2021

Comprehensive Formulary (List of Covered Drugs)

WellCare Medicare Rx Select (PDP)

Plan in all states

PLEASE READ: This document contains information about the drugs we cover in this plan.

HPMS Approved Formulary File Submission ID 21383, Version Number 06

This formulary was updated on 09/01/2020. For more recent information or other questions, please contact WellCare at the telephone number listed on the inside front and back covers of this formulary, or visit **www.wellcare.com/pdp.**

WellCare®
Beyond Healthcare. A Better You.

Y0070_WCM_56007E_FINAL_04_C Internal Approved 07282020
09/01/2020 ©WellCare 2020
NA1PDAFOR57122E_CV04

We're Always Just a Phone Call Away!

If you're ready to enroll or have enrollment questions, call 1-888-293-5151.
Representatives are available from 8 a.m. to 8 p.m., 7 days a week.

If you're already a member, call the Customer Service number for your plan listed below.

PDP	WellCare Classic (PDP), WellCare Value Script (PDP), WellCare Wellness Rx (PDP)	**1-888-550-5252**
	WellCare Medicare Rx Saver (PDP), WellCare Medicare Rx Select (PDP), WellCare Medicare Rx Value Plus (PDP)	**1-833-207-4241**
Hours of operation Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit us anytime at **www.wellcare.com/pdp**		
TTY for all of the above		**711**

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 WellCare. When it refers to "plan" or "our plan," it means WellCare Medicare Rx Select (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of 09/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the inside 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, 2021, and from time to time during the year.

What is the WellCare Medicare Rx Select (PDP) Comprehensive Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but our plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how torequest an exception, and you can also find information in the section below entitled "How do I request an exception to the WellCare Medicare Rx Select (PDP) Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the WellCare Medicare Rx Select (PDP) Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/01/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the inside front and back cover pages. The formulary will be updated monthly and posted on our website. To get an updated printed formulary or to get information about the drugs covered by our plan, please visit our website at **www.wellcare.com/pdp** or call Customer Service at our contact information on the inside front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular." 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 91. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits**: For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 18 tablets per prescription for rizatriptan 5mg. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the WellCare Medicare Rx Select (PDP) formulary?" on page III for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 WellCare Medicare Rx Select (PDP) Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 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. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a level of care change (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can call our Provider Service Center and request a one-time override. This one-time override will be up to a 31-day supply (unless you have a prescription written for fewer days).

For more information

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

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

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

Our Plan's Formulary

The comprehensive formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

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

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

- **NM** means the drug is not available via your monthly mail service benefit. This is noted in the Requirements/Limits column of your formulary. You may be able to receive more than one month's supply of most of the drugs on your formulary via mail service at a reduced cost share. Please see Chapter 3 of your Evidence of Coverage for more information.**
- **PA** stands for Prior Authorization: Please see page II for details.
- **PA-NS** stands for Prior Authorization for New Starts: This means that if this drug is new to you, you will need to get approval from us before you fill your prescription. If you are taking this drug at the time of enrollment, you will not be required to meet criteria for approval.
- **B/D** stands for Covered under Medicare B or D: This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** stands for Quantity Limits: Please see page II for details.
- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at the telephone number listed on the inside front and back covers of this formulary.
- **ST** stands for Step Therapy: Please see page III for details.
- ˆ = Drug may be available for up to a 30-day supply only.

You have the choice to sign up for automated mail service delivery. You can get prescription drugs shipped to your home through our network mail service delivery program. You should expect to receive your prescription drugs within 10–14 calendar days from the time that the mail service pharmacy receives the order. If you do not receive your prescription drugs within this time, please contact us at **1-866-808-7471 (TTY 711), 24 hours a day, seven days a week, or visit **mailrx.wellcare.com**.

Drug tier co-payment/coinsurance amounts

Prescription drugs are grouped into one of five tiers. To find out which tier your drug is in, look in the Drug Tier column of the formulary that begins on page 1. For more detailed information about your out-of-pocket costs for prescriptions, including any deductible that may apply, please refer to your Evidence of Coverage and other plan materials.

- **Tier 1: Preferred Generic** – Brand and generic drugs that are available at the lowest cost share for this plan.
  - **Tier 1 Preferred** copayment: $0
  - **Tier 1 Standard** copayment: $15
- **Tier 2: Generic** – Brand and generic drugs that Our Plan offers at a higher cost to you than preferred generics on tier 1.
  - **Tier 2 Preferred** copayment: $3
  - **Tier 2 Standard** copayment: $20
- **Tier 3: Preferred Brand** – Brand and generic drugs that Our Plan offers at a lower cost to you than non-preferred drugs on tier 4.
  - **Tier 3 Preferred** copayment: $47
  - **Tier 3 Standard** copayment: $47
- **Tier 4: Non-Preferred Drug** – Brand and generic drugs that Our Plan offers at a higher cost to you than preferred brands on tier 3.
  - **Tier 4 Preferred** coinsurance: 42%
  - **Tier 4 Standard** coinsurance range: 45–49%
- **Tier 5: Specialty Tier** – Some injectables and other high-cost Brand and generic drugs. ^ Indicates specialty drugs are available for up to a 30-day supply only.
  - **Tier 5 Preferred** coinsurance range: 25–27%
  - **Tier 5 Standard** coinsurance range: 25–27%

Consult your Evidence of Coverage or Summary of Benefits for your applicable co-pays/coinsurance and amounts.

Drug Name	Drug Tier	Requirements / Limits
ANALGESICS		
GOUT		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	4	QL (120 EA per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg	3	
febuxostat oral tablet 40 mg, 80 mg	4	PA
MITIGARE ORAL CAPSULE 0.6 MG	3	QL (60 EA per 30 days)
probenecid oral tablet 500 mg	3	
NSAIDS		
celecoxib oral capsule 100 mg	3	QL (120 EA per 30 days)
celecoxib oral capsule 200 mg	3	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	3	QL (30 EA per 30 days)
celecoxib oral capsule 50 mg	3	QL (240 EA per 30 days)
diclofenac potassium oral tablet 50 mg	3	QL (120 EA per 30 days)
diclofenac sodium er oral tablet extended release 24 hour 100 mg	3	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	2	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	4	
diflunisal oral tablet 500 mg	3	
DUEXIS ORAL TABLET 800-26.6 MG	5^	PA
ec-naproxen oral tablet delayed release 375 mg, 500 mg	2	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	2	
etodolac oral capsule 200 mg, 300 mg	2	
etodolac oral tablet 400 mg, 500 mg	2	
flurbiprofen oral tablet 100 mg	3	
ibu oral tablet 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5ml	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	2	
naproxen dr oral tablet delayed release 375 mg, 500 mg	2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	3	

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
oxaprozin oral tablet 600 mg	4	
piroxicam oral capsule 10 mg, 20 mg	3	
sulindac oral tablet 150 mg, 200 mg	2	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG	5^	PA
OPIOID ANALGESICS, LONG-ACTING		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; QL (10 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA; QL (30 EA per 30 days)
methadone hcl intensol oral concentrate 10 mg/ml	3	PA; QL (90 ML per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	3	PA; QL (450 ML per 30 days)
methadone hcl oral tablet 10 mg, 5 mg	3	PA; QL (90 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	3	PA; QL (90 EA per 30 days)
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine #3 oral tablet 300-30 mg	3	QL (360 EA per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5ml	3	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	3	QL (400 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	3	QL (180 EA per 30 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	4	
endocet oral tablet 10-325 mg	3	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	3	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	3	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 600 mcg, 800 mcg	5^	PA; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 400 mcg	4	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	4	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	3	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	3	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	3	QL (150 EA per 30 days)
hydromorphone hcl oral liquid 1 mg/ml	4	QL (600 ML per 30 days)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	3	QL (180 EA per 30 days)
lorcet hd oral tablet 10-325 mg	3	QL (180 EA per 30 days)
lorcet oral tablet 5-325 mg	3	QL (240 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
lorcet plus oral tablet 7.5-325 mg	3	QL (180 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	3	QL (180 ML per 30 days)
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	4	B/D
morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml	4	B/D
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 2 MG/ML	4	B/D
MORPHINE SULFATE (PF) SOLUTION 10 MG/ML INTRAVENOUS 10 MG/ML	4	B/D
MORPHINE SULFATE (PF) SOLUTION 4 MG/ML INTRAVENOUS 4 MG/ML	4	B/D
MORPHINE SULFATE (PF) SOLUTION 8 MG/ML INTRAVENOUS 8 MG/ML	4	B/D
morphine sulfate intravenous solution 1 mg/ml	4	B/D
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	3	QL (900 ML per 30 days)
morphine sulfate oral tablet 15 mg, 30 mg	3	QL (180 EA per 30 days)
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	4	
oxycodone hcl oral capsule 5 mg	4	QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	4	QL (180 ML per 30 days)
oxycodone hcl oral solution 5 mg/5ml	4	QL (900 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	3	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	3	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	3	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	3	QL (240 EA per 30 days)
tramadol hcl oral tablet 50 mg	2	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	3	QL (240 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %	3	B/D
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	3	B/D
ANTI-INFECTIVES		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B/D

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

Drug Name	Drug Tier	Requirements / Limits
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5^	B/D
amphotericin b intravenous solution reconstituted 50 mg	4	B/D
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	5^	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	3	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	3	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	3	
fluconazole oral tablet 150 mg	2	
flucytosine oral capsule 250 mg, 500 mg	5^	
griseofulvin microsize oral suspension 125 mg/5ml	4	
griseofulvin microsize oral tablet 500 mg	4	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	
itraconazole oral capsule 100 mg	4	PA
ketoconazole oral tablet 200 mg	3	PA
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	5^	
NOXAFIL ORAL SUSPENSION 40 MG/ML	5^	QL (630 ML per 30 days)
nystatin oral tablet 500000 unit	3	
posaconazole oral tablet delayed release 100 mg	5^	QL (93 EA per 30 days)
terbinafine hcl oral tablet 250 mg	1	QL (90 EA per 365 days)
voriconazole intravenous solution reconstituted 200 mg	5^	PA
voriconazole oral suspension reconstituted 40 mg/ml	5^	PA
voriconazole oral tablet 200 mg	4	PA; QL (120 EA per 30 days)
voriconazole oral tablet 50 mg	4	PA; QL (480 EA per 30 days)
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole oral tablet 200 mg	5^	
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	5^	QL (180 ML per 30 days)
ALINIA ORAL TABLET 500 MG	5^	QL (6 EA per 30 days)
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	4	
atovaquone oral suspension 750 mg/5ml	5^	
aztreonam injection solution reconstituted 1 gm, 2 gm	4	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5^	PA; LA

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

Drug Name	Drug Tier	Requirements / Limits
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	2	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	4	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	4	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	4	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml, 9000 mg/60ml	3	
colistimethate sodium (cba) injection solution reconstituted 150 mg	4	
dapsone oral tablet 100 mg, 25 mg	3	
daptomycin intravenous solution reconstituted 350 mg, 500 mg	5^	
DAPTOMYCIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS 350 MG	5^	
EMVERM ORAL TABLET CHEWABLE 100 MG	5^	QL (12 EA per 365 days)
ertapenem sodium injection solution reconstituted 1 gm	4	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	3	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	3	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	4	
ivermectin oral tablet 3 mg	3	
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	4	
linezolid intravenous solution 600 mg/300ml	4	
linezolid oral suspension reconstituted 100 mg/5ml	5^	QL (1800 ML per 30 days)
linezolid oral tablet 600 mg	4	QL (60 EA per 30 days)
meropenem intravenous solution reconstituted 1 gm, 500 mg	4	
methenamine hippurate oral tablet 1 gm	3	
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%	3	
metronidazole oral tablet 250 mg, 500 mg	2	
neomycin sulfate oral tablet 500 mg	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
nitrofurantoin monohyd macro oral capsule 100 mg	3	
paromomycin sulfate oral capsule 250 mg	4	
pentamidine isethionate inhalation solution reconstituted 300 mg	4	B/D
pentamidine isethionate injection solution reconstituted 300 mg	4	
praziquantel oral tablet 600 mg	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	5^	
SIVEXTRO ORAL TABLET 200 MG	5^	
streptomycin sulfate intramuscular solution reconstituted 1 gm	5^	
SULFADIAZINE ORAL TABLET 500 MG	4	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	3	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	5^	
tobramycin inhalation nebulization solution 300 mg/5ml	5^	PA
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	3	
trimethoprim oral tablet 100 mg	2	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%	4	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg	4	
vancomycin hcl oral capsule 125 mg	4	QL (80 EA per 180 days)
vancomycin hcl oral capsule 250 mg	4	QL (160 EA per 180 days)
ANTIMALARIALS		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	4	
chloroquine phosphate oral tablet 250 mg, 500 mg	3	
COARTEM ORAL TABLET 20-120 MG	4	
mefloquine hcl oral tablet 250 mg	3	

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

Drug Name	Drug Tier	Requirements / Limits
primaquine phosphate oral tablet 26.3 mg	3	
PRIMAQUINE PHOSPHATE TABLET 26.3 MG ORAL 26.3 MG	3	
quinine sulfate oral capsule 324 mg	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate oral solution 20 mg/ml	4	
abacavir sulfate oral tablet 300 mg	3	
APTIVUS ORAL CAPSULE 250 MG	5^	
APTIVUS ORAL SOLUTION 100 MG/ML	5^	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	4	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	4	
EDURANT ORAL TABLET 25 MG	5^	
efavirenz oral capsule 200 mg, 50 mg	4	
efavirenz oral tablet 600 mg	4	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
fosamprenavir calcium oral tablet 700 mg	5^	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5^	
INTELENCE ORAL TABLET 100 MG, 200 MG	5^	
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5^	
ISENTRESS HD ORAL TABLET 600 MG	5^	
ISENTRESS ORAL PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5^	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5^	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
lamivudine oral solution 10 mg/ml	3	
lamivudine oral tablet 150 mg, 300 mg	3	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	4	
nevirapine oral suspension 50 mg/5ml	4	
nevirapine oral tablet 200 mg	3	

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

Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
PIFELTRO ORAL TABLET 100 MG	5^	
PREZISTA ORAL SUSPENSION 100 MG/ML	5^	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5^	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5^	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5^	QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5^	
ritonavir oral tablet 100 mg	3	
SELZENTRY ORAL SOLUTION 20 MG/ML	5^	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5^	
SELZENTRY ORAL TABLET 25 MG	3	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	4	
tenofovir disoproxil fumarate oral tablet 300 mg	3	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5^	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	3	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	5^	LA
TYBOST ORAL TABLET 150 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5^	
VIREAD ORAL POWDER 40 MG/GM	5^	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5^	
zidovudine oral capsule 100 mg	4	
zidovudine oral syrup 50 mg/5ml	4	
zidovudine oral tablet 300 mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine oral tablet 600-300 mg	3	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	5^	
ATRIPLA ORAL TABLET 600-200-300 MG	5^	
BIKTARVY ORAL TABLET 50-200-25 MG	5^	
CIMDUO ORAL TABLET 300-300 MG	5^	
COMPLERA ORAL TABLET 200-25-300 MG	5^	

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

Drug Name	Drug Tier	Requirements / Limits
DELSTRIGO ORAL TABLET 100-300-300 MG	5^	
DESCOVY ORAL TABLET 200-25 MG	5^	
DOVATO ORAL TABLET 50-300 MG	5^	
EVOTAZ ORAL TABLET 300-150 MG	5^	
GENVOYA ORAL TABLET 150-150-200-10 MG	5^	
JULUCA ORAL TABLET 50-25 MG	5^	
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5^	
lamivudine-zidovudine oral tablet 150-300 mg	4	
lopinavir-ritonavir oral solution 400-100 mg/5ml	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5^	
PREZCOBIX ORAL TABLET 800-150 MG	5^	
STRIBILD ORAL TABLET 150-150-200-300 MG	5^	
SYMFI LO ORAL TABLET 400-300-300 MG	5^	
SYMFI ORAL TABLET 600-300-300 MG	5^	
SYMTUZA ORAL TABLET 800-150-200-10 MG	5^	
TEMIXYS ORAL TABLET 300-300 MG	5^	
TRIUMEQ ORAL TABLET 600-50-300 MG	5^	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5^	QL (30 EA per 30 days)
ANTITUBERCULAR AGENTS		
cycloserine oral capsule 250 mg	5^	
ethambutol hcl oral tablet 100 mg, 400 mg	3	
isoniazid oral syrup 50 mg/5ml	4	
isoniazid oral tablet 100 mg, 300 mg	1	
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
pyrazinamide oral tablet 500 mg	4	
rifabutin oral capsule 150 mg	4	
rifampin intravenous solution reconstituted 600 mg	4	
rifampin oral capsule 150 mg, 300 mg	3	
SIRTURO ORAL TABLET 100 MG	5^	PA; LA
TRECATOR ORAL TABLET 250 MG	4	
ANTIVIRALS		
acyclovir oral capsule 200 mg	2	

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

Drug Name	Drug Tier	Requirements / Limits
acyclovir oral suspension 200 mg/5ml	4	
acyclovir oral tablet 400 mg, 800 mg	2	
acyclovir sodium intravenous solution 50 mg/ml	4	B/D
adefovir dipivoxil oral tablet 10 mg	5^	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5^	
entecavir oral tablet 0.5 mg, 1 mg	4	
EPCLUSA ORAL TABLET 400-100 MG	5^	PA
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	3	
ganciclovir sodium intravenous solution reconstituted 500 mg	4	B/D
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	5^	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5^	PA
lamivudine oral tablet 100 mg	4	
MAVYRET ORAL TABLET 100-40 MG	5^	PA
oseltamivir phosphate oral capsule 30 mg	3	QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	3	QL (84 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	3	QL (1080 ML per 365 days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5^	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	5^	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	QL (120 EA per 365 days)
ribavirin oral capsule 200 mg	3	
ribavirin oral tablet 200 mg	4	
rimantadine hcl oral tablet 100 mg	4	
SOVALDI ORAL TABLET 400 MG	5^	PA
valacyclovir hcl oral tablet 1 gm, 500 mg	3	
valganciclovir hcl oral solution reconstituted 50 mg/ml	3	
valganciclovir hcl oral tablet 450 mg	3	
VEMLIDY ORAL TABLET 25 MG	5^	PA
VOSEVI ORAL TABLET 400-100-100 MG	5^	PA

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
CEPHALOSPORINS		
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG	4	
cefaclor oral capsule 250 mg, 500 mg	3	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	4	
cefadroxil oral capsule 500 mg	2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	3	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	3	
cefazolin sodium intravenous solution reconstituted 1 gm	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	4	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
cefepime hcl injection solution reconstituted 1 gm, 2 gm	4	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	4	
cefoxitin sodium injection solution reconstituted 10 gm	4	
cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm	4	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	4	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	3	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
cefprozil oral tablet 250 mg, 500 mg	3	
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)	4	
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	4	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	4	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4	

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

Drug Name	Drug Tier	Requirements / Limits
cefuroxime axetil oral tablet 250 mg, 500 mg	3	
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	3	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	3	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
tazicef injection solution reconstituted 1 gm, 2 gm, 6 gm	4	
tazicef intravenous solution reconstituted 1 gm, 2 gm	4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5^	
ERYTHROMYCINS/MACROLIDES		
azithromycin intravenous solution reconstituted 500 mg	3	
azithromycin oral packet 1 gm	3	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	3	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	3	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	4	
clarithromycin oral tablet 250 mg, 500 mg	3	
DIFICID ORAL TABLET 200 MG	5^	
ery-tab oral tablet delayed release 250 mg, 333 mg, 500 mg	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
erythrocin stearate oral tablet 250 mg	4	
erythromycin base oral capsule delayed release particles 250 mg	4	
erythromycin base oral tablet 250 mg, 500 mg	4	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	4	
erythromycin ethylsuccinate oral tablet 400 mg	4	
FLUOROQUINOLONES		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	4	

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

Drug Name	Drug Tier	Requirements / Limits
ciprofloxacin hcl oral tablet 100 mg	4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	3	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	3	
levofloxacin intravenous solution 25 mg/ml	4	
levofloxacin oral solution 25 mg/ml	4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	4	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	4	
moxifloxacin hcl oral tablet 400 mg	4	
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	4	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	3	
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	4	
amoxicillin-pot clavulanate oral tablet 250-125 mg	4	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	2	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	4	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	4	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	4	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	4	

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
dicloxacillin sodium oral capsule 250 mg, 500 mg	3	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4	
NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	5^	
nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm	4	
nafcillin sodium intravenous solution reconstituted 10 gm	5^	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	4	
oxacillin sodium intravenous solution reconstituted 10 gm	5^	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	4	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	4	
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	4	
penicillin g sodium injection solution reconstituted 5000000 unit	4	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	2	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
pfizerpen injection solution reconstituted 20000000 unit, 5000000 unit	4	
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	4	
TETRACYCLINES		
doxy 100 intravenous solution reconstituted 100 mg	4	
doxycycline hyclate intravenous solution reconstituted 100 mg	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	3	
doxycycline hyclate oral tablet 100 mg, 20 mg	3	

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

09/01/2020

Drug Name	Drug Tier	Requirements / Limits
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 50 mg, 75 mg	4	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	3	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	3	
mondoxyne nl oral capsule 100 mg	2	
tetracycline hcl oral capsule 250 mg, 500 mg	4	PA
tigecycline intravenous solution reconstituted 50 mg	5^	
TIGECYCLINE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS 50 MG	5^	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	5^	B/D
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	3	B/D
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	3	B/D
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	5^	B/D
cyclophosphamide oral capsule 25 mg, 50 mg	3	B/D
GLEOSTINE ORAL CAPSULE 10 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5^	
LEUKERAN ORAL TABLET 2 MG	5^	
oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml	4	B/D
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	5^	B/D
ANTIBIOTICS		
adriamycin intravenous solution 2 mg/ml	4	B/D
doxorubicin hcl intravenous solution 2 mg/ml	4	B/D
doxorubicin hcl liposomal intravenous injectable 2 mg/ml	5^	B/D
epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	4	B/D
ANTIMETABOLITES		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5^	B/D

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

Drug Name	Drug Tier	Requirements / Limits
azacitidine injection suspension reconstituted 100 mg	5^	B/D
cytarabine injection solution 20 mg/ml	3	B/D
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	3	B/D
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	4	B/D
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg	4	B/D
mercaptopurine oral tablet 50 mg	3	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	3	B/D
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	3	B/D
methotrexate sodium injection solution reconstituted 1 gm	3	B/D
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5^	
TABLOID ORAL TABLET 40 MG	4	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate oral tablet 250 mg	5^	PA-NS
anastrozole oral tablet 1 mg	1	
bicalutamide oral tablet 50 mg	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	B/D
EMCYT ORAL CAPSULE 140 MG	4	
ERLEADA ORAL TABLET 60 MG	5^	PA-NS; LA
exemestane oral tablet 25 mg	4	
flutamide oral capsule 125 mg	3	
fulvestrant intramuscular solution 250 mg/5ml	5^	B/D
letrozole oral tablet 2.5 mg	2	
leuprolide acetate injection kit 1 mg/0.2ml	4	PA-NS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5^	PA-NS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5^	PA-NS
LYSODREN ORAL TABLET 500 MG	5^	
megestrol acetate oral tablet 20 mg, 40 mg	3	
nilutamide oral tablet 150 mg	5^	
NUBEQA ORAL TABLET 300 MG	5^	PA-NS; LA

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

Drug Name	Drug Tier	Requirements / Limits
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5^	
tamoxifen citrate oral tablet 10 mg, 20 mg	2	
toremifene citrate oral tablet 60 mg	5^	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	5^	PA-NS
XTANDI ORAL CAPSULE 40 MG	5^	PA-NS; LA
ZYTIGA ORAL TABLET 500 MG	5^	PA-NS; LA
IMMUNOMODULATORS		
POMALYST ORAL CAPSULE 1 MG, 2 MG	5^	PA-NS; LA; QL (21 EA per 21 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5^	PA-NS; LA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5^	PA-NS; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5^	PA-NS; QL (56 EA per 28 days)
MISCELLANEOUS		
bexarotene oral capsule 75 mg	5^	PA-NS
hydroxyurea oral capsule 500 mg	2	
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	4	B/D
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5^	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5^	PA-NS
MATULANE ORAL CAPSULE 50 MG	5^	LA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5^	PA-NS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
tretinoin oral capsule 10 mg	5^	
MITOTIC INHIBITORS		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5^	B/D
DOCETAXEL CONCENTRATE 160 MG/8ML INTRAVENOUS 160 MG/8ML	5^	B/D

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

Drug Name	Drug Tier	Requirements / Limits
DOCETAXEL CONCENTRATE 80 MG/4ML INTRAVENOUS 80 MG/4ML	5^	B/D
docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml	5^	B/D
docetaxel intravenous concentrate 20 mg/ml	4	B/D
DOCETAXEL INTRAVENOUS CONCENTRATE 200 MG/10ML	5^	B/D
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	5^	B/D
DOCETAXEL SOLUTION 160 MG/16ML INTRAVENOUS 160 MG/16ML	5^	B/D
DOCETAXEL SOLUTION 20 MG/2ML INTRAVENOUS 20 MG/2ML	5^	B/D
DOCETAXEL SOLUTION 80 MG/8ML INTRAVENOUS 80 MG/8ML	5^	B/D
etoposide intravenous solution 100 mg/5ml, 500 mg/25ml	3	B/D
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	4	B/D
toposar intravenous solution 1 gm/50ml, 100 mg/5ml	3	B/D
vincristine sulfate intravenous solution 1 mg/ml	2	B/D
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	5^	PA-NS; QL (150 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	5^	PA-NS; QL (90 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	5^	PA-NS; QL (60 EA per 30 days)
AFINITOR ORAL TABLET 10 MG	5^	PA-NS; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5^	PA-NS; LA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5^	PA-NS; LA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5^	PA-NS; LA
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5^	PA-NS; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5^	PA-NS; LA

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

Drug Name	Drug Tier	Requirements / Limits
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5^	PA-NS
BRAFTOVI ORAL CAPSULE 75 MG	5^	PA-NS; LA
BRUKINSA ORAL CAPSULE 80 MG	5^	PA-NS; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5^	PA-NS; LA
CAPRELSA ORAL TABLET 100 MG, 300 MG	5^	PA-NS; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5^	PA-NS; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5^	PA-NS; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5^	PA-NS; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5^	PA-NS; LA
COTELLIC ORAL TABLET 20 MG	5^	PA-NS; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	5^	PA-NS; LA
ERIVEDGE ORAL CAPSULE 150 MG	5^	PA-NS; LA
erlotinib hcl oral tablet 100 mg, 150 mg	5^	PA-NS; QL (30 EA per 30 days)
erlotinib hcl oral tablet 25 mg	5^	PA-NS; QL (90 EA per 30 days)
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	5^	PA-NS; QL (30 EA per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 20 MG	5^	PA-NS; LA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5^	PA-NS; LA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	5^	PA-NS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5^	PA-NS
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5^	PA-NS; LA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 15 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
imatinib mesylate oral tablet 100 mg	5^	PA-NS; QL (90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
imatinib mesylate oral tablet 400 mg	5^	PA-NS; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5^	PA-NS; LA; QL (56 EA per 28 days)
IMBRUVICA ORAL TABLET 140 MG	5^	PA-NS; LA; QL (112 EA per 28 days)
IMBRUVICA ORAL TABLET 280 MG	5^	PA-NS; LA; QL (56 EA per 28 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5^	PA-NS; LA
IRESSA ORAL TABLET 250 MG	5^	PA-NS; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	5^	B/D
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5^	PA-NS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5^	PA-NS; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5^	PA-NS; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5^	PA-NS; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5^	PA-NS; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5^	PA-NS; LA

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

Drug Name	Drug Tier	Requirements / Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5^	PA-NS; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5^	PA-NS; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5^	PA-NS; LA
LORBRENA ORAL TABLET 100 MG, 25 MG	5^	PA-NS; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5^	PA-NS; LA; QL (120 EA per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5^	PA-NS; LA
MEKTOVI ORAL TABLET 15 MG	5^	PA-NS; LA
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5^	PA-NS; LA
NERLYNX ORAL TABLET 40 MG	5^	PA-NS; LA
NEXAVAR ORAL TABLET 200 MG	5^	PA-NS; LA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5^	PA-NS
ODOMZO ORAL CAPSULE 200 MG	5^	PA-NS; LA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5^	PA-NS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5^	PA-NS; LA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5^	PA-NS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5^	PA-NS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5^	PA-NS
QINLOCK ORAL TABLET 50 MG	5^	PA-NS; LA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5^	PA-NS; LA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	5^	PA-NS; LA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS; LA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5^	PA-NS; LA

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

Drug Name	Drug Tier	Requirements / Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5^	PA-NS; LA
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS
RYDAPT ORAL CAPSULE 25 MG	5^	PA-NS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5^	PA-NS
STIVARGA ORAL TABLET 40 MG	5^	PA-NS; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5^	PA-NS; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5^	PA-NS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5^	PA-NS; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5^	PA-NS; LA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5^	PA-NS
TAZVERIK ORAL TABLET 200 MG	5^	PA-NS; LA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	5^	PA-NS; LA
TIBSOVO ORAL TABLET 250 MG	5^	PA-NS; LA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	5^	PA-NS
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5^	PA-NS
TUKYSA ORAL TABLET 150 MG, 50 MG	5^	PA-NS; LA
TURALIO ORAL CAPSULE 200 MG	5^	PA-NS; LA
TYKERB ORAL TABLET 250 MG	5^	PA-NS; LA
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	5^	PA-NS
VENCLEXTA ORAL TABLET 10 MG	4	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	5^	PA-NS; LA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5^	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5^	PA-NS; LA; QL (42 EA per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5^	PA-NS; LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5^	PA-NS; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	5^	PA-NS; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5^	PA-NS; LA
VOTRIENT ORAL TABLET 200 MG	5^	PA-NS; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5^	PA-NS; LA
XOSPATA ORAL TABLET 40 MG	5^	PA-NS; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5^	PA-NS; LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5^	PA-NS; LA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5^	PA-NS; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5^	PA-NS; LA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5^	PA-NS; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5^	PA-NS; LA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5^	PA-NS; LA
ZEJULA ORAL CAPSULE 100 MG	5^	PA-NS; LA
ZELBORAF ORAL TABLET 240 MG	5^	PA-NS; LA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5^	PA-NS
ZOLINZA ORAL CAPSULE 100 MG	5^	PA-NS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5^	PA-NS; LA
ZYKADIA ORAL TABLET 150 MG	5^	PA-NS; LA
PROTECTIVE AGENTS		
leucovorin calcium injection solution 500 mg/50ml	4	B/D
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	4	B/D
leucovorin calcium oral tablet 10 mg, 5 mg	3	
leucovorin calcium oral tablet 15 mg, 25 mg	4	
MESNEX ORAL TABLET 400 MG	5^	

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

Drug Name	Drug Tier	Requirements / Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	2	QL (30 EA per 30 days)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ACE INHIBITORS		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone oral tablet 25 mg, 50 mg	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
ALPHA BLOCKERS		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	2	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	3	
terazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 10 mg	2	

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

Drug Name	Drug Tier	Requirements / Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	3	QL (30 EA per 30 days)
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet 16-12.5 mg	1	QL (60 EA per 30 days)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	1	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	QL (30 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	QL (30 EA per 30 days)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	3	QL (30 EA per 30 days)
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	QL (30 EA per 30 days)
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	3	QL (30 EA per 30 days)
telmisartan-hctz oral tablet 80-12.5 mg	3	QL (60 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	2	QL (30 EA per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	1	QL (60 EA per 30 days)
candesartan cilexetil oral tablet 32 mg	1	QL (30 EA per 30 days)
EDARBI ORAL TABLET 40 MG, 80 MG	4	QL (30 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	QL (30 EA per 30 days)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg	1	QL (30 EA per 30 days)
olmesartan medoxomil oral tablet 5 mg	1	QL (60 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
valsartan oral tablet 320 mg	1	QL (30 EA per 30 days)
ANTIARRHYTHMICS		
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	2	
amiodarone hcl oral tablet 100 mg, 400 mg	4	
amiodarone hcl oral tablet 200 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	4	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	4	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	3	
MULTAQ ORAL TABLET 400 MG	4	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	
pacerone oral tablet 100 mg, 400 mg	4	
pacerone oral tablet 200 mg	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	4	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	3	
quinidine sulfate oral tablet 200 mg, 300 mg	2	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	2	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	2	
ANTILIPEMICS, FIBRATES		
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	
fenofibrate micronized oral capsule 200 mg, 67 mg	3	
fenofibrate oral capsule 134 mg	3	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	3	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	3	
gemfibrozil oral tablet 600 mg	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG	5^	ST; QL (60 EA per 30 days)
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG	5^	ST; QL (30 EA per 30 days)
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 EA per 30 days)
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	1	QL (30 EA per 30 days)
fluvastatin sodium oral capsule 20 mg, 40 mg	1	QL (60 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	QL (60 EA per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	4	ST; QL (30 EA per 30 days)
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine light oral packet 4 gm	3	
cholestyramine light oral powder 4 gm/dose	3	
cholestyramine oral packet 4 gm	3	
cholestyramine oral powder 4 gm/dose	3	
colesevelam hcl oral packet 3.75 gm	4	
colesevelam hcl oral tablet 625 mg	4	
colestipol hcl oral granules 5 gm	4	
colestipol hcl oral packet 5 gm	4	
colestipol hcl oral tablet 1 gm	3	
ezetimibe oral tablet 10 mg	3	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5^	PA; LA
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	3	QL (60 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	4	PA
prevalite oral packet 4 gm	3	
prevalite oral powder 4 gm/dose	3	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	4	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	4	
WELCHOL ORAL PACKET 3.75 GM	3	
WELCHOL ORAL TABLET 625 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	2	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	2	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	3	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	3	
BETA-BLOCKERS		
acebutolol hcl oral capsule 200 mg, 400 mg	2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	QL (30 EA per 30 days)
BYSTOLIC ORAL TABLET 20 MG	4	QL (60 EA per 30 days)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	4	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	2	
metoprolol tartrate intravenous solution 5 mg/5ml	3	
metoprolol tartrate intravenous solution cartridge 5 mg/5ml	3	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	4	
pindolol oral tablet 10 mg, 5 mg	3	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	3	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	3	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	

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

Drug Name	Drug Tier	Requirements / Limits
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	4	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	4	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	3	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	2	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	3	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	2	
isradipine oral capsule 2.5 mg, 5 mg	3	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	3	
nicardipine hcl oral capsule 20 mg, 30 mg	4	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	3	
nimodipine oral capsule 30 mg	4	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	4	
NYMALIZE ORAL SOLUTION 6 MG/ML	5^	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	4	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	3	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	2	

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

Drug Name	Drug Tier	Requirements / Limits
verapamil hcl intravenous solution 2.5 mg/ml	4	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
DIURETICS		
acetazolamide er oral capsule extended release 12 hour 500 mg	4	
acetazolamide oral tablet 125 mg, 250 mg	4	
amiloride hcl oral tablet 5 mg	2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	2	
bumetanide injection solution 0.25 mg/ml	3	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	3	
chlorthalidone oral tablet 25 mg, 50 mg	2	
furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	2	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
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	2	
methazolamide oral tablet 25 mg, 50 mg	4	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	3	
spironolactone-hctz oral tablet 25-25 mg	3	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	2	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
MISCELLANEOUS		
aliskiren fumarate oral tablet 150 mg, 300 mg	4	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	4	
CORLANOR ORAL SOLUTION 5 MG/5ML	4	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	
DEMSER ORAL CAPSULE 250 MG	5^	PA
digitek oral tablet 125 mcg, 250 mcg	2	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
digox oral tablet 125 mcg, 250 mcg	2	QL (30 EA per 30 days)
digoxin injection solution 0.25 mg/ml	4	
digoxin oral solution 0.05 mg/ml	4	
digoxin oral tablet 125 mcg, 250 mcg	2	QL (30 EA per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg	3	PA; PA if 70 years and older
hydralazine hcl injection solution 20 mg/ml	4	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
methyldopa oral tablet 250 mg, 500 mg	2	PA; PA if 70 years and older
midodrine hcl oral tablet 10 mg	4	
midodrine hcl oral tablet 2.5 mg, 5 mg	3	
minoxidil oral tablet 10 mg, 2.5 mg	2	
NORTHERA ORAL CAPSULE 100 MG	5^	PA; LA; QL (90 EA per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	5^	PA; LA; QL (180 EA per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	4	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	4	
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	3	
isosorbide dinitrate oral tablet 40 mg	5^	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	2	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	3	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	3	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	3	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG	5^	PA-NS; QL (60 EA per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5^	PA-NS; LA; QL (90 EA per 30 days)
alyq oral tablet 20 mg	5^	PA-NS; QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ambrisentan oral tablet 10 mg, 5 mg	5^	PA-NS; LA; QL (30 EA per 30 days)
bosentan oral tablet 125 mg	5^	PA-NS; LA; QL (60 EA per 30 days)
bosentan oral tablet 62.5 mg	5^	PA-NS; LA; QL (120 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
sildenafil citrate oral tablet 20 mg	3	PA-NS; QL (90 EA per 30 days)
tadalafil (pah) oral tablet 20 mg	5^	PA-NS; QL (60 EA per 30 days)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	5^	PA-NS; LA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5^	PA-NS
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	QL (150 EA per 30 days)
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg	1	
buspirone hcl oral tablet 30 mg, 7.5 mg	3	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	2	
lorazepam intensol oral concentrate 2 mg/ml	3	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	2	QL (150 EA per 30 days)
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5^	QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	5^	PA-NS
BANZEL ORAL TABLET 200 MG, 400 MG	5^	PA-NS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	4	PA-NS
BRIVIACT ORAL SOLUTION 10 MG/ML	5^	PA-NS; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5^	PA-NS; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	4	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	4	
carbamazepine oral suspension 100 mg/5ml	4	
carbamazepine oral tablet 200 mg	3	
carbamazepine oral tablet chewable 100 mg	3	

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

Drug Name	Drug Tier	Requirements / Limits
CELONTIN ORAL CAPSULE 300 MG	4	
clobazam oral suspension 2.5 mg/ml	4	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	4	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	2	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	2	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	3	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	3	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	4	PA-NS; PA if 65 years and older; QL (180 EA per 30 days)
diazepam injection solution 5 mg/ml	4	
diazepam oral concentrate 5 mg/ml	3	PA-NS; PA if 65 years and older; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	3	PA-NS; PA if 65 years and older; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	2	PA-NS; PA if 65 years and older; QL (120 EA per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	4	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	4	
DILANTIN ORAL SUSPENSION 125 MG/5ML	4	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	3	
divalproex sodium oral capsule delayed release sprinkle 125 mg	4	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	3	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5^	PA-NS; LA; QL (600 ML per 30 days)
epitol oral tablet 200 mg	3	
ethosuximide oral capsule 250 mg	4	
ethosuximide oral solution 250 mg/5ml	3	
felbamate oral suspension 600 mg/5ml	5^	
felbamate oral tablet 400 mg, 600 mg	4	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5^	PA-NS; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5^	PA-NS; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
FYCOMPA ORAL TABLET 2 MG	4	PA-NS; QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5^	PA-NS; QL (60 EA per 30 days)
gabapentin oral capsule 100 mg	2	QL (1080 EA per 30 days)
gabapentin oral capsule 300 mg	2	QL (360 EA per 30 days)
gabapentin oral capsule 400 mg	2	QL (270 EA per 30 days)
gabapentin oral solution 250 mg/5ml	3	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	2	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	2	QL (120 EA per 30 days)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	4	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	3	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	4	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	3	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	4	
levetiracetam intravenous solution 500 mg/5ml	4	
levetiracetam oral solution 100 mg/ml	3	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	3	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	
oxcarbazepine oral suspension 300 mg/5ml	4	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	3	
PEGANONE ORAL TABLET 250 MG	4	
phenobarbital oral elixir 20 mg/5ml	4	PA-NS; PA if 70 years and older
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	3	PA-NS; PA if 70 years and older
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	4	PA-NS; PA if 70 years and older
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
phenytoin oral suspension 125 mg/5ml	3	
phenytoin oral tablet chewable 50 mg	3	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	2	
phenytoin sodium injection solution 50 mg/ml	3	

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

Drug Name	Drug Tier	Requirements / Limits
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	3	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	3	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	3	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	4	QL (900 ML per 30 days)
primidone oral tablet 250 mg, 50 mg	2	
roweepra oral tablet 1000 mg, 500 mg, 750 mg	3	
roweepra xr oral tablet extended release 24 hour 500 mg, 750 mg	3	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5^	PA-NS; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA-NS; QL (60 EA per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	4	
topiramate oral capsule sprinkle 15 mg, 25 mg	3	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	
valproate sodium intravenous solution 100 mg/ml	4	
valproic acid oral capsule 250 mg	3	
valproic acid oral solution 250 mg/5ml	3	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	
vigabatrin oral packet 500 mg	5^	PA-NS; LA; QL (180 EA per 30 days)
vigabatrin oral tablet 500 mg	5^	PA-NS; LA; QL (180 EA per 30 days)
vigadrone oral packet 500 mg	5^	PA-NS; LA; QL (180 EA per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	5^	
VIMPAT ORAL SOLUTION 10 MG/ML	5^	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5^	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
VIMPAT ORAL TABLET 50 MG	4	QL (120 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	5^	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5^	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	5^	QL (60 EA per 30 days)
XCOPRI ORAL TABLET 50 MG	5^	QL (90 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5^	QL (28 EA per 28 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	2	
ANTIDEMENTIA		
donepezil hcl oral tablet 10 mg	2	
donepezil hcl oral tablet 5 mg	2	QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg	2	
donepezil hcl oral tablet dispersible 5 mg	2	QL (30 EA per 30 days)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	3	QL (30 EA per 30 days)
galantamine hydrobromide oral solution 4 mg/ml	4	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	3	QL (60 EA per 30 days)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	4	PA; PA if < 30 yrs
memantine hcl oral solution 2 mg/ml	4	PA; PA if < 30 yrs
memantine hcl oral tablet 10 mg, 5 mg	3	PA; PA if < 30 yrs
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	4	QL (90 EA per 30 days)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	4	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	4	QL (30 EA per 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	

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

Drug Name	Drug Tier	Requirements / Limits
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	3	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	3	
bupropion hcl oral tablet 100 mg, 75 mg	3	
citalopram hydrobromide oral solution 10 mg/5ml	3	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	4	PA-NS
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	4	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	4	PA-NS; QL (30 EA per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	3	
doxepin hcl oral capsule 150 mg	4	
doxepin hcl oral concentrate 10 mg/ml	3	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	PA-NS; QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	4	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5^	PA-NS; QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml	4	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	2	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	4	PA-NS; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	4	PA-NS; QL (60 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	PA-NS
fluoxetine hcl oral capsule 10 mg, 20 mg	1	
fluoxetine hcl oral capsule 40 mg	2	
fluoxetine hcl oral solution 20 mg/5ml	3	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	3	
MARPLAN ORAL TABLET 10 MG	4	QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	2	
mirtazapine oral tablet 7.5 mg	3	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	3	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	2	
nortriptyline hcl oral solution 10 mg/5ml	4	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	4	QL (60 EA per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	2	
PAXIL ORAL SUSPENSION 10 MG/5ML	4	QL (900 ML per 30 days)
phenelzine sulfate oral tablet 15 mg	3	
protriptyline hcl oral tablet 10 mg, 5 mg	4	
sertraline hcl oral concentrate 20 mg/ml	3	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
tranylcypromine sulfate oral tablet 10 mg	4	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
trimipramine maleate oral capsule 100 mg	4	QL (60 EA per 30 days)
trimipramine maleate oral capsule 25 mg	4	QL (240 EA per 30 days)
trimipramine maleate oral capsule 50 mg	4	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG	4	QL (60 EA per 30 days)
TRINTELLIX ORAL TABLET 20 MG	4	QL (30 EA per 30 days)
TRINTELLIX ORAL TABLET 5 MG	4	QL (120 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	2	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
ANTIPARKINSONIAN AGENTS		
amantadine hcl oral capsule 100 mg	3	QL (120 EA per 30 days)
amantadine hcl oral syrup 50 mg/5ml	2	
amantadine hcl oral tablet 100 mg	3	

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

Drug Name	Drug Tier	Requirements / Limits
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5^	PA; LA; QL (60 ML per 30 days)
benztropine mesylate injection solution 1 mg/ml	4	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	4	PA; PA if 70 years and older
bromocriptine mesylate oral capsule 5 mg	4	
bromocriptine mesylate oral tablet 2.5 mg	4	
carbidopa oral tablet 25 mg	4	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	3	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	2	
carbidopa-levodopa oral tablet dispersible 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	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	4	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
rasagiline mesylate oral tablet 0.5 mg	4	QL (60 EA per 30 days)
rasagiline mesylate oral tablet 1 mg	4	QL (30 EA per 30 days)
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	4	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	2	
selegiline hcl oral capsule 5 mg	4	
selegiline hcl oral tablet 5 mg	3	
trihexyphenidyl hcl oral solution 0.4 mg/ml	3	PA; PA if 70 years and older
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5^	QL (1 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5^	QL (1 EA per 28 days)
aripiprazole oral solution 1 mg/ml	5^	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	4	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	5^	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5^	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5^	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5^	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5^	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5^	QL (3.2 ML per 28 days)
CAPLYTA ORAL CAPSULE 42 MG	4	QL (30 EA per 30 days)
CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML, 50 MG/2ML	4	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
clozapine oral tablet 100 mg	4	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	4	QL (135 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	3	
clozapine oral tablet dispersible 100 mg	4	PA-NS; QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg, 25 mg	4	PA-NS
clozapine oral tablet dispersible 150 mg	5^	PA-NS; QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	5^	PA-NS; QL (135 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5^	PA-NS; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA-NS
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/5ml	4	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	3	
haloperidol lactate injection solution 5 mg/ml	3	
haloperidol lactate oral concentrate 2 mg/ml	3	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5^	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5^	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5^	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5^	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	5^	QL (0.875 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	5^	QL (1.315 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5^	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	5^	QL (2.625 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	3	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	4	
NUPLAZID ORAL CAPSULE 34 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5^	PA-NS; LA; QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	4	QL (3 EA per 1 day)

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	2	QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	2	QL (30 EA per 30 days)
olanzapine oral tablet dispersible 10 mg	4	QL (60 EA per 30 days)
olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg	4	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	4	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	4	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5^	QL (1 EA per 30 days)
pimozide oral tablet 1 mg, 2 mg	4	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	4	PA-NS; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	4	PA-NS; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	4	QL (60 EA per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5^	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	3	QL (240 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg	4	QL (90 EA per 30 days)
risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg, 4 mg	4	QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	4	QL (30 EA per 30 days)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	3	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	4	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	3	

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

Drug Name	Drug Tier	Requirements / Limits
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5^	PA-NS; QL (600 ML per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	5^	PA-NS; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5^	PA-NS; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	PA-NS
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	4	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	5^	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5^	PA-NS; QL (1 EA per 28 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	4	PA; QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	3	PA; QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 20 mg	3	PA; QL (90 EA per 30 days)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	4	QL (120 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	4	QL (30 EA per 30 days)
atomoxetine hcl oral capsule 40 mg	4	QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg	3	PA; QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	3	PA; QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	4	PA; QL (150 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	4	PA; QL (120 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	3	PA; PA if 70 years and older; QL (30 EA per 30 days)
metadate er oral tablet extended release 20 mg	4	PA; QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	PA; QL (90 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	4	PA; QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	4	PA; QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 5 mg	3	PA; QL (180 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral tablet 20 mg	3	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	4	PA; QL (180 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	4	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	4	PA; QL (30 EA per 30 days)
HYPNOTICS		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	3	QL (30 EA per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	4	PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5^	PA; LA
temazepam oral capsule 15 mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (60 EA per 30 days)
temazepam oral capsule 30 mg	4	PA; PA if 65 years and older; QL (30 EA per 30 days)
temazepam oral capsule 7.5 mg	4	PA; PA applies if 65 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg, 5 mg	2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
MIGRAINE		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)
dihydroergotamine mesylate injection solution 1 mg/ml	5^	
dihydroergotamine mesylate nasal solution 4 mg/ml	5^	PA; QL (8 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	3	
frovatriptan succinate oral tablet 2.5 mg	4	QL (18 EA per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	3	QL (12 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	3	QL (18 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	3	QL (18 EA per 30 days)
sumatriptan nasal solution 20 mg/act	4	QL (12 EA per 30 days)
sumatriptan nasal solution 5 mg/act	4	QL (24 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	2	QL (12 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	4	QL (9 ML per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	4	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	4	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	4	QL (9 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	4	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	4	QL (6 ML per 30 days)
sumatriptan-naproxen sodium oral tablet 85-500 mg	4	QL (9 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	5^	QL (9 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	4	QL (12 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	4	QL (12 EA per 30 days)
MISCELLANEOUS		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5^	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5^	PA; QL (60 EA per 30 days)
GRALISE ORAL TABLET 300 MG	4	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET 600 MG	4	PA; QL (90 EA per 30 days)
GRALISE STARTER ORAL 300 & 600 MG	4	PA
INGREZZA ORAL CAPSULE 40 MG, 80 MG	5^	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5^	PA; QL (28 EA per 28 days)
lithium carbonate er oral tablet extended release 300 mg, 450 mg	2	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	2	
LITHIUM ORAL SOLUTION 8 MEQ/5ML	4	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG	3	PA; QL (60 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 EA per 30 days)
pyridostigmine bromide oral tablet 60 mg	3	

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

Drug Name	Drug Tier	Requirements / Limits
riluzole oral tablet 50 mg	4	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	4	PA
tetrabenazine oral tablet 12.5 mg	5^	PA; QL (90 EA per 30 days)
tetrabenazine oral tablet 25 mg	5^	PA; QL (120 EA per 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON SUBCUTANEOUS KIT 0.3 MG	5^	PA-NS; QL (14 EA per 28 days)
dalfampridine er oral tablet extended release 12 hour 10 mg	3	PA
GILENYA ORAL CAPSULE 0.5 MG	5^	PA-NS; QL (28 EA per 28 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5^	PA-NS; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5^	PA-NS; QL (12 ML per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	5^	PA-NS; QL (30 ML per 30 days)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	5^	PA-NS; QL (12 ML per 28 days)
TECFIDERA ORAL 120 & 240 MG	5^	PA-NS; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5^	PA-NS; LA; QL (14 EA per 7 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5^	PA-NS; LA; QL (60 EA per 30 days)
MUSCULOSKELETAL THERAPY AGENTS		
baclofen oral tablet 10 mg, 20 mg	3	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	4	PA; PA if 70 years and older
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	4	
tizanidine hcl oral tablet 2 mg, 4 mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	3	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	3	PA; QL (90 EA per 30 days)
modafinil oral tablet 100 mg	4	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	4	PA; QL (60 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5^	PA; LA; QL (540 ML per 30 days)
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium oral tablet delayed release 333 mg	4	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	3	PA; QL (90 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	4	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	4	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	2	QL (90 EA per 30 days)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	3	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	4	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	4	
disulfiram oral tablet 250 mg, 500 mg	3	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	2	
naloxone hcl injection solution cartridge 0.4 mg/ml	2	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	2	
naltrexone hcl oral tablet 50 mg	3	
NARCAN NASAL LIQUID 4 MG/0.1ML	3	
NICOTROL INHALATION INHALER 10 MG	4	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5^	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50 ORAL TABLET 50 MG	5^	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	4	PA; QL (30 EA per 30 days)
oxandrolone oral tablet 10 mg	4	PA; QL (60 EA per 30 days)
oxandrolone oral tablet 2.5 mg	3	PA; QL (120 EA per 30 days)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	3	
testosterone enanthate intramuscular solution 200 mg/ml	3	
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	4	PA; QL (300 GM per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	4	PA; QL (150 GM per 30 days)
ANTIDIABETICS, INSULINS		
NEEDLES, INSULIN DISP., SAFETY	2	

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

Drug Name	Drug Tier	Requirements / Limits
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	2	
GAUZE PADS 2" X 2"	3	
INSULIN PEN NEEDLE	2	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
ALCOHOL SWABS	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	5^	B/D
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	5^	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	(brand RELION not covered)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	(brand RELION not covered)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
OMNIPOD 5 PACK	4	PA; QL (10 EA per 30 days)
OMNIPOD DASH 5 PACK PODS	4	PA; QL (10 EA per 30 days)
OMNIPOD STARTER KIT	4	PA; QL (1 EA per 365 days)
INSULIN SYRINGE (DISP) U-100 1/2 ML	2	
INSULIN SYRINGE (DISP) U-100 0.3 ML	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (30 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
V-GO 20 KIT	4	PA; QL (30 EA per 30 days)
V-GO 30 KIT	4	PA; QL (30 EA per 30 days)
V-GO 40 KIT	4	PA; QL (30 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	QL (15 ML per 30 days)
ANTIDIABETICS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	3	QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	4	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	4	QL (1.2 ML per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	5^	PA; QL (60 EA per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	5^	PA; QL (120 EA per 30 days)
glimepiride oral tablet 1 mg, 2 mg	2	QL (90 EA per 30 days)
glimepiride oral tablet 4 mg	2	QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg	1	QL (90 EA per 30 days)
glipizide oral tablet 10 mg	1	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	1	QL (240 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	1	QL (60 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg	1	QL (90 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG	3	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	2	PA; QL (60 EA per 30 days)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	2	PA; QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	1	(generic of GLUCOPHAGE XR); QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	1	(generic of GLUCOPHAGE XR); QL (60 EA per 30 days)
metformin hcl oral tablet 1000 mg	1	QL (75 EA per 30 days)
metformin hcl oral tablet 500 mg	1	QL (150 EA per 30 days)
metformin hcl oral tablet 850 mg	1	QL (90 EA per 30 days)
nateglinide oral tablet 120 mg, 60 mg	1	QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	QL (3 ML per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	1	QL (120 EA per 30 days)
repaglinide oral tablet 2 mg	1	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5^	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5^	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
CALCIUM REGULATORS		
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	4	
alendronate sodium oral solution 70 mg/75ml	4	

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

Drug Name	Drug Tier	Requirements / Limits
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	
calcitonin (salmon) nasal solution 200 unit/act	3	B/D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5^	PA
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	4	ST
ibandronate sodium intravenous solution 3 mg/3ml	4	B/D; QL (3 ML per 90 days)
ibandronate sodium oral tablet 150 mg	3	B/D
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5^	PA
pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml	3	B/D
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	B/D
pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg	3	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	4	
risedronate sodium oral tablet delayed release 35 mg	4	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5^	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5^	PA
zoledronic acid intravenous concentrate 4 mg/5ml	4	B/D
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	4	B/D
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG	4	
clovique oral capsule 250 mg	5^	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	5^	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	5^	PA
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	5^	PA; LA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	5^	PA; LA
kionex oral suspension 15 gm/60ml	3	

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

Drug Name	Drug Tier	Requirements / Limits
LOKELMA ORAL PACKET 10 GM, 5 GM	3	
penicillamine oral tablet 250 mg	5^	
sodium polystyrene sulfonate oral powder	3	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	3	
sps oral suspension 15 gm/60ml	3	
trientine hcl oral capsule 250 mg	5^	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	PA; LA
CONTRACEPTIVES		
afirmelle oral tablet 0.1-20 mg-mcg	2	
altavera oral tablet 0.15-30 mg-mcg	2	
alyacen 1/35 oral tablet 1-35 mg-mcg	2	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	
apri oral tablet 0.15-30 mg-mcg	2	
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	3	
aubra eq oral tablet 0.1-20 mg-mcg	2	
aurovela 1/20 oral tablet 1-20 mg-mcg	3	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	2	
aviane oral tablet 0.1-20 mg-mcg	2	
ayuna oral tablet 0.15-30 mg-mcg	2	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	3	
balziva oral tablet 0.4-35 mg-mcg	3	
bekyree oral tablet 0.15-0.02/0.01 mg (21/5)	3	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	
briellyn oral tablet 0.4-35 mg-mcg	3	
camila oral tablet 0.35 mg	2	
caziant oral tablet 0.1/0.125/0.15 -0.025 mg	3	
chateal oral tablet 0.15-30 mg-mcg	2	
cryselle-28 oral tablet 0.3-30 mg-mcg	2	
cyclafem 1/35 oral tablet 1-35 mg-mcg	2	
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	
cyred eq oral tablet 0.15-30 mg-mcg	2	
dasetta 1/35 oral tablet 1-35 mg-mcg	2	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	

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

Drug Name	Drug Tier	Requirements / Limits
deblitane oral tablet 0.35 mg	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	3	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	3	
elinest oral tablet 0.3-30 mg-mcg	2	
ELLA ORAL TABLET 30 MG	3	
eluryng vaginal ring 0.12-0.015 mg/24hr	4	
emoquette oral tablet 0.15-30 mg-mcg	2	
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	2	
enskyce oral tablet 0.15-30 mg-mcg	2	
errin oral tablet 0.35 mg	2	
estarylla oral tablet 0.25-35 mg-mcg	2	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	3	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	4	
falmina oral tablet 0.1-20 mg-mcg	2	
femynor oral tablet 0.25-35 mg-mcg	2	
gianvi oral tablet 3-0.02 mg	3	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	3	
heather oral tablet 0.35 mg	2	
incassia oral tablet 0.35 mg	2	
introvale oral tablet 0.15-0.03 mg	3	
isibloom oral tablet 0.15-30 mg-mcg	2	
jasmiel oral tablet 3-0.02 mg	3	
jolessa oral tablet 0.15-0.03 mg	3	
juleber oral tablet 0.15-30 mg-mcg	2	
junel 1.5/30 oral tablet 1.5-30 mg-mcg	3	
junel 1/20 oral tablet 1-20 mg-mcg	3	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	
junel fe 1/20 oral tablet 1-20 mg-mcg	2	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	3	
kelnor 1/35 oral tablet 1-35 mg-mcg	3	
kelnor 1/50 oral tablet 1-50 mg-mcg	3	
kurvelo oral tablet 0.15-30 mg-mcg	2	

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

Drug Name	Drug Tier	Requirements / Limits
larin 1.5/30 oral tablet 1.5-30 mg-mcg	3	
larin 1/20 oral tablet 1-20 mg-mcg	3	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	
larin fe 1/20 oral tablet 1-20 mg-mcg	2	
larissia oral tablet 0.1-20 mg-mcg	2	
leena oral tablet 0.5/1/0.5-35 mg-mcg	3	
lessina oral tablet 0.1-20 mg-mcg	2	
levonest oral tablet 50-30/75-40/ 125-30 mcg	2	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	3	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	2	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	2	
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	2	
lillow oral tablet 0.15-30 mg-mcg	2	
loryna oral tablet 3-0.02 mg	3	
low-ogestrel oral tablet 0.3-30 mg-mcg	2	
lutera oral tablet 0.1-20 mg-mcg	2	
lyza oral tablet 0.35 mg	2	
marlissa oral tablet 0.15-30 mg-mcg	2	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	3	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	3	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	3	
microgestin 1/20 oral tablet 1-20 mg-mcg	3	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	2	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	2	
mili oral tablet 0.25-35 mg-mcg	2	
mono-linyah oral tablet 0.25-35 mg-mcg	2	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	3	
nikki oral tablet 3-0.02 mg	3	
nora-be oral tablet 0.35 mg	2	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	2	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	3	

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

Drug Name	Drug Tier	Requirements / Limits
norethindrone oral tablet 0.35 mg	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
norlyroc oral tablet 0.35 mg	2	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	3	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	2	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	2	
ocella oral tablet 3-0.03 mg	3	
orsythia oral tablet 0.1-20 mg-mcg	2	
philith oral tablet 0.4-35 mg-mcg	3	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	3	
pirmella 1/35 oral tablet 1-35 mg-mcg	2	
portia-28 oral tablet 0.15-30 mg-mcg	2	
previfem oral tablet 0.25-35 mg-mcg	2	
reclipsen oral tablet 0.15-30 mg-mcg	2	
setlakin oral tablet 0.15-0.03 mg	3	
sharobel oral tablet 0.35 mg	2	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	3	
sprintec 28 oral tablet 0.25-35 mg-mcg	2	
sronyx oral tablet 0.1-20 mg-mcg	2	
syeda oral tablet 3-0.03 mg	3	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	2	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	3	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	3	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	2	

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

Drug Name	Drug Tier	Requirements / Limits
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	2	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	3	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	2	
tulana oral tablet 0.35 mg	2	
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	3	
vienva oral tablet 0.1-20 mg-mcg	2	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	3	
vyfemla oral tablet 0.4-35 mg-mcg	3	
vylibra oral tablet 0.25-35 mg-mcg	2	
wera oral tablet 0.5-35 mg-mcg	3	
xulane transdermal patch weekly 150-35 mcg/24hr	4	
zarah oral tablet 3-0.03 mg	3	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	3	
zumandimine oral tablet 3-0.03 mg	3	
ENDOMETRIOSIS		
danazol oral capsule 100 mg, 200 mg, 50 mg	4	
SYNAREL NASAL SOLUTION 2 MG/ML	5^	
ESTROGENS		
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	2	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	3	
estradiol vaginal cream 0.1 mg/gm	3	
estradiol vaginal tablet 10 mcg	4	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	4	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	3	

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

Drug Name	Drug Tier	Requirements / Limits
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	3	
jinteli oral tablet 1-5 mg-mcg	3	
lopreeza oral tablet 1-0.5 mg	3	
mimvey oral tablet 1-0.5 mg	3	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
yuvafem vaginal tablet 10 mcg	4	
GLUCOCORTICOIDS		
cortisone acetate oral tablet 25 mg	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	4	
dexamethasone oral elixir 0.5 mg/5ml	3	
dexamethasone oral solution 0.5 mg/5ml	3	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	3	
dexamethasone sod phosphate pf injection solution 10 mg/ml	3	
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	3	
fludrocortisone acetate oral tablet 0.1 mg	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	3	
methylprednisolone oral tablet therapy pack 4 mg	2	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	3	
prednisolone oral solution 15 mg/5ml	2	
prednisolone sodium phosphate oral solution 15 mg/5ml	2	

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

Drug Name	Drug Tier	Requirements / Limits
prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml	3	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
prednisone oral solution 5 mg/5ml	4	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	2	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	3	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	4	
GLUCOSE ELEVATING AGENTS		
diazoxide oral suspension 50 mg/ml	5^	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
MISCELLANEOUS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	5^	PA; LA
cabergoline oral tablet 0.5 mg	3	
CARBAGLU ORAL TABLET 200 MG	5^	PA; LA
CERDELGA ORAL CAPSULE 84 MG	5^	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5^	PA; LA
cinacalcet hcl oral tablet 30 mg	4	B/D; QL (120 EA per 30 days)
cinacalcet hcl oral tablet 60 mg	5^	B/D; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	5^	B/D; QL (120 EA per 30 days)
CYSTADANE ORAL POWDER	5^	LA
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA
desmopressin ace spray refrig nasal solution 0.01 %	4	
desmopressin acetate injection solution 4 mcg/ml	5^	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	3	
desmopressin acetate spray nasal solution 0.01 %	4	

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

Drug Name	Drug Tier	Requirements / Limits
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	5^	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5^	PA
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG	5^	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5^	PA; LA
JYNARQUE ORAL TABLET 15 MG, 30 MG	5^	PA; LA
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	5^	PA; LA
KORLYM ORAL TABLET 300 MG	5^	PA; LA
KUVAN ORAL PACKET 100 MG, 500 MG	5^	PA; LA
KUVAN ORAL TABLET SOLUBLE 100 MG	5^	PA; LA
levocarnitine oral solution 1 gm/10ml	4	B/D
levocarnitine oral tablet 330 mg	4	B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5^	PA; LA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	5^	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED)	5^	PA
miglustat oral capsule 100 mg	5^	PA; QL (90 EA per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	5^	PA; LA
nitisinone oral capsule 10 mg, 2 mg, 5 mg	5^	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	5^	PA
OSPHENA ORAL TABLET 60 MG	3	PA
raloxifene hcl oral tablet 60 mg	3	
SAMSCA ORAL TABLET 15 MG, 30 MG	5^	PA; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5^	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
sodium phenylbutyrate oral powder 3 gm/tsp	5^	PA
sodium phenylbutyrate oral tablet 500 mg	5^	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5^	PA-NS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5^	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5^	PA; LA
STIMATE NASAL SOLUTION 1.5 MG/ML	5^	
PHOSPHATE BINDER AGENTS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	5^	PA; QL (360 EA per 30 days)
calcium acetate (phos binder) oral capsule 667 mg	3	QL (360 EA per 30 days)
calcium acetate (phos binder) oral tablet 667 mg	4	QL (360 EA per 30 days)
sevelamer carbonate oral packet 0.8 gm	5^	QL (540 EA per 30 days)
sevelamer carbonate oral packet 2.4 gm	5^	QL (180 EA per 30 days)
sevelamer carbonate oral tablet 800 mg	4	QL (540 EA per 30 days)
PROGESTINS		
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 40 mg/ml	3	
megestrol acetate oral suspension 625 mg/5ml	4	PA
norethindrone acetate oral tablet 5 mg	3	
THYROID AGENTS		
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levo-t 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	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	3	
methimazole oral tablet 10 mg, 5 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
propylthiouracil oral tablet 50 mg	3	
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	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
VITAMIN D ANALOGS		
calcitriol intravenous solution 1 mcg/ml	4	B/D
calcitriol oral capsule 0.25 mcg, 0.5 mcg	2	B/D
calcitriol oral solution 1 mcg/ml	4	B/D
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	4	B/D
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	4	B/D
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5^	
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	4	B/D
compro rectal suppository 25 mg	4	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	4	B/D
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	3	
granisetron hcl oral tablet 1 mg	4	B/D
meclizine hcl oral tablet 12.5 mg, 25 mg	2	
metoclopramide hcl injection solution 5 mg/ml	3	
metoclopramide hcl oral solution 5 mg/5ml	3	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	3	
ondansetron hcl oral solution 4 mg/5ml	4	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	2	
ondansetron oral tablet dispersible 4 mg, 8 mg	3	
prochlorperazine edisylate injection solution 10 mg/2ml	4	
prochlorperazine maleate oral tablet 10 mg, 5 mg	2	
prochlorperazine rectal suppository 25 mg	4	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	3	PA; PA if 70 years and older

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

Drug Name	Drug Tier	Requirements / Limits
promethazine hcl oral syrup 6.25 mg/5ml	3	PA; PA if 70 years and older
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	3	PA; PA if 70 years and older
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	5^	QL (4 EA per 28 days)
scopolamine transdermal patch 72 hour 1 mg/3days	4	PA; PA if 70 years and older; QL (10 EA per 30 days)
ANTISPASMODICS		
dicyclomine hcl oral capsule 10 mg	3	
dicyclomine hcl oral solution 10 mg/5ml	4	
dicyclomine hcl oral tablet 20 mg	3	
glycopyrrolate oral tablet 1 mg, 2 mg	3	
H2-RECEPTOR ANTAGONISTS		
famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml	3	
famotidine oral suspension reconstituted 40 mg/5ml	4	QL (300 ML per 30 days)
famotidine oral tablet 20 mg	1	QL (120 EA per 30 days)
famotidine oral tablet 40 mg	1	QL (60 EA per 30 days)
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	3	
nizatidine oral capsule 150 mg, 300 mg	3	
INFLAMMATORY BOWEL DISEASE		
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	5^	
balsalazide disodium oral capsule 750 mg	3	
budesonide er oral tablet extended release 24 hour 9 mg	5^	
budesonide oral capsule delayed release particles 3 mg	4	
colocort rectal enema 100 mg/60ml	4	
hydrocortisone rectal enema 100 mg/60ml	4	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	4	
mesalamine er oral capsule extended release 24 hour 0.375 gm	4	QL (120 EA per 30 days)
mesalamine oral capsule delayed release 400 mg	4	QL (180 EA per 30 days)
mesalamine oral tablet delayed release 1.2 gm, 800 mg	4	
mesalamine rectal enema 4 gm	4	
mesalamine rectal suppository 1000 mg	4	
mesalamine-cleanser rectal kit 4 gm	4	

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

Drug Name	Drug Tier	Requirements / Limits
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	5^	QL (480 EA per 30 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	5^	QL (240 EA per 30 days)
sulfasalazine oral tablet 500 mg	2	
sulfasalazine oral tablet delayed release 500 mg	3	
LAXATIVES		
constulose oral solution 10 gm/15ml	3	
enulose oral solution 10 gm/15ml	3	
gavilyte-c oral solution reconstituted 240 gm	2	
gavilyte-g oral solution reconstituted 236 gm	2	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	2	
generlac oral solution 10 gm/15ml	3	
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM, 236 GM	3	
KRISTALOSE ORAL PACKET 10 GM, 20 GM	4	
lactulose encephalopathy oral solution 10 gm/15ml	3	
lactulose oral solution 10 gm/15ml	3	
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM	3	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	2	
peg-3350/electrolytes oral solution reconstituted 236 gm	2	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	4	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	4	
trilyte oral solution reconstituted 420 gm	2	
MISCELLANEOUS		
alosetron hcl oral tablet 0.5 mg	4	PA; QL (60 EA per 30 days)
alosetron hcl oral tablet 1 mg	5^	PA; QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG	4	QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 8 MCG	4	QL (180 EA per 30 days)
amoxicill-clarithro-lansopraz oral	4	
cromolyn sodium oral concentrate 100 mg/5ml	4	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	4	

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

Drug Name	Drug Tier	Requirements / Limits
diphenoxylate-atropine oral tablet 2.5-0.025 mg	3	
GATTEX SUBCUTANEOUS KIT 5 MG	5^	PA; LA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	QL (30 EA per 30 days)
loperamide hcl oral capsule 2 mg	3	
misoprostol oral tablet 100 mcg, 200 mcg	3	
MOVANTIK ORAL TABLET 12.5 MG	3	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	3	QL (30 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	5^	PA
sucralfate oral tablet 1 gm	3	
TRULANCE ORAL TABLET 3 MG	4	QL (30 EA per 30 days)
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet 250 mg, 500 mg	4	
XIFAXAN ORAL TABLET 550 MG	5^	PA
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4	
PROTON PUMP INHIBITORS		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	4	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	4	ST
lansoprazole oral capsule delayed release 15 mg, 30 mg	3	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	4	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	
pantoprazole sodium intravenous solution reconstituted 40 mg	4	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	2	

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	4	
rabeprazole sodium oral tablet delayed release 20 mg	3	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	2	QL (30 EA per 30 days)
dutasteride oral capsule 0.5 mg	3	QL (30 EA per 30 days)
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	4	QL (30 EA per 30 days)
finasteride oral tablet 5 mg	2	
silodosin oral capsule 4 mg, 8 mg	3	QL (30 EA per 30 days)
tamsulosin hcl oral capsule 0.4 mg	2	
MISCELLANEOUS		
acetic acid irrigation solution 0.25 %	2	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	3	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	4	
URINARY ANTISPASMODICS		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	4	QL (30 EA per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	QL (30 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	3	QL (60 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	3	QL (30 EA per 30 days)
oxybutynin chloride oral syrup 5 mg/5ml	3	
oxybutynin chloride oral tablet 5 mg	3	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	4	
solifenacin succinate oral tablet 10 mg, 5 mg	4	QL (30 EA per 30 days)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	4	ST; QL (30 EA per 30 days)
tolterodine tartrate oral tablet 1 mg, 2 mg	4	ST; QL (60 EA per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	QL (30 EA per 30 days)
trospium chloride oral tablet 20 mg	3	QL (60 EA per 30 days)
VESICARE ORAL TABLET 10 MG, 5 MG	4	ST; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2 %	3	
metronidazole vaginal gel 0.75 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	3	
terconazole vaginal suppository 80 mg	3	
vandazole vaginal gel 0.75 %	3	
HEMATOLOGIC		
ANTICOAGULANTS		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
enoxaparin sodium injection solution 300 mg/3ml	4	
enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	4	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5^	
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5^	
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML	4	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	3	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	3	B/D
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	QL (60 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (51 EA per 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5^	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5^	PA
MISCELLANEOUS		
anagrelide hcl oral capsule 0.5 mg, 1 mg	4	
BERINERT INTRAVENOUS KIT 500 UNIT	5^	PA; LA; QL (24 EA per 30 days)
cilostazol oral tablet 100 mg, 50 mg	2	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5^	PA; LA; QL (20 EA per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ENDARI ORAL PACKET 5 GM	5^	PA; LA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5^	PA; LA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5^	PA; LA; QL (20 EA per 30 days)
icatibant acetate subcutaneous solution 30 mg/3ml	5^	PA; QL (27 ML per 30 days)
pentoxifylline er oral tablet extended release 400 mg	2	
PROMACTA ORAL PACKET 12.5 MG	5^	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5^	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5^	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5^	PA; LA; QL (60 EA per 30 days)
tranexamic acid intravenous solution 1000 mg/10ml	4	
tranexamic acid oral tablet 650 mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
BRILINTA ORAL TABLET 60 MG, 90 MG	4	
clopidogrel bisulfate oral tablet 75 mg	2	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	3	PA; PA if 70 years and older
prasugrel hcl oral tablet 10 mg, 5 mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5^	PA; QL (8.16 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5^	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5^	PA; QL (16 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5^	PA; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5^	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5^	PA; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5^	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5^	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML	5^	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5^	PA; QL (6 EA per 28 days)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5^	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5^	PA; LA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	5^	PA; QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5^	PA; QL (7 EA per 365 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5^	PA; LA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5^	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5^	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	5^	PA; LA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5^	PA; LA; QL (3 ML per 28 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5^	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5^	PA; QL (30 EA per 30 days)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate oral tablet 200 mg	3	
leflunomide oral tablet 10 mg, 20 mg	3	QL (30 EA per 30 days)
methotrexate oral tablet 2.5 mg	3	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	B/D
XATMEP ORAL SOLUTION 2.5 MG/ML	4	B/D
IMMUNOGLOBULINS		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5^	PA
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	4	B/D
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5^	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5^	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5^	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	5^	PA

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

Drug Name	Drug Tier	Requirements / Limits
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5^	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	5^	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5^	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5^	PA
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5^	PA-NS; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5^	PA
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5^	B/D
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5^	B/D
IMMUNOSUPPRESSANTS		
azathioprine oral tablet 50 mg	3	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	5^	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5^	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5^	PA
cyclosporine intravenous solution 50 mg/ml	4	B/D
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	4	B/D
cyclosporine modified oral solution 100 mg/ml	4	B/D
cyclosporine oral capsule 100 mg, 25 mg	4	B/D
everolimus oral tablet 0.25 mg	4	B/D
everolimus oral tablet 0.5 mg, 0.75 mg	5^	B/D
gengraf oral capsule 100 mg, 25 mg	4	B/D

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

Drug Name	Drug Tier	Requirements / Limits
gengraf oral solution 100 mg/ml	4	B/D
mycophenolate mofetil oral capsule 250 mg	3	B/D
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	5^	B/D
mycophenolate mofetil oral tablet 500 mg	3	B/D
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	4	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5^	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B/D
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	B/D
sirolimus oral solution 1 mg/ml	5^	B/D
sirolimus oral tablet 0.5 mg, 1 mg	4	B/D
sirolimus oral tablet 2 mg	5^	B/D
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	4	B/D
ZORTRESS ORAL TABLET 1 MG	5^	B/D
VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NM
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	NM
BCG VACCINE INJECTION INJECTABLE	3	NM
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	3	NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	NM
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	3	B/D; NM
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	B/D; NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML	3	NM

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

Drug Name	Drug Tier	Requirements / Limits
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	NM
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	B/D; NM
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	NM
IPOL INJECTION INJECTABLE	3	NM
IXIARO INTRAMUSCULAR SUSPENSION	3	NM
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	3	NM
MENACTRA INTRAMUSCULAR INJECTABLE	3	NM
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NM
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	NM
PEDIARIX INTRAMUSCULAR SUSPENSION	3	NM
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	NM
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	NM
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NM
QUADRACEL INTRAMUSCULAR SUSPENSION	3	NM
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	B/D; NM
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	3	B/D; NM
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	NM
ROTATEQ ORAL SOLUTION	3	NM
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	NM; QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	B/D; NM
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	B/D; NM
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NM

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	NM
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NM
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	NM
YF-VAX SUBCUTANEOUS INJECTABLE	3	NM
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	NM; QL (1 EA per 999 days)
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	4	
dextrose in lactated ringers intravenous solution 5 %	3	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 5-0.3 %	3	
dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.45 %, 5-0.9 %	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S INTRAVENOUS SOLUTION	4	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	3	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	4	
lactated ringers intravenous solution	3	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	3	
MAGNESIUM SULFATE IN D5W SOLUTION 1-5 GM/100ML-% INTRAVENOUS 1-5 GM/100ML-%	3	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	3	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	3	

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

09/01/2020

Drug Name	Drug Tier	Requirements / Limits
MAGNESIUM SULFATE SOLUTION 2 GM/50ML INTRAVENOUS 2 GM/50ML	3	
MAGNESIUM SULFATE SOLUTION 20 GM/500ML INTRAVENOUS 20 GM/500ML	3	
MAGNESIUM SULFATE SOLUTION 4 GM/100ML INTRAVENOUS 4 GM/100ML	3	
MAGNESIUM SULFATE SOLUTION 4 GM/50ML INTRAVENOUS 4 GM/50ML	3	
MAGNESIUM SULFATE SOLUTION 40 GM/1000ML INTRAVENOUS 40 GM/1000ML	3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	4	
NORMOSOL-R INTRAVENOUS SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	3	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	3	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML	4	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	3	
sodium chloride injection solution 2.5 meq/ml	3	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	3	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con 10 oral tablet extended release 10 meq	2	
klor-con m10 oral tablet extended release 10 meq	2	
klor-con m15 oral tablet extended release 15 meq	2	
klor-con m20 oral tablet extended release 20 meq	2	
klor-con oral packet 20 meq	4	
klor-con oral tablet extended release 8 meq	2	
klor-con sprinkle oral capsule extended release 10 meq, 8 meq	3	

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

Drug Name	Drug Tier	Requirements / Limits
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
PNV FOLIC ACID + IRON ORAL TABLET 27-1 MG	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	2	
potassium chloride er oral capsule extended release 10 meq, 8 meq	3	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	2	
potassium chloride oral packet 20 meq	4	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	4	
PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET	3	
PRENATAL PLUS ORAL TABLET 27-1 MG	3	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG	3	
sodium fluoride chew, tab, 1.1 (0.5 f) mg/ml soln	2	
TRICARE ORAL TABLET	3	
IV NUTRITION		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	4	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	4	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	B/D
clinisol sf intravenous solution 15 %	4	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	B/D
dextrose intravenous solution 10 %, 5 %	3	
dextrose intravenous solution 50 %, 70 %	3	B/D
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	4	B/D
FREAMINE III INTRAVENOUS SOLUTION 10 %	4	B/D

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

Drug Name	Drug Tier	Requirements / Limits
hepatamine intravenous solution 8 %	4	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	B/D
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	4	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	B/D
plenamine intravenous solution 15 %	4	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	4	B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D
OPHTHALMIC		
ANTIALLERGICS		
azelastine hcl ophthalmic solution 0.05 %	3	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	3	
cromolyn sodium ophthalmic solution 4 %	1	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %	4	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	3	
PAZEO OPHTHALMIC SOLUTION 0.7 %	3	
ZERVIATE OPHTHALMIC SOLUTION 0.24 %	4	
ANTIGLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
betaxolol hcl ophthalmic solution 0.5 %	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	
brimonidine tartrate ophthalmic solution 0.15 %	4	
brimonidine tartrate ophthalmic solution 0.2 %	1	
carteolol hcl ophthalmic solution 1 %	2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
dorzolamide hcl ophthalmic solution 2 %	2	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	2	
latanoprost ophthalmic solution 0.005 %	2	
levobunolol hcl ophthalmic solution 0.5 %	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	

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

Drug Name	Drug Tier	Requirements / Limits
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	4	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	3	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	4	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	4	
travoprost (bak free) ophthalmic solution 0.004 %	4	
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	4	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	4	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	4	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	3	
ANTI-INFECTIVES		
bacitracin ophthalmic ointment 500 unit/gm	3	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	2	
erythromycin ophthalmic ointment 5 mg/gm	2	
gatifloxacin ophthalmic solution 0.5 %	2	
gentak ophthalmic ointment 0.3 %	3	

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

Drug Name	Drug Tier	Requirements / Limits
gentamicin sulfate ophthalmic solution 0.3 %	2	
moxifloxacin hcl ophthalmic solution 0.5 %	3	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	3	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	3	
ofloxacin ophthalmic solution 0.3 %	2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	2	
sulfacetamide sodium ophthalmic ointment 10 %	3	
sulfacetamide sodium ophthalmic solution 10 %	3	
tobramycin ophthalmic solution 0.3 %	2	
trifluridine ophthalmic solution 1 %	4	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION 0.2 %	3	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	4	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	4	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	3	
diclofenac sodium ophthalmic solution 0.1 %	2	
DUREZOL OPHTHALMIC EMULSION 0.05 %	3	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	4	
fluorometholone ophthalmic suspension 0.1 %	3	
flurbiprofen sodium ophthalmic solution 0.03 %	3	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	
ketorolac tromethamine ophthalmic solution 0.4 %	3	
ketorolac tromethamine ophthalmic solution 0.5 %	2	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	
loteprednol etabonate ophthalmic suspension 0.5 %	4	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	4	
prednisolone acetate ophthalmic suspension 1 %	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %	3	

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Drug Name	Drug Tier	Requirements / Limits
PROLENSA OPHTHALMIC SOLUTION 0.07 %	3	
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5^	PA; LA
proparacaine hcl ophthalmic solution 0.5 %	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (60 EA per 30 days)
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	3	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	3	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	2	B/D
ipratropium bromide nasal solution 0.03 %, 0.06 %	3	
ANTIHISTAMINES		
azelastine hcl nasal solution 0.1 %, 0.15 %	3	
cetirizine hcl oral solution 1 mg/ml	2	
cyproheptadine hcl oral syrup 2 mg/5ml	3	PA; PA if 70 years and older
cyproheptadine hcl oral tablet 4 mg	3	PA; PA if 70 years and older
desloratadine oral tablet 5 mg	3	
diphenhydramine hcl injection solution 50 mg/ml	3	

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

Drug Name	Drug Tier	Requirements / Limits
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	4	PA; PA if 70 years and older
hydroxyzine hcl oral syrup 10 mg/5ml	3	PA; PA if 70 years and older
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	2	PA; PA if 70 years and older
hydroxyzine pamoate oral capsule 25 mg, 50 mg	2	PA; PA if 70 years and older
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	4	
levocetirizine dihydrochloride oral tablet 5 mg	2	
olopatadine hcl nasal solution 0.6 %	4	
BETA AGONISTS		
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	3	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	3	(generic of Proair HFA); QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	3	(generic of Ventolin HFA); QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	2	B/D
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	3	B/D
albuterol sulfate oral syrup 2 mg/5ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	4	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	5^	B/D
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	4	B/D
levalbuterol tartrate inhalation aerosol 45 mcg/act	3	QL (30 GM per 30 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	5^	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	4	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (36 GM per 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium oral packet 4 mg	4	
montelukast sodium oral tablet 10 mg	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	2	
zafirlukast oral tablet 10 mg, 20 mg	3	

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

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS		
acetylcysteine inhalation solution 10 %, 20 %	3	B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	5^	PA; LA
cromolyn sodium inhalation nebulization solution 20 mg/2ml	3	B/D
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	
epinephrine injection solution 0.3 mg/0.3ml	3	(generic of Adrenaclick)
epinephrine injection solution auto-injector 0.15 mg/0.15ml	3	(generic of Adrenaclick)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	3	(generic of EpiPen)
ESBRIET ORAL CAPSULE 267 MG	5^	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	5^	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	5^	PA; QL (90 EA per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5^	PA; LA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5^	PA; LA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5^	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5^	PA; QL (60 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5^	PA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5^	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5^	PA; QL (112 EA per 28 days)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5^	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5^	PA; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	5^	PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5^	PA; LA; QL (56 EA per 28 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	4	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	4	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	4	

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

Drug Name	Drug Tier	Requirements / Limits
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	3	
theophylline oral solution 80 mg/15ml	4	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5^	PA; LA; QL (84 EA per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5^	PA; LA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5^	PA; LA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5^	PA; LA
NASAL STEROIDS		
flunisolide nasal solution 25 mcg/act (0.025%)	3	QL (75 ML per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	2	QL (16 GM per 30 days)
mometasone furoate nasal suspension 50 mcg/act	4	QL (34 GM per 30 days)
NASONEX NASAL SUSPENSION 50 MCG/ACT	4	QL (34 GM per 30 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	4	QL (12.5 GM per 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
budesonide inhalation suspension 0.25 mg/2ml	4	B/D; QL (180 ML per 30 days)
budesonide inhalation suspension 0.5 mg/2ml	4	B/D; QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST	3	QL (180 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	4	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	4	QL (3 EA per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	QL (10.2 GM per 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
amnesteem oral capsule 10 mg, 20 mg, 40 mg	4	PA
avita external cream 0.025 %	4	PA; QL (45 GM per 30 days)
avita external gel 0.025 %	4	PA; QL (45 GM per 30 days)
benzoyl peroxide-erythromycin external gel 5-3 %	4	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
clindamycin phosphate external gel 1 %	3	QL (75 GM per 30 days)
clindamycin phosphate external lotion 1 %	3	QL (60 ML per 30 days)
clindamycin phosphate external solution 1 %	3	QL (60 ML per 30 days)
ery external pad 2 %	3	
erythromycin external solution 2 %	3	QL (60 ML per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
sulfacetamide sodium (acne) external lotion 10 %	4	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	4	PA; QL (45 GM per 30 days)
tretinoin external gel 0.01 %, 0.025 %	4	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate external cream 0.1 %	4	QL (30 GM per 30 days)
gentamicin sulfate external ointment 0.1 %	3	
mupirocin calcium external cream 2 %	2	QL (30 GM per 30 days)
mupirocin external ointment 2 %	2	QL (220 GM per 30 days)
silver sulfadiazine external cream 1 %	2	
ssd external cream 1 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
SULFAMYLON EXTERNAL CREAM 85 MG/GM	4	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine external cream 0.77 %	3	QL (90 GM per 30 days)
ciclopirox olamine external suspension 0.77 %	3	QL (60 ML per 30 days)
clotrimazole external cream 1 %	3	QL (45 GM per 30 days)
clotrimazole external solution 1 %	2	QL (30 ML per 30 days)
clotrimazole-betamethasone external cream 1-0.05 %	3	QL (45 GM per 30 days)
JUBLIA EXTERNAL SOLUTION 10 %	5^	QL (8 ML per 30 days)
ketoconazole external cream 2 %	3	QL (60 GM per 30 days)
nyamyc external powder 100000 unit/gm	3	QL (60 GM per 30 days)
nystatin external cream 100000 unit/gm	3	QL (30 GM per 30 days)
nystatin external ointment 100000 unit/gm	3	QL (30 GM per 30 days)
nystatin external powder 100000 unit/gm	3	QL (60 GM per 30 days)
nystop external powder 100000 unit/gm	3	QL (60 GM per 30 days)
oxiconazole nitrate external cream 1 %	4	PA; QL (90 GM per 30 days)
OXISTAT EXTERNAL CREAM 1 %	4	PA; QL (90 GM per 30 days)
OXISTAT EXTERNAL LOTION 1 %	4	PA; QL (60 ML per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	PA
calcipotriene external cream 0.005 %	4	PA; QL (120 GM per 30 days)
calcipotriene external ointment 0.005 %	4	PA; QL (120 GM per 30 days)
calcipotriene external solution 0.005 %	4	PA; QL (120 ML per 30 days)
calcitrene external ointment 0.005 %	4	PA; QL (120 GM per 30 days)
tazarotene external cream 0.1 %	3	PA; QL (60 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; QL (60 GM per 30 days)
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole external shampoo 2 %	2	QL (120 ML per 30 days)
selenium sulfide external lotion 2.5 %	2	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort external cream 1 %	1	
ala-cort external cream 2.5 %	2	
alclometasone dipropionate external cream 0.05 %	3	
alclometasone dipropionate external ointment 0.05 %	3	
APEXICON E EXTERNAL CREAM 0.05 %	5^	QL (60 GM per 30 days)
betamethasone dipropionate aug external cream 0.05 %	3	

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

Drug Name	Drug Tier	Requirements / Limits
betamethasone dipropionate aug external gel 0.05 %	4	
betamethasone dipropionate aug external lotion 0.05 %	4	
betamethasone dipropionate aug external ointment 0.05 %	4	
betamethasone dipropionate external cream 0.05 %	3	
betamethasone dipropionate external lotion 0.05 %	3	
betamethasone dipropionate external ointment 0.05 %	4	
betamethasone valerate external cream 0.1 %	3	
betamethasone valerate external lotion 0.1 %	3	
betamethasone valerate external ointment 0.1 %	3	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	5^	PA; QL (400 GM per 28 days)
clobetasol propionate e external cream 0.05 %	4	QL (60 GM per 30 days)
clobetasol propionate external cream 0.05 %	4	QL (60 GM per 30 days)
clobetasol propionate external foam 0.05 %	4	QL (100 GM per 30 days)
clobetasol propionate external gel 0.05 %	4	QL (60 GM per 30 days)
clobetasol propionate external liquid 0.05 %	4	QL (125 ML per 30 days)
clobetasol propionate external lotion 0.05 %	4	QL (118 ML per 30 days)
clobetasol propionate external ointment 0.05 %	4	QL (60 GM per 30 days)
clobetasol propionate external shampoo 0.05 %	4	QL (118 ML per 30 days)
clobetasol propionate external solution 0.05 %	4	QL (50 ML per 30 days)
CLOBEX EXTERNAL LOTION 0.05 %	4	QL (118 ML per 30 days)
CLOBEX EXTERNAL SHAMPOO 0.05 %	4	QL (118 ML per 30 days)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 %	4	QL (125 ML per 30 days)
clodan external shampoo 0.05 %	4	QL (118 ML per 30 days)
desonide external cream 0.05 %	3	QL (60 GM per 30 days)
desonide external lotion 0.05 %	4	QL (118 ML per 30 days)
desonide external ointment 0.05 %	4	QL (60 GM per 30 days)
diflorasone diacetate external cream 0.05 %	4	QL (60 GM per 30 days)
diflorasone diacetate external ointment 0.05 %	4	QL (60 GM per 30 days)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	4	PA; QL (120 GM per 30 days)
fluocinolone acetonide body external oil 0.01 %	4	
fluocinolone acetonide external cream 0.01 %, 0.025 %	3	
fluocinolone acetonide external ointment 0.025 %	3	
fluocinolone acetonide external solution 0.01 %	4	QL (90 ML per 30 days)
fluocinolone acetonide scalp external oil 0.01 %	4	

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

Drug Name	Drug Tier	Requirements / Limits
fluocinonide emulsified base external cream 0.05 %	3	QL (120 GM per 30 days)
fluocinonide external cream 0.05 %	3	QL (120 GM per 30 days)
fluocinonide external gel 0.05 %	4	QL (60 GM per 30 days)
fluocinonide external ointment 0.05 %	4	QL (60 GM per 30 days)
fluocinonide external solution 0.05 %	3	QL (60 ML per 30 days)
fluticasone propionate external cream 0.05 %	3	
fluticasone propionate external ointment 0.005 %	3	
halcinonide external cream 0.1 %	5^	QL (240 GM per 30 days)
halobetasol propionate external cream 0.05 %	4	QL (50 GM per 30 days)
halobetasol propionate external ointment 0.05 %	4	QL (50 GM per 30 days)
HALOG EXTERNAL CREAM 0.1 %	5^	QL (240 GM per 30 days)
hydrocortisone external cream 1 %	1	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 2.5 %	2	
mometasone furoate external cream 0.1 %	3	
mometasone furoate external ointment 0.1 %	3	
mometasone furoate external solution 0.1 %	3	
OLUX EXTERNAL FOAM 0.05 %	5^	QL (100 GM per 30 days)
PSORCON EXTERNAL CREAM 0.05 %	5^	QL (60 GM per 30 days)
triamcinolone acetonide external aerosol solution 0.147 mg/gm	4	
triamcinolone acetonide external cream 0.025 %, 0.5 %	2	
triamcinolone acetonide external cream 0.1 %	2	QL (454 GM per 30 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	3	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo external prefilled syringe 2 %	3	PA; QL (30 ML per 30 days)
lidocaine external ointment 5 %	4	PA; QL (50 GM per 30 days)
lidocaine external patch 5 %	3	PA; QL (3 EA per 1 day)
lidocaine hcl external solution 4 %	3	PA; QL (50 ML per 30 days)
lidocaine hcl urethral/mucosal external gel 2 %	3	PA; QL (30 ML per 30 days)
lidocaine-prilocaine external cream 2.5-2.5 %	3	PA; QL (30 GM per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ammonium lactate external cream 12 %	2	
ammonium lactate external lotion 12 %	3	
azelaic acid external gel 15 %	4	QL (50 GM per 30 days)
diclofenac sodium transdermal gel 1 %	3	QL (1000 GM per 30 days)
FINACEA EXTERNAL FOAM 15 %	4	QL (50 GM per 30 days)
fluorouracil external cream 5 %	4	QL (40 GM per 30 days)
fluorouracil external solution 2 %, 5 %	3	QL (10 ML per 30 days)
imiquimod external cream 5 %	3	QL (24 EA per 30 days)
metronidazole external cream 0.75 %	4	
metronidazole external gel 0.75 %	3	
metronidazole external lotion 0.75 %	4	
NORITATE EXTERNAL CREAM 1 %	5^	QL (60 GM per 30 days)
PENNSAID TRANSDERMAL SOLUTION 2 %	5^	PA; QL (224 GM per 28 days)
PICATO EXTERNAL GEL 0.015 %	4	QL (3 EA per 30 days)
PICATO EXTERNAL GEL 0.05 %	4	QL (2 EA per 30 days)
podofilox external solution 0.5 %	3	
procto-med hc external cream 2.5 %	3	
procto-pak external cream 1 %	3	
proctosol hc external cream 2.5 %	3	
proctozone-hc external cream 2.5 %	3	
RECTIV RECTAL OINTMENT 0.4 %	4	QL (30 GM per 30 days)
rosadan external cream 0.75 %	4	
tacrolimus external ointment 0.03 %, 0.1 %	4	QL (100 GM per 30 days)
TARGRETIN EXTERNAL GEL 1 %	5^	PA-NS; QL (60 GM per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	5^	PA-NS; LA; QL (60 GM per 30 days)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	5^	QL (15 GM per 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion external lotion 0.5 %	4	
permethrin external cream 5 %	3	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX EXTERNAL GEL 0.01 %	5^	PA; QL (30 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	

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

09/01/2020

Drug Name	Drug Tier	Requirements / Limits
sodium chloride irrigation solution 0.9 %	3	
sterile water for irrigation irrigation solution	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl oral capsule 30 mg	4	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
clotrimazole mouth/throat troche 10 mg	4	QL (150 EA per 30 days)
lidocaine viscous hcl mouth/throat solution 2 %	2	
nystatin mouth/throat suspension 100000 unit/ml	3	
paroex mouth/throat solution 0.12 %	1	
periogard mouth/throat solution 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	4	
triamcinolone acetonide mouth/throat paste 0.1 %	3	
OTIC		
acetic acid otic solution 2 %	3	
CIPRO HC OTIC SUSPENSION 0.2-1 %	4	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	3	
flac otic oil 0.01 %	2	
fluocinolone acetonide otic oil 0.01 %	2	
neomycin-polymyxin-hc otic solution 1 %	3	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	3	
ofloxacin otic solution 0.3 %	4	

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

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

Index of Drugs

abacavir sulfate 7
abacavir sulfate-lamivudine 8
abacavir-lamivudine-zidovudine .. 8
ABELCET 3
ABILIFY MAINTENA 39, 40
abiraterone acetate 16
ABRAXANE 17
acamprosate calcium 46
acarbose 49
acebutolol hcl 28
acetaminophen-codeine 2
acetaminophen-codeine #3 2
acetazolamide 30
acetazolamide er 30
acetic acid 66, 89
acetylcysteine 82
acitretin 85
ACTHIB 72
ACTIMMUNE 71
ACTONEL 51
acyclovir 9, 10
acyclovir sodium 10
ADACEL 72
ADCIRCA 31
adefovir dipivoxil 10
ADEMPAS 31
adriamycin 15
ADVAIR DISKUS 84
ADVAIR HFA 84
AFINITOR 18
AFINITOR DISPERZ 18
afirmelle 53
AIMOVIG 44
ala-cort 85
albendazole 4
albuterol sulfate 81
albuterol sulfate er 81
albuterol sulfate hfa 81
alclometasone dipropionate 85
ALDURAZYME 59
ALECENSA 18
alendronate sodium 51, 52
alfuzosin hcl er 66
ALIMTA 15
ALINIA 4
aliskiren fumarate 30
allopurinol 1
alosetron hcl 64
ALPHAGAN P 77
alprazolam 32
ALREX 79
altavera 53
ALTOPREV 26
ALUNBRIG 18
alyacen 1/35 53
alyacen 7/7/7 53
alyq 31
amabelz 57
amantadine hcl 38
AMBISOME 4
ambrisentan 32
amikacin sulfate 4
amiloride hcl 30
amiloride-hydrochlorothiazide .. 30
AMINOSYN II 76
AMINOSYN-PF 76
amiodarone hcl 26
AMITIZA 64
amitriptyline hcl 36
amlodipine besy-benazepril hcl .. 24
amlodipine besylate 28
amlodipine besylate-valsartan ... 25
amlodipine-atorvastatin 30
amlodipine-olmesartan 25
amlodipine-valsartan-hctz 25
ammonium lactate 88
amnesteem 84
amoxapine 36
amoxicill-clarithro-lansopraz 64
amoxicillin 13
amoxicillin-pot clavulanate 13
amoxicillin-pot clavulanate er ... 13
amphetamine-dextroamphet er . 43
amphetamine-dextroamphetamine 43
amphotericin b 4
ampicillin 13
ampicillin sodium 13
ampicillin-sulbactam sodium 13, 14
ANADROL-50 47
anagrelide hcl 68
anastrozole 16
ANDRODERM 47
ANORO ELLIPTA 80
ANTARA 26
APEXICON E 85
APOKYN 39
aprepitant 62
apri 53
APTIOM 32
APTIVUS 7
ARALAST NP 82
aranelle 53
ARCALYST 71
aripiprazole 40
ARISTADA 40
ARISTADA INITIO 40
armodafinil 46
ARNUITY ELLIPTA 83
ASACOL HD 63
aspirin-dipyridamole er 68
ASSURE ID INSULIN SAFETY SYR 47
atazanavir sulfate 7
atenolol 28
atenolol-chlorthalidone 28
atomoxetine hcl 43
atorvastatin calcium 26
atovaquone 4
atovaquone-proguanil hcl 6
ATRIPLA 8
ATROPINE SULFATE 80
ATROVENT HFA 80
aubra eq 53
aurovela 1/20 53
aurovela fe 1.5/30 53
aurovela fe 1/20 53
AURYXIA 61
AUSTEDO 45
AVASTIN 18
aviane 53
avita 84
ayuna 53
AYVAKIT 18
azacitidine 16
azathioprine 71
azelaic acid 88

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

09/01/2020

azelastine hcl 77, 80
azithromycin 12
AZOPT 77
aztreonam 4
azurette 53
bacitracin 78
bacitracin-polymyxin b 78
bacitra-neomycin-polymyxin-hc 78
baclofen 46
balsalazide disodium 63
BALVERSA 18
balziva 53
BANZEL 32
BARACLUDE 10
BASAGLAR KWIKPEN 48
BCG VACCINE 72
bekyree 53
BELSOMRA 44
benazepril hcl 24
benazepril-hydrochlorothiazide . 24
BENDEKA 15
BENLYSTA 71
benzoyl peroxide-erythromycin . 84
benztropine mesylate 39
BEPREVE 77
BERINERT 68
BESIVANCE 78
betamethasone dipropionate 86
betamethasone dipropionate aug 85, 86
betamethasone valerate 86
BETASERON 46
betaxolol hcl 77
bethanechol chloride 66
BETOPTIC-S 77
BEVESPI AEROSPHERE 80
bexarotene 17
BEXSERO 72
bicalutamide 16
BICILLIN L-A 14
BIKTARVY 8
bisoprolol fumarate 28
bisoprolol-hydrochlorothiazide .. 28
BIVIGAM 70
BLEPHAMIDE S.O.P. 78
blisovi fe 1.5/30 53
BOOSTRIX 72
BORTEZOMIB 19
bosentan 32
BOSULIF 19
BRAFTOVI 19
BREO ELLIPTA 84
briellyn 53
BRILINTA 69
brimonidine tartrate 77
BRIVIACT 32
bromfenac sodium (once-daily) 79
bromocriptine mesylate 39
BROMSITE 79
BROVANA 81
BRUKINSA 19
budesonide 63, 83
budesonide er 63
bumetanide 30
buprenorphine hcl 46
buprenorphine hcl-naloxone hcl . 47
bupropion hcl 37
bupropion hcl er (smoking det) . 47
bupropion hcl er (sr) 37
bupropion hcl er (xl) 37
buspirone hcl 32
butorphanol tartrate 2
BYDUREON 49
BYDUREON BCISE 49
BYETTA 10 MCG PEN 49
BYETTA 5 MCG PEN 49
BYSTOLIC 28
cabergoline 59
CABOMETYX 19
calcipotriene 85
calcipotriene-betameth diprop ... 86
calcitonin (salmon) 52
calcitrene 85
calcitriol 62
calcium acetate (phos binder) .. 61
CALQUENCE 19
camila 53
candesartan cilexetil 25
candesartan cilexetil-hctz 25
CAPLYTA 40
CAPRELSA 19
captopril 24
captopril-hydrochlorothiazide ... 24
CARBAGLU 59
carbamazepine 32
carbamazepine er 32
carbidopa 39
carbidopa-levodopa 39
carbidopa-levodopa er 39
carbidopa-levodopa-entacapone 39
carboplatin 15
carteolol hcl 77
cartia xt 28
carvedilol 28
carvedilol phosphate er 28
caspofungin acetate 4
CAYSTON 4
caziant 53
cefaclor 11
CEFACLOR ER 11
cefadroxil 11
cefazolin sodium 11
CEFAZOLIN SODIUM-DEXTROSE 11
cefdinir 11
cefepime hcl 11
cefixime 11
cefoxitin sodium 11
cefpodoxime proxetil 11
cefprozil 11
ceftazidime 11
CEFTAZIDIME AND DEXTROSE 11
ceftriaxone sodium 11
cefuroxime axetil 12
cefuroxime sodium 12
celecoxib 1
CELONTIN 33
cephalexin 12
CERDELGA 59
CEREZYME 59
cetirizine hcl 80
cevimeline hcl 89
CHANTIX 47
CHANTIX CONTINUING MONTH PAK 47
CHANTIX STARTING MONTH PAK 47
chateal 53
CHEMET 52

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

09/01/2020

chlorhexidine gluconate 89
chloroquine phosphate 6
CHLORPROMAZINE HCL. 40
chlorpromazine hcl 40
chlorthalidone 30
cholestyramine 27
cholestyramine light 27
ciclopirox olamine 85
cilostazol 68
CILOXAN 78
CIMDUO 8
cinacalcet hcl 59
CINRYZE 68
CIPRO 12
CIPRO HC 89
CIPRODEX 89
ciprofloxacin hcl 13, 78
ciprofloxacin in d5w 13
cisplatin 15
citalopram hydrobromide 37
claravis 84
clarithromycin 12
clarithromycin er 12
clindamycin hcl 5
clindamycin palmitate hcl 5
clindamycin phosphate 5, 67, 84
clindamycin phosphate in d5w 5
CLINDAMYCIN PHOSPHATE IN NACL 5
CLINIMIX/DEXTROSE (4.25/10) 76
CLINIMIX/DEXTROSE (4.25/5) 76
CLINIMIX/DEXTROSE (5/15) 76
CLINIMIX/DEXTROSE (5/20) 76
clinisol sf 76
CLINOLIPID 76
clobazam 33
clobetasol propionate 86
clobetasol propionate e 86
CLOBEX 86
CLOBEX SPRAY 86
clodan 86
clomipramine hcl 37
clonazepam 33
clonidine 30
clonidine hcl 30
clopidogrel bisulfate 69
clorazepate dipotassium 33
clotrimazole 85, 89
clotrimazole-betamethasone 85
clovique 52
clozapine 40
COARTEM 6
colchicine 1
colchicine-probenecid 1
colesevelam hcl 27
colestipol hcl 27
colistimethate sodium (cba) 5
colocort 63
COMBIGAN 77
COMBIVENT RESPIMAT 80
COMETRIQ (100 MG DAILY DOSE) 19
COMETRIQ (140 MG DAILY DOSE) 19
COMETRIQ (60 MG DAILY DOSE) 19
COMFORT ASSIST INSULIN SYRINGE 48
COMPLERA 8
compro 62
constulose 64
COPIKTRA 19
COREG CR 28
CORLANOR 30
cortisone acetate 58
COTELLIC 19
COUMADIN 67
CREON 65
CRIXIVAN 7
cromolyn sodium 64, 77, 82
cryselle-28 53
CVS GAUZE STERILE 48
cyclafem 1/35 53
cyclafem 7/7/7 53
cyclobenzaprine hcl 46
cyclophosphamide 15
cycloserine 9
cyclosporine 71
cyclosporine modified 71
cyproheptadine hcl 80
cyred eq 53
CYSTADANE 59
CYSTAGON 59
CYSTARAN 80
cytarabine 16
dalfampridine er 46
DALIRESP 82
danazol 57
dantrolene sodium 46
dapsone 5
DAPTACEL 72
daptomycin 5
DAPTOMYCIN 5
darifenacin hydrobromide er 66
dasetta 1/35 53
dasetta 7/7/7 53
DAURISMO 19
deblitane 54
deferasirox 52
DELESTROGEN 57
DELSTRIGO 9
DEMSER 30
DEPO-PROVERA 16
DESCOVY 9
desipramine hcl 37
desloratadine 80
desmopressin ace spray refrig ... 59
desmopressin acetate 59
desmopressin acetate spray 59
desogestrel-ethinyl estradiol 54
desonide 86
desvenlafaxine succinate er 37
dexamethasone 58
DEXAMETHASONE INTENSOL 58
dexamethasone sod phosphate pf 58
dexamethasone sodium phosphate 58, 79
DEXILANT 65
dexmethylphenidate hcl 43
dextroamphetamine sulfate er ... 43
dextrose 76
DEXTROSE 5%/ELECTROLYTE #48 74
dextrose in lactated ringers 74
DEXTROSE-NACL 74

You can find information on what the symbols and abbreviations on this table mean by going to page number V.
09/01/2020

dextrose-nacl 74
diazepam 33
diazoxide 59
diclofenac potassium 1
diclofenac sodium 1, 79, 88
diclofenac sodium er 1
diclofenac-misoprostol 1
dicloxacillin sodium 14
dicyclomine hcl 63
didanosine 7
DIFICID 12
diflorasone diacetate 86
diflunisal 1
digitek 30
digox 31
digoxin 31
dihydroergotamine mesylate 44
DILANTIN 33
DILANTIN INFATABS 33
diltiazem hcl 29
diltiazem hcl er 29
diltiazem hcl er beads 29
diltiazem hcl er coated beads 29
dilt-xr 29
diphenhydramine hcl 80
diphenoxylate-atropine 64, 65
DIPHTHERIA-TETANUS TOXOIDS DT 72
dipyridamole 69
disopyramide phosphate 26
disulfiram 47
divalproex sodium 33
divalproex sodium er 33
DOCETAXEL 17, 18
docetaxel 18
dofetilide 26
donepezil hcl 36
dorzolamide hcl 77
dorzolamide hcl-timolol mal 77
dotti 57
DOVATO 9
doxazosin mesylate 24
doxepin hcl 37, 44
doxercalciferol 62
doxorubicin hcl 15
doxorubicin hcl liposomal 15
doxy 100 14
doxycycline hyclate 14, 15
doxycycline monohydrate 15
DRIZALMA SPRINKLE 37
dronabinol 62
drospirenone-ethinyl estradiol 54
DROXIA 68
DUEXIS 1
duloxetine hcl 37
DUREZOL 79
dutasteride 66
dutasteride-tamsulosin hcl 66
ec-naproxen 1
EDARBI 25
EDARBYCLOR 25
EDURANT 7
efavirenz 7
elinest 54
ELIQUIS 67
ELIQUIS DVT/PE STARTER PACK 67
ELLA 54
eluryng 54
EMCYT 16
EMEND 62
emoquette 54
EMSAM 37
EMTRIVA 7
EMVERM 5
enalapril maleate 24
enalapril-hydrochlorothiazide 24
ENBREL 69
ENBREL MINI 69
ENBREL SURECLICK 69
ENDARI 68
endocet 2
ENGERIX-B 72
enoxaparin sodium 67
enpresse-28 54
enskyce 54
ENSTILAR 86
entacapone 39
entecavir 10
ENTRESTO 25
enulose 64
EPCLUSA 10
EPIDIOLEX 33
epinephrine 82
epirubicin hcl 15
epitol 33
EPIVIR HBV 10
eplerenone 24
ergotamine-caffeine 44
ERIVEDGE 19
ERLEADA 16
erlotinib hcl 19
errin 54
ertapenem sodium 5
ery 84
ery-tab 12
ERYTHROCIN LACTOBIONATE 12
erythrocin stearate 12
erythromycin 78, 84
erythromycin base 12
erythromycin ethylsuccinate 12
ESBRIET 82
escitalopram oxalate 37
esomeprazole magnesium 65
estarylla 54
estradiol 57
estradiol valerate 57
estradiol-norethindrone acet 57
eszopiclone 44
ethambutol hcl 9
ethosuximide 33
ethynodiol diac-eth estradiol 54
etodolac 1
etodolac er 1
etonogestrel-ethinyl estradiol 54
etoposide 18
euthyrox 61
everolimus 19, 71
EVOTAZ 9
EXEL COMFORT POINT PEN NEEDLE 48
exemestane 16
EXJADE 52
EZALLOR SPRINKLE 27
ezetimibe 27
ezetimibe-simvastatin 27
FABRAZYME 60
falmina 54
famciclovir 10
famotidine 63

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

09/01/2020

famotidine premixed 63
FANAPT 40
FANAPT TITRATION PACK 40
FARXIGA 49
FARYDAK 19
FASENRA 82
FASENRA PEN 82
febuxostat 1
felbamate 33
felodipine er 29
femynor 54
fenofibrate 26
fenofibrate micronized 26
fenofibric acid 26
fentanyl 2
fentanyl citrate 2
FETZIMA 37
FETZIMA TITRATION 37
FIASP 48
FIASP FLEXTOUCH 48
FIASP PENFILL 48
FINACEA 88
finasteride 66
flac 89
FLAREX 79
flecainide acetate 26
FLOVENT DISKUS 83
FLOVENT HFA 83
fluconazole 4
fluconazole in sodium chloride 4
flucytosine 4
fludrocortisone acetate 58
flunisolide 83
fluocinolone acetonide 86, 89
fluocinolone acetonide body 86
fluocinolone acetonide scalp 86
fluocinonide 87
fluocinonide emulsified base 87
fluorometholone 79
fluorouracil 16, 88
fluoxetine hcl 37
fluphenazine decanoate 40
fluphenazine hcl 40
flurbiprofen 1
flurbiprofen sodium 79
flutamide 16
fluticasone propionate 83, 87
fluvastatin sodium 27
fluvastatin sodium er 27
fluvoxamine maleate 32
fondaparinux sodium 67
FORTAMET 49
FORTEO 52
FOSAMAX PLUS D 52
fosamprenavir calcium 7
fosinopril sodium 24
fosinopril sodium-hctz 24
FRAGMIN 67
FREAMINE HBC 76
FREAMINE III 76
frovatriptan succinate 44
fulvestrant 16
furosemide 30
FUZEON 7
fyavolv 58
FYCOMPA 33, 34
gabapentin 34
galantamine hydrobromide 36
galantamine hydrobromide er 36
GAMASTAN S/D 70
GAMMAGARD 70
GAMMAGARD S/D LESS IGA 70
GAMMAKED 70
GAMMAPLEX 70
GAMUNEX-C 71
ganciclovir sodium 10
GARDASIL 9 72
gatifloxacin 78
GATTEX 65
gavilyte-c 64
gavilyte-g 64
gavilyte-n with flavor pack 64
gemcitabine hcl 16
gemfibrozil 26
generlac 64
gengraf 71, 72
GENOTROPIN 60
GENOTROPIN MINIQUICK 60
gentak 78
gentamicin in saline 5
gentamicin sulfate 5, 79, 84
GENVOYA 9
gianvi 54
GILENYA 46
GILOTRIF 19
glatiramer acetate 46
glatopa 46
GLEOSTINE 15
glimepiride 49
glipizide 50
glipizide er 49, 50
glipizide xl 50
glipizide-metformin hcl 50
GLOBAL ALCOHOL PREP EASE 48
glycopyrrolate 63
glydo 87
GLYXAMBI 50
GOLYTELY 64
GRALISE 45
GRALISE STARTER 45
granisetron hcl 62
griseofulvin microsize 4
griseofulvin ultramicrosize 4
guanfacine hcl 31
guanfacine hcl er 43
GVOKE HYPOPEN 2-PACK 59
GVOKE PFS 59
HAEGARDA 68
hailey 1.5/30 54
halcinonide 87
halobetasol propionate 87
HALOG 87
haloperidol 41
haloperidol decanoate 41
haloperidol lactate 41
HARVONI 10
HAVRIX 72
heather 54
HEPARIN (PORCINE) IN NACL 67
heparin sod (porcine) in d5w 67
heparin sodium (porcine) 67
hepatamine 77
HERCEPTIN 19
HERCEPTIN HYLECTA 19
HERZUMA 19

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

09/01/2020

HETLIOZ 44
HIBERIX 73
HUMIRA 69
HUMIRA PEDIATRIC CROHNS START 69
HUMIRA PEN 69
HUMIRA PEN-CD/UC/HS STARTER 69
HUMIRA PEN-PS/UV/ADOL HS START 69
HUMULIN R U-500 (CONCENTRATED) 48
HUMULIN R U-500 KWIKPEN 48
hydralazine hcl 31
hydrochlorothiazide 30
hydrocodone-acetaminophen 2
hydrocodone-ibuprofen 2
hydrocortisone 58, 63, 87
hydromorphone hcl 2
hydroxychloroquine sulfate 70
hydroxyurea 17
hydroxyzine hcl 81
hydroxyzine pamoate 81
HYSINGLA ER 2
ibandronate sodium 52
IBRANCE 19
ibu 1
ibuprofen 1
icatibant acetate 68
ICLUSIG 19
IDHIFA 19
ILEVRO 79
imatinib mesylate 19, 20
IMBRUVICA 20
imipenem-cilastatin 5
imipramine hcl 37
imipramine pamoate 37
imiquimod 88
IMOVAX RABIES 73
IMVEXXY MAINTENANCE PACK 58
IMVEXXY STARTER PACK 58
incassia 54
INCRELEX 60
INCRUSE ELLIPTA 80
indapamide 30
INFANRIX 73
INGREZZA 45
INLYTA 20
INREBIC 20
INTELENCE 7
INTRALIPID 77
INTRON A 71
introvale 54
INVEGA SUSTENNA 41
INVEGA TRINZA 41
INVIRASE 7
IPOL 73
ipratropium bromide 80
ipratropium-albuterol 80
irbesartan 25
irbesartan-hydrochlorothiazide 25
IRESSA 20
irinotecan hcl 17
ISENTRESS 7
ISENTRESS HD 7
isibloom 54
ISOLYTE-P IN D5W 74
ISOLYTE-S 74
isoniazid 9
isosorbide dinitrate 31
isosorbide mononitrate 31
isosorbide mononitrate er 31
isotretinoin 84
isradipine 29
itraconazole 4
ivermectin 5
IXIARO 73
JADENU SPRINKLE 52
JAKAFI 20
jantoven 67
JANUMET 50
JANUMET XR 50
JANUVIA 50
JARDIANCE 50
jasmiel 54
JENTADUETO 50
JENTADUETO XR 50
jinteli 58
jolessa 54
JUBLIA 85
juleber 54
JULUCA 9
junel 1.5/30 54
junel 1/20 54
junel fe 1.5/30 54
junel fe 1/20 54
JUXTAPID 27
JYNARQUE 60
KADCYLA 20
KALETRA 9
KALYDECO 82
KANJINTI 20
kariva 54
kcl in dextrose-nacl 74
KCL IN DEXTROSE-NACL 74
kelnor 1/35 54
kelnor 1/50 54
ketoconazole 4, 85
ketorolac tromethamine 79
KEYTRUDA 20
KINRIX 73
kionex 52
KISQALI (200 MG DOSE) 20
KISQALI (400 MG DOSE) 20
KISQALI (600 MG DOSE) 20
KISQALI FEMARA (400 MG DOSE) 17
KISQALI FEMARA (600 MG DOSE) 17
KISQALI FEMARA(200 MG DOSE) 17
klor-con 75
klor-con 10 75
klor-con m10 75
klor-con m15 75
klor-con m20 75
klor-con sprinkle 75
KORLYM 60
KRISTALOSE 64
kurvelo 54
KUVAN 60
labetalol hcl 28
lactated ringers 74
lactulose 64
lactulose encephalopathy 64
lamivudine 7, 10
lamivudine-zidovudine 9
lamotrigine 34

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

09/01/2020

lamotrigine er 34
lansoprazole 65
larin 1.5/30 55
larin 1/20 55
larin fe 1.5/30 55
larin fe 1/20 55
larissia 55
LASTACAFT 77
latanoprost 77
LATUDA 41
leena 55
leflunomide 70
LENVIMA (10 MG DAILY DOSE) 20
LENVIMA (12 MG DAILY DOSE) 20
LENVIMA (14 MG DAILY DOSE) 20
LENVIMA (18 MG DAILY DOSE) 20
LENVIMA (20 MG DAILY DOSE) 20
LENVIMA (24 MG DAILY DOSE) 21
LENVIMA (4 MG DAILY DOSE) 21
LENVIMA (8 MG DAILY DOSE) 21
lessina 55
letrozole 16
leucovorin calcium 23
LEUKERAN 15
leuprolide acetate 16
levalbuterol hcl 81
levalbuterol tartrate 81
LEVEMIR 48
LEVEMIR FLEXTOUCH 48
levetiracetam 34
levetiracetam er 34
levetiracetam in nacl 34
levobunolol hcl 77
levocarnitine 60
levocetirizine dihydrochloride ... 81
levofloxacin 13
levofloxacin in d5w 13
levonest 55
levonorgest-eth estrad 91-day ... 55
levonorgestrel-ethinyl estrad 55
levonorg-eth estrad triphasic 55
levora 0.15/30 (28) 55
levo-t 61
levothyroxine sodium 61
levoxyl 61
LEXIVA 7
LIALDA 63
lidocaine 87
lidocaine hcl 3, 87
lidocaine hcl (pf) 3
lidocaine hcl urethral/mucosal ... 87
lidocaine viscous hcl 89
lidocaine-prilocaine 87
lillow 55
linezolid 5
linezolid in sodium chloride 5
LINZESS 65
liothyronine sodium 61
lisinopril 24
lisinopril-hydrochlorothiazide ... 24
LITHIUM 45
lithium carbonate 45
lithium carbonate er 45
LIVALO 27
LOKELMA 53
LONSURF 17
loperamide hcl 65
lopinavir-ritonavir 9
lopreeza 58
lorazepam 32
lorazepam intensol 32
LORBRENA 21
lorcet 2
lorcet hd 2
lorcet plus 3
loryna 55
losartan potassium 25
losartan potassium-hctz 25
LOTEMAX 79
loteprednol etabonate 79
lovastatin 27
low-ogestrel 55
loxapine succinate 41
LUMIGAN 77
LUMIZYME 60
LUPRON DEPOT (1-MONTH) 16
LUPRON DEPOT (3-MONTH) 16
LUPRON DEPOT-PED (1-MONTH) 60
LUPRON DEPOT-PED (3-MONTH) 60
lutera 55
LYNPARZA 21
LYRICA CR 45
LYSODREN 16
lyza 55
magnesium sulfate 74
MAGNESIUM SULFATE 75
magnesium sulfate in d5w 74
MAGNESIUM SULFATE IN D5W 74
malathion 88
maprotiline hcl 38
marlissa 55
MARPLAN 38
MATULANE 17
matzim la 29
MAVYRET 10
meclizine hcl 62
medroxyprogesterone acetate 55, 61
mefloquine hcl 6
megestrol acetate 16, 61
MEKINIST 21
MEKTOVI 21
meloxicam 1
memantine hcl 36
memantine hcl er 36
MENACTRA 73
MENVEO 73
mercaptopurine 16
meropenem 5
mesalamine 63
mesalamine er 63
mesalamine-cleanser 63
MESNEX 23
metadate er 43
metformin hcl 50
metformin hcl er 50
metformin hcl er (osm) 50

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

09/01/2020

methadone hcl 2
methadone hcl intensol 2
methazolamide 30
methenamine hippurate 5
methimazole 61
methotrexate 70
methotrexate sodium 16
methotrexate sodium (pf) 16
methyldopa 31
methylphenidate hcl 43, 44
methylphenidate hcl er 43
methylprednisolone 58
methylprednisolone acetate 58
methylprednisolone sodium succ 58
metoclopramide hcl 62
metolazone 30
metoprolol succinate er 28
metoprolol tartrate 28
metoprolol-hydrochlorothiazide 28
metronidazole 5, 67, 88
metronidazole in nacl 5
micafungin sodium 4
microgestin 1.5/30 55
microgestin 1/20 55
microgestin fe 1.5/30 55
microgestin fe 1/20 55
midodrine hcl 31
miglustat 60
mili 55
mimvey 58
minitran 31
minocycline hcl 15
minoxidil 31
mirtazapine 38
misoprostol 65
MITIGARE 1
M-M-R II 73
M-NATAL PLUS 76
modafinil 46
moexipril hcl 24
molindone hcl 41
mometasone furoate 83, 87
mondoxyne nl 15
mono-linyah 55
montelukast sodium 81
morphine sulfate 3
morphine sulfate (concentrate) .. 3
MORPHINE SULFATE (PF) 3
morphine sulfate (pf) 3
morphine sulfate er 2
MOVANTIK 65
MOXIFLOXACIN HCL 13
moxifloxacin hcl 13, 79
moxifloxacin hcl in nacl 13
MULTAQ 26
mupirocin 84
mupirocin calcium 84
MVASI 21
mycophenolate mofetil 72
mycophenolate sodium 72
myorisan 84
MYRBETRIQ 66
nabumetone 1
nadolol 28
nafcillin sodium 14
NAFCILLIN SODIUM 14
NAGLAZYME 60
nalbuphine hcl 3
naloxone hcl 47
naltrexone hcl 47
NAMZARIC 36
naproxen 1
naproxen dr 1
naproxen sodium 1
naratriptan hcl 44
NARCAN 47
NASONEX 83
NATACYN 79
nateglinide 50
NATPARA 52
NAYZILAM 34
necon 0.5/35 (28) 55
nefazodone hcl 38
neomycin sulfate 5
neomycin-bacitracin zn-polymyx 79
neomycin-polymyxin-dexameth 78
neomycin-polymyxin-gramicidin 79
neomycin-polymyxin-hc 78, 89
NEPHRAMINE 77
NERLYNX 21
NEUPRO 39
NEVANAC 79
nevirapine 7
nevirapine er 7
NEXAVAR 21
niacin er (antihyperlipidemic) .. 27
nicardipine hcl 29
NICOTROL 47
NICOTROL NS 47
nifedipine er 29
nifedipine er osmotic release 29
nikki 55
nilutamide 16
nimodipine 29
NINLARO 21
nisoldipine er 29
nitisinone 60
NITRO-BID 31
NITRO-DUR 31
nitrofurantoin macrocrystal 5
nitrofurantoin monohyd macro ... 6
nitroglycerin 31
nizatidine 63
nora-be 55
norethin ace-eth estrad-fe 55
norethindrone 56
norethindrone acetate 61
norethindrone acet-ethinyl est ... 55
norethindrone-eth estradiol 58
norgestimate-eth estradiol 56
norgestim-eth estrad triphasic ... 56
NORITATE 88
norlyroc 56
NORMOSOL-M IN D5W 75
NORMOSOL-R 75
NORPACE CR 26
NORTHERA 31
nortrel 0.5/35 (28) 56
nortrel 1/35 (21) 56
nortrel 1/35 (28) 56
nortrel 7/7/7 56
nortriptyline hcl 38
NORVIR 8
NOVOLIN 70/30 48
NOVOLIN 70/30 FLEXPEN .. 48
NOVOLIN N 48
NOVOLIN N FLEXPEN 48

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

09/01/2020

NOVOLIN R 48
NOVOLIN R FLEXPEN 48
NOVOLOG 49
NOVOLOG FLEXPEN 48
NOVOLOG MIX 70/30 48
NOVOLOG MIX 70/30 FLEXPEN 48
NOVOLOG PENFILL 48
NOXAFIL 4
NUBEQA 16
NUEDEXTA 45
NULOJIX 72
NULYTELY WITH FLAVOR PACKS 64
NUPLAZID 41
NUTRILIPID 77
nyamyc 85
NYMALIZE 29
nystatin 4, 85, 89
nystop 85
ocella 56
OCTAGAM 71
octreotide acetate 60
ODEFSEY 9
ODOMZO 21
OFEV 82
ofloxacin 79, 89
OGIVRI 21
olanzapine 41, 42
olmesartan medoxomil 25
olmesartan medoxomil-hctz 25
olmesartan-amlodipine-hctz 25
olopatadine hcl 77, 81
OLUX 87
omeprazole 65
OMNARIS 83
OMNIPOD 5 PACK 49
OMNIPOD DASH 5 PACK PODS 49
OMNIPOD STARTER 49
ondansetron 62
ondansetron hcl 62
ONE VITE WOMENS PLUS 76
ONTRUZANT 21
OPSUMIT 32
ORKAMBI 82
orsythia 56
oseltamivir phosphate 10
OSPHENA 60
oxacillin sodium 14
oxaliplatin 15
oxandrolone 47
oxaprozin 2
oxcarbazepine 34
oxiconazole nitrate 85
OXISTAT 85
oxybutynin chloride 66
oxybutynin chloride er 66
oxycodone hcl 3
oxycodone-acetaminophen 3
OXYTROL 66
OZEMPIC (0.25 OR 0.5 MG/DOSE) 51
OZEMPIC (1 MG/DOSE) 51
pacerone 26
paclitaxel 18
paliperidone er 42
pamidronate disodium 52
PAMIDRONATE DISODIUM 52
pantoprazole sodium 65
PANZYGA 71
paricalcitol 62
paroex 89
paromomycin sulfate 6
paroxetine hcl 38
paroxetine hcl er 38
PASER 9
PAXIL 38
PAZEO 77
PEDIARIX 73
PEDVAX HIB 73
peg 3350-kcl-na bicarb-nacl 64
peg-3350/electrolytes 64
PEGANONE 34
PEGASYS 10
PEGASYS PROCLICK 10
PEMAZYRE 21
penicillamine 53
PENICILLIN G POT IN DEXTROSE 14
penicillin g potassium 14
PENICILLIN G PROCAINE 14
penicillin g sodium 14
penicillin v potassium 14
PENNSAID 88
PENTACEL 73
pentamidine isethionate 6
PENTASA 64
pentoxifylline er 68
PERFOROMIST 81
perindopril erbumine 24
periogard 89
permethrin 88
perphenazine 42
PERSERIS 42
pfizerpen 14
phenelzine sulfate 38
phenobarbital 34
phenobarbital sodium 34
PHENYTEK 34
phenytoin 34
phenytoin sodium 34
phenytoin sodium extended 34
philith 56
PHOSPHOLINE IODIDE 78
PICATO 88
PIFELTRO 8
pilocarpine hcl 78, 89
pimozide 42
pimtrea 56
pindolol 28
pioglitazone hcl 51
piperacillin sod-tazobactam so 14
PIQRAY (200 MG DAILY DOSE) 21
PIQRAY (250 MG DAILY DOSE) 21
PIQRAY (300 MG DAILY DOSE) 21
pirmella 1/35 56
piroxicam 2
PLASMA-LYTE 148 75
PLASMA-LYTE A 75
plenamine 77
PLENVU 64
PNV FOLIC ACID + IRON 76
podofilox 88
polymyxin b-trimethoprim 79
POMALYST 17
portia-28 56

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

09/01/2020

posaconazole 4
POTASSIUM CHLORIDE 75
potassium chloride 75, 76
potassium chloride crys er 76
potassium chloride er 76
potassium chloride in dextrose .. 75
potassium chloride in nacl 75
potassium citrate er 66
PRADAXA 67
PRALUENT 27
pramipexole dihydrochloride 39
pramipexole dihydrochloride er . 39
prasugrel hcl 69
pravastatin sodium 27
praziquantel 6
prazosin hcl 24
prednisolone 58
prednisolone acetate 79
prednisolone sodium phosphate 58, 59
PREDNISOLONE SODIUM PHOSPHATE 79
prednisone 59
PREDNISONE INTENSOL .. 59
PREFERRED PLUS INSULIN SYRINGE 49
pregabalin 35
PREMARIN 58
PREMASOL 77
PREMPRO 58
PRENATAL 76
PRENATAL PLUS 76
PRENATAL VITAMIN PLUS LOW IRON 76
prevalite 27
previfem 56
PREZCOBIX 9
PREZISTA 8
PRIFTIN 9
PRILOSEC 66
primaquine phosphate 7
PRIMAQUINE PHOSPHATE 7
primidone 35
PRIVIGEN 71
probenecid 1
PROCALAMINE 77
prochlorperazine 62
prochlorperazine edisylate 62
prochlorperazine maleate 62
PROCRIT 68
procto-med hc 88
procto-pak 88
proctosol hc 88
proctozone-hc 88
PROGRAF 72
PROLASTIN-C 82
PROLENSA 80
PROLIA 52
PROMACTA 68
promethazine hcl 62, 63
propafenone hcl 26
propafenone hcl er 26
proparacaine hcl 80
propranolol hcl 28
propranolol hcl er 28
propranolol-hctz 28
propylthiouracil 62
PROQUAD 73
PROSOL 77
protriptyline hcl 38
PSORCON 87
PULMICORT FLEXHALER 83
PULMOZYME 82
PURIXAN 16
pyrazinamide 9
pyridostigmine bromide 45
QINLOCK 21
QUADRACEL 73
quetiapine fumarate 42
quetiapine fumarate er 42
quinapril hcl 24
quinapril-hydrochlorothiazide ... 24
quinidine sulfate 26
quinine sulfate 7
RABAVERT 73
rabeprazole sodium 66
raloxifene hcl 60
ramipril 24
RANEXA 31
ranolazine er 31
rasagiline mesylate 39
RAYALDEE 62
reclipsen 56
RECOMBIVAX HB 73
RECTIV 88
REGRANEX 88
RELENZA DISKHALER 10
RELI-ON INSULIN SYRINGE 49
RELISTOR 65
REMICADE 69
RENFLEXIS 69
repaglinide 51
RESTASIS 80
RESTASIS MULTIDOSE 80
RETEVMO 21
REVLIMID 17
REXULTI 42
REYATAZ 8
RHOPRESSA 78
ribavirin 10
rifabutin 9
rifampin 9
riluzole 46
rimantadine hcl 10
RINVOQ 69
risedronate sodium 52
RISPERDAL CONSTA 42
risperidone 42
ritonavir 8
RITUXAN 21
RITUXAN HYCELA 21
rivastigmine 36
rivastigmine tartrate 36
rizatriptan benzoate 44, 45
ropinirole hcl 39
ropinirole hcl er 39
rosadan 88
rosuvastatin calcium 27
ROTARIX 73
ROTATEQ 73
roweepra 35
roweepra xr 35
ROZLYTREK 21
RUBRACA 22
RUXIENCE 22
RYBELSUS 51
RYDAPT 22
SAMSCA 60

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

09/01/2020

SANCUSO....63
SANDIMMUNE....72
SANTYL....88
SAPHRIS....42
SAVELLA....46
SAVELLA TITRATION PACK....46
scopolamine....63
SECUADO....42
selegiline hcl....39
selenium sulfide....85
SELZENTRY....8
SEREVENT DISKUS....81
sertraline hcl....38
setlakin....56
sevelamer carbonate....61
sharobel....56
SHINGRIX....73
SIGNIFOR....60
sildenafil citrate....32
silodosin....66
silver sulfadiazine....84
SIMBRINZA....78
simliya....56
simvastatin....27
sirolimus....72
SIRTURO....9
SIVEXTRO....6
SKYRIZI (150 MG DOSE)....70
sodium chloride....75, 89
sodium fluoride....76
sodium phenylbutyrate....61
sodium polystyrene sulfonate....53
solifenacin succinate....66
SOLIQUA....49
SOLTAMOX....17
SOLU-CORTEF....59
SOMATULINE DEPOT....61
SOMAVERT....61
sorine....26
sotalol hcl....26
sotalol hcl (af)....26
SOVALDI....10
spironolactone....24
spironolactone-hctz....30
sprintec 28....56
SPRITAM....35
SPRYCEL....22
sps....53
sronyx....56
ssd....84
stavudine....8
STELARA....70
sterile water for irrigation....89
STIMATE....61
STIVARGA....22
streptomycin sulfate....6
STRIBILD....9
subvenite....35
sucralfate....65
sulfacetamide sodium....79
sulfacetamide sodium (acne)....84
sulfacetamide-prednisolone....78
SULFADIAZINE....6
sulfamethoxazole-trimethoprim....6
SULFAMYLON....85
sulfasalazine....64
sulindac....2
sumatriptan....45
sumatriptan succinate....45
sumatriptan succinate refill....45
sumatriptan-naproxen sodium....45
SUPREP BOWEL PREP KIT 64
SUTENT....22
syeda....56
SYLATRON....17
SYMBICORT....84
SYMDEKO....82
SYMFI....9
SYMFI LO....9
SYMJEPI....82
SYMLINPEN 120....51
SYMLINPEN 60....51
SYMPAZAN....35
SYMTUZA....9
SYNAREL....57
SYNERCID....6
SYNJARDY....51
SYNJARDY XR....51
SYNRIBO....17
SYNTHROID....62
TABLOID....16
TABRECTA....22
tacrolimus....72, 88
tadalafil (pah)....32
TAFINLAR....22
TAGRISSO....22
TALTZ....70
TALZENNA....22
tamoxifen citrate....17
tamsulosin hcl....66
TARGRETIN....88
tarina fe 1/20 eq....56
TASIGNA....22
tazarotene....85
tazicef....12
TAZORAC....85
taztia xt....29
TAZVERIK....22
TDVAX....73
TECENTRIQ....22
TECFIDERA....46
TEFLARO....12
telmisartan....25
telmisartan-amlodipine....25
telmisartan-hctz....25
temazepam....44
TEMIXYS....9
TENIVAC....73
tenofovir disoproxil fumarate....8
terazosin hcl....24
terbinafine hcl....4
terbutaline sulfate....81
terconazole....67
testosterone....47
testosterone cypionate....47
testosterone enanthate....47
tetrabenazine....46
tetracycline hcl....15
THALOMID....17
THEO-24....82
theophylline....83
theophylline er....82, 83
thioridazine hcl....42
thiothixene....42
tiadylt er....29
tiagabine hcl....35
TIBSOVO....22
tigecycline....15
TIGECYCLINE....15
tilia fe....56

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

09/01/2020

timolol maleate 28, 78
TIVICAY 8
TIVICAY PD 8
tizanidine hcl 46
TOBRADEX 78
TOBRADEX ST 78
tobramycin 6, 79
tobramycin sulfate 6
tobramycin-dexamethasone 78
tolterodine tartrate 66
tolterodine tartrate er 66
topiramate 35
toposar 18
toremifene citrate 17
torsemide 30
TOVIAZ 66
TPN ELECTROLYTES 75
TRADJENTA 51
tramadol hcl 3
tramadol-acetaminophen 3
trandolapril 24
tranexamic acid 68
tranylcypromine sulfate 38
TRAVASOL 77
travoprost (bak free) 78
TRAZIMERA 22
trazodone hcl 38
TRECATOR 9
TRELEGY ELLIPTA 80
TRELSTAR MIXJECT 17
treprostinil 32
TRESIBA 49
TRESIBA FLEXTOUCH 49
tretinoin 17, 84
TREXALL 70
TREXIMET 45
triamcinolone acetonide 87, 89
triamterene-hctz 30
TRICARE 76
trientine hcl 53
tri-estarylla 56
trifluoperazine hcl 42
trifluridine 79
trihexyphenidyl hcl 39
TRIJARDY XR 51
TRIKAFTA 83
tri-legest fe 56
tri-linyah 56
tri-lo-estarylla 56
tri-lo-marzia 56
tri-lo-mili 56
tri-lo-sprintec 56
trilyte 64
trimethoprim 6
tri-mili 56
trimipramine maleate 38
TRINTELLIX 38
tri-previfem 57
tri-sprintec 57
TRIUMEQ 9
trivora (28) 57
tri-vylibra 57
tri-vylibra lo 57
TROGARZO 8
TROPHAMINE 77
trospium chloride 66
TRULANCE 65
TRULICITY 51
TRUMENBA 73
TRUVADA 9
TRUXIMA 22
TUKYSA 22
tulana 57
TURALIO 22
TWINRIX 74
TYBOST 8
TYKERB 22
TYMLOS 52
TYPHIM VI 74
unithroid 62
ursodiol 65
valacyclovir hcl 10
VALCHLOR 88
valganciclovir hcl 10
valproate sodium 35
valproic acid 35
valsartan 25, 26
valsartan-hydrochlorothiazide 25
VALTOCO 10 MG DOSE 35
VALTOCO 15 MG DOSE 35
VALTOCO 20 MG DOSE 35
VALTOCO 5 MG DOSE 35
vancomycin hcl 6
VANCOMYCIN HCL IN NACL 6
vandazole 67
VAQTA 74
VARIVAX 74
VASCEPA 27
VELCADE 22
velivet 57
VELTASSA 53
VEMLIDY 10
VENCLEXTA 22
VENCLEXTA STARTING PACK 22
venlafaxine hcl 38
venlafaxine hcl er 38
VENTAVIS 32
VENTOLIN HFA 81
verapamil hcl 30
verapamil hcl er 29
VERSACLOZ 43
VERZENIO 23
VESICARE 66
V-GO 20 49
V-GO 30 49
V-GO 40 49
VICTOZA 51
vienva 57
vigabatrin 35
vigadrone 35
VIIBRYD 38
VIIBRYD STARTER PACK 38
VIMOVO 2
VIMPAT 35, 36
vincristine sulfate 18
vinorelbine tartrate 18
viorele 57
VIRACEPT 8
VIREAD 8
VITRAKVI 23
VIVITROL 47
VIZIMPRO 23
voriconazole 4
VOSEVI 10
VOTRIENT 23
VRAYLAR 43
vyfemla 57
vylibra 57

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

09/01/2020

VYTORIN 27
VYVANSE 44
warfarin sodium 68
WELCHOL 27
wera 57
XALKORI 23
XARELTO 68
XARELTO STARTER PACK 68
XATMEP 70
XCOPRI 36
XCOPRI (250 MG DAILY DOSE) 36
XCOPRI (350 MG DAILY DOSE) 36
XELJANZ 70
XELJANZ XR 70
XGEVA 52
XIFAXAN 65
XIGDUO XR 51
XOLAIR 83
XOSPATA 23
XPOVIO (100 MG ONCE WEEKLY) 23
XPOVIO (40 MG ONCE WEEKLY) 23
XPOVIO (40 MG TWICE WEEKLY) 23
XPOVIO (60 MG ONCE WEEKLY) 23
XPOVIO (60 MG TWICE WEEKLY) 23
XPOVIO (80 MG ONCE WEEKLY) 23
XPOVIO (80 MG TWICE WEEKLY) 23
XTANDI 17
xulane 57
XULTOPHY 49
XYREM 46
YF-VAX 74
yuvafem 58
zafirlukast 81
zarah 57
ZARXIO 68
ZEJULA 23
ZELBORAF 23
ZEMAIRA 83
zenatane 84
ZENPEP 65
ZERVIATE 77
zidovudine 8
ziprasidone hcl 43
ziprasidone mesylate 43
ZIRABEV 23
ZIRGAN 79
zoledronic acid 52
ZOLINZA 23
zolmitriptan 45
zolpidem tartrate 44
zonisamide 36
ZORTRESS 72
ZOSTAVAX 74
zovia 1/35e (28) 57
zumandimine 57
ZYCLARA PUMP 88
ZYDELIG 23
ZYKADIA 23
ZYLET 78
ZYPITAMAG 27
ZYPREXA RELPREVV 43
ZYTIGA 17

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

09/01/2020

‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

Our plans use a formulary. The formulary may change at any time. You will receive notice when necessary. Please contact your plan for details.

For PDP plans that offer preferred pharmacies

WellCare Prescription Drug Plan, Inc.’s, pharmacy network includes limited lower-cost, preferred pharmacies in rural areas of AR, KS, OK; and urban areas of MO, MS. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **1-833-207-4241** (TTY **711**) for Rx Saver, Rx Select and Rx Value Plus plans, and **1-888-550-5252** (TTY **711**) for Classic, Value Script, and Wellness Rx plans or consult the online pharmacy directory at **www.wellcare.com/pdp**.

For TN Dual Eligible plans

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits.

We're Always Just a Phone Call Away!

If you're ready to enroll or have enrollment questions, call 1-888-293-5151.
Representatives are available from 8 a.m. to 8 p.m., 7 days a week.

If you're already a member, call the Customer Service number for your plan listed below.

PDP	WellCare Classic (PDP), WellCare Value Script (PDP), WellCare Wellness Rx (PDP)	**1-888-550-5252**
	WellCare Medicare Rx Saver (PDP), WellCare Medicare Rx Select (PDP), WellCare Medicare Rx Value Plus (PDP)	**1-833-207-4241**
Hours of operation Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit us anytime at **www.wellcare.com/pdp**		
TTY for all of the above		**711**

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-877-374-4056** (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-374-4056** (TTY: **711**).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-374-4056** (TTY: **711**)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-374-4056** (TTY: **711**).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-374-4056** (TTY: **711**)번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-374-4056** (TTY: **711**).

This formulary was updated on 09/01/2020. For more recent information or other questions, please contact WellCare at the telephone number listed on the inside front and back covers of this formulary, or visit **www.wellcare.com/pdp**.

MedicareRx
Prescription Drug Coverage