stimulating factors)
PROCRIT	1	PA (erythropoiesis-stimulating agents)
PROMACTA PACKET	1	QL (6 EA per 1 days) PA (Promacta Suspension) LA MO
PROMACTA TABLET 12.5MG, 25MG	1	QL (1 EA per 1 days) PA (promacta) LA MO
PROMACTA TABLET 50MG, 75MG	1	QL (2 EA per 1 days) PA (promacta) LA MO
RETACRIT	1	PA (erythropoiesis-stimulating agents)

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



Drug Name	Drug Tier	Requirements/Limits*
UDENYCA	1	PA (colony stimulating factors)
ZARXIO	1	PA (colony stimulating factors)
ZIEXTENZO	1	PA (colony stimulating factors)
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline er</i>	1	MO
<b>Cardiovascular Drugs</b>		
<b>alpha-Adrenergic Blocking Agents</b>		
<i>doxazosin mesylate tablet</i>	1	MO
<i>doxazosin tablet 2mg</i>	1	MO
<i>prazosin hcl capsule 1mg, 5mg</i>	1	MO
<i>prazosin hydrochloride capsule</i>	1	MO
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride</i>	1	MO
<b>Antilipemic Agents</b>		
<i>atorvastatin calcium tablet</i>	1	QL (1 EA per 1 days) MO
<i>cholestyramine light</i>	1	MO
<i>cholestyramine packet, powder</i>	1	MO
<i>colesevelam hydrochloride tablet</i>	1	MO
<i>colesevelam hydrochloride packet</i>	1	PA (Colesevelam) MO
<i>colestipol hcl</i>	1	MO
<i>colestipol hydrochloride</i>	1	MO
<i>ezetimibe</i>	1	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin</i>	1	QL (1 EA per 1 days) MO
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	1	MO
<i>fenofibrate capsule 130mg, 134mg, 200mg, 43mg, 67mg</i>	1	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	1	MO
<i>fenofibric acid dr</i>	1	MO
<i>gemfibrozil tablet</i>	1	MO
<i>icosapent ethyl capsule 1gm</i>	1	QL (4 EA per 1 days) PA (Vascepa) MO
<i>icosapent ethyl capsule 0.5gm</i>	1	QL (8 EA per 1 days) PA (Vascepa) MO
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 5MG	1	QL (2 EA per 1 days) PA (juxtapid) MO
<i>lovastatin tablet</i>	1	MO
<i>niacin er</i>	1	MO
<i>omega-3-acid ethyl esters</i>	1	MO
PRALUENT	1	QL (2 ML per 28 days) PA (Praluent) MO
<i>pravastatin sodium</i>	1	MO
<i>prevalite</i>	1	MO
REPATHA	1	QL (3 ML per 30 days) PA (Repatha) MO
REPATHA PUSHTRONEX SYSTEM	1	QL (3.5 ML per 30 days) PA (Repatha) MO
REPATHA SURECLICK	1	QL (3 ML per 30 days) PA (Repatha) MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>rosuvastatin calcium</i>	1	MO
<i>simvastatin tablet</i>	1	MO
VASCEPA CAPSULE 0.5GM	1	QL (8 EA per 1 days) PA (Vascepa) MO
<b>beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl capsule</i>	1	MO
<i>acebutolol hydrochloride</i>	1	MO
<i>atenolol/chlorthalidone</i>	1	MO
<i>atenolol tablet</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>bisoprolol fumarate tablet</i>	1	MO
<i>carvedilol</i>	1	MO
<i>labetalol hydrochloride tablet</i>	1	MO
<i>labetalol hydrochloride injection 5mg/ml</i>	1	
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate tablet</i>	1	MO
<i>metoprolol tartrate injection 5mg/5ml</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	MO
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	MO
<i>nebivolol hydrochloride</i>	1	QL (1 EA per 1 days) ST (Nebivolol #2) MO
<i>nebivolol tablet 10mg, 20mg, 5mg</i>	1	QL (1 EA per 1 days) ST (Nebivolol #2) MO
<i>pindolol</i>	1	MO
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	MO
<i>propranolol hcl solution</i>	1	MO
<i>propranolol hcl tablet 40mg, 60mg</i>	1	MO
<i>propranolol hydrochloride er</i>	1	MO
<i>propranolol hydrochloride tablet</i>	1	MO
<i>sorine</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hcl (af) tablet 120mg, 80mg</i>	1	MO
<i>sotalol hcl af</i>	1	MO
<i>sotalol hydrochloride (af)</i>	1	MO
<i>sotalol hydrochloride af</i>	1	MO
<i>sotalol hydrochloride tablet</i>	1	MO
SOTYLIZE	1	PA (Sotylize) MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
<b>Calcium-Channel Blocking Agents</b>		
<i>amlodipine besylate/atorvastatin calcium</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hcl</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine besylate tablet</i>	1	MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (1 EA per 1 days) MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>amlodipine/valsartan/hctz tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	QL (1 EA per 1 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>cartia xt</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl cd</i>	1	MO
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	1	MO
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	MO
<i>diltiazem hcl tablet</i>	1	MO
<i>diltiazem hcl injection 100mg, 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hydrochloride er</i>	1	MO
<i>diltiazem hydrochloride tablet</i>	1	MO
<i>diltiazem hydrochloride injection 25mg/5ml</i>	1	
<i>felodipine er</i>	1	MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl capsule</i>	1	MO
<i>nicardipine hydrochloride injection 2.5mg/ml</i>	1	
<i>nifediac cc tablet extended release 24 hour 30mg, 60mg</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>taztia xt</i>	1	MO
<i>telmisartan/amlodipine</i>	1	QL (1 EA per 1 days) MO
<i>tiadyt er</i>	1	MO
<i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	1	MO
<i>verapamil hcl er tablet extended release</i>	1	MO
<i>verapamil hcl sr capsule extended release 24 hour</i>	1	MO
<i>verapamil hcl sr tablet extended release 180mg</i>	1	MO
<i>verapamil hcl tablet 40mg, 80mg</i>	1	MO
<i>verapamil hydrochloride er</i>	1	MO
<i>verapamil hydrochloride injection</i>	1	
<i>verapamil hydrochloride tablet</i>	1	MO
<b>Cardiac Drugs</b>		
<i>amiodarone hcl injection 50mg/ml, 900mg/18ml</i>	1	
<i>amiodarone hcl tablet 100mg, 400mg</i>	1	MO
<i>amiodarone hydrochloride tablet</i>	1	MO
<i>amiodarone hydrochloride injection 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	
CAMZYOS	1	QL (1 EA per 1 days) PA (Camzyos)
CORLANOR SOLUTION	1	PA (Corlanor) MO
CORLANOR TABLET	1	QL (2 EA per 1 days) PA (Corlanor) MO
<i>digitek</i>	1	MO
<i>digox</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>digoxin oral solution</i>	1	MO
<i>digoxin injection 0.25mg/ml</i>	1	
<i>digoxin tablet 125mcg, 250mcg</i>	1	MO
<i>disopyramide phosphate</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide acetate</i>	1	MO
<i>lidocaine hcl in d5w injection 5%; 4mg/ml, 5%; 8mg/ml</i>	1	
<i>lidocaine hcl/dextrose injection 5%; 4mg/ml, 5%; 8mg/ml</i>	1	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	MO
<i>mexiletine hydrochloride capsule</i>	1	MO
MULTAQ	1	PA (Multaq) MO
NORPACE CR	1	MO
<i>pacerone tablet 100mg, 200mg, 400mg</i>	1	MO
<i>procainamide hcl injection</i>	1	
<i>procainamide hydrochloride</i>	1	
<i>propafenone hcl</i>	1	MO
<i>propafenone hydrochloride</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine gluconate er</i>	1	MO
<i>quinidine sulfate tablet</i>	1	MO
<i>ranolazine er</i>	1	MO
VYNDAMAX	1	QL (1 EA per 1 days) PA (VYNDAQEL)
VYNDAQEL	1	QL (4 EA per 1 days) PA (VYNDAQEL)
<b><i>Hypotensive Agents</i></b>		
<i>clonidine hcl patch weekly</i>	1	MO
<i>clonidine hydrochloride tablet</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	1	MO
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl tablet 10mg</i>	1	MO
<i>hydralazine hydrochloride tablet</i>	1	MO
<i>methyldopa tablet 250mg, 500mg</i>	1	MO
<i>minoxidil tablet</i>	1	MO
<b><i>Renin-Angiotensin-Aldosterone Sys Inhib</i></b>		
<i>aliskiren</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	1	MO
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO
<i>benazepril hydrochloride tablet 20mg</i>	1	MO
<i>candesartan cilexetil</i>	1	QL (1 EA per 1 days) MO
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>captopril tablet</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate tablet</i>	1	MO
ENTRESTO	1	QL (2 EA per 1 days) MO
<i>eplerenone</i>	1	MO
<i>eprosartan mesylate</i>	1	QL (1 EA per 1 days) MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan/hydrochlorothiazide</i>	1	MO
KERENDIA	1	QL (1 EA per 1 days) PA (Kerendia) MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>lisinopril tablet</i>	1	MO
<i>losartan potassium/hydrochlorothiazide</i>	1	MO
<i>losartan potassium tablet</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tablet</i>	1	QL (1 EA per 1 days) MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hcl tablet 20mg, 40mg, 5mg</i>	1	MO
<i>quinapril hydrochloride</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO
<i>spironolactone tablet</i>	1	MO
<i>telmisartan</i>	1	QL (1 EA per 1 days) MO
<i>telmisartan/hydrochlorothiazide</i>	1	QL (1 EA per 1 days) MO
<i>trandolapril</i>	1	MO
<i>valsartan/hydrochlorothiazide</i>	1	MO
<i>valsartan tablet</i>	1	MO
<b>Vasodilating Agents</b>		
<i>alyq</i>	1	QL (2 EA per 1 days) PA (Tadalafil) MO
<i>dipyridamole tablet</i>	1	MO
<i>isosorbide dinitrate tablet</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
<i>minitran</i>	1	MO
<i>nitroglycerin lingual solution</i>	1	MO
<i>nitroglycerin transdermal</i>	1	MO
<i>nitroglycerin injection 5mg/ml</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	MO
<i>sildenafil citrate suspension reconstituted</i>	1	QL (6 ML per 1 days) PA (Sildenafil) MO
<i>sildenafil citrate tablet 20mg</i>	1	QL (3 EA per 1 days) PA (Sildenafil) MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>tadalafil tablet 20mg</i>	1	QL (2 EA per 1 days) PA (Tadalafil) MO
VERQUVO	1	QL (1 EA per 1 days) PA (Verquvo)
<b>Central Nervous System Agents</b>		
<b><i>Analgesics and Antipyretics</i></b>		
<i>acetaminophen/codeine phosphate tablet</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine tablet</i>	1	QL (13 EA per 1 days)
<i>acetaminophen/codeine solution</i>	1	QL (166 ML per 1 days)
<i>ascomp/codeine</i>	1	
<i>buprenorphine hcl/naloxone hcl</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hcl tablet sublingual</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL (2 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual</i>	1	QL (3 EA per 1 days)
<i>buprenorphine patch weekly</i>	1	QL (4 EA per 28 days) ST (Buprenorphine patch #2, new starts only)
<i>butalbital compound tablet</i>	1	
<i>butalbital/acetaminophen/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 300mg; 50mg; 40mg; 30mg</i>	1	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine capsule 325mg; 50mg; 40mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine capsule 300mg; 50mg; 40mg</i>	1	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/acetaminophen tablet 325mg; 50mg</i>	1	QL (12 EA per 1 days)
<i>butalbital/aspirin/caffeine/codeine</i>	1	
<i>butalbital/aspirin/caffeine tablet</i>	1	
<i>celecoxib capsule</i>	1	QL (2 EA per 1 days) MO
<i>codeine sulfate tablet 30mg, 60mg</i>	1	
<i>diclofenac potassium tablet 50mg</i>	1	MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	MO
<i>duramorph</i>	1	
<i>ec-naproxen tablet delayed release 375mg</i>	1	
<i>ec-naproxen tablet delayed release 500mg</i>	1	MO
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>etodolac capsule, tablet</i>	1	MO
<i>fentanyl citrate oral transmucosal</i>	1	QL (4 EA per 1 days) PA (oral transmucosal fentanyl)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	1	QL (10 EA per 30 days) ST (Fentanyl Patches #2, new starts only)
<i>flurbiprofen tablet</i>	1	MO
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	QL (184 ML per 1 days)
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	
<i>hydromorphone hcl tablet</i>	1	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	1	
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	
<i>ibu</i>	1	MO
<i>ibuprofen suspension</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	MO
<b>LAZANDA</b>	1	PA (Nasal Fentanyl)
<i>lorcet</i>	1	QL (12 EA per 1 days)
<i>lorcet hd</i>	1	QL (12 EA per 1 days)
<i>lorcet plus tablet 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)
<i>meloxicam tablet</i>	1	MO
<i>methadone hcl injection, oral solution, tablet</i>	1	
<i>methadone hydrochloride intensol</i>	1	
<i>methadone hydrochloride concentrate, tablet</i>	1	
<i>methadone hydrochloride solution 5mg/5ml</i>	1	
<i>methadose sugar-free</i>	1	
<i>methadose concentrate 10mg/ml</i>	1	
<i>morphine sulfate er tablet extended release</i>	1	QL (3 EA per 1 days)
<i>morphine sulfate tablet</i>	1	
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 150mg/30ml, 1mg/ml, 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	1	
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml, 20mg/ml</i>	1	
<i>nabumetone tablet 500mg</i>	1	
<i>nabumetone tablet 750mg</i>	1	MO
<i>nalbuphine hcl injection 10mg/ml, 20mg/ml</i>	1	
<i>naproxen suspension, tablet delayed release</i>	1	MO
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	MO
<b>OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT</b>	1	QL (3 EA per 1 days) PA (Oxycodone ER)
<i>oxycodone hcl capsule</i>	1	
<i>oxycodone hydrochloride</i>	1	
<i>oxycodone hydrochloride er tablet er 12 hour abuse-deterrent 10mg, 20mg, 40mg</i>	1	QL (3 EA per 1 days) PA (Oxycodone ER)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (12 EA per 1 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>oxycodone/ibuprofen</i>	1	
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT	1	QL (3 EA per 1 days) PA (Oxycodone ER)
<i>piroxicam capsule</i>	1	MO
<i>sulindac tablet</i>	1	MO
<i>tencon tablet 325mg; 50mg</i>	1	QL (12 EA per 1 days)
<i>tramadol hcl tablet</i>	1	QL (8 EA per 1 days)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (8 EA per 1 days)
<i>tramadol hydrochloride tablet 50mg</i>	1	QL (8 EA per 1 days)
<b><i>Anorexic Agents and Respiratory and CNS Stimulants</i></b>		
<i>amphetamine/dextroamphetamine tablet</i>	1	MO
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL (1 EA per 1 days) MO
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL (1 EA per 1 days) PA (Armodafinil) MO
<i>armodafinil tablet 50mg</i>	1	QL (3 EA per 1 days) PA (Armodafinil) MO
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	MO
<i>dexmethylphenidate hydrochloride tablet</i>	1	MO
<i>dextroamphetamine sulfate er</i>	1	MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	1	MO
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 50mg, 60mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride cd capsule extended release 30mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour 10mg, 20mg, 30mg, 40mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride er capsule extended release 10mg, 20mg, 40mg, 50mg, 60mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride er capsule extended release 30mg</i>	1	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>	1	MO
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	1	QL (1 EA per 1 days) MO
<i>methylphenidate hydrochloride tablet</i>	1	MO
<i>modafinil tablet 100mg</i>	1	QL (1 EA per 1 days) PA (Modafinil) MO
<i>modafinil tablet 200mg</i>	1	QL (2 EA per 1 days) PA (Modafinil) MO
WAKIX TABLET 17.8MG	1	QL (2 EA per 1 days) PA (Wakix)
WAKIX TABLET 4.45MG	1	QL (4 EA per 1 days) PA (Wakix)
<b><i>Anticonvulsants</i></b>		
APTIOM TABLET 200MG, 400MG, 800MG	1	QL (1 EA per 1 days) PA (Aptiom, new starts only) MO

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



Drug Name	Drug Tier	Requirements/Limits*
APTIOM TABLET 600MG	1	QL (2 EA per 1 days) PA (Aptiom, new starts only) MO
BRIVIACT INJECTION	1	PA (Briviact Injection, new starts only)
BRIVIACT ORAL SOLUTION	1	PA (Briviact, new starts only) MO
BRIVIACT TABLET	1	QL (2 EA per 1 days) PA (Briviact, new starts only) MO
<i>carbamazepine er</i>	1	MO
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	MO
CELONTIN CAPSULE 300MG	1	MO
<i>clobazam tablet</i>	1	MO
<i>clobazam suspension</i>	1	PA (clobazam, new starts only) MO
<i>clonazepam odt</i>	1	PA (clonazepam odt, new starts only) MO
<i>clonazepam tablet</i>	1	MO
DIACOMIT	1	PA (Diacomit, new starts only) MO
<i>dilantin infatabs</i>	1	MO
DILANTIN-125	1	MO
<i>dilantin capsule</i>	1	MO
<i>divalproex sodium dr</i>	1	MO
<i>divalproex sodium er</i>	1	MO
<i>divalproex sodium capsule delayed release sprinkle</i>	1	MO
EPIDIOLEX	1	PA (Epidiolex, new starts only) MO
<i>epitol</i>	1	MO
EPRONTIA	1	QL (16 ML per 1 days) PA (Eprontia, new starts only)
<i>ethosuximide capsule, solution</i>	1	MO
<i>felbamate</i>	1	MO
FINTEPLA	1	QL (11.82 ML per 1 days) PA (Fintepla, new starts only)
<i>fosphenytoin sodium</i>	1	
FYCOMPA TABLET	1	QL (1 EA per 1 days) PA (Fycompa, new starts only) MO
FYCOMPA SUSPENSION	1	QL (24 ML per 1 days) PA (Fycompa Suspension, new starts only) MO
<i>gabapentin capsule, solution</i>	1	MO
<i>gabapentin tablet 600mg, 800mg</i>	1	MO
<i>lacosamide injection</i>	1	
<i>lacosamide oral solution</i>	1	MO
<i>lacosamide tablet 100mg, 150mg, 200mg, 50mg</i>	1	QL (2 EA per 1 days) MO
<i>lamotrigine er</i>	1	ST (Lamotrigine ER #2, new starts only)
<i>lamotrigine odt</i>	1	MO
<i>lamotrigine tablet chewable, tablet</i>	1	MO
<i>levetiracetam er</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	1	
<i>levetiracetam injection</i>	1	
<i>levetiracetam oral solution, tablet</i>	1	MO
<i>magnesium sulfate injection 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 50%</i>	1	
NAYZILAM	1	QL (10 EA per 30 days)
<i>oxcarbazepine</i>	1	MO
<i>phenytoin infatabs</i>	1	MO
<i>phenytoin sodium extended</i>	1	MO
<i>phenytoin sodium injection</i>	1	
<i>phenytoin tablet chewable, suspension</i>	1	MO
<i>pregabalin solution</i>	1	MO
<i>pregabalin capsule</i>	1	QL (3 EA per 1 days) MO
<i>primidone tablet</i>	1	MO
<i>roweepra xr</i>	1	MO
ROWEEPRA TABLET 500MG	1	MO
<i>roweepra tablet 1000mg, 750mg</i>	1	MO
<i>rufinamide tablet</i>	1	MO
<i>rufinamide suspension</i>	1	PA (Rufinamide suspension, new starts only) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG, 250MG, 500MG	1	QL (2 EA per 1 days) PA (Spritam, new starts only) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	1	QL (4 EA per 1 days) PA (Spritam, new starts only) MO
<i>subvenite</i>	1	MO
SYMPAZAN	1	QL (2 EA per 1 days) PA (Sympazan, new starts only)
<i>tiagabine hydrochloride</i>	1	MO
<i>topiramate capsule sprinkle, tablet</i>	1	MO
<i>valproate sodium injection</i>	1	
<i>valproic acid capsule, solution</i>	1	MO
VALTOCO LIQUID	1	QL (10 EA per 30 days)
VALTOCO LIQUID THERAPY PACK	1	QL (20 EA per 30 days)
<i>vigabatrin</i>	1	PA (Vigabatrin, new starts only) LA MO
<i>vigadrone</i>	1	PA (Vigabatrin, new starts only) LA MO
VIMPAT INJECTION	1	
XCOPRI TABLET THERAPY PACK 0	1	QL (2 EA per 1 days) PA (Xcopri, new starts only)
XCOPRI TABLET THERAPY PACK 0	1	QL (28 EA per 180 days) PA (Xcopri, new starts only)
XCOPRI TABLET 100MG, 50MG	1	QL (1 EA per 1 days) PA (Xcopri, new starts only)

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

Drug Name	Drug Tier	Requirements/Limits*
XCOPRI TABLET 150MG, 200MG	1	QL (2 EA per 1 days) PA (Xcopri, new starts only)
ZONISADE	1	QL (20 ML per 1 days) PA (Zonisade, new starts only) MO
<i>zonisamide capsule</i>	1	MO
<b>Antimanic Agents</b>		
<i>lithium carbonate er</i>	1	MO
<i>lithium carbonate capsule, tablet</i>	1	MO
<b>Antimigraine Agents</b>		
AIMOVIG	1	QL (1 ML per 30 days) PA (Aimovig) MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days)
EMGALITY	1	PA (Emgality)
<i>migergot</i>	1	
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days)
REYVOW TABLET 50MG	1	QL (4 EA per 30 days) PA (Reyvow)
REYVOW TABLET 100MG	1	QL (8 EA per 30 days) PA (Reyvow)
<i>rizatriptan benzoate</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate injection</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate tablet</i>	1	QL (9 EA per 30 days)
<i>sumatriptan solution</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan odt</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan tablet</i>	1	QL (12 EA per 30 days)
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl capsule, solution, tablet</i>	1	MO
<i>amantadine hydrochloride</i>	1	MO
<i>apomorphine hydrochloride injection</i>	1	PA (apokyn)
<i>benztropine mesylate tablet</i>	1	MO
<i>bromocriptine mesylate capsule, tablet</i>	1	MO
<i>cabergoline</i>	1	
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	1	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	1	MO
<i>carbidopa tablet</i>	1	MO
EMSAM	1	QL (1 EA per 1 days) PA (emsam, new starts only) MO
<i>entacapone</i>	1	MO
INBRIJA	1	PA (INBRIJA)
KYNMOBI	1	PA (Kynmobi)
KYNMOBI TITRATION KIT	1	PA (Kynmobi)
NEUPRO	1	QL (1 EA per 1 days) PA (Neupro) MO

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

Drug Name	Drug Tier	Requirements/Limits*
ONGENTYS	1	QL (1 EA per 1 days) ST (Ongentys #2) MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>rasagiline mesylate tablet</i>	1	QL (1 EA per 1 days) ST (Rasagiline #2) MO
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO
<i>ropinirole hydrochloride</i>	1	MO
<i>selegiline hcl capsule, tablet</i>	1	MO
<i>selegiline hydrochloride capsule</i>	1	MO
<i>trihexyphenidyl hcl solution</i>	1	MO
<i>trihexyphenidyl hydrochloride</i>	1	MO
<b>Anxiolytics, Sedatives, and Hypnotics</b>		
<i>alprazolam intensol</i>	1	
<i>alprazolam tablet</i>	1	
<i>bupirone hcl tablet 15mg, 30mg</i>	1	
<i>bupirone hydrochloride tablet</i>	1	
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	1	
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	
<i>clorazepate dipotassium tablet</i>	1	
DIASTAT ACUDIAL	1	
DIASTAT PEDIATRIC GEL 2.5MG	1	
<i>diazepam intensol</i>	1	
DIAZEPAM RECTAL GEL	1	
<i>diazepam concentrate, oral solution, tablet</i>	1	
<i>diazepam injection 5mg/ml</i>	1	
<i>eszopiclone</i>	1	QL (1 EA per 1 days)
HETLIOZ	1	QL (1 EA per 1 days) PA (HETLIOZ) MO
HETLIOZ LQ	1	QL (5 ML per 1 days) PA (HETLIOZ)
<i>hydroxyzine hcl injection 25mg/ml</i>	1	
<i>hydroxyzine hcl tablet 50mg</i>	1	
<i>hydroxyzine hydrochloride injection, syrup</i>	1	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	
<i>hydroxyzine hydrochloride tablet 50mg</i>	1	MO
<i>hydroxyzine pamoate capsule 100mg</i>	1	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	1	MO
<i>lorazepam intensol</i>	1	
<i>lorazepam concentrate 2mg/ml</i>	1	
<i>lorazepam tablet</i>	1	
<i>midazolam hcl injection 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	
<i>midazolam hydrochloride injection 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	
<i>phenobarbital elixir 20mg/5ml</i>	1	MO
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>ramelteon</i>	1	ST (Ramelteon #2) MO
<i>temazepam</i>	1	QL (1 EA per 1 days)
<i>zaleplon</i>	1	QL (1 EA per 1 days)
<i>zolpidem tartrate tablet</i>	1	QL (1 EA per 1 days)
<b>Central Nervous System Agents, Misc</b>		
<i>acamprosate calcium dr</i>	1	MO
<i>atomoxetine hydrochloride capsule 100mg, 40mg, 60mg, 80mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine hydrochloride capsule 18mg</i>	1	QL (5 EA per 1 days) MO
<i>atomoxetine capsule 100mg, 40mg, 60mg, 80mg</i>	1	QL (1 EA per 1 days) MO
<i>atomoxetine capsule 10mg, 25mg</i>	1	QL (3 EA per 1 days) MO
<i>atomoxetine capsule 18mg</i>	1	QL (5 EA per 1 days) MO
<i>guanfacine er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	1	QL (1 EA per 1 days) MO
<i>guanfacine er tablet extended release 24 hour 3mg</i>	1	QL (2 EA per 1 days) MO
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 2mg, 4mg</i>	1	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>	1	QL (2 EA per 1 days) MO
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride solution, tablet</i>	1	MO
NUEDEXTA	1	QL (2 EA per 1 days) PA (Nuedexta) MO
RADICAVA	1	PA (Radicava) MO
RADICAVA ORS	1	QL (50 ML per 28 days) PA (Radicava)
RADICAVA ORS STARTER KIT	1	QL (70 ML per 168 days) PA (Radicava)
<i>riluzole</i>	1	MO
XYREM	1	PA (xyrem) LA
XYWAV	1	QL (18 ML per 1 days) PA (Xywav)
<b>Fibromyalgia Agents</b>		
SAVELLA	1	QL (2 EA per 1 days) PA (Savella) MO
SAVELLA TITRATION PACK	1	QL (55 EA per 180 days) PA (Savella)
<b>Opiate Antagonists</b>		
KLOXXADO	1	
<i>naloxone hcl injection 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml</i>	1	
<i>naltrexone hcl tablet</i>	1	
<i>naltrexone hydrochloride tablet</i>	1	
NARCAN LIQUID	1	
ZIMHI	1	
<b>Psychotherapeutic Agents</b>		

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

Drug Name	Drug Tier	Requirements/Limits*
ABILIFY MAINTENA	1	PA (abilify maintena, new starts only) MO
ABILIFY MYCITE	1	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only) MO
ABILIFY MYCITE MAINTENANCE KIT	1	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only)
ABILIFY MYCITE STARTER KIT	1	QL (1 EA per 1 days) PA (Abilify Mycite, new starts only)
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	MO
<i>amitriptyline hydrochloride tablet</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole</i>	1	MO
<i>aripiprazole odt</i>	1	MO
ARISTADA INJECTION 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	1	PA (Aristada, new starts only) MO
ARISTADA INJECTION 1064MG/3.9ML	1	QL (3.9 ML per 60 days) PA (Aristada, new starts only) MO
<i>asenapine maleate sl</i>	1	QL (2 EA per 1 days) ST (Asenapine #2, new starts only) MO
<i>bupropion hcl tablet</i>	1	MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	1	MO
<i>bupropion hydrochloride tablet</i>	1	MO
CAPLYTA CAPSULE 42MG	1	QL (1 EA per 1 days) PA (Caplyta, new starts only) MO
<i>chlordiazepoxide/amitriptyline</i>	1	MO
<i>chlorpromazine hcl injection</i>	1	
<i>chlorpromazine hcl tablet</i>	1	MO
<i>chlorpromazine hydrochloride tablet</i>	1	MO
<i>citalopram hydrobromide solution</i>	1	MO
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (1 EA per 1 days) PA (Citalopram 40mg, new starts only) MO
<i>citalopram hydrobromide tablet 10mg, 20mg</i>	1	QL (1.5 EA per 1 days) MO
<i>citalopram tablet 40mg</i>	1	QL (1 EA per 1 days) PA (Citalopram 40mg, new starts only) MO
<i>citalopram tablet 20mg</i>	1	QL (1.5 EA per 1 days) MO
<i>clomipramine hcl capsule</i>	1	MO
<i>clomipramine hydrochloride</i>	1	MO
<i>clozapine odt</i>	1	ST (clozapine odt #2, new starts only)
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	1	

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



Drug Name	Drug Tier	Requirements/Limits*
<i>compro</i>	1	
<i>desipramine hcl tablet</i>	1	MO
<i>desipramine hydrochloride</i>	1	MO
<i>desvenlafaxine er</i>	1	QL (1 EA per 1 days) MO
<i>doxepin hcl capsule 100mg, 10mg, 50mg, 75mg</i>	1	MO
<i>doxepin hcl concentrate</i>	1	MO
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	1	MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL (1 EA per 1 days) ST (Doxepin #2) MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	1	QL (1 EA per 1 days) PA (Drizalma, new starts only) MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	1	QL (2 EA per 1 days) PA (Drizalma, new starts only) MO
<i>duloxetine hcl capsule delayed release particles 30mg, 40mg</i>	1	QL (1 EA per 1 days) MO
<i>duloxetine hydrochloride capsule delayed release particles 30mg, 40mg</i>	1	QL (1 EA per 1 days) MO
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	1	QL (2 EA per 1 days) MO
<i>escitalopram oxalate solution, tablet</i>	1	MO
FANAPT	1	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only)
FANAPT TITRATION PACK	1	QL (8 EA per 180 days) ST (atypical antipsychotics #2, new starts only)
FETZIMA	1	QL (1 EA per 1 days) PA (Fetzima, new starts only) MO
FETZIMA TITRATION PACK	1	PA (Fetzima, new starts only)
<i>fluoxetine dr</i>	1	MO
<i>fluoxetine hcl capsule 20mg</i>	1	MO
<i>fluoxetine hcl solution</i>	1	MO
<i>fluoxetine hydrochloride capsule, solution</i>	1	MO
<i>fluoxetine hydrochloride tablet 60mg</i>	1	MO
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl concentrate, tablet</i>	1	MO
<i>fluphenazine hydrochloride</i>	1	MO
<i>fluvoxamine maleate</i>	1	MO
<i>haloperidol decanoate injection</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol concentrate, tablet</i>	1	MO
<i>imipramine hcl tablet</i>	1	MO
<i>imipramine hydrochloride</i>	1	MO
INVEGA HAFYERA INJECTION 1092MG/3.5ML	1	QL (3.5 ML per 180 days) PA (Invega Hafyera, new starts only)
INVEGA HAFYERA INJECTION 1560MG/5ML	1	QL (5 ML per 180 days) PA (Invega Hafyera, new starts only)
INVEGA SUSTENNA	1	

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



Drug Name	Drug Tier	Requirements/Limits*
INVEGA TRINZA	1	PA (Invega Trinza, new starts only) MO
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	1	QL (1 EA per 1 days) MO
LATUDA TABLET 80MG	1	QL (2 EA per 1 days) MO
<i>loxapine</i>	1	MO
<i>loxapine succinate</i>	1	MO
LYBALVI	1	QL (1 EA per 1 days) PA (Lybalvi, new starts only) MO
MARPLAN	1	MO
<i>mirtazapine odt</i>	1	MO
<i>mirtazapine tablet</i>	1	MO
<i>molindone hydrochloride</i>	1	MO
<i>nefazodone hydrochloride</i>	1	MO
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	MO
<i>nortriptyline hcl solution</i>	1	MO
<i>nortriptyline hydrochloride capsule</i>	1	MO
NUPLAZID CAPSULE	1	QL (1 EA per 1 days) PA (Nuplazid, new starts only) MO
NUPLAZID TABLET 10MG	1	QL (1 EA per 1 days) PA (Nuplazid, new starts only) MO
<i>olanzapine odt</i>	1	MO
<i>olanzapine/fluoxetine</i>	1	QL (1 EA per 1 days) MO
<i>olanzapine injection</i>	1	
<i>olanzapine tablet</i>	1	MO
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL (1 EA per 1 days) ST (atypical antipsychotics #2, new starts only) MO
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL (2 EA per 1 days) ST (atypical antipsychotics #2, new starts only) MO
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	MO
<i>paroxetine hydrochloride suspension</i>	1	PA (paxil suspension, new starts only) MO
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	MO
<i>perphenazine/amitriptyline</i>	1	MO
<i>perphenazine tablet</i>	1	MO
<i>phenelzine sulfate tablet</i>	1	MO
<i>pimozide</i>	1	MO
<i>prochlorperazine edisylate injection 10mg/2ml, 50mg/10ml</i>	1	
<i>prochlorperazine maleate tablet</i>	1	MO
<i>prochlorperazine suppository 25mg</i>	1	
<i>protriptyline hcl</i>	1	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	1	QL (1 EA per 1 days) MO
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	1	QL (2 EA per 1 days) MO
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL (2 EA per 1 days) MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg</i>	1	QL (3 EA per 1 days) MO
REXULTI	1	QL (1 EA per 1 days) PA (Rexulti, new starts only) MO
RISPERDAL CONSTA	1	
<i>risperidone</i>	1	MO
<i>risperidone odt</i>	1	MO
SECUADO	1	QL (1 EA per 1 days) PA (Secuado, new starts only)
<i>sertraline hcl concentrate</i>	1	MO
<i>sertraline hcl tablet 25mg, 50mg</i>	1	MO
<i>sertraline hydrochloride concentrate, tablet</i>	1	MO
SPRAVATO 56MG DOSE	1	PA (Spravato, new starts only)
SPRAVATO 84MG DOSE	1	PA (Spravato, new starts only)
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	1	MO
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	MO
<i>trazodone hydrochloride</i>	1	MO
<i>trifluoperazine hcl tablet</i>	1	MO
<i>trifluoperazine hydrochloride</i>	1	MO
<i>trimipramine maleate capsule</i>	1	MO
TRINTELLIX	1	QL (1 EA per 1 days) PA (Trintellix, new starts only) MO
<i>venlafaxine hcl</i>	1	MO
<i>venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride</i>	1	MO
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	1	MO
<i>venlafaxine hydrochloride er tablet extended release 24 hour 225mg</i>	1	QL (1 EA per 1 days) MO
VERSACLOZ	1	PA (Versacloz, new starts only)
VIIBRYD STARTER PACK	1	PA (viibryd, new starts only)
VILAZODONE HYDROCHLORIDE TABLET 40MG	1	QL (1 EA per 1 days) PA (viibryd, new starts only) MO
<i>vilazodone hydrochloride tablet 10mg, 20mg</i>	1	QL (1 EA per 1 days) PA (viibryd, new starts only) MO
VRAYLAR CAPSULE	1	QL (1 EA per 1 days) ST (atypical antipsychotics #2, new starts only) MO
VRAYLAR CAPSULE THERAPY PACK	1	QL (7 EA per 180 days) ST (atypical antipsychotics #2, new starts only)
<i>ziprasidone hcl</i>	1	QL (2 EA per 1 days) MO
<i>ziprasidone hydrochloride</i>	1	QL (2 EA per 1 days) MO
<i>ziprasidone mesylate</i>	1	
ZYPREXA RELPREVV	1	PA (zyprexa relprevv, new starts only)
<b>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</b>		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
AUSTEDO TABLET 6MG	1	QL (2 EA per 1 days) PA (Austedo) MO
AUSTEDO TABLET 12MG, 9MG	1	QL (4 EA per 1 days) PA (Austedo) MO
INGREZZA CAPSULE	1	QL (1 EA per 1 days) PA (Ingrezza) MO
INGREZZA CAPSULE THERAPY PACK	1	QL (28 EA per 180 days) PA (Ingrezza) MO
<i>tetrabenazine tablet 25mg</i>	1	QL (4 EA per 1 days) PA (Tetrabenazine) MO
<i>tetrabenazine tablet 12.5mg</i>	1	QL (8 EA per 1 days) PA (Tetrabenazine) MO
<b>Devices</b>		
<i>Devices</i>		
ALCOHOL PREP PADS	1	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2"	1	
<b>Electrolytic, Caloric, and Water Balance</b>		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er</i>	1	
<i>sodium bicarbonate injection 4.2%, 7.5%, 8.4%</i>	1	
SODIUM LACTATE INJECTION 5MEQ/ML	1	
<i>Ammonia Detoxicants</i>		
<i>carglumic acid</i>	1	PA (carbaglu) LA MO
<i>constulose</i>	1	MO
<i>enulose</i>	1	MO
<i>generlac</i>	1	MO
<i>lactulose solution</i>	1	MO
RAVICTI	1	PA (ravicti) MO
<i>sodium phenylbutyrate powder, tablet</i>	1	PA (buphenyl) MO
<i>Caloric Agents</i>		
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits*
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	1	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	1	B/D
CLINIMIX 4.25%/DEXTROSE 10%	1	B/D
CLINIMIX 4.25%/DEXTROSE 25%	1	B/D
CLINIMIX 4.25%/DEXTROSE 5%	1	B/D
CLINIMIX 5%/DEXTROSE 15%	1	B/D
CLINIMIX 5%/DEXTROSE 20%	1	B/D
CLINIMIX 5%/DEXTROSE 25%	1	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	1	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	1	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	1	B/D
CLINIMIX E 5%/DEXTROSE 15%	1	B/D
CLINIMIX E 5%/DEXTROSE 20%	1	B/D
<i>clinisol sf 15%</i>	1	B/D
<i>clinolipid</i>	1	B/D
<i>dextrose 10%</i>	1	
<i>dextrose 20%</i>	1	
<i>dextrose 25% injection 250mg/ml</i>	1	
<i>dextrose 30%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
<i>dextrose injection 40%</i>	1	
DOJOLVI	1	PA (Dojolvi)
FREAMINE HBC 6.9%	1	B/D
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	1	B/D

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

Drug Name	Drug Tier	Requirements/Limits*
HEPATAMINE INJECTION 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	1	B/D
INTRALIPID INJECTION 20GM/100ML	1	B/D
NEPHRAMINE	1	B/D
NUTRILIPID	1	B/D
<i>plenamine</i>	1	B/D
<i>premasol injection 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	1	B/D
PROCALAMINE	1	B/D
PROSOL	1	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	1	B/D
TROPHAMINE INJECTION 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	1	B/D
<b>Diuretics</b>		
<i>amiloride hcl tablet</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	
<i>bumetanide tablet</i>	1	MO
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone tablet 25mg, 50mg</i>	1	MO
<i>furosemide injection</i>	1	
<i>furosemide oral solution, tablet</i>	1	MO
<i>hydrochlorothiazide capsule, tablet</i>	1	MO
<i>indapamide</i>	1	MO
JYNARQUE TABLET	1	QL (4 EA per 1 days) PA (Jynarque) MO
JYNARQUE TABLET THERAPY PACK 0	1	QL (2 EA per 1 days) PA (Jynarque)
JYNARQUE TABLET THERAPY PACK 0, 15MG	1	QL (2 EA per 1 days) PA (Jynarque) MO
<i>metolazone</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>toremide tablet</i>	1	MO
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tablet</i>	1	MO
<i>triamterene capsule</i>	1	MO
<b><i>Ion-removing Agents</i></b>		
FOSRENOL PACKET	1	ST (Phosphate Binders #2, new starts only) MO
<i>lanthanum carbonate</i>	1	ST (Phosphate Binders #2, new starts only) MO
LOKELMA	1	QL (3 EA per 1 days) PA (Lokelma) MO
<i>sevelamer carbonate</i>	1	ST (Phosphate Binders #2, new starts only) MO
<i>sevelamer hydrochloride</i>	1	ST (Phosphate Binders #2, new starts only) MO
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i>	1	
VELTASSA	1	QL (1 EA per 1 days) PA (Veltassa)
<b><i>Irrigating Solutions</i></b>		
<i>lactated ringers irrigation solution 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>ringers irrigation solution 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water for irrigation</i>	1	
<i>tis-u-sol</i>	1	
<b><i>Replacement Preparations</i></b>		
<i>calcium acetate capsule</i>	1	MO
<i>calcium acetate tablet 667mg</i>	1	MO
<i>dextrose 10%/nacl 0.45%</i>	1	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225%</i>	1	
<i>dextrose 5%/nacl 0.3%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>dextrose/sodium chloride</i>	1	
IONOSOL-MB/DEXTROSE 5% INJECTION 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	1	
ISOLYTE-P/DEXTROSE 5%	1	
ISOLYTE-S PH 7.4	1	

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

Drug Name	Drug Tier	Requirements/Limits*
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con sprinkle</i>	1	MO
<i>lactated ringers injection 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
NORMOSOL -R	1	
NORMOSOL-M IN D5W	1	
NORMOSOL-R	1	
NORMOSOL-R IN D5W	1	
PLASMA-LYTE A	1	
PLASMA-LYTE-148	1	
<i>potassium chloride cr tablet extended release 10meq</i>	1	MO
<i>potassium chloride er</i>	1	MO
<i>potassium chloride sr tablet extended release 8meq</i>	1	MO
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	1	
<i>potassium chloride/dextrose/sodium chloride</i>	1	
<i>potassium chloride/dextrose injection 5%; 20meq/l, 5%; 40meq/l</i>	1	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	
<i>potassium chloride packet</i>	1	
<i>potassium chloride oral solution</i>	1	MO
<i>potassium chloride injection 0.4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	1	
<i>ringers injection injection 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.45%</i>	1	
<i>sodium chloride injection 0.45%, 0.9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROLYTES	1	
<b>Uricosuric Agents</b>		
<i>probenecid/colchicine</i>	1	MO
<i>probenecid tablet</i>	1	MO
<b>Enzymes</b>		

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



Drug Name	Drug Tier	Requirements/Limits*
<b>Enzymes</b>		
ALDURAZYME	1	PA (aldurazyme) LA
CEREZYME	1	PA (cerezyme)
ELAPRASE	1	PA (elaprase) LA
FABRAZYME	1	PA (fabrazyme) LA
LUMIZYME	1	PA (lumizyme) LA
NAGLAZYME	1	PA (naglazyme) LA
PALYNZIQ INJECTION 10MG/0.5ML, 2.5MG/0.5ML	1	QL (1 ML per 1 days) PA (Palynziq) MO
PALYNZIQ INJECTION 20MG/ML	1	QL (2 ML per 1 days) PA (Palynziq) MO
REVCIVI	1	PA (Revcovi)
STRENSIQ	1	PA (Strensiq) MO
SUCRAID	1	PA (sucraid) LA MO
VPRIV	1	PA (vpriv)
<b>Eye, Ear, Nose &amp; Throat Preparations</b>		
<b>Anti-infectives</b>		
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
<i>chlorhexidine gluconate</i>	1	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
CIPROFLOXACIN SOLUTION 0.2%	1	
<i>erythromycin ointment 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ointment</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>levofloxacin ophthalmic solution 0.5%</i>	1	
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	1	
NATACYN	1	
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ofloxacin</i>	1	
<i>paroex</i>	1	
PERIOGARD	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
<i>sulfacetamide sodium ointment, solution</i>	1	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine solution</i>	1	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	
ZIRGAN	1	
<b>Anti-inflammatory Agents</b>		
<i>blephamide s.o.p.</i>	1	
<i>ciprofloxacin/dexamethasone</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>cyclosporine emulsion 0.05%</i>	1	QL (60 EA per 30 days) MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	
<i>diclofenac sodium solution 0.1%</i>	1	
<i>difluprednate</i>	1	ST (Durezol #2)
<i>flac</i>	1	
<i>flunisolide solution 0.025%</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>fluorometholone suspension</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone propionate suspension 50mcg/act</i>	1	
FML	1	
FML FORTE	1	
<i>hydrocortisone/acetic acid</i>	1	
<i>ketorolac tromethamine</i>	1	
MAXIDEX SUSPENSION	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension, otic suspension</i>	1	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	1	
PRED MILD	1	
PREDNISOLONE ACETATE	1	
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	1	
RESTASIS MULTIDOSE	1	QL (5.5 ML per 30 days) MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	1	
TOBRADEX OINTMENT	1	
<i>tobramycin/dexamethasone</i>	1	
VERKAZIA	1	QL (4 EA per 1 days) PA (Verkazia)
<b>Antiallergic Agents</b>		
<i>azelastine hcl solution</i>	1	
<i>azelastine hydrochloride nasal solution 0.1%</i>	1	QL (60 ML per 30 days)
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl solution</i>	1	
<i>olopatadine hydrochloride solution</i>	1	
<b>Antiglaucoma Agents</b>		
<i>acetazolamide er</i>	1	MO
<i>acetazolamide sodium</i>	1	
<i>acetazolamide tablet</i>	1	MO
<i>betaxolol hcl</i>	1	MO
<i>brimonidine tartrate/timolol maleate</i>	1	ST (Brimonidine/timolol #2) MO
<i>brimonidine tartrate solution</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>brinzolamide</i>	1	MO
<i>carteolol hcl</i>	1	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride solution</i>	1	MO
<i>latanoprost solution</i>	1	MO
<i>levobunolol hcl solution 0.5%</i>	1	MO
LUMIGAN	1	ST (Lumigan #2) MO
<i>methazolamide tablet</i>	1	MO
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	MO
RHOPRESSA	1	ST (Rhopressa #2) MO
ROCKLATAN	1	QL (5 ML per 28 days) ST (Rocklatan #2) MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	1	MO
<i>timolol maleate solution 0.25%, 0.5%</i>	1	MO
<i>travoprost</i>	1	ST (Travoprost #2) MO
VUITY	1	QL (0.09 ML per 1 days)
<b><i>EENT Drugs, Miscellaneous</i></b>		
<i>acetic acid</i>	1	
<i>apraclonidine</i>	1	
CYSTADROPS	1	QL (20 ML per 28 days) PA (Cysteamine) MO
CYSTARAN	1	PA (Cysteamine) LA MO
IOPIDINE SOLUTION 1%	1	
OXERVATE	1	QL (1 ML per 1 days) PA (Oxervate)
<b><i>Local Anesthetics</i></b>		
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>proparacaine hcl solution</i>	1	
<b><i>Mydriatics</i></b>		
ATROPINE SULFATE SOLUTION 1%	1	MO
<b>Eye, Ear, Nose + Throat Preparations</b>		
<b><i>Anti-infectives</i></b>		
<i>neomycin/polymyxin/bacitracin</i>	1	
<i>tobramycin sulfate ophthalmic solution 0.3%</i>	1	
<b><i>Antiallergic Agents</i></b>		
<i>azelastine hydrochloride ophthalmic solution 0.05%</i>	1	
<b><i>Antiglaucoma Agents</i></b>		
<i>dorzolamide hcl</i>	1	MO
<i>pilocarpine hydrochloride solution 2%</i>	1	
<i>pilocarpine hydrochloride solution 1%, 4%</i>	1	MO
<b><i>Local Anesthetics</i></b>		
<i>lidocaine hydrochloride viscous</i>	1	
<b>Gastrointestinal Drugs</b>		
<b><i>Anti-inflammatory Agents</i></b>		
<i>alosetron hydrochloride</i>	1	PA (Alosetron) MO
<i>balsalazide disodium</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits*
DIPENTUM	1	MO
<i>mesalamine dr tablet delayed release</i>	1	
<i>mesalamine dr capsule delayed release</i>	1	MO
<i>mesalamine er capsule extended release</i>	1	MO
<i>mesalamine enema, kit, suppository</i>	1	
PENTASA	1	MO
<b>Antidiarrhea Agents</b>		
<i>diphenoxylate hydrochloride/atropine sulfate</i>	1	
<i>diphenoxylate/atropine liquid</i>	1	
<i>loperamide hcl capsule</i>	1	
<i>opium</i>	1	QL (2.4 ML per 1 days) PA (Opium Tincture)
<i>opium tincture tincture 1%</i>	1	QL (2.4 ML per 1 days) PA (Opium Tincture)
XERMELO	1	QL (3 EA per 1 days) PA (Xermelo) MO
<b>Antiemetics</b>		
<i>aprepitant capsule 40mg</i>	1	QL (1 EA per 30 days) PA (emend)
<i>aprepitant capsule 125mg</i>	1	QL (2 EA per 30 days) PA (emend)
<i>aprepitant capsule 80mg</i>	1	QL (4 EA per 30 days) PA (emend)
<i>aprepitant capsule 0</i>	1	QL (6 EA per 30 days) PA (emend)
<i>dronabinol</i>	1	QL (4 EA per 1 days) PA (dronabinol)
EMEND SUSPENSION RECONSTITUTED	1	QL (2 EA per 30 days) PA (emend)
<i>granisetron hcl injection 1mg/ml</i>	1	PA (Granisetron)
<i>granisetron hydrochloride injection</i>	1	PA (Granisetron)
<i>granisetron hydrochloride tablet</i>	1	QL (2 EA per 1 days) PA (Granisetron)
<i>meclizine hcl tablet</i>	1	
<i>meclizine hydrochloride tablet 12.5mg, 25mg</i>	1	
<i>ondansetron hcl solution</i>	1	B/D
<i>ondansetron hcl tablet 24mg</i>	1	B/D
<i>ondansetron hydrochloride injection</i>	1	
<i>ondansetron hydrochloride oral solution, tablet</i>	1	B/D
<i>ondansetron odt</i>	1	B/D
<i>scopolamine</i>	1	PA (Scopolamine)
<b>Antiulcer Agents and Acid Suppressants</b>		
<i>cimetidine hcl solution</i>	1	MO
<i>cimetidine hydrochloride</i>	1	MO
<i>cimetidine tablet 200mg</i>	1	
<i>cimetidine tablet 300mg, 400mg, 800mg</i>	1	MO
<i>esomeprazole magnesium capsule delayed release 20mg</i>	1	QL (1 EA per 1 days) MO
<i>esomeprazole magnesium capsule delayed release 40mg</i>	1	QL (2 EA per 1 days) MO
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>lansoprazole odt tablet delayed release disintegrating 15mg</i>	1	QL (1 EA per 1 days) PA (Lansoprazole ODT) MO
<i>lansoprazole odt tablet delayed release disintegrating 30mg</i>	1	QL (2 EA per 1 days) PA (Lansoprazole ODT) MO
<i>lansoprazole capsule delayed release 15mg</i>	1	QL (1 EA per 1 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	1	QL (2 EA per 1 days) MO
<i>lansoprazole tablet delayed release disintegrating 15mg</i>	1	QL (1 EA per 1 days) PA (Lansoprazole ODT) MO
<i>lansoprazole tablet delayed release disintegrating 30mg</i>	1	QL (2 EA per 1 days) PA (Lansoprazole ODT) MO
<i>misoprostol tablet</i>	1	MO
<i>omeprazole dr capsule delayed release 40mg</i>	1	MO
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (1 EA per 1 days) MO
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	MO
<i>omeprazole capsule delayed release 10mg</i>	1	QL (1 EA per 1 days) MO
<i>pantoprazole sodium dr tablet delayed release 40mg</i>	1	MO
<i>pantoprazole sodium dr tablet delayed release 20mg</i>	1	QL (1 EA per 1 days) MO
<i>pantoprazole sodium injection</i>	1	
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	MO
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (1 EA per 1 days) MO
<i>rabeprazole sodium</i>	1	QL (1 EA per 1 days) MO
<i>ranitidine hcl injection 150mg/6ml, 50mg/2ml</i>	1	
<i>ranitidine hcl syrup 75mg/5ml</i>	1	MO
<i>ranitidine hcl tablet 300mg</i>	1	MO
<i>ranitidine hydrochloride injection</i>	1	
<i>ranitidine hydrochloride capsule, tablet</i>	1	MO
<i>sucralfate suspension, tablet</i>	1	MO
<b>Cathartics and Laxatives</b>		
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
OSMOPREP	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
SUPREP BOWEL PREP KIT	1	
<i>trilyte</i>	1	
<b>Cholelitholytic Agents</b>		
<i>chenodal</i>	1	PA (CHENODAL)
<i>ursodiol capsule 300mg</i>	1	MO
<i>ursodiol tablet</i>	1	MO
<b>Digestants</b>		
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 42000UNIT; 10000UNIT; 32000UNIT	1	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	1	MO
<b>GI Drugs, Miscellaneous</b>		
AMITIZA	1	QL (2 EA per 1 days) PA (amitiza) MO
BYLVAY	1	PA (Bylvay)
BYLVAY (PELLETS)	1	PA (Bylvay)
CHOLBAM	1	PA (Cholbam) MO
GATTEX	1	PA (GATTEX) MO
LINZESS	1	QL (1 EA per 1 days) MO
LIVMARLI	1	QL (3 ML per 1 days) PA (Livmarli)
LUBIPROSTONE	1	QL (2 EA per 1 days) PA (amitiza) MO
MOTTEGRITY	1	QL (1 EA per 1 days) PA (Motegrity) MO
MOVANTIK	1	QL (1 EA per 1 days) PA (Movantik) MO
OCALIVA	1	QL (1 EA per 1 days) PA (Ocaliva) MO
RELISTOR INJECTION	1	PA (relistor)
RELISTOR TABLET	1	QL (3 EA per 1 days) PA (relistor)
SKYRIZI INJECTION 360MG/2.4ML	1	QL (2.4 ML per 56 days) PA (Skyrizi) MO
SKYRIZI INJECTION 600MG/10ML	1	QL (30 ML per 180 days) PA (Skyrizi)
STELARA INJECTION 130MG/26ML	1	QL (104 ML per 180 days) PA (Stelara)
SYMPROIC	1	QL (1 EA per 1 days) PA (Symproic)
VIBERZI	1	QL (2 EA per 1 days) PA (Viberzi) MO
<b>Prokinetic Agents</b>		
<i>metoclopramide hcl injection, oral solution</i>	1	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride solution</i>	1	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<b>Gold Compounds</b>		
<b>Gold Compounds</b>		
RIDAURA	1	MO
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		

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

Drug Name	Drug Tier	Requirements/Limits*
<i>clovique</i>	1	
<i>deferasirox packet</i>	1	PA (Iron chelator)
<i>deferasirox tablet soluble</i>	1	PA (Iron chelator) MO
<i>deferasirox tablet 360mg, 90mg</i>	1	PA (Iron chelator)
<i>deferasirox tablet 180mg</i>	1	PA (Iron chelator) MO
<i>deferiprone</i>	1	PA (Iron chelator) MO
FERRIPROX SOLUTION	1	PA (Iron chelator) MO
<i>penicillamine tablet</i>	1	
<i>trientine hydrochloride</i>	1	
<b>Hormones and Synthetic Substitutes</b>		
<b>Adrenals</b>		
ARMONAIR DIGIHALER	1	MO
ARNUITY ELLIPTA	1	QL (30 EA per 30 days) MO
BREO ELLIPTA	1	QL (60 EA per 30 days) MO
BREZTRI AEROSPHERE	1	QL (10.7 GM per 30 days) ST (Breztri #2) MO
<i>budesonide capsule delayed release particles</i>	1	
<i>budesonide suspension</i>	1	B/D MO
<i>cortisone acetate tablet 25mg</i>	1	
<i>decadron elixir</i>	1	
DEPO-MEDROL INJECTION 20MG/ML	1	B/D
<i>dexabliss</i>	1	
<i>dexamethasone 10-day dose pack</i>	1	
<i>dexamethasone 13-day dose pack</i>	1	
<i>dexamethasone 6-day dose pack</i>	1	
<i>dexamethasone 6-day therapy pack</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate injection 10mg/ml, 120mg/30ml</i>	1	
<i>dexamethasone elixir, solution</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>dexpak 10 day tablet therapy pack</i>	1	
<i>dexpak 13 day tablet therapy pack</i>	1	
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	1	QL (13 GM per 30 days) ST (Dulera #2, new starts only) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	1	QL (17.6 GM per 30 days) ST (Dulera #2, new starts only) MO
<i>dxevo 11-day</i>	1	
EMFLAZA	1	PA (Emflaza)
FLOVENT DISKUS	1	MO
FLOVENT HFA	1	MO
<i>fludrocortisone acetate tablet</i>	1	MO
FLUTICASONE PROPIONATE/SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	1	QL (2 EA per 30 days) MO

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
KENALOG-10	1	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	1	B/D
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate</i>	1	B/D
<i>methylprednisolone sodiumsuccinate injection 125mg, 40mg</i>	1	B/D
<i>methylprednisolone tablet</i>	1	B/D
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution</i>	1	
<i>prednisone tablet therapy pack</i>	1	
<i>prednisone solution</i>	1	B/D
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	B/D
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	1	QL (10.6 GM per 60 days) MO
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	1	QL (21.2 GM per 30 days) MO
SOLU-CORTEF INJECTION 100MG, 250MG	1	
SOLU-MEDROL INJECTION 2GM, 500MG	1	B/D
SYMBICORT	1	QL (10.2 GM per 30 days) MO
TARPEYO	1	QL (4 EA per 1 days) PA (Tarpeyo)
TRELEGY ELLIPTA	1	QL (2 EA per 1 days) ST (Trelegy Ellipta #2) MO
<i>triamcinolone acetonide injection 40mg/ml</i>	1	
<b>Androgens</b>		
ANADROL-50	1	PA (Anadrol-50)
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	1	MO
<i>danazol capsule</i>	1	
<i>methitest</i>	1	PA (testosterone-systemic) MO
<i>oxandrolone tablet 10mg</i>	1	QL (2 EA per 1 days) PA (oxandrolone)
<i>oxandrolone tablet 2.5mg</i>	1	QL (4 EA per 1 days) PA (oxandrolone)
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	
<i>testosterone enanthate injection</i>	1	
<i>testosterone pump</i>	1	MO
<i>testosterone gel</i>	1	MO
<b>Antidiabetic Agents</b>		
<i>acarbose tablet</i>	1	QL (3 EA per 1 days) MO
<i>alogliptin</i>	1	QL (1 EA per 1 days) MO
<i>alogliptin/metformin hcl</i>	1	QL (1 EA per 1 days) MO
<i>alogliptin/metformin hydrochloride</i>	1	QL (2 EA per 1 days) MO
<i>alogliptin/pioglitazone</i>	1	QL (1 EA per 1 days) MO
BASAGLAR KWIKPEN	1	MO
BYDUREON BCISE	1	QL (4 ML per 28 days) MO
BYDUREON PEN	1	QL (4 EA per 28 days) MO
BYETTA INJECTION 5MCG/0.02ML	1	QL (1.2 ML per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits*
BYETTA INJECTION 10MCG/0.04ML	1	QL (2.4 ML per 30 days) MO
CYCLOSET	1	MO
FARXIGA	1	QL (1 EA per 1 days) MO
FIASP	1	MO
FIASP FLEXTOUCH	1	MO
FIASP PENFILL	1	MO
<i>glimepiride tablet 4mg</i>	1	QL (2 EA per 1 days) MO
<i>glimepiride tablet 2mg</i>	1	QL (4 EA per 1 days) MO
<i>glimepiride tablet 1mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	1	QL (2 EA per 1 days) MO
<i>glipizide xl tablet extended release 24 hour 5mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (8 EA per 1 days) MO
<i>glipizide tablet 10mg</i>	1	QL (4 EA per 1 days) MO
<i>glipizide tablet 5mg</i>	1	QL (8 EA per 1 days) MO
GLYXAMBI	1	QL (1 EA per 1 days) MO
INSULIN ASPART	1	MO
INSULIN ASPART FLEXPEN	1	MO
INSULIN ASPART PENFILL	1	
INSULIN ASPART PROTAMINE/INSULIN ASPART	1	MO
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	1	
INSULIN LISPRO	1	MO
INSULIN LISPRO JUNIOR KWIKPEN	1	
INSULIN LISPRO KWIKPEN	1	MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	1	
JANUMET	1	QL (2 EA per 1 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 500MG; 50MG	1	QL (1 EA per 1 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG	1	QL (2 EA per 1 days) MO
JANUVIA	1	QL (1 EA per 1 days) MO
JARDIANCE	1	QL (1 EA per 1 days) MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	1	QL (1 EA per 1 days) MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	1	QL (2 EA per 1 days) MO
KORLYM	1	PA (Korlym) MO
LANTUS	1	MO
LANTUS SOLOSTAR	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	QL (2 EA per 1 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL (4 EA per 1 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (2.5 EA per 1 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (3 EA per 1 days) MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (5 EA per 1 days) MO
<i>miglitol</i>	1	QL (3 EA per 1 days) MO
<i>nateglinide</i>	1	QL (3 EA per 1 days) MO
NOVOLIN 70/30	1	MO
NOVOLIN 70/30 FLEXPEN	1	MO
NOVOLIN N	1	MO
NOVOLIN N FLEXPEN	1	MO
NOVOLIN R	1	MO
NOVOLIN R FLEXPEN	1	MO
NOVOLOG	1	MO
NOVOLOG FLEXPEN	1	MO
NOVOLOG FLEXPEN RELION	1	MO
NOVOLOG MIX 70/30	1	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	1	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	1	MO
NOVOLOG MIX 70/30 RELION	1	MO
NOVOLOG PENFILL	1	MO
NOVOLOG RELION	1	MO
ONGLYZA	1	QL (1 EA per 1 days) MO
OZEMPIC INJECTION 2MG/1.5ML	1	QL (1.5 ML per 28 days) PA (Ozempic)
OZEMPIC INJECTION 2MG/1.5ML	1	QL (1.5 ML per 28 days) PA (Ozempic) MO
OZEMPIC INJECTION 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	1	QL (3 ML per 28 days) PA (Ozempic)
<i>pioglitazone hcl/metformin hcl</i>	1	QL (3 EA per 1 days) MO
<i>pioglitazone hcl tablet 45mg</i>	1	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride</i>	1	QL (1 EA per 1 days) MO
QTERN	1	QL (1 EA per 1 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (4 EA per 1 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (8 EA per 1 days) MO
SYMLINPEN 120	1	MO
SYMLINPEN 60	1	MO
SYNJARDY	1	QL (2 EA per 1 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	1	QL (1 EA per 1 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	1	QL (2 EA per 1 days) MO
<i>tolbutamide</i>	1	QL (6 EA per 1 days) MO
TOUJEO MAX SOLOSTAR	1	MO
TOUJEO SOLOSTAR	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>tranylcypramine sulfate</i>	1	MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	1	QL (1 EA per 1 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	1	QL (2 EA per 1 days) MO
TRULICITY	1	QL (2 ML per 28 days) MO
VICTOZA	1	QL (9 ML per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG, 5MG; 500MG	1	QL (1 EA per 1 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG	1	QL (2 EA per 1 days) MO
<b><i>Antihypoglycemic Agents</i></b>		
BAQSIMI ONE PACK	1	
BAQSIMI TWO PACK	1	
<i>diazoxide suspension</i>	1	MO
GLUCAGEN HYPOKIT	1	
GLUCAGON EMERGENCY KIT	1	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	1	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	1	
GVOKE HYPOPEN 1-PACK	1	
GVOKE HYPOPEN 2-PACK	1	
GVOKE KIT	1	
GVOKE PFS	1	
PROGLYCEM	1	MO
ZEGALOGUE	1	
<b><i>Contraceptives</i></b>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	MO
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	MO
<i>amethia</i>	1	MO
<i>amethia lo</i>	1	MO
<i>amethyst</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aurovela 1.5/30</i>	1	MO
<i>aurovela 1/20</i>	1	MO
<i>aurovela 24 fe</i>	1	MO
<i>aurovela fe 1.5/30</i>	1	MO
<i>aurovela fe 1/20</i>	1	MO
<i>aviane</i>	1	MO
<i>ayuna</i>	1	MO
<i>azurette</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>balziva</i>	1	MO
<i>bekyree</i>	1	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO
<i>blisovi fe 1/20</i>	1	MO
<i>briellyn</i>	1	MO
<i>camila</i>	1	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>caziant</i>	1	MO
<i>charlotte 24 fe</i>	1	MO
<i>chateal</i>	1	MO
<i>chateal eq</i>	1	MO
<i>cryselle-28</i>	1	MO
<i>cyclafem 1/35</i>	1	MO
<i>cyclafem 7/7/7</i>	1	MO
<i>cyred</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35</i>	1	MO
<i>dasetta 7/7/7</i>	1	MO
<i>daysee</i>	1	MO
<i>deblitane</i>	1	MO
<i>delyla</i>	1	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dolishale</i>	1	MO
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	1	MO
<i>elinest</i>	1	MO
ELLA	1	QL (1 EA per 1 days)
<i>eluryng</i>	1	MO
<i>emoquette</i>	1	MO
<i>enpresse-28</i>	1	MO
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>etonogestrel/ethinyl estradiol</i>	1	MO
<i>falmina</i>	1	MO
<i>fayosim</i>	1	MO
<i>femynor</i>	1	MO
<i>finzala</i>	1	MO
<i>gemmily</i>	1	
<i>gianvi</i>	1	MO
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	MO
<i>hailey fe 1.5/30</i>	1	MO
<i>hailey fe 1/20</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>heather</i>	1	MO
<i>iclevia</i>	1	MO
<i>incassia</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jaimiess</i>	1	MO
<i>jasmiel</i>	1	MO
<i>jencycla</i>	1	MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30</i>	1	MO
<i>junel 1/20</i>	1	MO
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	MO
<i>junel fe 24</i>	1	MO
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	MO
<i>kariva</i>	1	MO
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	MO
<i>larin 1.5/30</i>	1	MO
<i>larin 1/20</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30</i>	1	MO
<i>larin fe 1/20</i>	1	MO
<i>larissia</i>	1	MO
<i>layolis fe</i>	1	MO
<i>leena</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest</i>	1	MO
<i>levonorgestrel and ethinyl estradiol</i>	1	MO
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	MO
<i>lillow</i>	1	MO
LO LOESTRIN FE	1	MO
<i>lo-zumandimine</i>	1	MO
<i>lojaimiess</i>	1	MO
<i>loryna</i>	1	MO
<i>low-ogestrel</i>	1	MO
<i>lutra</i>	1	MO
<i>lyleq</i>	1	MO
<i>lyza</i>	1	MO
<i>marlissa</i>	1	MO
<i>melodetta 24 fe</i>	1	MO
<i>merzee</i>	1	MO
<i>mibelas 24 fe</i>	1	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>microgestin 1.5/30</i>	1	MO
<i>microgestin 1/20</i>	1	MO
<i>microgestin 24 fe</i>	1	MO
<i>microgestin fe 1.5/30</i>	1	MO
<i>microgestin fe 1/20</i>	1	MO
<i>mili</i>	1	MO
<i>mono-linyah</i>	1	MO
NATAZIA	1	MO
<i>necon 0.5/35-28</i>	1	MO
<i>nikki</i>	1	MO
<i>nora-be</i>	1	MO
<i>norethindrone</i>	1	MO
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable, tablet</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>norlyda</i>	1	MO
<i>norlyroc</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35</i>	1	MO
<i>nortrel 7/7/7</i>	1	MO
<i>nylia 1/35</i>	1	MO
<i>nylia 7/7/7</i>	1	MO
<i>nymyo</i>	1	
<i>ocella</i>	1	MO
<i>ogestrel</i>	1	MO
<i>orsythia</i>	1	MO
<i>philith</i>	1	MO
<i>pimtrea</i>	1	MO
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	MO
<i>previfem</i>	1	MO
<i>reclipsen</i>	1	MO
<i>rivelsa</i>	1	MO
<i>setlakin</i>	1	MO
<i>sharobel</i>	1	MO
<i>simliya</i>	1	MO
<i>simpesse</i>	1	MO
<i>sprintec 28</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>tarina fe 1/20</i>	1	MO
<i>tarina fe 1/20 eq</i>	1	MO
<i>taysofy</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri femynor</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-mili</i>	1	MO
<i>tri-nymyo</i>	1	MO
<i>tri-previfem</i>	1	MO
<i>tri-sprintec</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>trivora-28</i>	1	MO
<i>tulana</i>	1	MO
<i>tyblume</i>	1	MO
<i>tydemy</i>	1	MO
<i>velivet</i>	1	MO
<i>vestura</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele</i>	1	MO
<i>volnea</i>	1	MO
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	MO
<i>wera</i>	1	MO
<i>wymzya fe</i>	1	MO
<i>xulane</i>	1	MO
<i>zafemy</i>	1	MO
<i>zarah</i>	1	MO
<i>zovia 1/35</i>	1	MO
<i>zovia 1/35e</i>	1	MO
<i>zumandimine</i>	1	MO
<b>Estrogens and Antiestrogens</b>		
<i>amabelz</i>	1	MO
<i>anastrozole tablet</i>	1	MO
<i>dotti</i>	1	QL (16 EA per 28 days) MO
<i>estradiol valerate injection</i>	1	
<i>estradiol/norethindrone acetate</i>	1	MO
<i>estradiol cream, oral tablet, vaginal tablet</i>	1	MO
<i>estradiol patch twice weekly</i>	1	QL (16 EA per 28 days) MO
<i>estradiol patch weekly</i>	1	QL (4 EA per 28 days) MO
<b>ESTRING</b>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits*
<i>exemestane</i>	1	MO
KISQALI FEMARA 200 DOSE	1	QL (49 EA per 28 days) PA (Cancer Drugs, new starts only)
KISQALI FEMARA 400 DOSE	1	QL (70 EA per 28 days) PA (Cancer Drugs, new starts only)
KISQALI FEMARA 600 DOSE	1	QL (91 EA per 28 days) PA (Cancer Drugs, new starts only)
<i>letrozole tablet</i>	1	MO
<i>lopreeza</i>	1	MO
<i>lyllana</i>	1	QL (16 EA per 28 days) MO
<i>menest tablet 0.3mg, 0.625mg, 1.25mg</i>	1	MO
<i>mimvey</i>	1	MO
<i>mimvey lo</i>	1	MO
<i>prefest</i>	1	MO
PREMARIN CREAM	1	MO
<i>raloxifene hydrochloride</i>	1	MO
SOLTAMOX	1	PA (Soltamox, new starts only) MO
<i>tamoxifen citrate tablet</i>	1	MO
<i>toremifene citrate</i>	1	PA (Cancer Drugs, new starts only) MO
<i>yuvafem</i>	1	MO
<b><i>Gonadotropins and Antigonadotropins</i></b>		
ELIGARD	1	PA (leuprolide, new starts only)
FIRMAGON INJECTION 120MG/VIAL, 80MG	1	PA (Cancer Drugs, new starts only)
<i>leuprolide acetate injection</i>	1	PA (leuprolide, new starts only)
LUPANETA PACK KIT 3.75MG; 5MG	1	QL (12 EA per 365 days) PA (leuprolide)
LUPANETA PACK KIT 11.25MG; 5MG	1	QL (4 EA per 365 days) PA (leuprolide)
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	1	PA (leuprolide)
LUPRON DEPOT (1-MONTH) INJECTION 7.5MG	1	PA (leuprolide, new starts only)
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	1	PA (leuprolide)
LUPRON DEPOT (3-MONTH) INJECTION 22.5MG	1	PA (leuprolide, new starts only)
LUPRON DEPOT (4-MONTH)	1	PA (leuprolide, new starts only)
LUPRON DEPOT (6-MONTH)	1	PA (leuprolide, new starts only)
LUPRON DEPOT-PED (1-MONTH)	1	PA (leuprolide)
LUPRON DEPOT-PED (3-MONTH)	1	PA (leuprolide)
MYFEMBREE	1	QL (1 EA per 1 days) PA (Myfembree)
ORGOVYX	1	PA (Orgovyx, new starts only)
ORIAHNN	1	QL (2 EA per 1 days) PA (Oriahnn)
ORILISSA TABLET 150MG	1	QL (1 EA per 1 days) PA (Orilissa)
ORILISSA TABLET 200MG	1	QL (2 EA per 1 days) PA (Orilissa)
SYNAREL	1	PA (synarel)
TRELSTAR MIXJECT	1	PA (Cancer Drugs, new starts only)
<b><i>Leptins</i></b>		
MYALEPT	1	PA (Myalept) MO

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

Drug Name	Drug Tier	Requirements/Limits*
<b><i>Parathyroid and Antiparathyroid Agents</i></b>		
<i>calcitonin salmon injection</i>	1	
<i>calcitonin salmon nasal solution</i>	1	MO
<i>calcitonin-salmon solution</i>	1	MO
<i>cinacalcet hydrochloride</i>	1	MO
FORTEO INJECTION 600MCG/2.4ML	1	QL (2.4 ML per 28 days) PA (Teriparatide) MO
MIACALCIN INJECTION	1	
NATPARA	1	QL (2 EA per 28 days) PA (natpara) MO
TERIPARATIDE	1	QL (2.48 ML per 28 days) PA (Teriparatide) MO
TYMLOS	1	QL (1.56 ML per 30 days) PA (Tymlos) MO
<b><i>Pituitary</i></b>		
ACTHAR	1	PA (Acthar HP)
<i>cortrophin</i>	1	PA (Acthar HP)
<i>desmopressin acetate tablet</i>	1	MO
<i>desmopressin acetate injection 4mcg/ml</i>	1	
<i>desmopressin acetate injection 4mcg/ml</i>	1	MO
<i>desmopressin acetate nasal solution 0.01%</i>	1	MO
<b><i>Progestins</i></b>		
DEPO-PROVERA INJECTION 400MG/ML	1	
DEPO-SUBQ PROVERA 104	1	QL (0.65 ML per 84 days)
<i>medroxyprogesterone acetate injection</i>	1	
<i>medroxyprogesterone acetate tablet</i>	1	MO
<i>megestrol acetate suspension, tablet</i>	1	
<i>norethindrone acetate tablet</i>	1	MO
<i>progesterone capsule</i>	1	MO
<b><i>Somatostatin Agonists and Antagonists</i></b>		
<i>lanreotide acetate</i>	1	PA (somatuline depot, new starts only)
MYCAPSSA	1	QL (4 EA per 1 days) PA (Mycapssa)
<i>octreotide acetate</i>	1	MO
SANDOSTATIN LAR DEPOT	1	PA (Sandostatin LAR)
SIGNIFOR	1	PA (Signifor) MO
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	1	PA (somatuline depot)
SOMATULINE DEPOT INJECTION 120MG/0.5ML	1	PA (somatuline depot, new starts only)
<b><i>Somatotropin Agonists and Antagonists</i></b>		
EGRIFTA SV	1	QL (1 EA per 1 days) PA (egrifta)
EGRIFTA INJECTION 1MG	1	QL (2 EA per 1 days) PA (egrifta) MO
GENOTROPIN	1	PA (somatropins) MO
GENOTROPIN MINIQUICK	1	PA (somatropins) MO

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

Drug Name	Drug Tier	Requirements/Limits*
HUMATROPE COMBO PACK	1	PA (somatropins) MO
HUMATROPE INJECTION 12MG, 24MG, 6MG	1	PA (somatropins) MO
INCRELEX	1	PA (increlex) LA MO
NORDITROPIN FLEXPRO	1	PA (somatropins) MO
NUTROPIN AQ NUSPIN 10	1	PA (somatropins) MO
NUTROPIN AQ NUSPIN 20	1	PA (somatropins) MO
NUTROPIN AQ NUSPIN 5	1	PA (somatropins) MO
OMNITROPE	1	PA (somatropins) MO
SAIZEN	1	PA (somatropins) MO
SAIZENPREP RECONSTITUTIONKIT	1	PA (somatropins) MO
SOMAVERT	1	PA (somavert) LA MO
ZORBTIVE	1	PA (somatropins) LA MO
<b>Thyroid and Antithyroid Agents</b>		
ARMOUR THYROID	1	MO
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>levo-t</i>	1	MO
<i>levothyroxine sodium tablet</i>	1	MO
<i>levothyroxine sodium injection 100mcg, 200mcg, 500mcg</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	MO
<i>liothyronine sodium tablet</i>	1	MO
<i>methimazole tablet 10mg, 5mg</i>	1	MO
<i>np thyroid 120</i>	1	MO
<i>np thyroid 15</i>	1	MO
<i>np thyroid 30</i>	1	MO
<i>np thyroid 60</i>	1	MO
<i>np thyroid 90</i>	1	MO
<i>propylthiouracil tablet</i>	1	MO
SYNTHROID TABLET	1	MO
TIROSINT-SOL	1	PA (Tirosint Solution) MO
<i>unithroid</i>	1	MO
<b>Local Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine hcl injection 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hydrochloride injection 1%, 2%</i>	1	
<b>Miscellaneous Therapeutic Agents</b>		
<b>5-alpha-Reductase Inhibitors</b>		
<i>dutasteride capsule</i>	1	MO
<i>finasteride tablet</i>	1	MO
<b>Alcohol Deterrents</b>		
<i>disulfiram tablet 250mg</i>	1	MO
<b>Antidotes</b>		
<i>acetylcysteine solution</i>	1	B/D
<i>leucovorin calcium tablet</i>	1	
<i>leucovorin calcium injection 100mg, 200mg, 350mg, 500mg, 50mg</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>levoleucovorin calcium</i>	1	PA (levoleucovorin, new starts only)
<i>levoleucovorin injection 50mg</i>	1	PA (levoleucovorin, new starts only)
<b><i>Antigout Agents</i></b>		
<i>allopurinol tablet</i>	1	MO
<i>colchicine tablet</i>	1	
COLCRYS	1	
<i>febuxostat</i>	1	MO
<b><i>Antisense Oligonucleotides</i></b>		
EXONDYS 51	1	PA (Exondys)
TEGSEDI	1	QL (6 ML per 28 days) PA (Tegsed) MO
<b><i>Bone Anabolic Agents</i></b>		
EVENITY	1	QL (2.34 ML per 28 days) PA (EVENITY)
<b><i>Bone Resorption Inhibitors</i></b>		
<i>alendronate sodium solution</i>	1	MO
ALENDRONATE SODIUM TABLET 5MG	1	QL (1 EA per 1 days)
<i>alendronate sodium tablet 40mg</i>	1	QL (1 EA per 1 days)
<i>alendronate sodium tablet 10mg</i>	1	QL (1 EA per 1 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>etidronate disodium</i>	1	
<i>ibandronate sodium injection</i>	1	
<i>ibandronate sodium tablet</i>	1	QL (1 EA per 28 days) MO
<i>pamidronate disodium</i>	1	PA (parenteral bisphosphonates)
PROLIA	1	QL (1 ML per 180 days)
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) ST (risedronate #2) MO
<i>risedronate sodium tablet 30mg</i>	1	ST (risedronate #2)
<i>risedronate sodium tablet 150mg, 5mg</i>	1	ST (risedronate #2) MO
XGEVA	1	PA (Xgeva)
<i>zoledronic acid injection 5mg/100ml</i>	1	PA (parenteral bisphosphonates)
<i>zoledronic acid injection 4mg/100ml, 4mg/5ml</i>	1	PA (parenteral bisphosphonates, new starts only)
<b><i>Carbonic Anhydrase Inhibitors</i></b>		
KEVEYIS	1	QL (4 EA per 1 days) PA (Keveyis)
<b><i>Cariostatic Agents</i></b>		
<i>fluoride tablet chewable 1mg</i>	1	
<i>nafrinse</i>	1	
<i>sodium fluoride tablet chewable 1mg, 2.2mg</i>	1	
SODIUM FLUORIDE TABLET 1MG	1	MO
<b><i>Complement Inhibitors</i></b>		
CINRYZE	1	PA (CINRYZE)
HAEGARDA	1	PA (Haegarda)
<i>icatibant acetate</i>	1	PA (Icatibant)
ORLADEYO	1	QL (1 EA per 1 days) PA (Orladeyo)
<i>sajazir</i>	1	PA (Icatibant)

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

Drug Name	Drug Tier	Requirements/Limits*
TAKHZYRO INJECTION 300MG/2ML	1	QL (4 ML per 28 days) PA (Takhzyro) MO
<b><i>Disease-modifying Antirheumatic Drugs</i></b>		
AVSOLA	1	PA (Infliximab)
CIMZIA STARTER KIT	1	QL (3 EA per 180 days) PA (Cimzia) MO
CIMZIA INJECTION 200MG	1	QL (1 EA per 28 days) PA (Cimzia)
CIMZIA INJECTION 200MG/ML	1	QL (1 EA per 28 days) PA (Cimzia) MO
ENBREL MINI	1	QL (8 ML per 28 days) PA (enbrel) MO
ENBREL SURECLICK	1	QL (8 ML per 28 days) PA (enbrel) MO
ENBREL INJECTION 25MG/0.5ML	1	QL (4 ML per 28 days) PA (enbrel)
ENBREL INJECTION 25MG/0.5ML	1	QL (4 ML per 28 days) PA (enbrel) MO
ENBREL INJECTION 25MG	1	QL (8 EA per 28 days) PA (enbrel) MO
ENBREL INJECTION 50MG/ML	1	QL (8 ML per 28 days) PA (enbrel) MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	1	QL (2 EA per 180 days) PA (humira) MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	1	QL (3 EA per 180 days) PA (humira)
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	1	QL (3 EA per 180 days) PA (humira)
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	1	QL (6 EA per 180 days) PA (humira) MO
HUMIRA PEN-PEDIATRIC UC STARTER PACK	1	QL (4 EA per 180 days) PA (humira)
HUMIRA PEN-PS/UV STARTER INJECTION 0	1	QL (3 EA per 180 days) PA (humira)
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	1	QL (4 EA per 180 days) PA (humira) MO
HUMIRA PEN INJECTION 80MG/0.8ML	1	QL (2 EA per 28 days) PA (humira)
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	1	QL (6 EA per 28 days) PA (humira) MO
HUMIRA INJECTION 10MG/0.1ML, 10MG/0.2ML, 20MG/0.2ML, 20MG/0.4ML	1	QL (2 EA per 28 days) PA (humira) MO
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	1	QL (6 EA per 28 days) PA (humira) MO
INFLECTRA	1	PA (Infliximab)
KINERET	1	QL (18.76 ML per 28 days) PA (kineret) MO
<i>leflunomide tablet</i>	1	MO
ORENCIA CLICKJECT	1	PA (orencia) MO
ORENCIA INJECTION 125MG/ML, 250MG	1	PA (orencia) MO

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

Drug Name	Drug Tier	Requirements/Limits*
RENFLEXIS	1	PA (Infliximab)
RINVOQ	1	QL (1 EA per 1 days) PA (Rinvoq) MO
SIMPONI ARIA	1	PA (Simponi) MO
SIMPONI INJECTION 50MG/0.5ML	1	QL (0.5 ML per 30 days) PA (Simponi) MO
SIMPONI INJECTION 100MG/ML	1	QL (1 ML per 28 days) PA (Simponi) MO
XELJANZ XR	1	QL (1 EA per 1 days) PA (Xeljanz)
XELJANZ SOLUTION	1	PA (Xeljanz)
XELJANZ TABLET	1	QL (2 EA per 1 days) PA (Xeljanz)
<b><i>Immunomodulatory Agents</i></b>		
ACTIMMUNE	1	PA (Actimmune, new starts only) LA MO
AUBAGIO	1	PA (AUBAGIO) MO
AVONEX PEN	1	QL (4 EA per 28 days) MO
AVONEX INJECTION 30MCG/0.5ML	1	QL (1 EA per 28 days) MO
BETASERON	1	QL (14 EA per 28 days) MO
<i>dimethyl fumarate starterpack</i>	1	PA (Dimethyl Fumarate)
<i>dimethyl fumarate capsule delayed release</i>	1	PA (Dimethyl Fumarate) MO
ENSPRYNG	1	QL (3 ML per 28 days) PA (Enspryng)
EXTAVIA	1	QL (15 EA per 30 days) MO
GILENYA CAPSULE 0.25MG	1	QL (1 EA per 1 days) PA (Gilenya)
GILENYA CAPSULE 0.5MG	1	QL (1 EA per 1 days) PA (Gilenya) MO
<i>glatiramer acetate injection 20mg/ml</i>	1	QL (1 ML per 1 days) MO
<i>glatiramer acetate injection 40mg/ml</i>	1	QL (12 ML per 28 days) MO
<i>glatopa injection 20mg/ml</i>	1	QL (1 ML per 1 days) MO
<i>glatopa injection 40mg/ml</i>	1	QL (12 ML per 28 days) MO
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	1	QL (12 EA per 180 days) PA (MAYZENT)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	1	QL (7 EA per 180 days) PA (MAYZENT)
MAYZENT TABLET 1MG, 2MG	1	QL (1 EA per 1 days) PA (MAYZENT) MO
MAYZENT TABLET 0.25MG	1	QL (4 EA per 1 days) PA (MAYZENT) MO
OCREVUS	1	QL (20 ML per 180 days) PA (Ocrevus)
REBIF	1	QL (6 ML per 28 days) MO
REBIF REBIDOSE	1	QL (6 ML per 28 days) MO
REBIF REBIDOSE TITRATION PACK	1	QL (4.2 ML per 180 days) MO
REBIF TITRATION PACK	1	QL (4.2 ML per 180 days) MO
THALOMID	1	PA (thalomid, new starts only) MO
TYSABRI	1	PA (tysabri) LA
<b><i>Immunosuppressive Agents</i></b>		

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



Drug Name	Drug Tier	Requirements/Limits*
ASTAGRAF XL	1	PA (ASTAGRAF, new starts only) MO
ATGAM	1	PA (intravenous immune globulin, new starts only)
<i>azasan</i>	1	B/D MO
<i>azathioprine injection</i>	1	B/D
<i>azathioprine tablet</i>	1	B/D MO
BENLYSTA INJECTION 120MG, 400MG	1	PA (benlysta)
BENLYSTA INJECTION 200MG/ML	1	QL (8 ML per 28 days) PA (benlysta) MO
<i>cyclosporine modified</i>	1	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D MO
<i>cyclosporine injection 50mg/ml</i>	1	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	B/D MO
<i>gengraf capsule 100mg, 25mg</i>	1	B/D MO
<i>gengraf solution</i>	1	B/D MO
LUPKYNIS	1	QL (6 EA per 1 days) PA (Lupkynis)
<i>mycophenolate mofetil injection</i>	1	B/D
<i>mycophenolate mofetil capsule, suspension reconstituted, tablet</i>	1	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
NULOJIX	1	PA (nulojix, new starts only)
PROGRAF INJECTION	1	B/D
PROGRAF PACKET	1	B/D MO
SAPHNELO	1	PA (Saphnelo)
SIMULECT	1	B/D
<i>sirolimus solution, tablet</i>	1	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D MO
THYMOGLOBULIN	1	PA (intravenous immune globulin, new starts only)
<b><i>Kallikrein-Kinin System Inhibitors</i></b>		
TAKHZYRO INJECTION 300MG/2ML	1	QL (4 ML per 28 days) PA (Takhzyro)
TAVNEOS	1	QL (6 EA per 1 days) PA (Tavneos)
<b><i>Other Miscellaneous Therapeutic Agents</i></b>		
ARCALYST	1	PA (arcalyst) LA MO
<i>betaine anhydrous</i>	1	PA (cystadane) MO
BOTOX	1	PA (botulinum toxin)
CERDELGA	1	QL (2 EA per 1 days) PA (Cerdelga) MO
CYSTAGON	1	LA MO
<i>dalfampridine er</i>	1	QL (2 EA per 1 days) PA (Dalfampridine) MO
ELMIRON	1	PA (ELMIRON)
ENDARI	1	PA (Endari)
EVRYSDI	1	QL (6.67 ML per 1 days) PA (Evrysdi)

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

Drug Name	Drug Tier	Requirements/Limits*
FIRDAPSE	1	QL (8 EA per 1 days) PA (Firdapse)
GALAFOLD	1	QL (0.5 EA per 1 days) PA (GALAFOLD) MO
<i>levocarnitine sf</i>	1	MO
<i>levocarnitine solution, tablet</i>	1	MO
<i>metyrosine</i>	1	PA (Metyrosine)
<i>miglustat</i>	1	PA (zavesca) LA MO
<i>nitisinone</i>	1	PA (Orfadin) MO
NITYR	1	PA (Nityr) LA
ORFADIN SUSPENSION	1	PA (Orfadin) MO
ORFADIN CAPSULE 20MG	1	PA (Orfadin) MO
REZUROCK	1	QL (2 EA per 1 days) PA (Rezurock)
RUZURGI	1	PA (Ruzurgi) MO
<i>sapropterin dihydrochloride</i>	1	PA (Sapropterin) MO
TYBOST	1	MO
VIJOICE TABLET THERAPY PACK 125MG, 50MG	1	QL (1 EA per 1 days) PA (Vijoice)
VIJOICE TABLET THERAPY PACK 0	1	QL (2 EA per 1 days) PA (Vijoice)
VOXZOGO	1	QL (1 EA per 1 days) PA (Voxzogo)
XEOMIN	1	PA (botulinum toxin)
XURIDEN	1	QL (8 EA per 1 days) PA (Xuriden) MO
ZOKINVY	1	PA (Zokinvy)
<b>Protective Agents</b>		
<i>dexrazoxane</i>	1	
MESNEX TABLET	1	
<b>Respiratory Tract Agents</b>		
<b>Anti-inflammatory Agents</b>		
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	MO
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D MO
DUPIXENT INJECTION 200MG/1.14ML	1	PA (Dupixent)
DUPIXENT INJECTION 100MG/0.67ML	1	QL (1.34 ML per 28 days) PA (Dupixent)
FASENRA	1	PA (Fasenra)
FASENRA PEN	1	PA (Fasenra)
<i>montelukast sodium packet, tablet</i>	1	QL (1 EA per 1 days) MO
<i>montelukast sodium tablet chewable 4mg</i>	1	MO
<i>montelukast sodium tablet chewable 5mg</i>	1	QL (1 EA per 1 days) MO
NUCALA INJECTION 40MG/0.4ML	1	QL (0.4 ML per 28 days) PA (Nucala)
NUCALA INJECTION 100MG	1	QL (3 EA per 28 days) PA (Nucala) MO
NUCALA INJECTION 100MG/ML	1	QL (3 ML per 28 days) PA (Nucala) MO
<i>zafirlukast</i>	1	QL (2 EA per 1 days) MO
<b>Antifibrotic Agents</b>		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
ESBRIET CAPSULE	1	QL (9 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
OFEV	1	QL (2 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
<i>pirfenidone tablet 801mg</i>	1	QL (3 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
<i>pirfenidone tablet 267mg</i>	1	QL (6 EA per 1 days) PA (Pulmonary Fibrosis Agents) MO
<b><i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i></b>		
KALYDECO	1	QL (2 EA per 1 days) PA (kalydeco) MO
ORKAMBI TABLET	1	QL (4 EA per 1 days) PA (Orkambi) MO
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG	1	QL (2 EA per 1 days) PA (Orkambi) MO
SYMDEKO	1	QL (2 EA per 1 days) PA (Symdeko) MO
TRIKAFTA	1	QL (3 EA per 1 days) PA (TRIKAFTA) MO
<b><i>Mucolytic Agents</i></b>		
PULMOZYME	1	QL (150 ML per 30 days) B/D MO
<b><i>Phosphodiesterase Type 4 Inhibitors</i></b>		
DALIRESP TABLET 500MCG	1	PA (Daliresp) MO
DALIRESP TABLET 250MCG	1	QL (1 EA per 1 days) PA (Daliresp) MO
<b><i>Respiratory Tract Agents, Miscellaneous</i></b>		
ARALAST NP INJECTION 1000MG, 500MG	1	PA (aralast) LA
BRONCHITOL	1	QL (560 EA per 28 days) PA (Bronchitol)
PROLASTIN-C	1	PA (zemaira/prolastin) LA
XOLAIR	1	PA (xolair) LA
ZEMAIRA	1	PA (zemaira/prolastin) LA
<b><i>Vasodilating Agents</i></b>		
ADEMPAS	1	PA (Adempas) MO
<i>ambrisentan</i>	1	PA (Ambrisentan) LA MO
<i>bosentan</i>	1	PA (Bosentan) LA MO
OPSUMIT	1	QL (1 EA per 1 days) PA (opsumit) MO
TRACLEER TABLET SOLUBLE	1	QL (4 EA per 1 days) PA (Bosentan) LA MO
<i>treprostinil</i>	1	PA (Treprostinil) LA
VENTAVIS	1	PA (Ventavis) MO
<b>Skin and Mucous Membrane Preparations</b>		
<b><i>Anti-infectives</i></b>		
<i>acyclovir cream 5%</i>	1	PA (topical antivirals)
<i>acyclovir ointment 5%</i>	1	PA (topical antivirals)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>ciclodan solution</i>	1	
<i>ciclopirox nail lacquer</i>	1	
<i>ciclopirox olamine cream</i>	1	
<i>ciclopirox gel, shampoo, suspension</i>	1	
<i>clindamycin phosphate cream 2%</i>	1	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate external solution 1%</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>clotrimazole cream, solution, troche</i>	1	
<i>crotan</i>	1	
<b>DENAVIR</b>	1	PA (topical antivirals)
<i>econazole nitrate cream</i>	1	
<b>EURAX</b>	1	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate ointment 0.1%</i>	1	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>lindane shampoo</i>	1	
<i>metronidazole vaginal</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
<i>miconazole 3 suppository</i>	1	
<i>mupirocin ointment</i>	1	
<i>nyamyc</i>	1	
<i>nystatin cream 100000unit/gm</i>	1	
<i>nystatin ointment 100000unit/gm</i>	1	
<i>nystatin powder 100000unit/gm</i>	1	
<i>nystop</i>	1	
<i>permethrin cream</i>	1	
<i>rosadan</i>	1	
<i>selenium sulfide lotion</i>	1	
<i>silver sulfadiazine cream</i>	1	
<i>ssd</i>	1	
<i>terconazole cream</i>	1	
<i>vandazole</i>	1	
<i>zazole cream 0.4%</i>	1	
<b><i>Anti-inflammatory Agents</i></b>		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	
<i>betamethasone valerate cream, lotion, ointment</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emollient</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>clobetasol propionate cream, foam, gel, lotion, ointment, shampoo, solution</i>	1	
<i>clodan</i>	1	
<i>colocort</i>	1	
<i>desonide cream, lotion, ointment</i>	1	
<i>diclofenac sodium gel 1%</i>	1	
<i>diclofenac sodium gel 3%</i>	1	QL (100 GM per 30 days) PA (diclofenac 3% gel)
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide ointment 0.025%</i>	1	
<i>fluocinolone acetonide solution 0.01%</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide gel, ointment, solution</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate ointment 0.005%</i>	1	
<i>halobetasol propionate cream, ointment</i>	1	
<i>hydrocortisone butyrate cream, ointment, solution</i>	1	
<i>hydrocortisone in absorbase</i>	1	QL (100 GM per 30 days)
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone cream 1%, 2.5%</i>	1	
<i>hydrocortisone enema 100mg/60ml</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 2.5%</i>	1	
<i>hydrocortisone ointment 1%</i>	1	QL (100 GM per 30 days)
<i>mometasone furoate</i>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide</i>	1	
<i>oralone dental paste</i>	1	
<i>prednicarbate ointment</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>tovet</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm</i>	1	
UCERIS	1	
<b><i>Antipruritics and Local Anesthetics</i></b>		
DOXEPIN HYDROCHLORIDE CREAM 5%	1	QL (90 GM per 30 days)
<i>glydo</i>	1	
<i>lidocaine hcl jelly prefilled syringe</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits*</b>
<i>lidocaine hcl jelly gel</i>	1	QL (60 ML per 30 days)
<i>lidocaine hcl prefilled syringe 2%</i>	1	
<i>lidocaine hcl external solution 4%</i>	1	QL (250 ML per 30 days)
<i>lidocaine hydrochloride external solution 4%</i>	1	QL (250 ML per 30 days)
<i>lidocaine patch 5%</i>	1	QL (3 EA per 1 days) PA (lidocaine patches)
<i>lidocaine/prilocaine cream</i>	1	QL (60 GM per 30 days)
<i>lidocaine ointment 5%</i>	1	QL (70.88 GM per 30 days)
<i>lidocaine patch 5%</i>	1	QL (3 EA per 1 days) PA (lidocaine patches)
<b>Cell Stimulants and Proliferants</b>		
KEPIVANCE	1	PA (palifermin) LA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	QL (45 GM per 30 days)
<i>tretinoin gel 0.01%, 0.025%</i>	1	QL (45 GM per 30 days)
<b>Depigmenting and Pigmenting Agents</b>		
<i>methoxsalen capsule</i>	1	
<b>Emollients, Demulcents, and Protectants</b>		
<i>ammonium lactate cream, lotion</i>	1	
<b>Skin and Mucous Membrane Agents, Misc</b>		
<i>acutane</i>	1	PA (isotretinoin)
<i>acitretin</i>	1	
ADBRY	1	QL (6 ML per 28 days) PA (Adbry)
<i>amnesteem</i>	1	PA (isotretinoin)
ARAZLO	1	PA (tazorac)
<i>bexarotene gel 1%</i>	1	PA (Cancer Drugs, new starts only)
<i>calcipotriene cream, ointment</i>	1	QL (120 GM per 30 days)
<i>calcipotriene solution</i>	1	QL (120 ML per 30 days)
<i>calcitrene</i>	1	QL (120 GM per 30 days)
<i>claravis</i>	1	PA (isotretinoin)
COSENTYX	1	PA (Cosentyx) MO
COSENTYX SENSOREADY PEN	1	PA (Cosentyx) MO
DUPIXENT INJECTION 300MG/2ML	1	PA (Dupixent)
DUPIXENT INJECTION 200MG/1.14ML	1	PA (Dupixent) MO
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil external solution 2%, 5%</i>	1	
<i>imiquimod cream 5%</i>	1	
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	1	PA (isotretinoin)
<i>myorisan</i>	1	PA (isotretinoin)
PANRETIN	1	PA (Panretin, new starts only)
<i>podofilox solution</i>	1	
QBREXZA	1	QL (1 EA per 1 days) PA (Qbrexza)
RECTIV	1	QL (30 GM per 30 days)
REGRANEX	1	QL (15 GM per 30 days) PA (regranex)
SANTYL	1	
SKYRIZI PEN	1	QL (1 ML per 28 days) PA (Skyrizi) MO

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

Drug Name	Drug Tier	Requirements/Limits*
SKYRIZI INJECTION 150MG/ML	1	QL (1 ML per 28 days) PA (Skyrizi) MO
SKYRIZI INJECTION 75MG/0.83ML	1	QL (2 EA per 84 days) PA (Skyrizi) MO
STELARA INJECTION 45MG/0.5ML	1	QL (1.5 ML per 84 days) PA (Stelara)
STELARA INJECTION 90MG/ML	1	QL (2 ML per 56 days) PA (Stelara)
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	PA (topical tacrolimus)
TALTZ	1	PA (Taltz) MO
<i>tazarotene cream</i>	1	PA (tazorac)
TAZORAC GEL	1	QL (30 GM per 30 days) PA (tazorac)
TOLAK	1	
VALCHLOR	1	PA (Cancer Drugs, new starts only)
VEREGEN	1	
<i>zenatane</i>	1	PA (isotretinoin)
<b>Smooth Muscle Relaxants</b>		
<b><i>Genitourinary Smooth Muscle Relaxants</i></b>		
<i>flavoxate hcl</i>	1	MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	1	QL (1 EA per 1 days) MO
<i>oxybutynin chloride er</i>	1	MO
<i>oxybutynin chloride syrup, tablet</i>	1	MO
<i>solifenacin succinate</i>	1	QL (1 EA per 1 days) MO
<i>tolterodine tartrate</i>	1	QL (2 EA per 1 days) MO
<i>tolterodine tartrate er</i>	1	QL (1 EA per 1 days) MO
<i>tropium chloride</i>	1	QL (2 EA per 1 days) MO
<i>tropium chloride er</i>	1	QL (1 EA per 1 days) MO
VESICARE LS	1	PA (Vesicare LS)
<b><i>Respiratory Smooth Muscle Relaxants</i></b>		
<i>aminophylline injection</i>	1	
<i>theo-24</i>	1	MO
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour</i>	1	MO
<i>theophylline solution</i>	1	MO
<b>Vitamins</b>		
<b><i>Multivitamin Preparations</i></b>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	PA (prenatal vitamins)
<b><i>Vitamin D</i></b>		
<i>calcitriol capsule, oral solution</i>	1	MO
<i>calcitriol injection 1mcg/ml</i>	1	
<i>doxercalciferol injection</i>	1	
<i>doxercalciferol capsule</i>	1	MO
<i>paricalcitol injection</i>	1	PA (Paricalcitol)
<i>paricalcitol capsule</i>	1	PA (Paricalcitol) MO

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



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This formulary was updated on 10/1/2022. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 888-712-3258 or, for TTY users, 711, 8 a.m. to 8 p.m., daily, or visit **[careoregonadvantage.org](https://www.careoregonadvantage.org)**

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**CareOregon Advantage Customer Service**

**CALL:** 503-416-4279 or toll-free 888-712-3258, TTY 711

**HOURS OF OPERATION:**

8 a.m. to 8 p.m. seven days a week, October 1 to March 31

8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30



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