HealthPartners®

HealthPartners® Journey Smart (PPO)
HealthPartners® Journey Pace (PPO)
HealthPartners® Journey Stride (PPO)
HealthPartners® Journey Steady (PPO)
HealthPartners® Birch (PPO)
HealthPartners® Cedar (PPO)
HealthPartners® Journey Group (PPO)
HealthPartners® Medicare Group (PPO)
HealthPartners® Freedom Group (Cost)
HealthPartners® Retiree National Choice (PDP)
(Collectively known as HealthPartners)

2026 Formulary I

(List of Covered Drugs or "Drug List")

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

Formulary ID 00026132

This formulary was updated on 09/02/2025. For more recent information or other questions, please contact HealthPartners Member Services.

Journey members: 952-883-6655 or 866-233-8734
HealthPartners members: 888-356-6656
Freedom members: 800-233-9645
Retiree National Choice members: 952-883-7373 or 877-816-9539
TTY users should call: 711

Or visit **healthpartners.com/medicarerx**.

From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.
From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

25-3754112 01/26

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 HealthPartners. When it refers to "plan" or "our plan," it means HealthPartners.

This document includes a Drug List (formulary) for our plan which is current as of September 2nd, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the HealthPartners formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by HealthPartners 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. HealthPartners will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthPartners network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

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

Changes that can affect you this year

In the below cases, you will be affected by coverage changes during the year:

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

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

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

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

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

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

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

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

The enclosed formulary is current as of September 2nd, 2025. To get updated information about the drugs covered by HealthPartners, please contact us. Our contact information appears on the front and back cover pages.

The formulary is updated monthly to include any changes. In the event of negative formulary changes, you’ll get a Formulary Change Notice. This notice will be sent with your monthly Part D Explanation of Benefits and will also be posted on our website.

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

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

Alphabetical Listing
If you are not sure what category to look under, you should look for your drug in the Index that begins on page 88. 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?
HealthPartners covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic substitutes available for many brand name drugs.

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.
For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are Covered.”

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, HealthPartners limits the amount of the drug that we will cover. For example, HealthPartners provides 12 tablets per prescription for Sumatriptan. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, HealthPartners 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, HealthPartners may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthPartners will then cover Drug B.

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

You can ask HealthPartners 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 HealthPartners formulary?" on page I-5 for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan.

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 Member Services and ask if your drug is covered.

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

- You can ask Member Services for a list of similar drugs that are covered by HealthPartners. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by HealthPartners.
- You can ask HealthPartners 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 HealthPartners formulary?

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

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

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

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

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

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

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

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

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

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

Transition process

For existing members in our plan who have changes in level of care, such as entering a long-term care facility or being discharged from a hospital, we'll grant early refills when appropriate. To ask for a temporary supply, contact Member Services.

Please note that our transition policy only applies to drugs that are covered under the Part D benefit and bought at a network pharmacy, unless you qualify for out of network access.

For more information

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

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

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

HealthPartners formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by HealthPartners. If you have trouble finding your drug in the list, turn to the Index that begins on page 88.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., REPATHA) and generic drugs are listed in lower-case italics (e.g., *atorvastatin*). The information in the Requirements/Limits column tells you if HealthPartners has any special requirements for coverage of your drug. The second column of the chart lists the drug tier or coverage level.

HealthPartners covers Medicare Part D prescription drugs under five drug tiers: Tier 1 (Preferred Generic Drugs), Tier 2 (Generic Drugs), Tier 3 (Preferred Brand Drugs), Tier 4 (Non-Preferred Drugs), and Tier 5 (Specialty Drugs). To determine the coverage level, locate your drug and look in the "Drug Tier" column. Then use the key below to determine your cost-sharing during the initial coverage phase for a 30-day supply. Coverage level shown does not reflect deductibles. Please refer to your Evidence of Coverage for details.

IMPORTANT NOTICE: You won't pay more than $35 for a one-month supply, or $105 for a three-month supply for each covered insulin product regardless of what drug tier it's on, even if you haven't paid your deductible. Our plans cover most Part D vaccines such as Shingrix, Tdap and MMR at no cost to you. There's no deductible and no copay no matter what Part D phase you are in.

COST-SHARING LEVELS BY PLAN AND DRUG TIER KEY

	Tier 1 (Preferred Generic Drugs)	Tier 2 (Generic Drugs)	Tier 3 (Preferred Brand Drugs)	Tier 4 (Non-Preferred Drugs)	Tier 5 (Specialty Drugs)
Journey Smart	$0	$5	20%	38%	25%
Journey Pace	$0	$8	20%	38%	25%
Journey Stride	$0	$8	20%	35%	27%
Journey Steady	$0	$8	20%	37%	27%
HealthPartners Birch	$0	$0	20%	37%	26%
HealthPartners Cedar	$0	$0	20%	38%	26%
Journey Group	Please refer to your Evidence of Coverage for more information about your prescription drug benefit, including drug tiers and cost-sharing.				
HealthPartners Medicare Group					
Freedom Group					
Retiree National Choice					

- Coverage level shown does not reflect deductibles or catastrophic benefit coverage. Please refer to your Evidence of Coverage for details.

The key below describes the abbreviations used in the Requirements/Limits column.

Requirements/Limits Abbreviation Key

ABBREVIATION	DESCRIPTION
PA	Prior Authorization Required
QL	Quantity Limit
BvD	This drug could be covered as a Part B or a Part D Benefit.
ST	Step Therapy Required
LA	Limited Access Drug – Some drugs may be available only at certain pharmacies. For more information consult your pharmacy directory or call Member Services.
NM	Non-Mail Order Drug – Drugs not eligible for a 90-day mail order supply through your mail order benefit are noted with “NM” under Requirements/Limits.
IN	Covered insulin drugs – You won’t pay more than $35 for a one-month supply, or $105 for a three-month supply
ONC	Oncology medications
V	Vaccines – Part D vaccines such as Shingrix, Tdap and MMR at no cost to you

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA
amphotericin b injection recon soln 50 mg	4	PA
amphotericin b liposome intravenous suspension for reconstitution 50 mg	5	PA; NM
caspofungin intravenous recon soln 50 mg, 70 mg	4	PA
clotrimazole mucous membrane troche 10 mg	2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	5	PA; NM
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	4	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	3	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	2	
flucytosine oral capsule 250 mg, 500 mg	5	NM
griseofulvin microsize oral suspension 125 mg/5 ml	4	
griseofulvin microsize oral tablet 500 mg	4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	
itraconazole oral capsule 100 mg	4	
ketoconazole oral tablet 200 mg	2	
micafungin intravenous recon soln 100 mg, 50 mg	4	
nystatin oral suspension 100,000 unit/ml	2	
nystatin oral tablet 500,000 unit	2	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	5	PA; NM
terbinafine hcl oral tablet 250 mg	2	
voriconazole intravenous recon soln 200 mg	4	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	5	PA; NM
voriconazole oral tablet 200 mg, 50 mg	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.
Formulary ID: 26132

Drug Name	Drug Tier	Requirements/Limits
voriconazole-hpbcd intravenous recon soln 200 mg	4	PA
ANTIVIRALS		
abacavir oral solution 20 mg/ml	4	
abacavir oral tablet 300 mg	4	
abacavir-lamivudine oral tablet 600-300 mg	4	
acyclovir oral capsule 200 mg	2	
acyclovir oral suspension 200 mg/5 ml, 200 mg/5 ml (5 ml)	4	
acyclovir oral tablet 400 mg, 800 mg	2	
acyclovir sodium intravenous solution 50 mg/ml	4	B/D PA
adefovir oral tablet 10 mg	4	
amantadine hcl oral capsule 100 mg	3	
amantadine hcl oral solution 50 mg/5 ml	2	
APTIVUS ORAL CAPSULE 250 MG	5	NM
atazanavir oral capsule 150 mg, 200 mg, 300 mg	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NM; QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM
darunavir oral tablet 600 mg	4	
darunavir oral tablet 800 mg	5	NM
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NM
DOVATO ORAL TABLET 50-300 MG	5	NM
EDURANT ORAL TABLET 25 MG	5	NM
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	5	NM
efavirenz oral tablet 600 mg	4	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	4	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	5	NM
emtricitabine oral capsule 200 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 167-250 mg, 200-300 mg	4	
emtricitabine-tenofovir (tdf) oral tablet 133-200 mg	5	NM
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	5	NM
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
entecavir oral tablet 0.5 mg, 1 mg	4	
etravirine oral tablet 100 mg, 200 mg	5	NM
EVOTAZ ORAL TABLET 300-150 MG	5	NM; QL (30 per 30 days)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	3	
fosamprenavir oral tablet 700 mg	5	NM
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	NM
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	NM
ISENTRESS ORAL TABLET 400 MG	5	NM
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NM
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NM
KALETRA ORAL SOLUTION 400-100 MG/5 ML	4	
lamivudine oral solution 10 mg/ml	4	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	3	
lamivudine-zidovudine oral tablet 150-300 mg	4	
LIVTENCITY ORAL TABLET 200 MG	5	PA; NM
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	4	
maraviroc oral tablet 150 mg, 300 mg	5	NM
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	5	PA; NM; QL (168 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; QL (84 per 28 days)
nevirapine oral suspension 50 mg/5 ml	4	
nevirapine oral tablet 200 mg	3	
nevirapine oral tablet extended release 24 hr 400 mg	4	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	3	
oseltamivir oral suspension for reconstitution 6 mg/ml	3	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	3	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	3	QL (11 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30 per 5 days)
PIFELTRO ORAL TABLET 100 MG	5	NM
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM
PREZISTA ORAL TABLET 150 MG	5	NM
PREZISTA ORAL TABLET 75 MG	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; QL (240 per 30 days)
ribavirin oral capsule 200 mg	3	
ribavirin oral tablet 200 mg	3	
rimantadine oral tablet 100 mg	4	
ritonavir oral tablet 100 mg	3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NM
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	5	NM
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM
tenofovir disoproxil fumarate oral tablet 300 mg	4	
TIVICAY ORAL TABLET 50 MG	5	NM
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	NM
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TYBOST ORAL TABLET 150 MG	3	
valacyclovir oral tablet 1 gram, 500 mg	2	
valganciclovir oral recon soln 50 mg/ml	5	NM
valganciclovir oral tablet 450 mg	3	
VEMLIDY ORAL TABLET 25 MG	5	NM
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM
zidovudine oral capsule 100 mg	3	
zidovudine oral syrup 10 mg/ml	4	
zidovudine oral tablet 300 mg	3	
CEPHALOSPORINS		
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	4	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	2	
cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 gram, 500 mg	4	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	2	
cefazolin intravenous recon soln 1 gram	4	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM	2	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	3	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	4	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	4	
cefepime injection recon soln 1 gram, 2 gram	4	
cefixime oral capsule 400 mg	4	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	4	
cefoxitin intravenous recon soln 1 gram, 2 gram	4	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	4	
cefpodoxime oral tablet 100 mg, 200 mg	4	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	3	
cefprozil oral tablet 250 mg, 500 mg	3	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	4	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	4	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	4	
ceftriaxone intravenous recon soln 1 gram, 2 gram	4	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection recon soln 750 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
cefuroxime sodium intravenous recon soln 1.5 gram	4	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	4	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	2	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	4	
clarithromycin oral tablet 250 mg, 500 mg	3	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	PA; NM
DIFICID ORAL TABLET 200 MG	5	PA; NM
erythromycin lactobionate intravenous recon soln 500 mg	4	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	4	
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	4	
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	4	PA
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA; NM
atovaquone oral suspension 750 mg/5 ml	4	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	4	
aztreonam injection recon soln 1 gram, 2 gram	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; NM
chloroquine phosphate oral tablet 250 mg, 500 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	4	
clindamycin pediatric oral recon soln 75 mg/5 ml	4	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	4	
COARTEM ORAL TABLET 20-120 MG	4	
colistin (colistimethate na) injection recon soln 150 mg	4	PA
cycloserine oral capsule 250 mg	5	PA; NM
dapsone oral tablet 100 mg, 25 mg	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	
daptomycin intravenous recon soln 500 mg	4	
ertapenem injection recon soln 1 gram	4	
ethambutol oral tablet 100 mg, 400 mg	3	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	4	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	4	
gentamicin injection solution 40 mg/ml	4	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	4	
hydroxychloroquine oral tablet 200 mg	2	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	4	
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NM
isoniazid oral solution 50 mg/5 ml	4	
isoniazid oral tablet 100 mg, 300 mg	1	
ivermectin oral tablet 3 mg	3	QL (40 per 30 days)
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	4	PA
linezolid oral suspension for reconstitution 100 mg/5 ml	5	PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
linezolid oral tablet 600 mg	4	PA
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	4	PA
mefloquine oral tablet 250 mg	2	
meropenem intravenous recon soln 1 gram	4	
meropenem intravenous recon soln 500 mg	3	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	3	
metro i.v. intravenous piggyback 500 mg/100 ml	4	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	4	
metronidazole oral tablet 250 mg, 500 mg	2	
neomycin oral tablet 500 mg	2	
nitazoxanide oral tablet 500 mg	4	PA
pentamidine inhalation recon soln 300 mg	4	B/D PA
pentamidine injection recon soln 300 mg	4	
polymyxin b sulfate injection recon soln 500,000 unit	4	
praziquantel oral tablet 600 mg	4	
PRIFTIN ORAL TABLET 150 MG	4	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	3	
pyrazinamide oral tablet 500 mg	4	
pyrimethamine oral tablet 25 mg	5	PA; NM
quinine sulfate oral capsule 324 mg	4	PA
rifabutin oral capsule 150 mg	4	
rifampin intravenous recon soln 600 mg	4	
rifampin oral capsule 150 mg, 300 mg	3	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	4	
tigecycline intravenous recon soln 50 mg	4	
tinidazole oral tablet 250 mg, 500 mg	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	PA; NM
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	5	B/D PA; NM
tobramycin sulfate injection recon soln 1.2 gram	4	PA
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	4	PA
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	4	
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg	4	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.75 GRAM, 2 GRAM	4	
vancomycin oral capsule 125 mg	4	QL (40 per 10 days)
vancomycin oral capsule 250 mg	4	QL (80 per 10 days)
XIFAXAN ORAL TABLET 200 MG	4	PA
XIFAXAN ORAL TABLET 550 MG	5	PA; NM
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	2	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	2	
amoxicillin oral tablet 500 mg, 875 mg	2	
amoxicillin oral tablet,chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	4	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	4	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	3	
dicloxacillin oral capsule 250 mg, 500 mg	2	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	4	
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	4	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	4	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	2	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	4	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	4	
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	2	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	4	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	3	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	2	
levofloxacin intravenous solution 25 mg/ml	4	
levofloxacin oral solution 250 mg/10 ml	4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	2	
moxifloxacin oral tablet 400 mg	3	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	4	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	4	
SULFA'S / RELATED AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
sulfadiazine oral tablet 500 mg	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
TETRACYCLINES		
doxy-100 intravenous recon soln 100 mg	4	
doxycycline hyclate intravenous recon soln 100 mg	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	4	
doxycycline monohydrate oral tablet 100 mg, 50 mg	2	
minocycline oral capsule 100 mg, 50 mg, 75 mg	2	
tetracycline oral capsule 250 mg, 500 mg	4	
URINARY TRACT AGENTS		
fosfomycin tromethamine oral packet 3 gram	4	
methenamine hippurate oral tablet 1 gram	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	3	
trimethoprim oral tablet 100 mg	2	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	3	
mesna oral tablet 400 mg	5	NM
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NM
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	5	PA; NM; ONC; QL (120 per 30 days)
abiraterone oral tablet 500 mg	5	PA; NM; ONC; QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; NM; ONC; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA; NM; ONC; QL (8 per 1 day)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; NM; ONC; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	5	PA; NM; ONC; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA; NM; ONC; QL (1 per 1 day)
anastrozole oral tablet 1 mg	1	ONC
AUGTYRO ORAL CAPSULE 160 MG	5	PA; NM; ONC; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; NM; ONC; QL (240 per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5	PA; NM; ONC; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; NM; ONC; QL (1 per 1 day)
azathioprine oral tablet 50 mg	2	B/D PA; ONC
BALVERSA ORAL TABLET 3 MG	5	PA; NM; ONC; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; NM; ONC; QL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA; NM; ONC; QL (30 per 30 days)
bexarotene oral capsule 75 mg	5	PA; NM; ONC
bexarotene topical gel 1 %	5	PA; NM; ONC
bicalutamide oral tablet 50 mg	2	ONC
BOSULIF ORAL CAPSULE 100 MG	5	PA; NM; ONC; QL (6 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	5	PA; NM; ONC; QL (7 per 1 day)
BOSULIF ORAL TABLET 100 MG	5	PA; NM; ONC; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; NM; ONC; QL (1 per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; NM; ONC
BRUKINSA ORAL CAPSULE 80 MG	5	PA; NM; ONC; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; NM; ONC; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA; NM; ONC; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA; NM; ONC
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; NM; ONC; QL (2 per 1 day)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; NM; ONC; QL (4 per 1 day)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; NM; ONC; QL (3 per 1 day)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; NM; ONC; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; LA; NM; ONC
cyclophosphamide oral capsule 25 mg	3	B/D PA; ONC
cyclophosphamide oral capsule 50 mg	4	B/D PA; ONC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	B/D PA; ONC
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	4	B/D PA; ONC
cyclosporine modified oral solution 100 mg/ml	4	B/D PA; ONC
cyclosporine oral capsule 100 mg, 25 mg	4	B/D PA; ONC
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA; NM; ONC
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	5	PA; NM; ONC; QL (1 per 1 day)
dasatinib oral tablet 20 mg	5	PA; NM; ONC; QL (3 per 1 day)
DAURISMO ORAL TABLET 100 MG	5	PA; NM; ONC; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; NM; ONC; QL (60 per 30 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	B/D PA; ONC
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; NM; ONC
ERLEADA ORAL TABLET 240 MG	5	PA; NM; ONC; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; NM; ONC; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	5	PA; NM; ONC; QL (30 per 30 days)
erlotinib oral tablet 25 mg	5	PA; NM; ONC; QL (60 per 30 days)
EULEXIN ORAL CAPSULE 125 MG	5	PA; NM; ONC
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; NM; ONC; QL (1 per 1 day)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 5 mg	5	PA; NM; ONC; QL (2 per 1 day)
everolimus (antineoplastic) oral tablet for suspension 3 mg	5	PA; NM; ONC; QL (3 per 1 day)
everolimus (immunosuppressive) oral tablet 0.25 mg	3	B/D PA; ONC
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	5	B/D PA; NM; ONC

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
exemestane oral tablet 25 mg	4	ONC
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	4	ONC
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; NM; ONC; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; NM; ONC; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; NM; ONC; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; NM; ONC; QL (120 per 30 days)
gefitinib oral tablet 250 mg	5	PA; NM; ONC; QL (30 per 30 days)
gengraf oral capsule 100 mg, 25 mg	4	B/D PA; ONC
gengraf oral solution 100 mg/ml	4	B/D PA; ONC
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; NM; ONC; QL (1 per 1 day)
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	ONC
GLEOSTINE ORAL CAPSULE 100 MG	5	NM; ONC
GOMEKLI ORAL CAPSULE 1 MG	5	PA; NM; ONC; QL (168 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA; NM; ONC; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	5	PA; NM; ONC; QL (168 per 28 days)
hydroxyurea oral capsule 500 mg	2	ONC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; NM; ONC; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; NM; ONC; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; NM; ONC; QL (1 per 1 day)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; NM; ONC; QL (1 per 1 day)
imatinib oral tablet 100 mg	4	ONC
imatinib oral tablet 400 mg	5	NM; ONC
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; NM; ONC; QL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; NM; ONC; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; NM; ONC; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; NM; ONC; QL (30 per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA; NM; ONC; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA; NM; ONC; QL (180 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
INLYTA ORAL TABLET 5 MG	5	PA; NM; ONC; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA; NM; ONC
INREBIC ORAL CAPSULE 100 MG	5	PA; NM; ONC; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA; NM; ONC; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA; NM; ONC; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA; NM; ONC; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; NM; ONC; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; NM; ONC; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; NM; ONC; QL (30 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	4	PA; ONC
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; NM; ONC; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; NM; ONC; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; NM; ONC; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; NM; ONC; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; NM; ONC; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA; NM; ONC
KRAZATI ORAL TABLET 200 MG	5	PA; NM; ONC; QL (180 per 30 days)
lapatinib oral tablet 250 mg	5	PA; NM; ONC; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5	PA; NM; ONC; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA; NM; ONC; QL (60 per 30 days)
lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg	5	PA; LA; NM; ONC; QL (30 per 30 days)
lenalidomide oral capsule 15 mg, 20 mg, 25 mg	5	PA; LA; NM; ONC; QL (21 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; NM; ONC; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; NM; ONC; QL (3 per 1 day)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; NM; ONC; QL (2 per 1 day)
letrozole oral tablet 2.5 mg	2	ONC
LEUKERAN ORAL TABLET 2 MG	5	NM; ONC
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; ONC
leuprolide subcutaneous kit 1 mg/0.2 ml	4	ONC
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; NM; ONC
LORBRENA ORAL TABLET 100 MG	5	PA; NM; ONC; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; NM; ONC; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	5	PA; NM; ONC
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	PA; NM; ONC
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; NM; ONC
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NM; ONC
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA; NM; ONC
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; NM; ONC
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA; NM; ONC
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; NM; ONC
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; NM; ONC; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; ONC
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; NM; ONC; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; NM; ONC; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; NM; ONC; QL (140 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
MATULANE ORAL CAPSULE 50 MG	5	PA; NM; ONC
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	3	ONC
megestrol oral tablet 20 mg, 40 mg	3	ONC
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA; NM; ONC; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; NM; ONC; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; NM; ONC; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; NM; ONC
mercaptopurine oral suspension 20 mg/ml	4	ONC
mercaptopurine oral tablet 50 mg	3	ONC
methotrexate sodium (pf) injection recon soln 1 gram	2	ONC
methotrexate sodium (pf) injection solution 25 mg/ml	2	ONC
methotrexate sodium injection solution 25 mg/ml	2	ONC
methotrexate sodium oral tablet 2.5 mg	2	B/D PA; ONC
mycophenolate mofetil oral capsule 250 mg	3	B/D PA; ONC
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	4	B/D PA; ONC
mycophenolate mofetil oral tablet 500 mg	3	B/D PA; ONC
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	4	B/D PA; ONC
MYHIBBIN ORAL SUSPENSION 200 MG/ML	5	B/D PA; NM; ONC
NERLYNX ORAL TABLET 40 MG	5	PA; NM; ONC
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	5	PA; NM; ONC; QL (4 per 1 day)
nilutamide oral tablet 150 mg	5	PA; NM; ONC
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; NM; ONC; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA; NM; ONC; QL (120 per 30 days)
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	5	NM; ONC
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	ONC
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)	4	ONC

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate injection syringe 500 mcg/ml (1 ml)	5	NM; ONC
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA; NM; ONC
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	5	PA; NM; ONC
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA; NM; ONC; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; NM; ONC; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; NM; ONC; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; NM; ONC; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; NM; ONC; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; NM; ONC; QL (14 per 28 days)
ORGOVYX ORAL TABLET 120 MG	5	PA; NM; ONC; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	5	PA; NM; ONC; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; NM; ONC; QL (90 per 30 days)
pazopanib oral tablet 200 mg	5	PA; NM; ONC
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; NM; ONC; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; NM; ONC; QL (1 per 1 day)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; NM; ONC; QL (2 per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; NM; ONC; QL (21 per 28 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	B/D PA; ONC
QINLOCK ORAL TABLET 50 MG	5	PA; NM; ONC; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	5	PA; NM; ONC
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	5	PA; NM; ONC
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; NM; ONC; QL (60 per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA; NM; ONC

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; NM; ONC; QL (5 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; NM; ONC; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA; NM; ONC; QL (336 per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; NM; ONC; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA; NM; ONC; QL (224 per 28 days)
SCEMBLIX ORAL TABLET 100 MG	5	PA; NM; ONC; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; NM; ONC; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; NM; ONC; QL (300 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; ONC
sirolimus oral solution 1 mg/ml	4	B/D PA; ONC
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	B/D PA; ONC
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NM; ONC
sorafenib oral tablet 200 mg	5	PA; NM; ONC
STIVARGA ORAL TABLET 40 MG	5	PA; NM; ONC
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	5	PA; NM; ONC
TABLOID ORAL TABLET 40 MG	5	NM; ONC
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; NM; ONC; QL (120 per 30 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	4	B/D PA; ONC
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; NM; ONC; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA; NM; ONC; QL (840 per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; LA; NM; ONC; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; NM; ONC; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	2	ONC
TAZVERIK ORAL TABLET 200 MG	5	PA; NM; ONC; QL (8 per 1 day)
TEPMETKO ORAL TABLET 225 MG	5	PA; NM; ONC
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	NM; ONC
TIBSOVO ORAL TABLET 250 MG	5	PA; NM; ONC; QL (60 per 30 days)
toremifene oral tablet 60 mg	5	PA; NM; ONC

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; NM; ONC; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA; ONC
tretinoin (antineoplastic) oral capsule 10 mg	5	NM; ONC
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; NM; ONC; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; NM; ONC
TURALIO ORAL CAPSULE 125 MG	5	PA; NM; ONC
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; NM; ONC
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; ONC; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; NM; ONC; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; NM; ONC; QL (1 per 1 day)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; LA; NM; ONC; QL (42 per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NM; ONC; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; NM; ONC; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; NM; ONC; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; NM; ONC; QL (10 per 1 day)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; NM; ONC; QL (1 per 1 day)
VONJO ORAL CAPSULE 100 MG	5	PA; NM; ONC; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA; NM; ONC; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA; NM; ONC; QL (30 per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA; NM; ONC; QL (4 per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; NM; ONC; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	5	PA; NM; ONC; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	5	PA; NM; ONC; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA; ONC
XERMELO ORAL TABLET 250 MG	5	PA; NM; ONC; QL (84 per 28 days)
XOSPATA ORAL TABLET 40 MG	5	PA; NM; ONC; QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; NM; ONC
XTANDI ORAL CAPSULE 40 MG	5	PA; NM; ONC; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; NM; ONC; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; NM; ONC; QL (60 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; NM; ONC; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; NM; ONC
ZOLINZA ORAL CAPSULE 100 MG	5	PA; NM; ONC; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; NM; ONC; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; NM; ONC; QL (90 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
BRIVIACT ORAL SOLUTION 10 MG/ML	4	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	4	
carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml	4	
carbamazepine oral tablet 200 mg	3	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	4	
carbamazepine oral tablet,chewable 100 mg	3	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	4	
clobazam oral suspension 2.5 mg/ml	4	QL (480 per 30 days)
clobazam oral tablet 10 mg	4	QL (120 per 30 days)
clobazam oral tablet 20 mg	4	QL (60 per 30 days)
clonazepam oral tablet 0.5 mg	2	QL (180 per 30 days)
clonazepam oral tablet 1 mg	2	QL (120 per 30 days)
clonazepam oral tablet 2 mg	2	QL (300 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg	4	QL (180 per 30 days)
clonazepam oral tablet,disintegrating 1 mg	4	QL (120 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	4	QL (300 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA; NM
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	5	PA; NM
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	4	
DILANTIN 30 MG ORAL CAPSULE 30 MG	4	
divalproex oral capsule, delayed rel sprinkle 125 mg	3	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	2	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; NM
EPRONTIA ORAL SOLUTION 25 MG/ML	4	PA
eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg	4	
ethosuximide oral capsule 250 mg	3	
ethosuximide oral solution 250 mg/5 ml	4	
felbamate oral suspension 600 mg/5 ml	4	
felbamate oral tablet 400 mg, 600 mg	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; NM
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	
gabapentin oral capsule 100 mg, 300 mg	2	QL (12 per 1 day)
gabapentin oral capsule 400 mg	2	QL (9 per 1 day)
gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	3	QL (72 per 1 day)
gabapentin oral tablet 600 mg	2	QL (6 per 1 day)
gabapentin oral tablet 800 mg	2	QL (4 per 1 day)
lacosamide oral solution 10 mg/ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	4	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	2	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	2	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	2	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	3	
methsuximide oral capsule 300 mg	4	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	3	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	4	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	4	
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	2	
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
phenytoin oral suspension 125 mg/5 ml	3	
phenytoin oral tablet,chewable 50 mg	2	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	2	
pregabalin oral capsule 100 mg, 25 mg, 50 mg, 75 mg	3	QL (6 per 1 day)
pregabalin oral capsule 150 mg	3	QL (4 per 1 day)
pregabalin oral capsule 200 mg	3	QL (3 per 1 day)
pregabalin oral capsule 225 mg, 300 mg	3	QL (2 per 1 day)
pregabalin oral solution 20 mg/ml	3	QL (30 per 1 day)
PRIMIDONE ORAL TABLET 125 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
primidone oral tablet 250 mg, 50 mg	2	
rufinamide oral suspension 40 mg/ml	5	PA; NM
rufinamide oral tablet 200 mg	4	PA
rufinamide oral tablet 400 mg	5	PA; NM
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	4	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	4	
topiramate oral capsule, sprinkle 15 mg, 25 mg	3	
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	4	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	2	
valproic acid oral capsule 250 mg	2	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	PA; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	5	PA; NM
vigabatrin oral tablet 500 mg	5	PA; NM
vigadrone oral powder in packet 500 mg	5	PA; NM
vigadrone oral tablet 500 mg	5	PA; NM
vigpoder oral powder in packet 500 mg	5	PA; NM
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	4	
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)-100 MG (14)	4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; NM; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	2	
bromocriptine oral capsule 5 mg	4	
bromocriptine oral tablet 2.5 mg	4	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	2	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	4	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	4	
entacapone oral tablet 200 mg	4	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NM
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	2	
rasagiline oral tablet 0.5 mg, 1 mg	4	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	4	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST
selegiline hcl oral capsule 5 mg	3	
selegiline hcl oral tablet 5 mg	3	
trihexyphenidyl oral elixir 0.4 mg/ml	2	
trihexyphenidyl oral tablet 2 mg, 5 mg	2	
MIGRAINE / CLUSTER HEADACHE THERAPY		

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 per 30 days)
dihydroergotamine injection solution 1 mg/ml	5	PA; NM
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	5	PA; NM
EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	3	
naratriptan oral tablet 1 mg, 2.5 mg	3	QL (12 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (16 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	2	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	3	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	4	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	QL (12 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	4	QL (5 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	4	QL (5 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	4	QL (5 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NM; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; NM; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; NM; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; NM; QL (90 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; NM; QL (28 per 180 days)
dalfampridine oral tablet extended release 12 hr 10 mg	3	PA
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46)	4	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	5	NM; QL (60 per 30 days)
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	2	
fingolimod oral capsule 0.5 mg	5	NM; QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	4	
galantamine oral solution 4 mg/ml	4	
galantamine oral tablet 12 mg, 4 mg, 8 mg	4	
glatiramer subcutaneous syringe 20 mg/ml	5	NM; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	5	NM; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	5	NM; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	5	NM; QL (12 per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; NM; QL (1.2 per 28 days)
memantine oral solution 2 mg/ml	4	
memantine oral tablet 10 mg, 5 mg	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA; NM
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	3	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	4	
teriflunomide oral tablet 14 mg, 7 mg	5	NM; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	4	PA; QL (120 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NM; QL (120 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine oral tablet 10 mg, 5 mg	2	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	4	
methocarbamol oral tablet 500 mg, 750 mg	2	
pyridostigmine bromide oral tablet 60 mg	3	
pyridostigmine bromide oral tablet extended release 180 mg	4	
tizanidine oral tablet 2 mg, 4 mg	2	
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	3	QL (120 per 1 day)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	3	QL (8 per 1 day)
buprenorphine hcl sublingual tablet 2 mg	2	QL (360 per 30 days)
buprenorphine hcl sublingual tablet 8 mg	2	QL (120 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	4	PA
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	3	QL (12 per 1 day)
endocet oral tablet 10-325 mg	3	QL (5 per 1 day)
endocet oral tablet 2.5-325 mg, 5-325 mg	3	QL (8 per 1 day)
endocet oral tablet 7.5-325 mg	3	QL (7 per 1 day)
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	4	QL (120 per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3	QL (8 per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	3	QL (8 per 1 day)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	4	QL (8 per 1 day)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml	4	QL (8 per 1 day)
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	4	QL (8 per 1 day)
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	4	QL (8 per 1 day)
hydromorphone oral liquid 1 mg/ml	4	QL (17 per 1 day)
hydromorphone oral tablet 2 mg	3	QL (8 per 1 day)
hydromorphone oral tablet 4 mg	3	QL (4 per 1 day)
hydromorphone oral tablet 8 mg	3	QL (2 per 1 day)
methadone intensol oral concentrate 10 mg/ml	4	PA
methadone oral concentrate 10 mg/ml	4	PA
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	3	PA
methadone oral tablet 10 mg, 5 mg	3	PA
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	3	QL (4 per 1 day)
morphine oral solution 10 mg/5 ml	3	QL (45 per 1 day)
morphine oral solution 20 mg/5 ml (4 mg/ml)	3	QL (20 per 1 day)
morphine oral tablet 15 mg	3	QL (5 per 1 day)
morphine oral tablet 30 mg	3	QL (2 per 1 day)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	3	PA
oxycodone oral concentrate 20 mg/ml	4	QL (4 per 1 day)
oxycodone oral solution 5 mg/5 ml	4	QL (40 per 1 day)
oxycodone oral tablet 10 mg	3	QL (5 per 1 day)
oxycodone oral tablet 15 mg	3	QL (3 per 1 day)
oxycodone oral tablet 20 mg	3	QL (4 per 1 day)
oxycodone oral tablet 30 mg	3	PA
oxycodone oral tablet 5 mg	3	QL (8 per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	3	QL (5 per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	3	QL (8 per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	3	QL (7 per 1 day)
NON-NARCOTIC ANALGESICS		

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	4	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	2	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	2	
diclofenac sodium topical gel 1 %	3	
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	4	QL (224 per 28 days)
etodolac oral capsule 200 mg, 300 mg	3	
etodolac oral tablet 400 mg, 500 mg	3	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	4	
flurbiprofen oral tablet 100 mg	2	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg, 50 mg	2	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	3	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	2	
naloxone injection solution 0.4 mg/ml	2	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	2	
naloxone nasal spray,non-aerosol 4 mg/actuation	3	
naltrexone oral tablet 50 mg	2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	2	
piroxicam oral capsule 10 mg, 20 mg	3	
sulindac oral tablet 150 mg, 200 mg	2	
tramadol oral tablet 50 mg	2	QL (8 per 1 day)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
tramadol-acetaminophen oral tablet 37.5-325 mg	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NM
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NM
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	
aripiprazole oral solution 1 mg/ml	4	QL (750 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	3	QL (30 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	4	PA; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NM
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	5	NM
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	4	PA
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	4	QL (60 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	4	QL (2 per 1 day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	4	QL (1 per 1 day)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	PA; NM; QL (60 per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	2	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA; NM; QL (30 per 30 days)
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	4	PA
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
citalopram oral solution 10 mg/5 ml	3	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	4	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	4	QL (4 per 1 day)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	4	QL (180 per 30 days)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	3	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	4	PA
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA; NM; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	PA; NM; QL (56 per 180 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	2	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	3	QL (2 per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	4	QL (6 per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	4	QL (2 per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	3	QL (3 per 1 day)
dextroamphetamine-amphetamine oral tablet 30 mg	3	QL (2 per 1 day)
diazepam intensol oral concentrate 5 mg/ml	2	QL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
diazepam oral concentrate 5 mg/ml	2	QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	2	QL (1200 per 30 days)
diazepam oral tablet 10 mg	2	QL (120 per 30 days)
diazepam oral tablet 2 mg, 5 mg	2	QL (180 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
doxepin oral concentrate 10 mg/ml	4	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	PA
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	2	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	PA; NM
ergoloid oral tablet 1 mg	3	
escitalopram oxalate oral solution 5 mg/5 ml	4	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	4	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; NM; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	PA; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	PA; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	PA; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	3	
fluphenazine decanoate injection solution 25 mg/ml	4	
fluphenazine hcl injection solution 2.5 mg/ml	4	
fluphenazine hcl oral concentrate 5 mg/ml	4	
fluphenazine hcl oral elixir 2.5 mg/5 ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	2	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	4	
haloperidol lactate injection solution 5 mg/ml	4	
haloperidol lactate intramuscular syringe 5 mg/ml	4	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	4	PA
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	4	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	2	
lithium carbonate oral tablet extended release 300 mg, 450 mg	2	
lithium citrate oral solution 8 meq/5 ml	4	
lorazepam intensol oral concentrate 2 mg/ml	3	QL (150 per 30 days)
lorazepam oral concentrate 2 mg/ml	3	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	QL (180 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	2	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 per 30 days)
lurasidone oral tablet 80 mg	4	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; NM; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
methylphenidate hcl oral solution 10 mg/5 ml	4	QL (30 per 1 day)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral solution 5 mg/5 ml	4	QL (60 per 1 day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	3	QL (3 per 1 day)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	4	QL (3 per 1 day)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	2	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	2	
modafinil oral tablet 100 mg, 200 mg	3	PA
molindone oral tablet 10 mg, 25 mg, 5 mg	4	PA
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	2	
nortriptyline oral solution 10 mg/5 ml	4	
NUPLAZID ORAL CAPSULE 34 MG	5	PA; NM
NUPLAZID ORAL TABLET 10 MG	5	PA; NM
olanzapine intramuscular recon soln 10 mg	4	QL (90 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	2	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	4	PA; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	5	PA; NM; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	5	PA; NM; QL (30 per 30 days)
OPIPZA ORAL FILM 5 MG	5	PA; NM; QL (180 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	4	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	4	QL (60 per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	4	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	2	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	4	
phenelzine oral tablet 15 mg	3	
pimozide oral tablet 1 mg, 2 mg	4	
protriptyline oral tablet 10 mg, 5 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	2	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	3	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	3	QL (60 per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	4	PA
ramelteon oral tablet 8 mg	4	QL (1 per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	NM; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	4	
risperidone oral solution 1 mg/ml	4	QL (480 per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	2	QL (60 per 30 days)
risperidone oral tablet 4 mg	2	QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	4	PA; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	4	PA; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	PA; NM; QL (30 per 30 days)
sertraline oral concentrate 20 mg/ml	4	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) ORAL SOLUTION 500 MG/ML	5	PA; NM; QL (540 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	3	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	4	
tranylcypromine oral tablet 10 mg	4	
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone oral tablet 300 mg	3	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	3	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA; QL (30 per 30 days)
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	4	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	2	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	PA; NM
vilazodone oral tablet 10 mg, 20 mg, 40 mg	4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; NM; QL (30 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	3	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	3	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	4	QL (60 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	2	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	5	PA; NM
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 400 mg	4	
amiodarone oral tablet 200 mg	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	4	
flecainide oral tablet 100 mg, 150 mg, 50 mg	2	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	4	
MULTAQ ORAL TABLET 400 MG	4	
pacerone oral tablet 100 mg, 400 mg	4	
pacerone oral tablet 200 mg	2	
propafenone oral tablet 150 mg, 225 mg, 300 mg	3	
quinidine sulfate oral tablet 200 mg, 300 mg	2	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	
ANTIHYPERTENSIVE THERAPY		

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
acebutolol oral capsule 200 mg, 400 mg	2	
aliskiren oral tablet 150 mg, 300 mg	4	
amiloride oral tablet 5 mg	2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	4	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
betaxolol oral tablet 10 mg, 20 mg	3	
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	2	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	4	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	2	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	2	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	2	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	2	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
eplerenone oral tablet 25 mg, 50 mg	3	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	2	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
furosemide injection solution 10 mg/ml	4	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA
labetalol oral tablet 100 mg, 200 mg, 300 mg	2	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
methyldopa oral tablet 250 mg, 500 mg	2	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metyrosine oral capsule 250 mg	5	PA; NM
minoxidil oral tablet 10 mg, 2.5 mg	2	
moexipril oral tablet 15 mg, 7.5 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	4	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	2	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	2	
nimodipine oral capsule 30 mg	4	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	2	
prazosin oral capsule 1 mg, 2 mg, 5 mg	2	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	2	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	2	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	2	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	4	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; QL (200 per 180 days)
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	3	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	4	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	2	
COAGULATION THERAPY		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
cilostazol oral tablet 100 mg, 50 mg	2	
clopidogrel oral tablet 75 mg	1	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	3	QL (60 per 30 days)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	QL (74 per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	5	PA; NM; QL (360 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	5	PA; NM; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	5	PA; NM; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	5	PA; NM; QL (60 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	4	QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	4	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	4	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	4	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	4	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	4	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	5	NM; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	4	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	5	NM; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	5	NM; QL (18 per 30 days)
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	3	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	3	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	3	
heparin (porcine) injection syringe 5,000 unit/ml	3	
heparin, porcine (pf) injection solution 1,000 unit/ml	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	3	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/0.5 ML, 5,000 UNIT/ML	3	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
pentoxifylline oral tablet extended release 400 mg	2	
prasugrel hcl oral tablet 10 mg, 5 mg	3	
rivaroxaban oral tablet 2.5 mg	3	QL (60 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	4	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
cholestyramine (with sugar) oral powder 4 gram	4	
cholestyramine (with sugar) oral powder in packet 4 gram	4	
cholestyramine light oral powder 4 gram	4	
cholestyramine light oral powder in packet 4 gram	4	
colesevelam oral tablet 625 mg	4	
colestipol oral tablet 1 gram	4	
ezetimibe oral tablet 10 mg	2	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	2	
fenofibrate oral tablet 160 mg, 54 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	3	
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram, 1 gram	4	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	
NEXLETOL ORAL TABLET 180 MG	3	PA; QL (30 per 30 days)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	4	
omega-3 acid ethyl esters oral capsule 1 gram	2	
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
prevalite oral powder 4 gram	4	
prevalite oral powder in packet 4 gram	4	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA; QL (3.5 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; QL (2 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL (2 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	5	PA; NM
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	3	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	2	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	4	PA
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 per 30 days)
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	2	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	
calcipotriene scalp solution 0.005 %	4	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	4	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	4	QL (120 per 30 days)
calcitriol topical ointment 3 mcg/gram	4	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; QL (8 per 28 days)
COSENTYX (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; QL (8 per 28 days)
COSENTYX SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; QL (8 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; QL (8 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; NM; QL (10 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NM; QL (1 per 28 days)
selenium sulfide topical lotion 2.5 %	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; QL (2 per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; NM; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NM; QL (1 per 28 days)
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; QL (0.5 per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; NM; QL (0.5 per 28 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NM; QL (1 per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; NM; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	5	PA; NM; QL (6 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; QL (6 per 28 days)
ammonium lactate topical cream 12 %	2	
ammonium lactate topical lotion 12 %	2	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; NM; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; NM; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; NM; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; NM; QL (8 per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	4	PA; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
fluorouracil topical cream 5 %	4	QL (40 per 30 days)
fluorouracil topical solution 2 %, 5 %	3	
glydo mucous membrane jelly in applicator 2 %	2	
imiquimod topical cream in packet 5 %	3	
lidocaine (pf) injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)	1	
lidocaine hcl injection solution 10 mg/ml (1 %), 5 mg/ml (0.5 %)	1	
lidocaine hcl laryngotracheal solution 4 %	3	
lidocaine hcl mucous membrane jelly 2 %	2	
lidocaine hcl mucous membrane jelly in applicator 2 %	2	
lidocaine hcl mucous membrane solution 2 %	2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	3	
lidocaine topical adhesive patch,medicated 5 %	4	PA
lidocaine viscous mucous membrane solution 2 %	2	
lidocaine-prilocaine topical cream 2.5-2.5 %	3	
PANRETIN TOPICAL GEL 0.1 %	5	NM
pimecrolimus topical cream 1 %	4	QL (100 per 30 days)
podofilox topical solution 0.5 %	4	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
silver sulfadiazine topical cream 1 %	2	
ssd topical cream 1 %	2	
tacrolimus topical ointment 0.03 %, 0.1 %	4	QL (100 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA; NM
THERAPY FOR ACNE		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
adapalene topical gel with pump 0.3 %	4	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	4	
azelaic acid topical gel 15 %	4	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
clindamycin phosphate topical gel 1 %	3	
clindamycin phosphate topical gel, once daily 1 %	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate topical lotion 1 %	3	
clindamycin phosphate topical solution 1 %	2	QL (60 per 30 days)
erythromycin with ethanol topical solution 2 %	2	QL (60 per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
metronidazole topical cream 0.75 %	4	
metronidazole topical gel 0.75 %, 1 %	4	
metronidazole topical gel with pump 1 %	4	
metronidazole topical lotion 0.75 %	4	
tazarotene topical cream 0.05 %	4	ST; QL (30 per 30 days)
tazarotene topical cream 0.1 %	4	QL (30 per 30 days)
tazarotene topical gel 0.05 %, 0.1 %	4	ST; QL (30 per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	4	
tretinoin topical gel 0.01 %, 0.025 %	4	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT 1 %	4	
gentamicin topical cream 0.1 %	3	
gentamicin topical ointment 0.1 %	3	
mupirocin topical ointment 2 %	2	QL (44 per 30 days)
sulfacetamide sodium (acne) topical suspension 10 %	4	
TOPICAL ANTIFUNGALS		
ciclopirox topical cream 0.77 %	2	
ciclopirox topical gel 0.77 %	3	
ciclopirox topical solution 8 %	2	
ciclopirox topical suspension 0.77 %	3	QL (60 per 30 days)
clotrimazole topical cream 1 %	2	
clotrimazole topical solution 1 %	2	
clotrimazole-betamethasone topical cream 1-0.05 %	3	
econazole nitrate topical cream 1 %	4	QL (85 per 30 days)
ketoconazole topical cream 2 %	2	QL (60 per 30 days)
ketoconazole topical shampoo 2 %	2	QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
klayesta topical powder 100,000 unit/gram	2	QL (60 per 30 days)
nyamyc topical powder 100,000 unit/gram	2	QL (60 per 30 days)
nystatin topical cream 100,000 unit/gram	2	QL (30 per 30 days)
nystatin topical ointment 100,000 unit/gram	2	QL (30 per 30 days)
nystatin topical powder 100,000 unit/gram	2	QL (60 per 30 days)
nystop topical powder 100,000 unit/gram	2	QL (60 per 30 days)
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	4	QL (30 per 30 days)
penciclovir topical cream 1 %	4	QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	2	
alclometasone topical cream 0.05 %	3	
alclometasone topical ointment 0.05 %	3	
betamethasone dipropionate topical cream 0.05 %	4	
betamethasone dipropionate topical lotion 0.05 %	3	
betamethasone dipropionate topical ointment 0.05 %	4	
betamethasone valerate topical cream 0.1 %	3	
betamethasone valerate topical lotion 0.1 %	3	
betamethasone valerate topical ointment 0.1 %	3	
betamethasone, augmented topical cream 0.05 %	2	
betamethasone, augmented topical gel 0.05 %	4	
betamethasone, augmented topical lotion 0.05 %	4	
betamethasone, augmented topical ointment 0.05 %	4	
clobetasol scalp solution 0.05 %	4	
clobetasol topical cream 0.05 %	4	QL (120 per 30 days)
clobetasol topical gel 0.05 %	4	
clobetasol topical ointment 0.05 %	4	QL (120 per 30 days)
clobetasol topical shampoo 0.05 %	4	
clobetasol-emollient topical cream 0.05 %	4	
desonide topical cream 0.05 %	4	
desonide topical ointment 0.05 %	4	
desoximetasone topical cream 0.25 %	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
desoximetasone topical ointment 0.25 %	4	
fluocinolone and shower cap scalp oil 0.01 %	4	
fluocinolone topical cream 0.01 %, 0.025 %	4	
fluocinolone topical oil 0.01 %	4	
fluocinolone topical ointment 0.025 %	4	
fluocinolone topical solution 0.01 %	4	QL (120 per 30 days)
fluocinonide topical cream 0.05 %	3	
fluocinonide topical gel 0.05 %	4	
fluocinonide topical ointment 0.05 %	4	
fluocinonide topical solution 0.05 %	4	
fluocinonide-e topical cream 0.05 %	4	
fluocinonide-emollient topical cream 0.05 %	4	
fluticasone propionate topical cream 0.05 %	2	
halobetasol propionate topical cream 0.05 %	4	
halobetasol propionate topical ointment 0.05 %	4	
hydrocortisone butyrate topical ointment 0.1 %	4	
hydrocortisone topical cream 1 %, 2.5 %	2	
hydrocortisone topical lotion 2.5 %	2	
hydrocortisone topical ointment 1 %, 2.5 %	2	
hydrocortisone valerate topical ointment 0.2 %	4	
mometasone topical cream 0.1 %	2	
mometasone topical ointment 0.1 %	2	
mometasone topical solution 0.1 %	2	
triamcinolone acetonide topical cream 0.025 %, 0.5 %	2	
triamcinolone acetonide topical cream 0.1 %	2	QL (454 per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	2	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	2	
TOPICAL SCABICIDES / PEDICULICIDES		
malathion topical lotion 0.5 %	4	
permethrin topical cream 5 %	3	

DIAGNOSTICS / MISCELLANEOUS AGENTS

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	4	
acetic acid irrigation solution 0.25 %	2	
anagrelide oral capsule 0.5 mg, 1 mg	3	
carglumic acid oral tablet, dispersible 200 mg	5	PA; NM
cevimeline oral capsule 30 mg	4	
d10 %-0.45 % sodium chloride intravenous parenteral solution	4	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	4	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	4	
d5 %-0.45 % sodium chloride intravenous parenteral solution	4	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	5	PA; NM
deferasirox oral tablet 180 mg, 360 mg	4	PA
deferasirox oral tablet 90 mg	3	PA
deferasirox oral tablet, dispersible 125 mg	4	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	5	PA; NM
deferiprone oral tablet 1,000 mg, 500 mg	5	PA; NM
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	4	
dextrose 5 % in water (d5w) intravenous parenteral solution	4	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	4	
dextrose 5 %-lactated ringers intravenous parenteral solution	4	
disulfiram oral tablet 250 mg, 500 mg	4	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	4	PA
glutamine (sickle cell) oral powder in packet 5 gram	5	PA; NM
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	3	
levocarnitine (with sugar) oral solution 100 mg/ml	4	
levocarnitine oral solution 100 mg/ml	4	
levocarnitine oral tablet 330 mg	4	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	3	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	5	PA; NM
pilocarpine hcl oral tablet 5 mg, 7.5 mg	4	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA; NM
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; LA; NM
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; NM; QL (30 per 30 days)
riluzole oral tablet 50 mg	4	
risedronate oral tablet 30 mg	3	
sevelamer carbonate oral tablet 800 mg	4	
sodium chloride 0.9 % intravenous parenteral solution	4	
sodium chloride 0.9 % intravenous piggyback	4	
sodium chloride irrigation solution 0.9 %	2	
sodium phenylbutyrate oral powder 0.94 gram/gram	5	PA; NM
sodium polystyrene sulfonate oral powder 15 gram	3	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	3	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	3	
trientine oral capsule 250 mg	5	PA; NM
TRIENTINE ORAL CAPSULE 500 MG	5	PA; NM
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
water for irrigation, sterile irrigation solution	4	
SMOKING DETERRENTS		

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	2	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	4	
varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	4	QL (2 per 1 day)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	4	QL (53 per 28 days)
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	2	
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	3	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
denta 5000 plus dental cream 1.1 %	1	
dentagel dental gel 1.1 %	1	
fluoride (sodium) dental cream 1.1 %	1	
fluoride (sodium) dental gel 1.1 %	1	
fluoride (sodium) dental paste 1.1 %	1	
fluoride (sodium) dental solution 0.2 %	1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	2	
periogard mucous membrane mouthwash 0.12 %	1	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 dry mouth dental paste 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
triamcinolone acetonide dental paste 0.1 %	3	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	2	
fluocinolone acetonide oil otic (ear) drops 0.01 %	4	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	4	
ofloxacin otic (ear) drops 0.3 %	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	4	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	3	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
dexamethasone intensol oral drops 1 mg/ml	3	
dexamethasone oral elixir 0.5 mg/5 ml	2	
dexamethasone oral solution 0.5 mg/5 ml	2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	2	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	2	
fludrocortisone oral tablet 0.1 mg	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	2	B/D PA
methylprednisolone oral tablets,dose pack 4 mg	2	
prednisolone oral solution 15 mg/5 ml	2	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	2	
prednisone intensol oral concentrate 5 mg/ml	4	
prednisone oral solution 5 mg/5 ml	4	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF INJECTION RECON SOLN 100 MG	4	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	2	
DIABETES THERAPY		
acarbose oral tablet 100 mg, 25 mg, 50 mg	2	
alcohol pads topical pads, medicated	2	PA
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	3	QL (4 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
diazoxide oral suspension 50 mg/ml	4	
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	IN
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	IN
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	IN
glimepiride oral tablet 1 mg	1	QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	QL (60 per 30 days)
glipizide oral tablet 10 mg	1	QL (120 per 30 days)
glipizide oral tablet 5 mg	1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	3	QL (4 per 30 days)
glucagon emergency kit (human) injection recon soln 1 mg	3	QL (4 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (1 per 1 day)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	QL (0.4 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	QL (0.8 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	QL (0.4 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	QL (0.8 per 30 days)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8 per 30 days)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (0.8 per 30 days)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	QL (0.8 per 30 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	IN
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	IN
HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	IN
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	IN
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	IN
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	IN
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	IN
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	IN
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	IN
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	IN

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS PEN 100 UNIT/ML (75-25)	3	IN
INSULIN LISPRO SUBCUTANEOUS PEN 100 UNIT/ML	3	IN
INSULIN LISPRO SUBCUTANEOUS PEN, HALF-UNIT 100 UNIT/ML	3	IN
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	IN
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	4	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	IN
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	IN
metformin oral tablet 1,000 mg	1	QL (75 per 30 days)
metformin oral tablet 500 mg	1	QL (150 per 30 days)
metformin oral tablet 850 mg	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 per 30 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg	4	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.
Formulary ID: 26132

Drug Name	Drug Tier	Requirements/Limits
nateglinide oral tablet 120 mg, 60 mg	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	IN
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	IN
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	IN
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	IN
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	IN
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg	1	QL (90 per 30 days)
pioglitazone oral tablet 30 mg, 45 mg	1	QL (30 per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	4	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	3	QL (90 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	2	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	NM
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	NM
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	IN

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	IN
TRADJENTA ORAL TABLET 5 MG	4	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 28 days)
MISCELLANEOUS HORMONES		
cabergoline oral tablet 0.5 mg	3	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	3	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	
calcitriol oral solution 1 mcg/ml	4	
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	4	
danazol oral capsule 100 mg, 200 mg, 50 mg	4	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	4	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	4	
desmopressin oral tablet 0.1 mg, 0.2 mg	3	
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; LA; NM
mifepristone oral tablet 300 mg	5	PA; NM
miglustat oral capsule 100 mg	5	PA; NM
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	4	PA
sapropterin oral powder in packet 100 mg, 500 mg	5	PA; NM
sapropterin oral tablet,soluble 100 mg	5	PA; NM
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	5	PA; NM
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
testosterone enanthate intramuscular oil 200 mg/ml	3	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	4	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	4	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	4	PA
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	5	PA; LA; NM
THYROID HORMONES		
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
dicyclomine oral capsule 10 mg	2	
dicyclomine oral solution 10 mg/5 ml	4	
dicyclomine oral tablet 20 mg	2	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	3	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	4	
glycopyrrolate oral tablet 1 mg, 2 mg	3	
loperamide oral capsule 2 mg	2	
methscopolamine oral tablet 2.5 mg, 5 mg	4	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg, 1 mg	4	PA
aprepitant oral capsule 125 mg, 40 mg, 80 mg	4	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	4	B/D PA
balsalazide oral capsule 750 mg	4	
budesonide oral capsule,delayed,extend.release 3 mg	4	
budesonide oral tablet,delayed and ext.release 9 mg	5	NM
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; QL (2 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; QL (2 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; QL (2 per 28 days)
compro rectal suppository 25 mg	4	
constulose oral solution 10 gram/15 ml	2	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
cromolyn oral concentrate 100 mg/5 ml	4	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	PA
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	B/D PA
enulose oral solution 10 gram/15 ml	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	2	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	2	
generlac oral solution 10 gram/15 ml	3	
granisetron hcl oral tablet 1 mg	4	B/D PA
hydrocortisone rectal enema 100 mg/60 ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	2	
lactulose oral solution 10 gram/15 ml	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (1 per 1 day)
lubiprostone oral capsule 24 mcg, 8 mcg	3	QL (2 per 1 day)
meclizine oral tablet 12.5 mg, 25 mg	2	
mesalamine oral capsule (with del rel tablets) 400 mg	4	
mesalamine oral capsule, extended release 500 mg	4	
mesalamine oral capsule,extended release 24hr 0.375 gram	4	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	4	
mesalamine rectal enema 4 gram/60 ml	4	
mesalamine rectal suppository 1,000 mg	4	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	4	
metoclopramide hcl oral solution 5 mg/5 ml	2	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	QL (30 per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	4	
ondansetron hcl oral solution 4 mg/5 ml	4	B/D PA
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA
ondansetron oral tablet,disintegrating 4 mg, 8 mg	2	B/D PA
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	2	
peg-electrolyte oral recon soln 420 gram	2	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	
prochlorperazine rectal suppository 25 mg	4	
procto-med hc topical cream with perineal applicator 2.5 %	2	
proctosol hc topical cream with perineal applicator 2.5 %	2	
proctozone-hc topical cream with perineal applicator 2.5 %	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
scopolamine base transdermal patch 3 day 1 mg over 3 days	4	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; NM; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; NM; QL (2.4 per 56 days)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	4	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	PA; NM
sulfasalazine oral tablet 500 mg	2	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	2	
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet 250 mg, 500 mg	4	
VOWST ORAL CAPSULE	5	PA; NM
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	3	
ULCER THERAPY		
cimetidine hcl oral solution 300 mg/5 ml	3	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	3	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	3	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	2	
misoprostol oral tablet 100 mcg, 200 mcg	3	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
sucralfate oral suspension 100 mg/ml	4	PA
sucralfate oral tablet 1 gram	2	
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NM
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	5	PA; NM
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; NM
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NM
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA; NM
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	NM
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NM
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	NM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NM; QL (4 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NM; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	5	PA; NM; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; QL (1 per 28 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; NM
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	V
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	V
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	V
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	B/D PA; V
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA; NM
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA; NM
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA; NM
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	PA; NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	B/D PA; V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	V

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	3	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	V
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	V
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	3	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	V
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	B/D PA; V

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	B/D PA; V
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	V
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	V
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	V
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	V
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	3	V
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	V
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	2	PA
GAUZE PADS 2 X 2	2	PA
EMBECTA INSULIN SYRINGE	2	PA
EMBECTA PEN NEEDLE	2	PA
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	3	
febuxostat oral tablet 40 mg, 80 mg	3	
probenecid oral tablet 500 mg	3	
probenecid-colchicine oral tablet 500-0.5 mg	3	
OSTEOPOROSIS THERAPY		
alendronate oral tablet 10 mg, 35 mg, 70 mg	1	
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5	PA; NM; QL (2.24 per 28 days)
ibandronate oral tablet 150 mg	2	
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA
raloxifene oral tablet 60 mg	3	
risedronate oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	3	
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	5	PA; NM; QL (2.48 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; NM; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NM; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; QL (3.6 per 28 days)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; QL (8 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; NM; QL (4.8 per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; NM; QL (4.8 per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	5	PA; NM; QL (2.4 per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; NM; QL (2.4 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; QL (18.76 per 28 days)
leflunomide oral tablet 10 mg, 20 mg	3	
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA; NM; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; NM; QL (55 per 180 days)
penicillamine oral tablet 250 mg	5	PA; NM
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; NM; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; NM; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; NM; QL (84 per 180 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; NM; QL (6 per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; NM; QL (3 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; NM; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; NM; QL (6 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; NM; QL (3 per 28 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NM; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; QL (480 per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	4	
camila oral tablet 0.35 mg	2	
deblitane oral tablet 0.35 mg	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	4	
errin oral tablet 0.35 mg	2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	4	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	3	
estradiol vaginal tablet 10 mcg	4	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	4	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	
gallifrey oral tablet 5 mg	3	
incassia oral tablet 0.35 mg	2	
jinteli oral tablet 1-5 mg-mcg	4	
lyleq oral tablet 0.35 mg	2	
lyza oral tablet 0.35 mg	2	
medroxyprogesterone intramuscular suspension 150 mg/ml	3	
medroxyprogesterone intramuscular syringe 150 mg/ml	3	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	2	
meleya oral tablet 0.35 mg	2	
mimvey oral tablet 1-0.5 mg	4	
nora-be oral tablet 0.35 mg	2	
norethindrone (contraceptive) oral tablet 0.35 mg	2	
norethindrone acetate oral tablet 5 mg	3	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	4	
progesterone micronized oral capsule 100 mg, 200 mg	2	
sharobel oral tablet 0.35 mg	2	
yuvafem vaginal tablet 10 mcg	4	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal cream 2 %	4	
eluryng vaginal ring 0.12-0.015 mg/24 hr	4	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	3	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	3	
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	
terconazole vaginal cream 0.4 %, 0.8 %	3	
terconazole vaginal suppository 80 mg	4	
tranexamic acid oral tablet 650 mg	3	QL (30 per 30 days)
xulane transdermal patch weekly 150-35 mcg/24 hr	3	
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28) oral tablet 0.15-0.03 mg	2	
apri oral tablet 0.15-0.03 mg	2	
aubra eq oral tablet 0.1-20 mg-mcg	2	
aviane oral tablet 0.1-20 mg-mcg	2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	
cryselle (28) oral tablet 0.3-30 mg-mcg	2	
cyred eq oral tablet 0.15-0.03 mg	2	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	2	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	2	
enskyce oral tablet 0.15-0.03 mg	2	
estarylla oral tablet 0.25-0.035 mg	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	2	
falmina (28) oral tablet 0.1-20 mg-mcg	2	
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	2	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	2	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2	
isibloom oral tablet 0.15-0.03 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
jasmiel (28) oral tablet 3-0.02 mg	2	
juleber oral tablet 0.15-0.03 mg	2	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	4	
junel 1/20 (21) oral tablet 1-20 mg-mcg	2	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	2	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	4	
larin 1/20 (21) oral tablet 1-20 mg-mcg	2	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
lessina oral tablet 0.1-20 mg-mcg	2	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	2	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	2	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	2	
levora-28 oral tablet 0.15-0.03 mg	2	
loryna (28) oral tablet 3-0.02 mg	2	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	2	
lo-zumandimine (28) oral tablet 3-0.02 mg	2	
lutera (28) oral tablet 0.1-20 mg-mcg	2	
marlissa (28) oral tablet 0.15-0.03 mg	2	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	4	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	2	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
mili oral tablet 0.25-0.035 mg	2	
nikki (28) oral tablet 3-0.02 mg	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	2	
portia 28 oral tablet 0.15-0.03 mg	2	
reclipsen (28) oral tablet 0.15-0.03 mg	2	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	2	
sprintec (28) oral tablet 0.25-0.035 mg	2	
sronyx oral tablet 0.1-20 mg-mcg	2	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	2	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	2	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	2	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	2	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	2	
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	2	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	2	
turqoz (28) oral tablet 0.3-30 mg-mcg	2	
valtya oral tablet 1-50 mg-mcg	2	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
vestura (28) oral tablet 3-0.02 mg	2	
vienva oral tablet 0.1-20 mg-mcg	2	
vylibra oral tablet 0.25-0.035 mg	2	
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	2	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin ophthalmic (eye) ointment 500 unit/gram	4	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	2	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	2	QL (7 per 30 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	4	
gentamicin ophthalmic (eye) drops 0.3 %	2	
moxifloxacin ophthalmic (eye) drops 0.5 %	3	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	3	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	3	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	2	
ofloxacin ophthalmic (eye) drops 0.3 %	2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	2	
tobramycin ophthalmic (eye) drops 0.3 %	2	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	4	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	3	
carteolol ophthalmic (eye) drops 1 %	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
levobunolol ophthalmic (eye) drops 0.5 %	2	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	4	
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops 1 %	3	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
azelastine ophthalmic (eye) drops 0.05 %	3	
cromolyn ophthalmic (eye) drops 4 %	2	
cyclosporine ophthalmic (eye) dropperette 0.05 %	3	QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NM
epinastine ophthalmic (eye) drops 0.05 %	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (11 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (60 per 30 days)
sulfacetamide sodium ophthalmic (eye) drops 10 %	2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	2	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; QL (10 per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.09 %	4	
diclofenac sodium ophthalmic (eye) drops 0.1 %	2	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	2	
ketorolac ophthalmic (eye) drops 0.4 %	3	
ketorolac ophthalmic (eye) drops 0.5 %	2	
ORAL DRUGS FOR GLAUCOMA		

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
acetazolamide oral capsule, extended release 500 mg	4	
acetazolamide oral tablet 125 mg, 250 mg	3	
methazolamide oral tablet 25 mg, 50 mg	4	
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops 0.03 %	3	QL (5 per 30 days)
brinzolamide ophthalmic (eye) drops,suspension 1 %	3	
dorzolamide ophthalmic (eye) drops 2 %	2	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	2	
latanoprost ophthalmic (eye) drops 0.005 %	1	QL (5 per 25 days)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (5 per 30 days)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
travoprost ophthalmic (eye) drops 0.004 %	4	QL (5 per 30 days)
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	3	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	2	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	3	
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	4	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	4	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	3	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	2	
SYMPATHOMIMETICS		
apraclonidine ophthalmic (eye) drops 0.5 %	3	
brimonidine ophthalmic (eye) drops 0.1 %	3	
brimonidine ophthalmic (eye) drops 0.15 %	4	
brimonidine ophthalmic (eye) drops 0.2 %	2	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
cetirizine oral solution 1 mg/ml	2	
desloratadine oral tablet 5 mg	2	
diphenhydramine hcl injection solution 50 mg/ml	1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 % NOT MADE BY MYLAN	3	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	3	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	3	
levocetirizine oral tablet 5 mg	2	
promethazine oral syrup 6.25 mg/5 ml	4	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	3	
promethazine rectal suppository 12.5 mg, 25 mg	4	
promethegan rectal suppository 12.5 mg	4	
PULMONARY AGENTS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	4	B/D PA
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; QL (90 per 30 days)
ADVAIR HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	3	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	3	QL (13.4 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	2	B/D PA
albuterol sulfate oral syrup 2 mg/5 ml	2	
ambrisentan oral tablet 10 mg, 5 mg	4	PA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	5	PA; LA; NM
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	3	QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	PA; NM
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	4	B/D PA
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	3	QL (10.2 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	4	
cromolyn inhalation solution for nebulization 20 mg/2 ml	3	B/D PA
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	3	
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (240 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (10.6 per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	2	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	3	QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA; NM
icatibant subcutaneous syringe 30 mg/3 ml	5	PA; NM; QL (18 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (30 per 30 days)
ipratropium bromide inhalation solution 0.02 %	2	B/D PA
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	2	B/D PA
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; NM; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; QL (56 per 28 days)
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	3	QL (30 per 30 days)
montelukast oral granules in packet 4 mg	4	
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	2	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; LA; NM; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NM; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; LA; NM; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; NM; QL (0.4 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NM; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; QL (112 per 28 days)
pirfenidone oral capsule 267 mg	5	PA; NM
pirfenidone oral tablet 267 mg, 801 mg	5	PA; NM
PIRFENIDONE ORAL TABLET 534 MG	5	PA; NM
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; NM
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 per 30 days)
roflumilast oral tablet 250 mcg, 500 mcg	4	QL (30 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	3	PA
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	4	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	
tadalafil (pulm. hypertension) oral tablet 20 mg	4	PA
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	4	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	4	QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; NM; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NM; QL (84 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QL (36 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	5	PA; NM; QL (1 per 21 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; NM; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; NM; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; NM; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; QL (1 per 28 days)
zafirlukast oral tablet 10 mg, 20 mg	4	
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	3	QL (30 per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	2	QL (600 per 30 days)
oxybutynin chloride oral tablet 5 mg	2	QL (120 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 10 mg	2	QL (90 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 15 mg	2	QL (60 per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	2	QL (30 per 30 days)
solifenacin oral tablet 10 mg, 5 mg	2	QL (30 per 30 days)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	4	QL (30 per 30 days)
tolterodine oral tablet 1 mg, 2 mg	3	QL (60 per 30 days)
trospium oral tablet 20 mg	3	QL (60 per 30 days)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
dutasteride oral capsule 0.5 mg	2	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	4	
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	4	
tamsulosin oral capsule 0.4 mg	1	
MISCELLANEOUS UROLOGICALS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	
ELMIRON ORAL CAPSULE 100 MG	4	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	3	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	4	
tadalafil oral tablet 5 mg	2	PA
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind) oral capsule 667 mg	3	
calcium acetate(phosphat bind) oral tablet 667 mg	3	
klor-con m10 oral tablet,er particles/crystals 10 meq	2	
klor-con m15 oral tablet,er particles/crystals 15 meq	2	
klor-con m20 oral tablet,er particles/crystals 20 meq	2	
magnesium sulfate injection solution 500 mg/ml (50 %)	4	
magnesium sulfate injection syringe 500 mg/ml (50 %)	4	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	4	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	4	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	4	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	2	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	4	
potassium chloride oral packet 20 meq	4	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	2	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	2	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	4	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	4	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	4	
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	4	
MISCELLANEOUS NUTRITION PRODUCTS		
intralipid intravenous emulsion 20 %	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	1	
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	1	

You can find information on what the symbols and abbreviations on this table mean by going to page I-8.

Drug Name	Drug Tier	Requirements/Limits
prenatal vitamin oral tablet 27 mg iron- 1 mg	1	

Index

This formulary was updated on 09/02/2025. For more recent information or other questions, please contact HealthPartners Member Services.

Journey members: 952-883-6655 or 866-233-8734

HealthPartners members: 888-356-6656

Freedom members: 800-233-9645

Retiree National Choice members: 952-883-7373 or 877-816-9539

TTY users should call: 711

Or visit **healthpartners.com/medicarerx**.

From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.

From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

H4882 S1822_005089_C IR 09/2025