L.A. Care
Medicare Plus™
(HMO D-SNP)

L.A. Care *Medicare Plus (HMO D-SNP)*

List of Covered Drugs (Formulary)

2025

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

This formulary was updated on September 1, 2025.

For more recent information or other questions, contact us at **1-833-522-3767** (TTY: **711**), 24 hours a day, 7 days a week, including holidays or visit **medicare.lacare.org**.

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L.A. Care Medicare Plus (HMO D-SNP)
2025 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs and over-the-counter (OTC) drugs and non-drug products and items are covered by L.A. Care Medicare Plus. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by L.A. Care Medicare Plus. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a list of drugs that members can get in L.A. Care Medicare Plus.

- You can always check L.A. Care Medicare Plus's up-to-date *List of Covered Drugs* online at medicare.lacare.org or by calling 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call at 1-833-522-3767 (TTY: 711) or at the numbers listed at the bottom of this page or at the numbers in the footer of this document. The call is free.

- ATTENTION: If you need help in your language, call **1-833-522-3767** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-833-522-3767** (TTY: **711**). These services are free.

- يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-833-522-3767** (TTY: **711**). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ**1-833-522-3767** (TTY: **711**). هذه الخدمات مجانية.

- ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-833-522-3767** (TTY: **711**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-833-522-3767** (TTY: **711**): Այդ ծառայություններն անվճար են:

❖ 请注意：如果您需要以您的母语提供帮助，请致电 **1-833-522-3767** (TTY: **711**)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-833-522-3767** (TTY: **711**)。这些服务都是免费的。

❖ ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-833-522-3767** (TTY: **711**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ **1-833-522-3767** (TTY: **711**). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

❖ ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-833-522-3767** (TTY: **711**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-833-522-3767** (TTY: **711**) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

❖ CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-833-522-3767** (TTY: **711**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-833-522-3767** (TTY: **711**). Cov kev pab cuam no yog pab dawb xwb.

❖ 注意日本語での対応が必要な場合は **1-833-522-3767** (TTY: **711**) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。**1-833-522-3767** (TTY: **711**) へお電話ください。これらのサービスは無料で提供しています。

❖ 유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-833-522-3767** (TTY: **711**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-833-522-3767** (TTY: **711**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

❖ ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ **1-833-522-3767** (TTY: **711**). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສຳລັບຄົນພິການເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ **1-833-522-3767** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

❖ LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-833-522-3767** (TTY: **711**). Liouh lorx jauvlouc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx **1-833-522-3767** (TTY: **711**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

❖ ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-833-522-3767** (TTY: **711**)។ ជំនួយ នឹង សេវាកម្ម សម្រាប ជនពិការ ដូចជាឯកសារសរសេរជា អក្សរផុស សម្រាបជនពិការភ្នែក ឬឯកស្ងារសរសេរជា អក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ **1-833-522-3767** (TTY: **711**)។ សេវាកម្មទាំងនេះមិន គិតថ្លៃទេ្បីយ។

❖ توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-833-522-3767** (TTY: **711**) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-833-522-3767** (TTY: **711**) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

❖ ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-833-522-3767** (TTY: **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-833-522-3767** (TTY: **711**). Такие услуги предоставляются бесплатно.

❖ ATENCIÓN: si necesita ayuda en su idioma, llame al **1-833-522-3767** (TTY: **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-833-522-3767** (TTY: **711**). Estos servicios son gratuitos.

❖ ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-833-522-3767** (TTY: **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-833-522-3767** (TTY: **711**). Libre ang mga serbisyong ito.

❖ **โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปทีหมายเลข 1-833-522-3767** (TTY: **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลทีมีความพิการ เช่น เอกสารต่าง ๆ ทีเป็นอักษรเบรลล์และเอกสารทีพิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปทีหมายเลข **1-833-522-3767** (TTY: **711**) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี

❖ **УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-833-522-3767** (TTY: **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-833-522-3767** (TTY: **711**). Ці послуги безкоштовні.

❖ CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-833-522-3767** (TTY: **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-833-522-3767** (TTY: **711**). Các dịch vụ này đều miễn phí.

- ❖ This document is available for free in Arabic, Armenian, Chinese, Punjabi, Hindi, Hmong, Japanese, Farsi, Korean, Laotian, Russian, Spanish, Tagalog, Mien, Cambodian, Thai, Ukrainian and Vietnamese.
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information. To get this document in a language other than English and/or in an alternate format, please contact Member Services at (833) 522-3767, TTY: 711, 24 hours a day, 7 days a week, including holidays. A representative can help you make or change a standing request.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "*Drug List*" for short.)

The drugs on the *List of Covered Drugs* that starts in section D are the drugs covered by L.A. Care Medicare Plus. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

- L.A. Care Medicare Plus will cover all medically necessary drugs on the *Drug List* if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - L.A. Care Medicare Plus agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a L.A. Care Medicare Plus network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at medicare.lacare.org or call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays.

B2. Does the *Drug List* ever change?

Yes, and L.A. Care Medicare Plus must follow Medicare and Medi-Cal rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from L.A. Care Medicare Plus before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, or
- we learn that a drug is not safe, or
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check L.A. Care Medicare Plus's up-to-date *Drug List* online at medicare.lacare.org. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at 1-833-522-3767 (TTY: 711) 24 hours a day, 7 days a week, including holidays to check the current *Drug List*.

B3. What happens when there is a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs**. We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain $0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.

- We can make these changes only if the drug we are adding:
  - is a new generic version of a brand name drug, or
  - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
  - some of these drug types may be new to you. For more information, refer to Section B14.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.

- **A drug is taken off the market**. If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. If you get one of these letters, please speak with your doctor to find a different drug that is safe for you.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead or
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from L.A. Care Medicare Plus before you fill your prescription. Prior authorization is different from a referral. L.A. Care Medicare Plus may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes L.A. Care Medicare Plus limits the amount of a drug you can get.
- **Step therapy:** Sometimes L.A. Care Medicare Plus requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.
- **Indication-based coverage:** If L.A. Care Medicare Plus covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables in section C. You can also get more information by visiting our website at medicare.lacare.org. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the List of Drugs by medical condition/drug type has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if L.A. Care Medicare Plus changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition or drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it at the end of the drug list. It is called the Index. The drugs are listed in alphabetical order.

To search **by medical condition**, find the section labeled List of Drugs by Medical Condition" on page xviii. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category cardiovascular agents – Misc. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays and ask about it. If you learn that L.A. Care Medicare Plus will not cover the drug, you can do one of these things:

- Ask *Member Services* for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask L.A. Care Medicare Plus to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new L.A. Care Medicare Plus member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of L.A. Care Medicare Plus. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our *Drug List*, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by L.A. Care Medicare Plus, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that L.A. Care Medicare Plus does not consider to be a Part D drug, and the drug is not on the *Drug List*, and you have a problem getting the drug, it may be covered through Medi-Cal Rx. If a Part D excluded drug requires an exception, and you have an emergency, Medi-Cal Rx will allow no less than 72-hour supply of the drug. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal BIC when getting prescriptions through Medi-Cal Rx.

If you are in a nursing home or other long-term care facility and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new L.A. Care Medicare Plus member.
- This is in addition to the temporary supply during the first 90 days you are a member of L.A. Care Medicare Plus.

Level of Care Changes

We will provide a transition supply of your drugs when you experience a change in level of care.

Examples of level of care changes may include the following:

1. Members who enter long-term care facilities from hospitals
2. Members who are discharged from a hospital to a home
3. Members who end their skilled nursing facility Medicare Part A stay and who need to revert to their Part D plan formulary
4. Members who give up hospice status to revert to standard Medicare Part A and B benefits
5. Members who end a long-term care facility stay and return to the community
6. Members who are discharged from psychiatric hospitals with drug regimens that are highly individualized

Pharmacies may contact the Pharmacy Help Desk at 1-844-268-9785 to process point-of-sale overrides to ensure members receive access to their medications without any delays.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask L.A. Care Medicare Plus to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, L.A. Care Medicare Plus may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9** section G of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your doctor or other prescriber can fax or mail the statement to us. Or your doctor or other prescriber can tell us on the phone, and then fax or mail a statement. You can call us at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays, for more information.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

L.A. Care Medicare Plus covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for "over-the-counter". L.A. Care Medicare Plus covers some OTC drugs when they are written as prescriptions by your provider.

You can read the L.A. Care Medicare Plus *Drug List* to find out what OTC drugs are covered.

B16. Does L.A. Care Medicare Plus cover non-drug OTC products?

L.A. Care Medicare Plus covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include alcohol swabs.

You can read the L.A. Care Medicare Plus *Drug List* to find out what non-drug OTC products are covered.

B17. Does L.A. Care Medicare Plus cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered prescription drugs. A 100-day supply has the same copay as a one-month supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What is my copay?

L.A. Care Medicare Plus members have $0 copay for prescription and OTC drugs and non-drug products if the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

- All Covered Part D Drugs (1 Tier): Your copay for a one-month (30-day) supply is $0 per prescription.

If you have questions, call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by L.A. Care Medicare Plus. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by L.A. Care Medicare Plus.

COVERAGE NOTES ABBREVIATIONS

Utilization Management Restrictions

ABBREVIATION	DESCRIPTION	EXPLANATION
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from L.A. Care Medicare Plus before you fill your prescription for this drug. Without prior approval, L.A. Care Medicare Plus may not cover this drug.
PA BvD	Prior Authorization Restriction For Part B vs Part D Determination	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 L.A. Care Medicare Plus to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, L.A. Care Medicare Plus may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If this is a new prescription for you, i.e., the first time this drug is prescribed for you, you (or your physician) are required to get prior authorization from L.A. Care Medicare Plus before you fill your prescription for this drug. Without prior approval, L.A. Care Medicare Plus may not cover this drug.
QL	Quantity Limit Restriction	L.A. Care Medicare Plus limits the quantity to be covered within a specific time frame for this drug.
ST	Step Therapy Restriction	Before L.A. Care Medicare Plus will provide coverage for this drug, you must first try another drug(s) on the formulary to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
ST NSO	Step Therapy for New Starts Only	If this is a new prescription for you, i.e., the first time this drug is prescribed for you, before L.A. Care Medicare Plus will provide coverage for this drug, you must first try another drug(s) on the formulary to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
Other Special Requirements for Coverage		
LD	Limited Distribution Drug	This prescription may be available only at certain pharmacies. For more information consult your *Provider/Pharmacy Directory* or call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays.
NDS	Non-Extended Day Supply	Drugs noted with "NDS" are limited to a 1-month supply for both Retail and Mail Order.
INS	Insulins	Insulin products at a maximum of $35 per month.
VAC	Vaccine	Medicare Part D Vaccines covered at $0.

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

Appeals Under Part D

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medi-Cal.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at 1-833-522-3767 (TTY: 711), 24 hours a day, 7 days a week, including holidays *or* at the numbers listed at the bottom of this page or at the numbers in the footer of this document.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.
- Drugs that are not a Part D drug have different rules for appeals.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, cardiovascular agents – Misc. That is where you will find drugs that treat heart conditions.

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine 10mg tab	1	
amphetamine/dextroamphetamine 12.5mg tab	1	
amphetamine/dextroamphetamine 15mg tab	1	
amphetamine/dextroamphetamine 20mg tab	1	
amphetamine/dextroamphetamine 25mg er cap	1	
amphetamine/dextroamphetamine 30mg tab	1	
amphetamine/dextroamphetamine 5mg tab	1	
amphetamine/dextroamphetamine 7.5mg tab	1	
dextroamphetamine sulfate 10mg tab	1	
dextroamphetamine sulfate 5mg tab	1	
lisdexamfetamine dimesylate 10mg cap	1	
lisdexamfetamine dimesylate 20mg cap	1	
lisdexamfetamine dimesylate 30mg cap	1	
lisdexamfetamine dimesylate 40mg cap	1	
lisdexamfetamine dimesylate 50mg cap	1	
lisdexamfetamine dimesylate 60mg cap	1	
lisdexamfetamine dimesylate 70mg cap	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine 100mg cap	1	QL=60 EA/30 Days
atomoxetine 10mg cap	1	QL=60 EA/30 Days
atomoxetine 18mg cap	1	QL=60 EA/30 Days
atomoxetine 25mg cap	1	QL=60 EA/30 Days
atomoxetine 40mg cap	1	QL=60 EA/30 Days
atomoxetine 60mg cap	1	QL=60 EA/30 Days
atomoxetine 80mg cap	1	QL=60 EA/30 Days
clonidine 0.1mg er tab	1	
guanfacine 1mg er tab	1	
guanfacine 2mg er tab	1	
guanfacine 3mg er tab	1	
guanfacine 4mg er tab	1	
STIMULANTS - MISC.		
armodafinil 150mg tab	1	PA QL=30 EA/30 Days
armodafinil 200mg tab	1	PA QL=30 EA/30 Days
armodafinil 250mg tab	1	PA QL=30 EA/30 Days
armodafinil 50mg tab	1	PA QL=30 EA/30 Days
dexmethylphenidate 10mg tab	1	
dexmethylphenidate 2.5mg tab	1	
dexmethylphenidate 5mg tab	1	
methylphenidate 10mg er tab	1	
methylphenidate 10mg tab	1	
methylphenidate 18mg er osmotic tab	1	
methylphenidate 1mg/ml oral soln	1	
methylphenidate 20mg er tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methylphenidate 20mg tab	1	
methylphenidate 27mg er osmotic tab	1	
methylphenidate 27mg er tab	1	
methylphenidate 2mg/ml oral soln	1	
methylphenidate 36mg er osmotic tab	1	
methylphenidate 36mg er tab	1	
methylphenidate 54mg er osmotic tab	1	
methylphenidate 54mg er tab	1	
methylphenidate 5mg tab	1	
modafinil 100mg tab	1	PA QL=60 EA/30 Days
modafinil 200mg tab	1	PA QL=60 EA/30 Days
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin 250mg/ml inj	1	
ARIKAYCE 590MG/8.4ML INH SUSP	1	NDS PA QL=252 ML/30 Days
GENTAMICIN 0.8MG/ML INJ	1	
gentamicin 1.2mg/ml inj	1	
GENTAMICIN 1.6MG/ML INJ	1	
GENTAMICIN 1MG/ML INJ	1	
gentamicin 40mg/ml inj	1	
neomycin sulfate 500mg tab	1	
STREPTOMYCIN 1GM INJ	1	
TOBRAMYCIN 10MG/ML INJ	1	
tobramycin 300mg/5ml inh soln	1	PA QL=300 ML/30 Days
tobramycin 80mg/2ml inj	1	
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
leflunomide 10mg tab	1	
leflunomide 20mg tab	1	
OLUMIANT 1MG TAB	1	NDS PA QL=30 EA/30 Days
OLUMIANT 2MG TAB	1	NDS PA QL=30 EA/30 Days
OLUMIANT 4MG TAB	1	NDS PA QL=30 EA/30 Days
RINVOQ 15MG ER TAB	1	NDS PA QL=30 EA/30 Days
RINVOQ 1MG/ML ORAL SOLN	1	NDS PA QL=360 ML/30 Days
RINVOQ 30MG ER TAB	1	NDS PA QL=30 EA/30 Days
RINVOQ 45MG ER TAB	1	NDS PA QL=30 EA/30 Days
XELJANZ 10MG TAB	1	NDS PA QL=60 EA/30 Days
XELJANZ 1MG/ML ORAL SOLN	1	NDS PA QL=300 ML/30 Days
XELJANZ 5MG TAB	1	NDS PA QL=60 EA/30 Days
XELJANZ XR 11MG TAB	1	NDS PA QL=30 EA/30 Days
XELJANZ XR 22MG TAB	1	NDS PA QL=30 EA/30 Days
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-AATY 100MG/ML (0.2ML) SYRINGE	1	NDS PA QL=1 EA/28 Days
ADALIMUMAB-AATY 100MG/ML (0.4ML) SYRINGE	1	NDS PA QL=3 EA/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADALIMUMAB-AATY 100MG/ML AUTO-INJECTOR (0.4ML)	1	NDS PA QL=3 EA/28 Days
ADALIMUMAB-AATY 100MG/ML AUTO-INJECTOR (0.8ML)	1	NDS PA QL=2 EA/28 Days
ADALIMUMAB-AATY 80MG/0.8ML AUTO-INJECTOR PACK (3)	1	PA QL=3 EA/180 Days
CIMZIA 200MG INJ	1	NDS PA QL=2 EA/28 Days
CIMZIA 200MG/ML SYRINGE	1	NDS PA QL=2 EA/28 Days
ENBREL 25MG/0.5ML INJ	1	NDS PA QL=8 ML/28 Days
ENBREL 25MG/0.5ML SYRINGE	1	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML CARTRIDGE	1	NDS PA QL=8 ML/28 Days
ENBREL 50MG/ML SYRINGE	1	NDS PA QL=8 ML/28 Days
HADLIMA 40MG/0.4ML AUTO-INJECTOR	1	NDS PA QL=2.40 ML/28 Days
HADLIMA 40MG/0.4ML SYRINGE	1	NDS PA QL=2.40 ML/28 Days
HADLIMA 40MG/0.8ML AUTO-INJECTOR	1	NDS PA QL=4.80 ML/28 Days
HADLIMA 40MG/0.8ML SYRINGE	1	NDS PA QL=4.80 ML/28 Days
SIMLANDI 20MG/0.2ML SYRINGE	1	NDS PA QL=2 EA/28 Days
SIMLANDI 40MG/0.4ML AUTO-INJECTOR	1	NDS PA QL=6 EA/28 Days
SIMLANDI 40MG/0.4ML SYRINGE	1	NDS PA QL=6 EA/28 Days
SIMLANDI 80MG/0.8ML AUTO-INJECTOR	1	NDS PA QL=2 EA/28 Days
SIMLANDI 80MG/0.8ML SYRINGE	1	NDS PA QL=2 EA/28 Days
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA 162MG/0.9ML AUTO-INJECTOR	1	NDS PA QL=3.60 ML/28 Days
ACTEMRA 162MG/0.9ML SYRINGE	1	NDS PA QL=3.60 ML/28 Days
KEVZARA 150MG/1.14ML AUTO-INJECTOR	1	NDS PA QL=2.28 ML/28 Days
KEVZARA 150MG/1.14ML SYRINGE	1	NDS PA QL=2.28 ML/28 Days
KEVZARA 200MG/1.14ML AUTO-INJECTOR	1	NDS PA QL=2.28 ML/28 Days
KEVZARA 200MG/1.14ML SYRINGE	1	NDS PA QL=2.28 ML/28 Days
TYENNE 162MG/0.9ML AUTO-INJECTOR	1	NDS PA QL=3.60 ML/28 Days
TYENNE 162MG/0.9ML SYRINGE	1	NDS PA QL=3.60 ML/28 Days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib 100mg cap	1	
celecoxib 200mg cap	1	
celecoxib 400mg cap	1	
celecoxib 50mg cap	1	
diclofenac potassium 50mg tab	1	
diclofenac sodium 1.5% topical soln	1	QL=300 ML/30 Days
diclofenac sodium 100mg er tab	1	
diclofenac sodium 25mg dr tab	1	
diclofenac sodium 50mg dr tab	1	
diclofenac sodium 75mg dr tab	1	
diflunisal 500mg tab	1	
etodolac 200mg cap	1	
etodolac 300mg cap	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
etodolac 400mg tab	1	
etodolac 500mg tab	1	
ibu 600mg tab	1	
ibu 800mg tab	1	
ibuprofen 400mg tab	1	
ibuprofen 600mg tab	1	
ibuprofen 800mg tab	1	
ketorolac tromethamine 10mg tab	1	QL=20 EA/5 Days
meloxicam 15mg tab	1	
meloxicam 7.5mg tab	1	
nabumetone 500mg tab	1	
nabumetone 750mg tab	1	
naproxen 250mg tab	1	
naproxen 375mg dr tab	1	
naproxen 375mg tab	1	
naproxen 500mg tab	1	
naproxen sodium 275mg tab	1	
naproxen sodium 550mg tab	1	
piroxicam 10mg cap	1	
piroxicam 20mg cap	1	
sulindac 150mg tab	1	
sulindac 200mg tab	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA 125MG/ML AUTO-INJECTOR	1	NDS PA QL=4 ML/28 Days
ORENCIA 125MG/ML SYRINGE	1	NDS PA QL=4 ML/28 Days
ORENCIA 50MG/0.4ML SYRINGE	1	NDS PA QL=1.60 ML/28 Days
ORENCIA 87.5MG/0.7ML SYRINGE	1	NDS PA QL=2.80 ML/28 Days
ANALGESICS - OPIOID		
OPIOID AGONISTS		
fentanyl 100mcg/hr patch	1	QL=10 EA/30 Days
fentanyl 12mcg/hr patch	1	QL=10 EA/30 Days
fentanyl 25mcg/hr patch	1	QL=10 EA/30 Days
fentanyl 50mcg/hr patch	1	QL=10 EA/30 Days
fentanyl 75mcg/hr patch	1	QL=10 EA/30 Days
hydromorphone 2mg tab	1	QL=450 EA/30 Days
hydromorphone 4mg tab	1	QL=240 EA/30 Days
hydromorphone 8mg tab	1	QL=120 EA/30 Days
methadone 10mg tab	1	QL=360 EA/30 Days
METHADONE 1MG/ML ORAL SOLN	1	QL=3600 ML/30 Days
METHADONE 2MG/ML ORAL SOLN	1	QL=1800 ML/30 Days
methadone 5mg tab	1	QL=360 EA/30 Days
morphine sulfate 100mg er tab	1	QL=120 EA/30 Days
morphine sulfate 15mg er tab	1	QL=120 EA/30 Days
morphine sulfate 15mg tab	1	QL=180 EA/30 Days
morphine sulfate 200mg er tab	1	QL=120 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
morphine sulfate 20mg/ml oral soln	1	QL=180 ML/30 Days
MORPHINE SULFATE 2MG/ML ORAL SOLN	1	QL=1800 ML/30 Days
morphine sulfate 30mg er tab	1	QL=120 EA/30 Days
morphine sulfate 30mg tab	1	QL=180 EA/30 Days
MORPHINE SULFATE 4MG/ML ORAL SOLN	1	QL=900 ML/30 Days
morphine sulfate 60mg er tab	1	QL=120 EA/30 Days
oxycodone 10mg tab	1	QL=180 EA/30 Days
oxycodone 15mg tab	1	QL=180 EA/30 Days
oxycodone 1mg/ml oral soln	1	QL=5400 ML/30 Days
oxycodone 20mg tab	1	QL=180 EA/30 Days
oxycodone 30mg tab	1	QL=180 EA/30 Days
oxycodone 5mg tab	1	QL=360 EA/30 Days
tramadol 100mg er tab	1	QL=30 EA/30 Days
tramadol 200mg er tab	1	QL=30 EA/30 Days
tramadol 300mg er tab	1	QL=30 EA/30 Days
tramadol 50mg tab	1	QL=240 EA/30 Days
OPIOID COMBINATIONS		
codeine phosphate/acetaminophen 15-300mg tab	1	QL=390 EA/30 Days
CODEINE PHOSPHATE/ACETAMINOPHEN 2.4-24MG/ML ORAL SOLN	1	QL=4980 ML/30 Days
codeine phosphate/acetaminophen 30-300mg tab	1	QL=390 EA/30 Days
codeine phosphate/acetaminophen 60-300mg tab	1	QL=390 EA/30 Days
endocet 10-325mg tab	1	QL=360 EA/30 Days
endocet 2.5-325mg tab	1	QL=360 EA/30 Days
endocet 5-325mg tab	1	QL=360 EA/30 Days
endocet 7.5-325mg tab	1	QL=360 EA/30 Days
hydrocodone bitartrate/acetaminophen 0.5-21.7mg/ml oral soln	1	QL=5400 ML/30 Days
hydrocodone bitartrate/acetaminophen 10-325mg tab	1	QL=360 EA/30 Days
hydrocodone bitartrate/acetaminophen 5-325mg tab	1	QL=360 EA/30 Days
hydrocodone bitartrate/acetaminophen 7.5-325mg tab	1	QL=360 EA/30 Days
oxycodone/acetaminophen 10-325mg tab	1	QL=360 EA/30 Days
oxycodone/acetaminophen 2.5-325mg tab	1	QL=360 EA/30 Days
oxycodone/acetaminophen 5-325mg tab	1	QL=360 EA/30 Days
oxycodone/acetaminophen 7.5-325mg tab	1	QL=360 EA/30 Days
tramadol/acetaminophen 37.5-325mg tab	1	QL=360 EA/30 Days
OPIOID PARTIAL AGONISTS		
buprenorphine 2mg sl tab	1	QL=90 EA/30 Days
buprenorphine 8mg sl tab	1	QL=90 EA/30 Days
buprenorphine/naloxone 12-3mg sl film	1	QL=60 EA/30 Days
buprenorphine/naloxone 2-0.5mg sl film	1	QL=90 EA/30 Days
buprenorphine/naloxone 2-0.5mg sl tab	1	QL=90 EA/30 Days
buprenorphine/naloxone 4-1mg sl film	1	QL=90 EA/30 Days
buprenorphine/naloxone 8-2mg sl film	1	QL=90 EA/30 Days
buprenorphine/naloxone 8-2mg sl tab	1	QL=90 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol 100mg cap	1	
danazol 200mg cap	1	
danazol 50mg cap	1	
depo-testosterone 100mg/ml inj	1	
depo-testosterone 200mg/ml inj	1	
testosterone 1% (12.5mg/act) gel pump	1	PA QL=300 GM/30 Days
testosterone 1% (25mg) gel packet	1	PA QL=300 GM/30 Days
testosterone 1% (50mg) gel packet	1	PA QL=300 GM/30 Days
TESTOSTERONE 1.62% (1.25GM) GEL PACKET	1	PA QL=75 GM/30 Days
testosterone 1.62% (2.5gm) gel packet	1	PA QL=150 GM/30 Days
testosterone 1.62% (20.25mg/act) gel pump	1	PA QL=150 GM/30 Days
testosterone 30mg/act topical soln	1	PA QL=180 ML/30 Days
testosterone cypionate 100mg/ml inj	1	
testosterone cypionate 200mg/ml (1ml) inj	1	
testosterone cypionate 200mg/ml inj	1	
TESTOSTERONE ENANTHATE 200MG/ML INJ	1	
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide 2mg/act rectal foam	1	PA
hydrocortisone 1.67mg/ml enema	1	
RECTAL STEROIDS		
hydrocortisone 2.5% cream	1	QL=60 GM/30 Days
procto-med 2.5% cream	1	QL=60 GM/30 Days
proctosol 2.5% cream	1	QL=60 GM/30 Days
proctozone hc 2.5% cream	1	QL=60 GM/30 Days
VASODILATING AGENTS		
nitroglycerin 0.4% rectal ointment	1	QL=30 GM/30 Days
ANTHELMINTICS		
ANTHELMINTICS		
albendazole 200mg tab	1	
ivermectin 3mg tab	1	PA QL=15 EA/90 Days
praziquantel 600mg tab	1	
ANTIANGINAL AGENTS		
NITRATES		
isosorbide dinitrate 10mg tab	1	
isosorbide dinitrate 20mg tab	1	
isosorbide dinitrate 30mg tab	1	
isosorbide dinitrate 5mg tab	1	
ISOSORBIDE MONONITRATE 10MG TAB	1	
isosorbide mononitrate 120mg er tab	1	
ISOSORBIDE MONONITRATE 20MG TAB	1	
isosorbide mononitrate 30mg er tab	1	
isosorbide mononitrate 60mg er tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NITRO-BID 2% OINTMENT	1	
nitroglycerin 0.1mg/hr patch	1	
nitroglycerin 0.2mg/hr patch	1	
nitroglycerin 0.3mg sl tab	1	
nitroglycerin 0.4mg sl tab	1	
nitroglycerin 0.4mg/hr patch	1	
nitroglycerin 0.6mg sl tab	1	
nitroglycerin 0.6mg/hr patch	1	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone 10mg tab	1	
buspirone 15mg tab	1	
buspirone 30mg tab	1	
buspirone 5mg tab	1	
buspirone 7.5mg tab	1	
hydroxyzine 10mg tab	1	
hydroxyzine 25mg tab	1	
hydroxyzine 50mg tab	1	
HYDROXYZINE P	1	
hydroxyzine pamoate 25mg cap	1	
hydroxyzine pamoate 50mg cap	1	
BENZODIAZEPINES		
alprazolam 0.25mg tab	1	QL=120 EA/30 Days
alprazolam 0.5mg tab	1	QL=120 EA/30 Days
alprazolam 1mg tab	1	QL=120 EA/30 Days
alprazolam 2mg tab	1	QL=150 EA/30 Days
chlordiazepoxide 10mg cap	1	QL=120 EA/30 Days
chlordiazepoxide 25mg cap	1	QL=120 EA/30 Days
chlordiazepoxide 5mg cap	1	QL=120 EA/30 Days
clorazepate dipotassium 15mg tab	1	QL=180 EA/30 Days
clorazepate dipotassium 3.75mg tab	1	QL=180 EA/30 Days
clorazepate dipotassium 7.5mg tab	1	QL=180 EA/30 Days
diazepam 10mg tab	1	QL=120 EA/30 Days
diazepam 1mg/ml oral soln	1	QL=1200 ML/30 Days
diazepam 2mg tab	1	QL=120 EA/30 Days
diazepam 5mg tab	1	QL=120 EA/30 Days
diazepam 5mg/ml oral soln	1	QL=240 ML/30 Days
lorazepam 0.5mg tab	1	QL=150 EA/30 Days
lorazepam 1mg tab	1	QL=150 EA/30 Days
lorazepam 2mg tab	1	QL=150 EA/30 Days
lorazepam 2mg/ml oral soln	1	QL=150 ML/30 Days
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide 100mg cap	1	PA
disopyramide 150mg cap	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QUINIDINE SULFATE 200MG TAB	1	
QUINIDINE SULFATE 300MG TAB	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine 150mg cap	1	
mexiletine 200mg cap	1	
mexiletine 250mg cap	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate 100mg tab	1	
flecainide acetate 150mg tab	1	
flecainide acetate 50mg tab	1	
propafenone 150mg tab	1	
propafenone 225mg er cap	1	
propafenone 225mg tab	1	
propafenone 300mg tab	1	
propafenone 325mg er cap	1	
propafenone 425mg er cap	1	
ANTIARRHYTHMICS TYPE III		
amiodarone 100mg tab	1	
amiodarone 200mg tab	1	
amiodarone 400mg tab	1	
dofetilide 0.125mg cap	1	
dofetilide 0.25mg cap	1	
dofetilide 0.5mg cap	1	
MULTAQ 400MG TAB	1	
pacerone 100mg tab	1	
pacerone 200mg tab	1	
pacerone 400mg tab	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
DUPIXENT 200MG/1.14ML AUTO-INJECTOR	1	NDS PA QL=4.56 ML/28 Days
DUPIXENT 200MG/1.14ML SYRINGE	1	NDS PA QL=4.56 ML/28 Days
DUPIXENT 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
DUPIXENT 300MG/2ML SYRINGE	1	NDS PA QL=8 ML/28 Days
FASENRA 10MG/0.5ML SYRINGE	1	PA QL=.50 ML/28 Days
FASENRA 30MG/ML AUTO-INJECTOR	1	PA QL=1 ML/28 Days
FASENRA 30MG/ML SYRINGE	1	PA QL=1 ML/28 Days
NUCALA 100MG INJ	1	NDS PA QL=3 EA/28 Days
NUCALA 100MG/ML AUTO-INJECTOR	1	NDS PA QL=3 ML/28 Days
NUCALA 100MG/ML SYRINGE	1	NDS PA QL=3 ML/28 Days
NUCALA 40MG/0.4ML SYRINGE	1	NDS PA QL=.40 ML/28 Days
XOLAIR 150MG INJ	1	NDS PA QL=2 EA/28 Days
XOLAIR 150MG/ML AUTO-INJECTOR	1	NDS PA QL=2 ML/28 Days
XOLAIR 150MG/ML SYRINGE	1	NDS PA QL=2 ML/28 Days
XOLAIR 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
XOLAIR 300MG/2ML SYRINGE	1	NDS PA QL=8 ML/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOLAIR 75MG/0.5ML AUTO-INJECTOR	1	NDS PA QL=1 ML/28 Days
XOLAIR 75MG/0.5ML SYRINGE	1	NDS PA QL=1 ML/28 Days
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT 17MCG HFA INHALER	1	QL=25.80 GM/30 Days
INCRUSE ELLIPTA 62.5MCG/INH POWDER INHALER	1	QL=30 EA/30 Days
ipratropium bromide 0.02% inh soln	1	PA_BvD
LEUKOTRIENE MODULATORS		
montelukast 10mg tab	1	QL=30 EA/30 Days
montelukast 4mg chew tab	1	QL=30 EA/30 Days
montelukast 5mg chew tab	1	QL=30 EA/30 Days
zafirlukast 10mg tab	1	QL=60 EA/30 Days
zafirlukast 20mg tab	1	QL=60 EA/30 Days
STEROID INHALANTS		
ALVESCO 160MCG INHALER	1	QL=12.20 GM/30 Days
ALVESCO 80MCG INHALER	1	QL=12.20 GM/30 Days
ARNUITY 100MCG POWDER INHALER	1	QL=30 EA/30 Days
ARNUITY 200MCG POWDER INHALER	1	QL=30 EA/30 Days
ARNUITY 50MCG POWDER INHALER	1	QL=30 EA/30 Days
ASMANEX 100MCG HFA INHALER	1	QL=13 GM/30 Days
ASMANEX 110MCG (30ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 200MCG HFA INHALER	1	QL=13 GM/30 Days
ASMANEX 220MCG (120ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 220MCG (30ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 220MCG (60ACT) TWISTHALER	1	QL=1 EA/30 Days
ASMANEX 50MCG HFA INHALER	1	QL=13 GM/30 Days
budesonide 0.25mg/2ml inh susp	1	PA_BvD QL=120 ML/30 Days
budesonide 0.5mg/2ml inh susp	1	PA_BvD QL=120 ML/30 Days
budesonide 1mg/2ml inh susp	1	PA_BvD QL=120 ML/30 Days
FLUTICASONE PROPIONATE 110MCG INHALER	1	QL=24 GM/30 Days
FLUTICASONE PROPIONATE 220MCG INHALER	1	QL=24 GM/30 Days
FLUTICASONE PROPIONATE 44MCG INHALER	1	QL=21.20 GM/30 Days
QVAR 40MCG REDIHALER	1	QL=21.20 GM/30 Days
QVAR 80MCG REDIHALER	1	QL=21.20 GM/30 Days
SYMPATHOMIMETICS		
ADVAIR 115-21MCG HFA INHALER	1	QL=12 GM/30 Days
ADVAIR 230-21MCG HFA INHALER	1	QL=12 GM/30 Days
ADVAIR 45-21MCG/ACT HFA INHALER	1	QL=12 GM/30 Days
albuterol 0.21mg/ml (0.63mg/3ml) inh soln	1	PA_BvD
albuterol 0.4mg/ml (2mg/5ml) oral soln	1	
albuterol 0.83mg/ml (0.083%) inh soln	1	PA_BvD
albuterol 1.25mg/3ml neb soln	1	PA_BvD
albuterol 108mcg HFA inhaler (6.7gm, Proventil equiv)	1	QL=13.40 GM/30 Days
albuterol 108mcg HFA inhaler (8.5gm, Proair equiv)	1	QL=17 GM/30 Days
albuterol 2mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
albuterol 4mg tab	1	
albuterol 5mg/ml (0.05%) inh soln	1	PA_BvD
ANORO ELLIPTA 62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 100-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 200-25MCG POWDER INHALER	1	QL=60 EA/30 Days
BREO ELLIPTA 50-25MCG POWDER INHALER	1	QL=60 EA/30 Days
breyna 160-4.5mcg/act inhaler	1	QL=10.30 GM/30 Days
breyna 80-4.5mcg/act inhaler	1	QL=10.30 GM/30 Days
BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER	1	QL=10.70 GM/30 Days
budesonide/formoterol fumarate 160-45mcg inhaler	1	QL=10.20 GM/30 Days
budesonide/formoterol fumarate 80-45mcg inhaler	1	QL=10.20 GM/30 Days
COMBIVENT 20-100MCG/ACT INHALER	1	QL=8 GM/30 Days
DULERA 100-5MCG INHALER	1	QL=13 GM/30 Days
DULERA 200-5MCG INHALER	1	QL=13 GM/30 Days
DULERA 50-5MCG INHALER	1	QL=13 GM/30 Days
epinephrine 0.15mg/0.3ml auto-injector (2pack)	1	QL=2 EA/15 Days
epinephrine 0.3mg/0.3ml auto-injector (2pack)	1	QL=2 EA/15 Days
fluticasone propionate/salmeterol 100-50mcg/act powder inhaler	1	QL=60 EA/30 Days
fluticasone propionate/salmeterol 250-50mcg/act powder inhaler	1	QL=60 EA/30 Days
fluticasone propionate/salmeterol 500-50mcg/act powder inhaler	1	QL=60 EA/30 Days
ipratropium/albuterol 0.5-2.5mg/3ml inh soln	1	PA_BvD
levalbuterol 0.31mg/3ml neb soln	1	PA_BvD
levalbuterol 0.63mg/3ml inh soln	1	PA_BvD
levalbuterol 1.25mg/3ml neb soln	1	PA_BvD
LEVALBUTEROL 45MCG/ACT INHALER	1	ST QL=30 GM/30 Days
STIOLTO 2.5-2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
STRIVERDI 2.5MCG/ACT INHALER	1	QL=4 GM/30 Days
terbutaline sulfate 2.5mg tab	1	
terbutaline sulfate 5mg tab	1	
TRELEGY ELLIPTA 100-62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
TRELEGY ELLIPTA 200-62.5-25MCG POWDER INHALER	1	QL=60 EA/30 Days
wixela 100-50mcg powder inhaler	1	QL=60 EA/30 Days
wixela 250-50mcg powder inhaler	1	QL=60 EA/30 Days
wixela 500-50mcg powder inhaler	1	QL=60 EA/30 Days
XOPENEX 45MCG INHALER	1	ST QL=30 GM/30 Days
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
ELIQUIS 2.5MG TAB	1	QL=60 EA/30 Days
ELIQUIS 5MG 30-DAY STARTER PACK (74)	1	QL=74 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIQUIS 5MG TAB	1	QL=74 EA/30 Days
rivaroxaban 2.5mg tab	1	QL=60 EA/30 Days
XARELTO 10MG TAB	1	QL=30 EA/30 Days
XARELTO 15MG TAB	1	QL=60 EA/30 Days
XARELTO 1MG/ML ORAL SUSP	1	QL=620 ML/30 Days
XARELTO 2.5MG TAB	1	QL=60 EA/30 Days
XARELTO 20MG TAB	1	QL=30 EA/30 Days
XARELTO TAB STARTER PACK (51)	1	QL=51 EA/30 Days
COUMARIN ANTICOAGULANTS		
jantoven 10mg tab	1	
jantoven 1mg tab	1	
jantoven 2.5mg tab	1	
jantoven 2mg tab	1	
jantoven 3mg tab	1	
jantoven 4mg tab	1	
jantoven 5mg tab	1	
jantoven 6mg tab	1	
jantoven 7.5mg tab	1	
warfarin sodium 10mg tab	1	
warfarin sodium 1mg tab	1	
warfarin sodium 2.5mg tab	1	
warfarin sodium 2mg tab	1	
warfarin sodium 3mg tab	1	
warfarin sodium 4mg tab	1	
warfarin sodium 5mg tab	1	
warfarin sodium 6mg tab	1	
warfarin sodium 7.5mg tab	1	
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium 100mg/1ml syringe	1	
enoxaparin sodium 120mg/0.8ml syringe	1	
enoxaparin sodium 150mg/1ml syringe	1	
enoxaparin sodium 30mg/0.3ml syringe	1	
enoxaparin sodium 40mg/0.4ml syringe	1	
enoxaparin sodium 60mg/0.6ml syringe	1	
enoxaparin sodium 80mg/0.8ml syringe	1	
fondaparinux sodium 10mg/0.8ml syringe	1	
fondaparinux sodium 2.5mg/0.5ml syringe	1	
fondaparinux sodium 5mg/0.4ml syringe	1	
fondaparinux sodium 7.5mg/0.6ml syringe	1	
heparin sodium porcine 10000unit/ml inj	1	
heparin sodium porcine 1000unit/ml inj	1	
heparin sodium porcine 20000unit/ml inj	1	
heparin sodium porcine 5000unit/ml inj	1	
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clobazam 10mg tab	1	QL=60 EA/30 Days
clobazam 2.5mg/ml oral susp	1	QL=480 ML/30 Days
clobazam 20mg tab	1	QL=60 EA/30 Days
clonazepam 0.125mg odt	1	QL=90 EA/30 Days
clonazepam 0.25mg odt	1	QL=90 EA/30 Days
clonazepam 0.5mg odt	1	QL=90 EA/30 Days
clonazepam 0.5mg tab	1	QL=90 EA/30 Days
clonazepam 1mg odt	1	QL=90 EA/30 Days
clonazepam 1mg tab	1	QL=90 EA/30 Days
clonazepam 2mg odt	1	QL=300 EA/30 Days
clonazepam 2mg tab	1	QL=300 EA/30 Days
diazepam 10mg/2ml rectal gel	1	QL=10 EA/30 Days
DIAZEPAM 2.5MG/0.5ML RECTAL GEL	1	QL=10 EA/30 Days
diazepam 20mg/4ml rectal gel	1	QL=10 EA/30 Days
NAYZILAM 5MG/0.1ML NASAL SPRAY	1	QL=10 EA/30 Days
SYMPAZAN 10MG ORAL FILM	1	PA_NSO QL=60 EA/30 Days
SYMPAZAN 20MG ORAL FILM	1	PA_NSO QL=60 EA/30 Days
SYMPAZAN 5MG ORAL FILM	1	PA_NSO QL=60 EA/30 Days
VALTOCO 10MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
VALTOCO 15MG (7.5MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
VALTOCO 20MG (10MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
VALTOCO 5MG (5MG/0.1ML) NASAL SPRAY DOSE PACK	1	QL=10 EA/30 Days
ANTICONVULSANTS - MISC.		
BRIVIACT 100MG TAB	1	PA_NSO QL=60 EA/30 Days
BRIVIACT 10MG TAB	1	PA_NSO QL=60 EA/30 Days
BRIVIACT 10MG/ML ORAL SOLN	1	PA_NSO QL=600 ML/30 Days
BRIVIACT 25MG TAB	1	PA_NSO QL=60 EA/30 Days
BRIVIACT 50MG TAB	1	PA_NSO QL=60 EA/30 Days
BRIVIACT 75MG TAB	1	PA_NSO QL=60 EA/30 Days
carbamazepine 100mg chew tab	1	
carbamazepine 100mg er cap	1	
carbamazepine 100mg er tab	1	
carbamazepine 200mg er cap	1	
carbamazepine 200mg er tab	1	
carbamazepine 200mg tab	1	
carbamazepine 20mg/ml oral susp	1	
carbamazepine 300mg er cap	1	
carbamazepine 400mg er tab	1	
DIACOMIT 250MG CAP	1	NDS PA_NSO QL=360 EA/30 Days
DIACOMIT 250MG POWDER FOR ORAL SUSP	1	NDS PA_NSO QL=360 EA/30 Days
DIACOMIT 500MG CAP	1	NDS PA_NSO QL=180 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIACOMIT 500MG POWDER FOR ORAL SUSP	1	NDS PA_NSO QL=180 EA/30 Days
EPIDIOLEX 100MG/ML ORAL SOLN	1	NDS PA_NSO QL=600 ML/30 Days
epitol 200mg tab	1	
EPRONTIA 25MG/ML ORAL SOLN	1	PA_NSO QL=480 ML/30 Days
eslicarbazepine acetate 200mg tab	1	PA_NSO QL=30 EA/30 Days
eslicarbazepine acetate 400mg tab	1	PA_NSO QL=30 EA/30 Days
eslicarbazepine acetate 600mg tab	1	PA_NSO QL=60 EA/30 Days
eslicarbazepine acetate 800mg tab	1	PA_NSO QL=60 EA/30 Days
FINTEPLA 2.2MG/ML ORAL SOLN	1	NDS PA_NSO QL=360 ML/30 Days
FYCOMPA 0.5MG/ML ORAL SUSP	1	PA_NSO QL=720 ML/30 Days
gabapentin 100mg cap	1	QL=1080 EA/30 Days
gabapentin 300mg cap	1	QL=360 EA/30 Days
gabapentin 400mg cap	1	QL=270 EA/30 Days
gabapentin 50mg/ml oral soln	1	QL=2160 ML/30 Days
gabapentin 600mg tab (Neurontin equiv)	1	QL=180 EA/30 Days
gabapentin 800mg tab	1	QL=135 EA/30 Days
lacosamide 100mg tab	1	QL=60 EA/30 Days
lacosamide 10mg/ml oral soln	1	QL=1200 ML/30 Days
lacosamide 150mg tab	1	QL=60 EA/30 Days
lacosamide 200mg tab	1	QL=60 EA/30 Days
lacosamide 50mg tab	1	QL=120 EA/30 Days
lamotrigine 100mg tab	1	
lamotrigine 150mg tab	1	
lamotrigine 200mg tab	1	
lamotrigine 25mg chew tab	1	
lamotrigine 25mg tab	1	
lamotrigine 5mg chew tab	1	
levetiracetam 1000mg tab	1	
levetiracetam 100mg/ml oral soln	1	
levetiracetam 250mg tab	1	
levetiracetam 500mg er tab	1	
levetiracetam 500mg tab	1	
levetiracetam 750mg er tab	1	
levetiracetam 750mg tab	1	
oxcarbazepine 150mg tab	1	
oxcarbazepine 300mg tab	1	
oxcarbazepine 600mg tab	1	
oxcarbazepine 60mg/ml oral susp	1	
perampanel 10mg tab	1	PA_NSO QL=30 EA/30 Days
perampanel 12mg tab	1	PA_NSO QL=30 EA/30 Days
perampanel 2mg tab	1	PA_NSO QL=30 EA/30 Days
perampanel 4mg tab	1	PA_NSO QL=30 EA/30 Days
perampanel 6mg tab	1	PA_NSO QL=30 EA/30 Days
perampanel 8mg tab	1	PA_NSO QL=30 EA/30 Days
phenobarbital 100mg tab	1	QL=120 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
phenobarbital 15mg tab	1	QL=120 EA/30 Days
phenobarbital 16.2mg tab	1	QL=120 EA/30 Days
phenobarbital 30mg tab	1	QL=120 EA/30 Days
phenobarbital 32.4mg tab	1	QL=120 EA/30 Days
phenobarbital 4mg/ml oral soln	1	QL=1500 ML/30 Days
phenobarbital 60mg tab	1	QL=120 EA/30 Days
phenobarbital 64.8mg tab	1	QL=120 EA/30 Days
phenobarbital 97.2mg tab	1	QL=120 EA/30 Days
phenytoin 25mg/ml oral susp	1	
phenytoin 50mg chew tab	1	
phenytoin sodium 100mg er cap	1	
pregabalin 100mg cap	1	QL=90 EA/30 Days
pregabalin 150mg cap	1	QL=90 EA/30 Days
pregabalin 200mg cap	1	QL=90 EA/30 Days
pregabalin 20mg/ml oral soln	1	QL=900 ML/30 Days
pregabalin 225mg cap	1	QL=60 EA/30 Days
pregabalin 25mg cap	1	QL=90 EA/30 Days
pregabalin 300mg cap	1	QL=60 EA/30 Days
pregabalin 50mg cap	1	QL=90 EA/30 Days
pregabalin 75mg cap	1	QL=90 EA/30 Days
primidone 250mg tab	1	
primidone 50mg tab	1	
roweepra 500mg tab	1	
rufinamide 200mg tab	1	PA_NSO QL=480 EA/30 Days
rufinamide 400mg tab	1	PA_NSO QL=240 EA/30 Days
rufinamide 40mg/ml oral susp	1	PA_NSO QL=2760 ML/30 Days
SPRITAM 250MG TAB FOR ORAL SUSP	1	PA_NSO QL=360 EA/30 Days
SPRITAM 500MG TAB FOR ORAL SUSP	1	PA_NSO QL=180 EA/30 Days
subvenite 100mg tab	1	
subvenite 150mg tab	1	
subvenite 200mg tab	1	
subvenite 25mg tab	1	
topiramate 100mg tab	1	
topiramate 15mg cap	1	
topiramate 200mg tab	1	
topiramate 25mg cap	1	
topiramate 25mg tab	1	
topiramate 50mg tab	1	
ZONISADE 100MG/5ML ORAL SUSP	1	PA_NSO QL=900 ML/30 Days
zonisamide 100mg cap	1	
zonisamide 25mg cap	1	
zonisamide 50mg cap	1	
ZTALMY 50MG/ML ORAL SUSP	1	NDS PA_NSO QL=1100 ML/30 Days
CARBAMATES		
felbamate 120mg/ml oral susp	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
felbamate 400mg tab	1	
felbamate 600mg tab	1	
XCOPRI 100MG TAB	1	PA_NSO QL=30 EA/30 Days
XCOPRI 150MG TAB	1	PA_NSO QL=60 EA/30 Days
XCOPRI 200MG TAB	1	PA_NSO QL=60 EA/30 Days
XCOPRI 25MG TAB	1	PA_NSO QL=30 EA/30 Days
XCOPRI 50MG TAB	1	PA_NSO QL=30 EA/30 Days
XCOPRI TAB 100/150MG MAINTENANCE PACK (56)	1	PA_NSO QL=56 EA/28 Days
XCOPRI TAB 12.5/25MG TITRATION PACK (28)	1	PA_NSO QL=28 EA/28 Days
XCOPRI TAB 150/200MG PACK (56)	1	PA_NSO QL=56 EA/28 Days
XCOPRI TAB 150/200MG TITRATION PACK (28)	1	PA_NSO QL=28 EA/28 Days
XCOPRI TAB 50/100MG TITRATION PACK (28)	1	PA_NSO QL=28 EA/28 Days
GABA MODULATORS		
tiagabine 12mg tab	1	
tiagabine 16mg tab	1	
tiagabine 2mg tab	1	
tiagabine 4mg tab	1	
vigabatrin 500mg powder for oral soln	1	PA_NSO QL=180 EA/30 Days
vigabatrin 500mg tab	1	PA_NSO QL=180 EA/30 Days
vigadrone 500mg powder for oral soln	1	PA_NSO QL=180 EA/30 Days
vigadrone 500mg tab	1	PA_NSO QL=180 EA/30 Days
VIGAFYDE 100MG/ML ORAL SOLN	1	PA_NSO QL=720 ML/30 Days
vigpoder 500mg powder for oral soln	1	PA_NSO QL=180 EA/30 Days
SUCCINIMIDES		
ethosuximide 250mg cap	1	
ethosuximide 50mg/ml oral soln	1	
methsuximide 300mg cap	1	
VALPROIC ACID		
divalproex sodium 125mg dr cap	1	
divalproex sodium 125mg dr tab	1	
divalproex sodium 250mg dr tab	1	
divalproex sodium 250mg er tab	1	
divalproex sodium 500mg dr tab	1	
divalproex sodium 500mg er tab	1	
valproic acid 250mg cap	1	
valproic acid 50mg/ml oral soln	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY 105-45MG ER TAB	1	PA_NSO QL=60 EA/30 Days
bupropion 100mg sr (12hr) tab	1	
bupropion 100mg tab	1	
bupropion 150mg sr (12 hr) tab	1	
bupropion 200mg sr (12hr) tab	1	
bupropion 75mg tab	1	
bupropion xl 150mg (24 hr) tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
bupropion xl 300mg (24hr) tab	1	
mirtazapine 15mg odt	1	
mirtazapine 15mg tab	1	
mirtazapine 30mg odt	1	
mirtazapine 30mg tab	1	
mirtazapine 45mg odt	1	
mirtazapine 45mg tab	1	
mirtazapine 7.5mg tab	1	
ZURZUVAE 20MG CAP	1	NDS PA_NSO QL=28 EA/14 Days
ZURZUVAE 25MG CAP	1	NDS PA_NSO QL=28 EA/14 Days
ZURZUVAE 30MG CAP	1	NDS PA_NSO QL=14 EA/14 Days
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM 12MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
EMSAM 6MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
EMSAM 9MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
MARPLAN 10MG TAB	1	
PHENELZINE 15MG TAB	1	
tranylcypromine 10mg tab	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram 10mg tab	1	
citalopram 20mg tab	1	
citalopram 2mg/ml oral soln	1	QL=600 ML/30 Days
citalopram 40mg tab	1	
escitalopram 10mg tab	1	
escitalopram 1mg/ml oral soln	1	QL=600 ML/30 Days
escitalopram 20mg tab	1	
escitalopram 5mg tab	1	
fluoxetine 10mg cap	1	
fluoxetine 20mg cap	1	
fluoxetine 40mg cap	1	
fluoxetine 4mg/ml oral soln	1	QL=600 ML/30 Days
fluoxetine 60mg tab	1	
fluvoxamine maleate 100mg tab	1	
fluvoxamine maleate 25mg tab	1	
fluvoxamine maleate 50mg tab	1	
paroxetine 10mg tab	1	PA_NSO
PAROXETINE 10MG/ML SUSP	1	PA_NSO QL=900 ML/30 Days
paroxetine 12.5mg er tab	1	PA_NSO
paroxetine 20mg tab	1	PA_NSO
paroxetine 25mg er tab	1	PA_NSO
paroxetine 30mg tab	1	PA_NSO
paroxetine 37.5mg er tab	1	PA_NSO
paroxetine 40mg tab	1	PA_NSO
sertraline 100mg tab	1	
sertraline 20mg/ml oral soln	1	QL=300 ML/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sertraline 25mg tab	1	
sertraline 50mg tab	1	
SEROTONIN MODULATORS		
NEFAZODONE 100MG TAB	1	
NEFAZODONE 150MG TAB	1	
NEFAZODONE 200MG TAB	1	
NEFAZODONE 250MG TAB	1	
NEFAZODONE 50MG TAB	1	
RALDESY 10MG/ML ORAL SOLN	1	PA_NSO QL=1200 ML/30 Days
trazodone 100mg tab	1	
trazodone 150mg tab	1	
trazodone 50mg tab	1	
TRINTELLIX 10MG TAB	1	ST_NSO QL=30 EA/30 Days
TRINTELLIX 20MG TAB	1	ST_NSO QL=30 EA/30 Days
TRINTELLIX 5MG TAB	1	ST_NSO QL=30 EA/30 Days
vilazodone 10mg tab	1	PA_NSO QL=30 EA/30 Days
vilazodone 20mg tab	1	PA_NSO QL=30 EA/30 Days
vilazodone 40mg tab	1	PA_NSO QL=30 EA/30 Days
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate 100mg er tab	1	
desvenlafaxine succinate 25mg er tab	1	
desvenlafaxine succinate 50mg er tab	1	
DRIZALMA 20MG DR SPRINKLE CAP	1	PA_NSO QL=60 EA/30 Days
DRIZALMA 30MG DR SPRINKLE CAP	1	PA_NSO QL=60 EA/30 Days
DRIZALMA 40MG DR SPRINKLE CAP	1	PA_NSO QL=60 EA/30 Days
DRIZALMA 60MG DR SPRINKLE CAP	1	PA_NSO QL=60 EA/30 Days
duloxetine 20mg dr cap	1	
duloxetine 30mg dr cap	1	
duloxetine 60mg dr cap	1	
FETZIMA 120MG ER CAP	1	PA_NSO QL=30 EA/30 Days
FETZIMA 20MG ER CAP	1	PA_NSO QL=30 EA/30 Days
FETZIMA 40MG ER CAP	1	PA_NSO QL=30 EA/30 Days
FETZIMA 80MG ER CAP	1	PA_NSO QL=30 EA/30 Days
FETZIMA ER CAP TITRATION PACK (28)	1	PA_NSO QL=30 EA/30 Days
venlafaxine 100mg tab	1	
venlafaxine 150mg er cap	1	
venlafaxine 25mg tab	1	
venlafaxine 37.5mg er cap	1	
venlafaxine 37.5mg tab	1	
venlafaxine 50mg tab	1	
venlafaxine 75mg er cap	1	
venlafaxine 75mg tab	1	
TRICYCLIC AGENTS		
amitriptyline 100mg tab	1	PA_NSO
amitriptyline 10mg tab	1	PA_NSO

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amitriptyline 150mg tab	1	PA_NSO
amitriptyline 25mg tab	1	PA_NSO
amitriptyline 50mg tab	1	PA_NSO
amitriptyline 75mg tab	1	PA_NSO
amoxapine 100mg tab	1	PA_NSO
amoxapine 150mg tab	1	PA_NSO
amoxapine 25mg tab	1	PA_NSO
amoxapine 50mg tab	1	PA_NSO
clomipramine 25mg cap	1	PA_NSO
clomipramine 50mg cap	1	PA_NSO
clomipramine 75mg cap	1	PA_NSO
desipramine 100mg tab	1	PA_NSO
desipramine 10mg tab	1	PA_NSO
desipramine 150mg tab	1	PA_NSO
desipramine 25mg tab	1	PA_NSO
desipramine 50mg tab	1	PA_NSO
desipramine 75mg tab	1	PA_NSO
doxepin 100mg cap	1	PA_NSO
doxepin 10mg cap	1	PA_NSO
doxepin 10mg/ml oral soln	1	PA_NSO
doxepin 150mg cap	1	PA_NSO
doxepin 25mg cap	1	PA_NSO
doxepin 50mg cap	1	PA_NSO
doxepin 75mg cap	1	PA_NSO
imipramine 10mg tab	1	PA_NSO
imipramine 25mg tab	1	PA_NSO
imipramine 50mg tab	1	PA_NSO
nortriptyline 10mg cap	1	
nortriptyline 25mg cap	1	
nortriptyline 2mg/ml oral soln	1	
nortriptyline 50mg cap	1	
nortriptyline 75mg cap	1	
protriptyline 10mg tab	1	PA_NSO
protriptyline 5mg tab	1	PA_NSO
trimipramine 100mg cap	1	PA_NSO
trimipramine 25mg cap	1	PA_NSO
trimipramine 50mg cap	1	PA_NSO
ANTIDIABETICS		
ANTIDIABETIC COMBINATIONS		
glipizide/metformin 2.5-250mg tab	1	
glipizide/metformin 2.5-500mg tab	1	
glipizide/metformin 5-500mg tab	1	
GLYXAMBI 10-5MG TAB	1	QL=30 EA/30 Days
GLYXAMBI 25-5MG TAB	1	QL=30 EA/30 Days
JANUMET 50-1000MG TAB	1	QL=60 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JANUMET 50-500MG TAB	1	QL=60 EA/30 Days
JANUMET XR 100-1000MG TAB	1	QL=30 EA/30 Days
JANUMET XR 50-1000MG TAB	1	QL=60 EA/30 Days
JANUMET XR 50-500MG TAB	1	QL=60 EA/30 Days
JENTADUETO 2.5-1000MG TAB	1	QL=60 EA/30 Days
JENTADUETO 2.5-500MG TAB	1	QL=60 EA/30 Days
JENTADUETO XR 2.5-1000MG TAB	1	QL=60 EA/30 Days
JENTADUETO XR 5-1000MG TAB	1	QL=30 EA/30 Days
SYNJARDY 12.5-1000MG TAB	1	QL=60 EA/30 Days
SYNJARDY 12.5-500MG TAB	1	QL=60 EA/30 Days
SYNJARDY 5-1000MG TAB	1	QL=60 EA/30 Days
SYNJARDY 5-500MG TAB	1	QL=60 EA/30 Days
SYNJARDY XR 10-1000MG TAB	1	QL=30 EA/30 Days
SYNJARDY XR 12.5-1000MG TAB	1	QL=60 EA/30 Days
SYNJARDY XR 25-1000MG TAB	1	QL=30 EA/30 Days
SYNJARDY XR 5-1000MG TAB	1	QL=60 EA/30 Days
TRIJARDY XR 10-5-1000MG TAB	1	QL=30 EA/30 Days
TRIJARDY XR 12.5-2.5-1000MG TAB	1	QL=60 EA/30 Days
TRIJARDY XR 25-5-1000MG TAB	1	QL=30 EA/30 Days
TRIJARDY XR 5-2.5-1000MG TAB	1	QL=60 EA/30 Days
XIGDUO XR 10-1000MG TAB	1	QL=30 EA/30 Days
XIGDUO XR 10-500MG TAB	1	QL=30 EA/30 Days
XIGDUO XR 2.5-1000MG TAB	1	QL=60 EA/30 Days
XIGDUO XR 5-1000MG TAB	1	QL=60 EA/30 Days
XIGDUO XR 5-500MG TAB	1	QL=30 EA/30 Days
DIABETIC OTHER		
acarbose 100mg tab	1	
acarbose 25mg tab	1	
acarbose 50mg tab	1	
BAQSIMI 3MG/DOSE NASAL POWDER	1	QL=2 EA/7 Days
diazoxide 50mg/ml oral susp	1	
GVOKE 0.5MG/0.1ML AUTO-INJECTOR	1	QL=.20 ML/7 Days
GVOKE 1MG/0.2ML AUTO-INJECTOR	1	QL=.40 ML/7 Days
GVOKE 1MG/0.2ML INJ	1	QL=.40 ML/7 Days
GVOKE 1MG/0.2ML SYRINGE	1	QL=.40 ML/7 Days
metformin 1000mg tab	1	
metformin 500mg er tab	1	
metformin 500mg tab	1	
metformin 750mg er tab	1	
metformin 850mg tab	1	
mifepristone 300mg tab	1	PA QL=120 EA/30 Days
nateglinide 120mg tab	1	
nateglinide 60mg tab	1	
pioglitazone 15mg tab	1	
pioglitazone 30mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
pioglitazone 45mg tab	1	
repaglinide 0.5mg tab	1	
repaglinide 1mg tab	1	
repaglinide 2mg tab	1	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA 100MG TAB	1	QL=30 EA/30 Days
JANUVIA 25MG TAB	1	QL=30 EA/30 Days
JANUVIA 50MG TAB	1	QL=30 EA/30 Days
TRADJENTA 5MG TAB	1	QL=30 EA/30 Days
INCRETIN MIMETIC AGENTS		
liraglutide 18mg/3ml pen inj	1	PA QL=9 ML/30 Days
MOUNJARO 10MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 12.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 15MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 2.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
MOUNJARO 7.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
OZEMPIC 2.68MG/ML PEN INJ	1	PA QL=3 ML/28 Days
OZEMPIC 2MG/3ML PEN INJ	1	PA QL=3 ML/28 Days
OZEMPIC 4MG/3ML PEN INJ	1	PA QL=3 ML/28 Days
RYBELSUS 14MG TAB	1	PA QL=30 EA/30 Days
RYBELSUS 3MG TAB	1	PA QL=30 EA/30 Days
RYBELSUS 7MG TAB	1	PA QL=30 EA/30 Days
TRULICITY 0.75MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TRULICITY 1.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TRULICITY 3MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TRULICITY 4.5MG/0.5ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
INSULIN		
HUMALOG 100UNIT/ML CARTRIDGE	1	INS
HUMALOG 100UNIT/ML KWIKPEN	1	INS
HUMALOG 200UNIT/ML KWIKPEN	1	INS
HUMALOG JUNIOR 100UNIT/ML PEN INJ	1	INS
HUMALOG MIX (50/50) 100UNIT/ML PEN INJ	1	INS
HUMALOG MIX (75/25) 100UNIT/ML INJ	1	INS
HUMALOG MIX (75/25) 100UNIT/ML KWIKPEN	1	INS
HUMULIN (70/30) 100UNIT/ML INJ	1	INS
HUMULIN (70/30) 100UNIT/ML PEN INJ	1	INS
HUMULIN N 100UNIT/ML INJ	1	INS
HUMULIN N 100UNIT/ML PEN INJ	1	INS
HUMULIN R 100UNIT/ML INJ	1	INS
HUMULIN R 500UNIT/ML INJ	1	INS PA_BvD
HUMULIN R 500UNIT/ML PEN INJ	1	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML)	1	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML)	1	INS
INSULIN LISPRO 100UNIT/ML INJ	1	INS PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LANTUS 100UNIT/ML INJ	1	INS
LANTUS 100UNIT/ML PEN INJ	1	INS
TOUJEO 300UNIT/ML PEN INJ (1.5ML)	1	INS
TOUJEO MAX 300UNIT/ML PEN INJ (3ML)	1	INS
TRESIBA 100UNIT/ML INJ	1	INS
TRESIBA 100UNIT/ML PEN INJ	1	INS
TRESIBA 200UNIT/ML PEN INJ	1	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA 10MG TAB	1	QL=30 EA/30 Days
FARXIGA 5MG TAB	1	QL=30 EA/30 Days
JARDIANCE 10MG TAB	1	QL=30 EA/30 Days
JARDIANCE 25MG TAB	1	QL=30 EA/30 Days
SULFONYLUREAS		
glimepiride 1mg tab	1	
glimepiride 2mg tab	1	
glimepiride 4mg tab	1	
glipizide 10mg er tab	1	
glipizide 10mg tab	1	
glipizide 2.5mg er tab	1	
glipizide 5mg er tab	1	
glipizide 5mg tab	1	
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
alosetron 0.5mg tab	1	QL=60 EA/30 Days
alosetron 1mg tab	1	QL=60 EA/30 Days
atropine sulfate/diphenoxylate 0.025-2.5mg tab	1	
loperamide 2mg cap	1	
XERMELO 250MG TAB	1	NDS PA QL=84 EA/28 Days
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
KLOXXADO 8MG/0.1ML NASAL SPRAY	1	
NALOXONE 0.4MG/ML CARTRIDGE	1	
naloxone 0.4mg/ml inj	1	
naloxone 0.4mg/ml syringe	1	
naloxone 1mg/ml syringe	1	
naltrexone 50mg tab	1	
OPVEE 2.7MG/0.1ML NASAL SPRAY	1	
ZIMHI 5MG/0.5ML SYRINGE	1	
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron 1mg tab	1	PA_BvD QL=60 EA/30 Days
ondansetron 0.8mg/ml oral soln	1	PA_BvD
ondansetron 4mg odt	1	PA_BvD
ondansetron 4mg tab	1	PA_BvD
ondansetron 8mg odt	1	PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ondansetron 8mg tab	1	PA_BvD
ANTIEMETICS - ANTICHOLINERGIC		
meclizine 12.5mg tab	1	
meclizine 25mg tab	1	
scopolamine 1mg/72hr patch	1	QL=10 EA/30 Days
ANTIEMETICS - MISCELLANEOUS		
aprepitant 125mg cap	1	PA_BvD QL=3 EA/2 Days
aprepitant 125mg/80mg cap therapy pack (3)	1	PA_BvD QL=6 EA/4 Days
aprepitant 40mg cap	1	PA_BvD QL=3 EA/2 Days
aprepitant 80mg cap	1	PA_BvD QL=6 EA/4 Days
dronabinol 10mg cap	1	PA QL=60 EA/30 Days
dronabinol 2.5mg cap	1	PA QL=60 EA/30 Days
dronabinol 5mg cap	1	PA QL=60 EA/30 Days
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
caspofungin acetate 50mg inj	1	PA
caspofungin acetate 70mg inj	1	PA
micafungin sodium 100mg inj	1	
micafungin sodium 50mg inj	1	
ANTIFUNGALS		
ABELCET 5MG/ML INJ	1	PA_BvD
AMPHOTERICIN B 50MG INJ	1	PA_BvD
flucytosine 250mg cap	1	
flucytosine 500mg cap	1	
griseofulvin 125mg tab	1	
griseofulvin 250mg tab	1	
griseofulvin 25mg/ml oral susp	1	
griseofulvin 500mg tab	1	
nystatin 500000unit tab	1	
terbinafine 250mg tab	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole 100mg tab	1	
fluconazole 10mg/ml oral susp	1	
fluconazole 150mg tab	1	
fluconazole 200mg tab	1	
fluconazole 200mg/100ml inj	1	
fluconazole 400mg/200ml inj	1	
fluconazole 40mg/ml oral susp	1	
fluconazole 50mg tab	1	
itraconazole 100mg cap	1	QL=120 EA/30 Days
ketoconazole 200mg tab	1	
posaconazole 100mg dr tab	1	PA QL=96 EA/30 Days
posaconazole 40mg/ml oral susp	1	PA QL=630 ML/30 Days
voriconazole 200mg inj	1	PA
voriconazole 200mg tab	1	PA QL=120 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
voriconazole 40mg/ml oral susp	1	PA QL=400 ML/30 Days
voriconazole 50mg tab	1	PA QL=480 EA/30 Days
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
ezetimibe 10mg tab	1	QL=30 EA/30 Days
ezetimibe/simvastatin 10-10mg tab	1	
ezetimibe/simvastatin 10-20mg tab	1	
ezetimibe/simvastatin 10-40mg tab	1	
ezetimibe/simvastatin 10-80mg tab	1	
icosapent ethyl 1000mg cap	1	QL=120 EA/30 Days
icosapent ethyl 500mg cap	1	QL=120 EA/30 Days
NEXLETOL 180MG TAB	1	PA QL=30 EA/30 Days
NEXLIZET 180-10MG TAB	1	PA QL=30 EA/30 Days
niacin 1000mg er tab	1	
niacin 500mg er tab	1	
niacin 750mg er tab	1	
omega-3 acid ethyl esters (usp) 1gm cap	1	QL=120 EA/30 Days
REPATHA 140MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
REPATHA 140MG/ML SYRINGE	1	PA QL=2 ML/28 Days
REPATHA 420MG/3.5ML CARTRIDGE	1	PA QL=3.50 ML/28 Days
BILE ACID SEQUESTRANTS		
cholestyramine resin (sugar-free) 4gm powder for oral susp	1	
cholestyramine resin 4gm powder for oral susp	1	
colesevelam 625mg tab	1	
colestipol 1gm tab	1	
colestipol 5000mg granules for oral susp	1	
prevalite 4gm powder for oral susp	1	
FIBRIC ACID DERIVATIVES		
fenofibrate 134mg cap	1	
fenofibrate 145mg tab	1	
fenofibrate 160mg tab	1	
fenofibrate 200mg cap	1	
fenofibrate 48mg tab	1	
fenofibrate 54mg tab	1	
fenofibrate 67mg cap	1	
fenofibric acid 135mg dr cap	1	
fenofibric acid 45mg dr cap	1	
gemfibrozil 600mg tab	1	QL=60 EA/30 Days
HMG COA REDUCTASE INHIBITORS		
atorvastatin 10mg tab	1	
atorvastatin 20mg tab	1	
atorvastatin 40mg tab	1	
atorvastatin 80mg tab	1	
fluvastatin 20mg cap	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluvastatin 40mg cap	1	
lovastatin 10mg tab	1	
lovastatin 20mg tab	1	
lovastatin 40mg tab	1	
pravastatin sodium 10mg tab	1	
pravastatin sodium 20mg tab	1	
pravastatin sodium 40mg tab	1	
pravastatin sodium 80mg tab	1	
rosuvastatin calcium 10mg tab	1	
rosuvastatin calcium 20mg tab	1	
rosuvastatin calcium 40mg tab	1	
rosuvastatin calcium 5mg tab	1	
simvastatin 10mg tab	1	
simvastatin 20mg tab	1	
simvastatin 40mg tab	1	
simvastatin 5mg tab	1	
simvastatin 80mg tab	1	
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril 10mg tab	1	
benazepril 20mg tab	1	
benazepril 40mg tab	1	
benazepril 5mg tab	1	
captopril 100mg tab	1	
captopril 12.5mg tab	1	
captopril 25mg tab	1	
captopril 50mg tab	1	
enalapril maleate 10mg tab	1	
enalapril maleate 2.5mg tab	1	
enalapril maleate 20mg tab	1	
enalapril maleate 5mg tab	1	
fosinopril sodium 10mg tab	1	
fosinopril sodium 20mg tab	1	
fosinopril sodium 40mg tab	1	
lisinopril 10mg tab	1	
lisinopril 2.5mg tab	1	
lisinopril 20mg tab	1	
lisinopril 30mg tab	1	
lisinopril 40mg tab	1	
lisinopril 5mg tab	1	
moexipril 15mg tab	1	
moexipril 7.5mg tab	1	
PERINDOPRIL ERBUMINE 2MG TAB	1	
perindopril erbumine 4mg tab	1	
PERINDOPRIL ERBUMINE 8MG TAB	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
quinapril 10mg tab	1	
quinapril 20mg tab	1	
quinapril 40mg tab	1	
quinapril 5mg tab	1	
ramipril 1.25mg cap	1	
ramipril 10mg cap	1	
ramipril 2.5mg cap	1	
ramipril 5mg cap	1	
trandolapril 1mg tab	1	
trandolapril 2mg tab	1	
trandolapril 4mg tab	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil 16mg tab	1	
candesartan cilexetil 32mg tab	1	
candesartan cilexetil 4mg tab	1	
candesartan cilexetil 8mg tab	1	
irbesartan 150mg tab	1	
irbesartan 300mg tab	1	
irbesartan 75mg tab	1	
losartan potassium 100mg tab	1	
losartan potassium 25mg tab	1	
losartan potassium 50mg tab	1	
olmesartan medoxomil 20mg tab	1	
olmesartan medoxomil 40mg tab	1	
olmesartan medoxomil 5mg tab	1	
telmisartan 20mg tab	1	
telmisartan 40mg tab	1	
telmisartan 80mg tab	1	
valsartan 160mg tab	1	
valsartan 320mg tab	1	
valsartan 40mg tab	1	
valsartan 80mg tab	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine 0.1mg tab	1	
clonidine 0.1mg/24hr weekly patch	1	QL=4 EA/28 Days
clonidine 0.2mg tab	1	
clonidine 0.2mg/24hr weekly patch	1	QL=4 EA/28 Days
clonidine 0.3mg tab	1	
clonidine 0.3mg/24hr weekly patch	1	QL=4 EA/28 Days
doxazosin 1mg tab	1	
doxazosin 2mg tab	1	
doxazosin 4mg tab	1	
doxazosin 8mg tab	1	
prazosin 1mg cap	1	
prazosin 2mg cap	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
prazosin 5mg cap	1	
terazosin 10mg cap	1	
terazosin 1mg cap	1	
terazosin 2mg cap	1	
terazosin 5mg cap	1	
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril 10-20mg cap	1	
amlodipine/benazepril 10-40mg cap	1	
amlodipine/benazepril 2.5-10mg cap	1	
amlodipine/benazepril 5-10mg cap	1	
amlodipine/benazepril 5-20mg cap	1	
amlodipine/benazepril 5-40mg cap	1	
amlodipine/hydrochlorothiazide/olmesartan medoxomil 10-12.5-40mg tab	1	
amlodipine/hydrochlorothiazide/olmesartan medoxomil 10-25-40mg tab	1	
amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-20mg tab	1	
amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-12.5-40mg tab	1	
amlodipine/hydrochlorothiazide/olmesartan medoxomil 5-25-40mg tab	1	
amlodipine/hydrochlorothiazide/valsartan 10-12.5-160mg tab	1	
amlodipine/hydrochlorothiazide/valsartan 10-25-160mg tab	1	
amlodipine/hydrochlorothiazide/valsartan 10-25-320mg tab	1	
amlodipine/hydrochlorothiazide/valsartan 5-12.5-160mg tab	1	
amlodipine/hydrochlorothiazide/valsartan 5-25-160mg tab	1	
amlodipine/olmesartan medoxomil 10-20mg tab	1	
amlodipine/olmesartan medoxomil 10-40mg tab	1	
amlodipine/olmesartan medoxomil 5-20mg tab	1	
amlodipine/olmesartan medoxomil 5-40mg tab	1	
amlodipine/valsartan 10-160mg tab	1	
amlodipine/valsartan 10-320mg tab	1	
amlodipine/valsartan 5-160mg tab	1	
amlodipine/valsartan 5-320mg tab	1	
atenolol/chlorthalidone 100-25mg tab	1	
atenolol/chlorthalidone 50-25mg tab	1	
benazepril/hydrochlorothiazide 10-12.5mg tab	1	
benazepril/hydrochlorothiazide 20-12.5mg tab	1	
benazepril/hydrochlorothiazide 20-25mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
benazepril/hydrochlorothiazide 5-6.25mg tab	1	
bisoprolol fumarate/hydrochlorothiazide 10-6.25mg tab	1	
bisoprolol fumarate/hydrochlorothiazide 2.5-6.25mg tab	1	
bisoprolol fumarate/hydrochlorothiazide 5-6.25mg tab	1	
enalapril maleate/hydrochlorothiazide 10-25mg tab	1	
enalapril maleate/hydrochlorothiazide 5-12.5mg tab	1	
fosinopril sodium/hydrochlorothiazide 10-12.5mg tab	1	
fosinopril sodium/hydrochlorothiazide 20-12.5mg tab	1	
hydrochlorothiazide/irbesartan 12.5-150mg tab	1	
hydrochlorothiazide/irbesartan 12.5-300mg tab	1	
hydrochlorothiazide/lisinopril 12.5-10mg tab	1	
hydrochlorothiazide/lisinopril 12.5-20mg tab	1	
hydrochlorothiazide/lisinopril 25-20mg tab	1	
hydrochlorothiazide/losartan potassium 12.5-100mg tab	1	
hydrochlorothiazide/losartan potassium 12.5-50mg tab	1	
hydrochlorothiazide/losartan potassium 25-100mg tab	1	
hydrochlorothiazide/metoprolol tartrate 25-100mg tab	1	
hydrochlorothiazide/metoprolol tartrate 25-50mg tab	1	
hydrochlorothiazide/metoprolol tartrate 50-100mg tab	1	
hydrochlorothiazide/olmesartan medoxomil 12.5-20mg tab	1	
hydrochlorothiazide/olmesartan medoxomil 12.5-40mg tab	1	
hydrochlorothiazide/olmesartan medoxomil 25-40mg tab	1	
hydrochlorothiazide/telmisartan 12.5-40mg tab	1	
hydrochlorothiazide/telmisartan 12.5-80mg tab	1	
hydrochlorothiazide/telmisartan 25-80mg tab	1	
hydrochlorothiazide/valsartan 12.5-160mg tab	1	
hydrochlorothiazide/valsartan 12.5-320mg tab	1	
hydrochlorothiazide/valsartan 12.5-80mg tab	1	
hydrochlorothiazide/valsartan 25-160mg tab	1	
hydrochlorothiazide/valsartan 25-320mg tab	1	
ANTIHYPERTENSIVES - MISC.		
aliskiren 150mg tab	1	
aliskiren 300mg tab	1	
eplerenone 25mg tab	1	
eplerenone 50mg tab	1	
metyrosine 250mg cap	1	NDS PA
VASODILATORS		
hydralazine 100mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydralazine 10mg tab	1	
hydralazine 25mg tab	1	
hydralazine 50mg tab	1	
minoxidil 10mg tab	1	
minoxidil 2.5mg tab	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
azithromycin 20mg/ml oral susp	1	
azithromycin 250mg pack (6)	1	
azithromycin 250mg tab	1	
azithromycin 40mg/ml oral susp	1	
azithromycin 500mg inj	1	
azithromycin 500mg tab	1	
azithromycin 500mg tab pack (3)	1	
azithromycin 600mg tab	1	
aztreonam 1gm inj	1	
aztreonam 2gm inj	1	
cefepime 1000mg inj	1	
cefepime 2000mg inj	1	
clarithromycin 250mg tab	1	
CLARITHROMYCIN 25MG/ML ORAL SUSP	1	
clarithromycin 500mg tab	1	
CLARITHROMYCIN 50MG/ML ORAL SUSP	1	
clindamycin 150mg cap	1	
clindamycin 300mg cap	1	
clindamycin 300mg/2ml inj	1	
clindamycin 300mg/50ml inj	1	
clindamycin 600mg/4ml inj	1	
clindamycin 600mg/50ml inj	1	
clindamycin 75mg cap	1	
clindamycin 75mg/5ml oral soln	1	
clindamycin 900mg/50ml inj	1	
clindamycin 900mg/6ml inj	1	
colistin 75mg/ml inj	1	
daptomycin 500mg inj	1	
DIFICID 200MG TAB	1	PA QL=20 EA/10 Days
DIFICID 40MG/ML ORAL SUSP	1	PA QL=136 ML/10 Days
erythromycin 250mg dr tab	1	
erythromycin 250mg tab	1	
erythromycin 333mg dr tab	1	
erythromycin 500mg dr tab	1	
erythromycin 500mg tab	1	
erythromycin ethylsuccinate 40mg/ml oral susp	1	
erythromycin ethylsuccinate 80mg/ml oral susp	1	
linezolid 100mg/5ml oral susp	1	PA QL=1800 ML/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
linezolid 600mg tab	1	QL=60 EA/30 Days
linezolid 600mg/300ml inj	1	PA
metronidazole 250mg tab	1	
metronidazole 500mg tab	1	
metronidazole 5mg/ml inj	1	
pentamidine isethionate 300mg inj	1	
pentamidine isethionate 300mg/6ml inh soln	1	PA_BvD QL=1 EA/28 Days
TEFLARO 400MG INJ	1	NDS
TEFLARO 600MG INJ	1	NDS
tigecycline 50mg inj	1	NDS
tinidazole 250mg tab	1	
tinidazole 500mg tab	1	
trimethoprim 100mg tab	1	
vancomycin 100mg/ml inj	1	
vancomycin 125mg cap	1	ST QL=120 EA/30 Days
vancomycin 1gm inj	1	
vancomycin 250mg cap	1	ST QL=120 EA/30 Days
vancomycin 500mg inj	1	
vancomycin 750mg inj	1	
XIFAXAN 550MG TAB	1	PA QL=60 EA/30 Days
ANTIPROTOZOAL AGENTS		
atovaquone 750mg/5ml oral susp	1	
nitazoxanide 500mg tab	1	PA QL=6 EA/3 Days
CARBAPENEMS		
CILASTATIN/IMIPENEM 250-250MG INJ	1	
cilastatin/imipenem 500-500mg inj	1	
ertapenem 1gm inj	1	
meropenem 1gm inj	1	
meropenem 500mg inj	1	
URINARY ANTI-INFECTIVES		
methenamine hippurate 1gm tab	1	
nitrofurantoin macro/nitrofurantoin mono 100mg cap	1	
nitrofurantoin macrocrystals 100mg cap	1	
nitrofurantoin macrocrystals 50mg cap	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil 250-100mg tab	1	
atovaquone/proguanil 62.5-25mg tab	1	
COARTEM 20-120MG TAB	1	
ANTIMALARIALS		
CHLOROQUINE PHOSPHATE 250MG TAB	1	
chloroquine phosphate 500mg tab	1	
hydroxychloroquine sulfate 100mg tab	1	
hydroxychloroquine sulfate 200mg tab	1	
hydroxychloroquine sulfate 300mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydroxychloroquine sulfate 400mg tab	1	
mefloquine 250mg tab	1	
PRIMAQUINE PHOSPHATE 26.3MG TAB	1	
pyrimethamine 25mg tab	1	PA QL=90 EA/30 Days
quinine sulfate 324mg cap	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE 10MG TAB	1	NDS PA
pyridostigmine bromide 60mg tab	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
dapsone 100mg tab	1	
dapsone 25mg tab	1	
ethambutol 100mg tab	1	
ethambutol 400mg tab	1	
isoniazid 100mg tab	1	
isoniazid 10mg/ml oral soln	1	
isoniazid 300mg tab	1	
PRIFTIN 150MG TAB	1	
pyrazinamide 500mg tab	1	
rifabutin 150mg cap	1	
rifampin 150mg cap	1	
rifampin 300mg cap	1	
rifampin 600mg inj	1	
SIRTURO 100MG TAB	1	NDS PA
SIRTURO 20MG TAB	1	NDS PA
TRECATOR 250MG TAB	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE 25MG TAB	1	PA_BvD
CYCLOPHOSPHAMIDE 50MG TAB	1	PA_BvD
GLEOSTINE 100MG CAP	1	
GLEOSTINE 10MG CAP	1	
GLEOSTINE 40MG CAP	1	
LEUKERAN 2MG TAB	1	NDS
ANTIMETABOLITES		
JYLAMVO 2MG/ML ORAL SOLN	1	PA_NSO
mercaptopurine 20mg/ml susp	1	PA_NSO QL=300 ML/30 Days
mercaptopurine 50mg tab	1	
methotrexate 2.5mg tab	1	
METHOTREXATE 25MG/ML INJ	1	
methotrexate 50mg/2ml inj	1	
ONUREG 200MG TAB	1	NDS PA_NSO QL=14 EA/28 Days
ONUREG 300MG TAB	1	NDS PA_NSO QL=14 EA/28 Days
PURIXAN 2000MG/100ML ORAL SUSP	1	PA_NSO QL=300 ML/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TABLOID 40MG TAB	1	NDS
XATMEP 2.5MG/ML ORAL SOLN	1	PA_NSO
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1MG CAP	1	NDS PA_NSO QL=84 EA/28 Days
FRUZAQLA 5MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
INLYTA 1MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
INLYTA 5MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
LENVIMA 10MG DAILY DOSE PACK (30)	1	NDS PA_NSO QL=30 EA/30 Days
LENVIMA 12MG DAILY DOSE PACK (90)	1	NDS PA_NSO QL=90 EA/30 Days
LENVIMA 14MG DAILY DOSE PACK (60)	1	NDS PA_NSO QL=60 EA/30 Days
LENVIMA 18MG DAILY DOSE PACK (90)	1	NDS PA_NSO QL=90 EA/30 Days
LENVIMA 20MG DAILY DOSE PACK (60)	1	NDS PA_NSO QL=60 EA/30 Days
LENVIMA 24MG DAILY DOSE PACK (90)	1	NDS PA_NSO QL=90 EA/30 Days
LENVIMA 4MG DAILY DOSE PACK (30)	1	NDS PA_NSO QL=30 EA/30 Days
LENVIMA 8MG DAILY DOSE PACK (60)	1	NDS PA_NSO QL=60 EA/30 Days
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib 100mg tab	1	PA_NSO QL=30 EA/30 Days
erlotinib 150mg tab	1	PA_NSO QL=30 EA/30 Days
erlotinib 25mg tab	1	PA_NSO QL=90 EA/30 Days
gefitinib 250mg tab	1	PA_NSO QL=60 EA/30 Days
GILOTRIF 20MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
GILOTRIF 30MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
GILOTRIF 40MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
LAZCLUZE 240MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
LAZCLUZE 80MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
TAGRISSO 40MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
TAGRISSO 80MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
VIZIMPRO 15MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
VIZIMPRO 30MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
VIZIMPRO 45MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
DAURISMO 25MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ERIVEDGE 150MG CAP	1	NDS PA_NSO QL=28 EA/28 Days
ODOMZO 200MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate 250mg tab	1	QL=120 EA/30 Days
abirtega 250mg tab	1	QL=120 EA/30 Days
AKEEGA 500-100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
AKEEGA 500-50MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
anastrozole 1mg tab	1	
bicalutamide 50mg tab	1	
ELIGARD 22.5MG SYRINGE	1	QL=1 EA/84 Days
ELIGARD 30MG SYRINGE	1	QL=1 EA/112 Days
ELIGARD 45MG SYRINGE	1	QL=1 EA/168 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ELIGARD 7.5MG SYRINGE	1	QL=1 EA/28 Days
ERLEADA 240MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ERLEADA 60MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
EULEXIN 125MG CAP	1	NDS QL=180 EA/30 Days
exemestane 25mg tab	1	QL=60 EA/30 Days
FIRMAGON 120MG INJ	1	PA_NSO QL=4 EA/365 Days
FIRMAGON 80MG INJ	1	PA_NSO QL=1 EA/28 Days
letrozole 2.5mg tab	1	
LUPRON 11.25MG SYRINGE (3 MONTH)	1	QL=1 EA/84 Days
LUPRON 3.75MG SYRINGE (1 MONTH)	1	NDS QL=1 EA/28 Days
LYSODREN 500MG TAB	1	
megestrol acetate 20mg tab	1	PA_NSO
megestrol acetate 40mg tab	1	PA_NSO
megestrol acetate 40mg/ml oral susp	1	PA
nilutamide 150mg tab	1	
NUBEQA 300MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
ORGOVYX 120MG TAB	1	NDS PA_NSO QL=30 EA/28 Days
ORSERDU 345MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ORSERDU 86MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
SOLTAMOX 10MG/5ML ORAL SOLN	1	PA_NSO QL=600 ML/30 Days
tamoxifen 10mg tab	1	
tamoxifen 20mg tab	1	
toremifene 60mg tab	1	QL=30 EA/30 Days
TRELSTAR 11.25MG INJ	1	QL=1 EA/84 Days
TRELSTAR 22.5MG INJ	1	QL=1 EA/168 Days
TRELSTAR 3.75MG INJ	1	QL=1 EA/28 Days
XTANDI 40MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
XTANDI 40MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
XTANDI 80MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI/FAKZYNJA CO-PACK (66)	1	NDS PA_NSO QL=66 EA/28 Days
INQOVI 35-100MG TAB PACK (5)	1	NDS PA_NSO QL=5 EA/28 Days
KISQALI/FEMARA 400 CO-PACK (70)	1	NDS PA_NSO QL=70 EA/28 Days
KISQALI/FEMARA 600 CO-PACK (91)	1	NDS PA_NSO QL=91 EA/28 Days
LONSURF 6.14-15MG TAB	1	NDS PA_NSO QL=100 EA/28 Days
LONSURF 8.19-20MG TAB	1	NDS PA_NSO QL=80 EA/28 Days
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150MG CAP	1	NDS PA_NSO QL=240 EA/30 Days
ALUNBRIG 180MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ALUNBRIG 30MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
ALUNBRIG 90MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ALUNBRIG TAB INITIATION PACK (30)	1	NDS PA_NSO QL=30 EA/30 Days
AUGTYRO 160MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
AUGTYRO 40MG CAP	1	NDS PA_NSO QL=240 EA/30 Days
BALVERSA 3MG TAB	1	NDS PA_NSO QL=60 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BALVERSA 4MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
BALVERSA 5MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
BOSULIF 100MG CAP	1	NDS PA_NSO QL=180 EA/30 Days
BOSULIF 100MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
BOSULIF 400MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
BOSULIF 500MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
BOSULIF 50MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
BRAFTOVI 75MG CAP	1	NDS PA_NSO QL=180 EA/30 Days
BRUKINSA 80MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
CABOMETYX 20MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
CABOMETYX 40MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
CABOMETYX 60MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
CALQUENCE 100MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
CALQUENCE 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
CAPRELSA 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
CAPRELSA 300MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
COMETRIQ CAP 100MG DAILY DOSE PACK (56)	1	NDS PA_NSO QL=56 EA/28 Days
COMETRIQ CAP 140MG DAILY DOSE PACK (112)	1	NDS PA_NSO QL=112 EA/28 Days
COMETRIQ CAP 60MG DAILY DOSE PACK (84)	1	NDS PA_NSO QL=84 EA/28 Days
COPIKTRA 15MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
COPIKTRA 25MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
COTELLIC 20MG TAB	1	NDS PA_NSO QL=63 EA/28 Days
dasatinib 100mg tab	1	PA_NSO QL=30 EA/30 Days
dasatinib 140mg tab	1	PA_NSO QL=30 EA/30 Days
dasatinib 20mg tab	1	PA_NSO QL=90 EA/30 Days
dasatinib 50mg tab	1	PA_NSO QL=30 EA/30 Days
dasatinib 70mg tab	1	PA_NSO QL=30 EA/30 Days
dasatinib 80mg tab	1	PA_NSO QL=30 EA/30 Days
everolimus 10mg tab	1	PA_NSO QL=30 EA/30 Days
everolimus 2.5mg tab	1	PA_NSO QL=30 EA/30 Days
everolimus 2mg tab for oral susp	1	PA_NSO QL=150 EA/30 Days
everolimus 3mg tab for oral susp	1	PA_NSO QL=90 EA/30 Days
everolimus 5mg tab	1	PA_NSO QL=30 EA/30 Days
everolimus 5mg tab for oral susp	1	PA_NSO QL=60 EA/30 Days
everolimus 7.5mg tab	1	PA_NSO QL=30 EA/30 Days
FOTIVDA 0.89MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
FOTIVDA 1.34MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
GAVRETO 100MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
GOMEKLI 1MG CAP	1	NDS PA_NSO QL=42 EA/28 Days
GOMEKLI 1MG TAB FOR ORAL SUSP	1	NDS PA_NSO QL=126 EA/28 Days
GOMEKLI 2MG CAP	1	NDS PA_NSO QL=84 EA/28 Days
IBRANCE 100MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
IBRANCE 100MG TAB	1	NDS PA_NSO QL=21 EA/28 Days
IBRANCE 125MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
IBRANCE 125MG TAB	1	NDS PA_NSO QL=21 EA/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IBRANCE 75MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
IBRANCE 75MG TAB	1	NDS PA_NSO QL=21 EA/28 Days
ICLUSIG 10MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ICLUSIG 15MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ICLUSIG 30MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ICLUSIG 45MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
IDHIFA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
IDHIFA 50MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
imatinib 100mg tab	1	QL=90 EA/30 Days
imatinib 400mg tab	1	QL=60 EA/30 Days
IMBRUVICA 140MG CAP	1	NDS PA_NSO QL=90 EA/30 Days
IMBRUVICA 420MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
IMBRUVICA 70MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
IMBRUVICA 70MG/ML ORAL SUSP	1	NDS PA_NSO QL=216 ML/27 Days
IMKELDI 80MG/ML ORAL SOLN	1	NDS PA_NSO QL=280 ML/28 Days
INREBIC 100MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
ITOVEBI 3MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
ITOVEBI 9MG TAB	1	NDS PA_NSO QL=28 EA/28 Days
JAKAFI 10MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
JAKAFI 15MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
JAKAFI 20MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
JAKAFI 25MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
JAKAFI 5MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
JAYPIRCA 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
JAYPIRCA 50MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
KISQALI TAB 200MG DAILY DOSE PACK (21)	1	NDS PA_NSO QL=21 EA/28 Days
KISQALI TAB 400MG DAILY DOSE PACK (42)	1	NDS PA_NSO QL=42 EA/28 Days
KISQALI TAB 600MG DAILY DOSE PACK (63)	1	NDS PA_NSO QL=63 EA/28 Days
KOSELUGO 10MG CAP	1	NDS PA_NSO QL=240 EA/30 Days
KOSELUGO 25MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
KRAZATI 200MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
lapatinib 250mg tab	1	PA_NSO QL=180 EA/30 Days
LORBRENA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
LORBRENA 25MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
LUMAKRAS 120MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
LUMAKRAS 240MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
LUMAKRAS 320MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
LYNPARZA 100MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
LYNPARZA 150MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
LYTGOBI TAB 12MG DAILEY DOSE PACK (21)	1	NDS PA_NSO QL=84 EA/28 Days
LYTGOBI TAB 16MG DAILEY DOSE PACK (28)	1	NDS PA_NSO QL=112 EA/28 Days
LYTGOBI TAB 20MG DAILEY DOSE PACK (35)	1	NDS PA_NSO QL=140 EA/28 Days
MEKINIST 0.05MG/ML ORAL SOLN	1	NDS PA_NSO QL=1260 ML/30 Days
MEKINIST 0.5MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
MEKINIST 2MG TAB	1	NDS PA_NSO QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MEKTOVI 15MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
NERLYNX 40MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
nilotinib 150mg cap	1	NDS PA_NSO QL=112 EA/28 Days
nilotinib 200mg cap	1	NDS PA_NSO QL=112 EA/28 Days
nilotinib 50mg cap	1	NDS PA_NSO QL=120 EA/30 Days
NINLARO 2.3MG CAP	1	NDS PA_NSO QL=3 EA/28 Days
NINLARO 3MG CAP	1	NDS PA_NSO QL=3 EA/28 Days
NINLARO 4MG CAP	1	NDS PA_NSO QL=3 EA/28 Days
OGSIVEO 100MG TAB 7-DAY PACK (14)	1	NDS PA_NSO QL=56 EA/28 Days
OGSIVEO 150MG TAB 7-DAY PACK (14)	1	NDS PA_NSO QL=56 EA/28 Days
OGSIVEO 50MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
OJEMDA 100MG TAB	1	NDS PA_NSO QL=24 EA/28 Days
OJEMDA 100MG TAB PACK (400MG ONCE WEEKLY) (16)	1	NDS PA_NSO QL=16 EA/28 Days
OJEMDA 100MG TAB PACK (600MG ONCE WEEKLY) (24)	1	NDS PA_NSO QL=24 EA/28 Days
OJEMDA 25MG/ML POWDER FOR ORAL SUSP	1	NDS PA_NSO QL=96 ML/28 Days
OJJAARA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
OJJAARA 150MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
OJJAARA 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
pazopanib 200mg tab	1	PA_NSO QL=120 EA/30 Days
PEMAZYRE 13.5MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
PEMAZYRE 4.5MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
PEMAZYRE 9MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
PIQRAY TAB 200MG DAILY DOSE PACK (28)	1	NDS PA_NSO QL=28 EA/28 Days
PIQRAY TAB 250MG DAILY DOSE PACK (56)	1	NDS PA_NSO QL=56 EA/28 Days
PIQRAY TAB 300MG DAILY DOSE PACK (56)	1	NDS PA_NSO QL=56 EA/28 Days
QINLOCK 50MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
RETEVMO 120MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
RETEVMO 160MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
RETEVMO 40MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
RETEVMO 80MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
REZLIDHIA 150MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
ROMVIMZA 14MG CAP	1	NDS PA_NSO QL=8 EA/28 Days
ROMVIMZA 20MG CAP	1	NDS PA_NSO QL=8 EA/28 Days
ROMVIMZA 30MG CAP	1	NDS PA_NSO QL=8 EA/28 Days
ROZLYTREK 100MG CAP	1	NDS PA_NSO QL=150 EA/30 Days
ROZLYTREK 200MG CAP	1	NDS PA_NSO QL=90 EA/30 Days
ROZLYTREK 50MG ORAL PELLET	1	NDS PA_NSO QL=336 EA/28 Days
RUBRACA 200MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
RUBRACA 250MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
RUBRACA 300MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
RYDAPT 25MG CAP	1	NDS PA_NSO QL=224 EA/28 Days
SCEMBLIX 100MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
SCEMBLIX 20MG TAB	1	NDS PA_NSO QL=60 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SCEMBLIX 40MG TAB	1	NDS PA_NSO QL=300 EA/30 Days
sorafenib 200mg tab	1	PA_NSO QL=120 EA/30 Days
STIVARGA 40MG TAB	1	NDS PA_NSO QL=84 EA/28 Days
sunitinib 12.5mg cap	1	PA_NSO QL=28 EA/28 Days
sunitinib 25mg cap	1	PA_NSO QL=28 EA/28 Days
sunitinib 37.5mg cap	1	PA_NSO QL=28 EA/28 Days
sunitinib 50mg cap	1	PA_NSO QL=28 EA/28 Days
TABRECTA 150MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
TABRECTA 200MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
TAFINLAR 10MG TAB FOR ORAL SUSP	1	NDS PA_NSO QL=840 EA/28 Days
TAFINLAR 50MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
TAFINLAR 75MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
TALZENNA 0.1MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 0.25MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 0.35MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 0.5MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 0.75MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TALZENNA 1MG CAP	1	NDS PA_NSO QL=30 EA/30 Days
TAZVERIK 200MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
TEPMETKO 225MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
TIBSOVO 250MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
torpenz 10mg tab	1	PA_NSO QL=30 EA/30 Days
torpenz 2.5mg tab	1	PA_NSO QL=30 EA/30 Days
torpenz 5mg tab	1	PA_NSO QL=30 EA/30 Days
torpenz 7.5mg tab	1	PA_NSO QL=30 EA/30 Days
TRUQAP 160MG TAB	1	NDS PA_NSO QL=64 EA/28 Days
TRUQAP 200MG TAB	1	NDS PA_NSO QL=64 EA/28 Days
TURALIO 125MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
VANFLYTA 17.7MG TAB	1	NDS PA_NSO QL=28 EA/28 Days
VANFLYTA 26.5MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
VERZENIO 100MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
VERZENIO 150MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
VERZENIO 200MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
VERZENIO 50MG TAB	1	NDS PA_NSO QL=56 EA/28 Days
VITRAKVI 100MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
VITRAKVI 20MG/ML ORAL SOLN	1	NDS PA_NSO QL=300 ML/30 Days
VITRAKVI 25MG CAP	1	NDS PA_NSO QL=180 EA/30 Days
VONJO 100MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
VORANIGO 10MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
VORANIGO 40MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
XALKORI 150MG ORAL PELLET	1	NDS PA_NSO QL=180 EA/30 Days
XALKORI 200MG CAP	1	NDS PA_NSO QL=60 EA/30 Days
XALKORI 20MG ORAL PELLET	1	NDS PA_NSO QL=120 EA/30 Days
XALKORI 250MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
XALKORI 50MG ORAL PELLET	1	NDS PA_NSO QL=120 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOSPATA 40MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
ZEJULA 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZEJULA 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZEJULA 300MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
ZELBORAF 240MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
ZOLINZA 100MG CAP	1	NDS PA_NSO QL=120 EA/30 Days
ZYDELIG 100MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ZYDELIG 150MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
ZYKADIA 150MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
ANTINEOPLASTICS MISC.		
ACTIMMUNE 2000000UNIT/0.5ML INJ	1	NDS PA_NSO
AYVAKIT 100MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 200MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 25MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 300MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
AYVAKIT 50MG TAB	1	NDS PA_NSO QL=30 EA/30 Days
BESREMI 500MCG/ML SYRINGE	1	NDS PA_NSO QL=2 ML/28 Days
bexarotene 75mg cap	1	PA_NSO QL=300 EA/30 Days
hydroxyurea 500mg cap	1	
MATULANE 50MG CAP	1	NDS
POMALYST 1MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
POMALYST 2MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
POMALYST 3MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
POMALYST 4MG CAP	1	NDS PA_NSO QL=21 EA/28 Days
REVUFORJ 110MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
REVUFORJ 160MG TAB	1	NDS PA_NSO QL=60 EA/30 Days
REVUFORJ 25MG TAB	1	NDS PA_NSO QL=240 EA/30 Days
tretinoin 10mg cap	1	
TUKYSA 150MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
TUKYSA 50MG TAB	1	NDS PA_NSO QL=120 EA/30 Days
VENCLEXTA 100MG TAB	1	NDS PA_NSO QL=180 EA/30 Days
VENCLEXTA 10MG TAB	1	PA_NSO QL=60 EA/30 Days
VENCLEXTA 50MG TAB	1	PA_NSO QL=30 EA/30 Days
VENCLEXTA TAB STARTER PACK (42)	1	NDS PA_NSO QL=42 EA/28 Days
WELIREG 40MG TAB	1	NDS PA_NSO QL=90 EA/30 Days
XPOVIO TAB 100MG ONCE WEEKLY CARTON (8)	1	NDS PA_NSO QL=8 EA/28 Days
XPOVIO TAB 40MG ONCE WEEKLY CARTON (16)	1	NDS PA_NSO QL=16 EA/28 Days
XPOVIO TAB 40MG ONCE WEEKLY CARTON (4)	1	NDS PA_NSO QL=4 EA/28 Days
XPOVIO TAB 40MG TWICE WEEKLY CARTON (8)	1	NDS PA_NSO QL=8 EA/28 Days
XPOVIO TAB 60MG ONCE WEEKLY CARTON (4)	1	NDS PA_NSO QL=4 EA/28 Days
XPOVIO TAB 60MG TWICE WEEKLY CARTON (24)	1	NDS PA_NSO QL=24 EA/28 Days
XPOVIO TAB 80MG ONCE WEEKLY CARTON (8)	1	NDS PA_NSO QL=8 EA/28 Days
XPOVIO TAB 80MG TWICE WEEKLY CARTON (32)	1	NDS PA_NSO QL=32 EA/28 Days
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN 192MG TAB	1	NDS PA_NSO QL=240 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
leucovorin 10mg tab	1	
leucovorin 15mg tab	1	
leucovorin 25mg tab	1	
leucovorin 5mg tab	1	
mesna 400mg tab	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa 25mg tab	1	
entacapone 200mg tab	1	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate 0.5mg tab	1	
benztropine mesylate 1mg tab	1	
benztropine mesylate 2mg tab	1	
trihexyphenidyl 2mg tab	1	
trihexyphenidyl 5mg tab	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine 100mg cap	1	
amantadine 10mg/ml oral soln	1	
bromocriptine 2.5mg tab	1	
bromocriptine 5mg cap	1	
carbidopa/entacapone/levodopa 12.5-200-50mg tab	1	
carbidopa/entacapone/levodopa 18.75-200-75mg tab	1	
carbidopa/entacapone/levodopa 25-200-100mg tab	1	
carbidopa/entacapone/levodopa 31.25-200-125mg tab	1	
carbidopa/entacapone/levodopa 37.5-200-150mg tab	1	
carbidopa/entacapone/levodopa 50-200-200mg tab	1	
CARBIDOPA/LEVODOPA 10-100MG ODT	1	
carbidopa/levodopa 10-100mg tab	1	
carbidopa/levodopa 25-100mg er tab	1	
CARBIDOPA/LEVODOPA 25-100MG ODT	1	
carbidopa/levodopa 25-100mg tab	1	
CARBIDOPA/LEVODOPA 25-250MG ODT	1	
carbidopa/levodopa 25-250mg tab	1	
carbidopa/levodopa 50-200mg er tab	1	
pramipexole 0.125mg tab	1	
pramipexole 0.25mg tab	1	
pramipexole 0.5mg tab	1	
pramipexole 0.75mg tab	1	
pramipexole 1.5mg tab	1	
pramipexole 1mg tab	1	
ropinirole 0.25mg tab	1	
ropinirole 0.5mg tab	1	
ropinirole 1mg tab	1	
ropinirole 2mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ropinirole 3mg tab	1	
ropinirole 4mg tab	1	
ropinirole 5mg tab	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline 0.5mg tab	1	QL=30 EA/30 Days
rasagiline 1mg tab	1	QL=30 EA/30 Days
selegiline 5mg cap	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate 150mg cap	1	
lithium carbonate 300mg cap	1	
lithium carbonate 300mg er tab	1	
lithium carbonate 300mg tab	1	
lithium carbonate 450mg er tab	1	
LITHIUM CARBONATE 600MG CAP	1	
lithium citrate 60mg/ml oral soln	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA 10.5MG CAP	1	PA_NSO QL=30 EA/30 Days
CAPLYTA 21MG CAP	1	PA_NSO QL=30 EA/30 Days
CAPLYTA 42MG CAP	1	PA_NSO QL=30 EA/30 Days
COBENFY 20-100MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY 20-50MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY 30-125MG CAP	1	PA_NSO QL=60 EA/30 Days
COBENFY CAP 28-DAY STARTER KIT PACK (56)	1	PA_NSO QL=56 EA/28 Days
haloperidol 0.5mg tab	1	
haloperidol 10mg tab	1	
haloperidol 1mg tab	1	
haloperidol 20mg tab	1	
haloperidol 2mg tab	1	
haloperidol 2mg/ml oral soln	1	
haloperidol 5mg tab	1	
haloperidol 5mg/ml inj	1	
haloperidol decanoate 100mg/ml (1ml) inj	1	
haloperidol decanoate 100mg/ml (5ml) inj	1	
haloperidol decanoate 50mg/ml (1ml) inj	1	
haloperidol decanoate 50mg/ml (5ml) inj	1	
lurasidone 120mg tab	1	ST_NSO QL=30 EA/30 Days
lurasidone 20mg tab	1	ST_NSO QL=30 EA/30 Days
lurasidone 40mg tab	1	ST_NSO QL=30 EA/30 Days
lurasidone 60mg tab	1	ST_NSO QL=30 EA/30 Days
lurasidone 80mg tab	1	ST_NSO QL=60 EA/30 Days
MOLINDONE 10MG TAB	1	
MOLINDONE 25MG TAB	1	
MOLINDONE 5MG TAB	1	
NUPLAZID 10MG TAB	1	PA_NSO QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUPLAZID 34MG CAP	1	PA_NSO QL=30 EA/30 Days
thiothixene 10mg cap	1	
thiothixene 1mg cap	1	
thiothixene 2mg cap	1	
thiothixene 5mg cap	1	
VRAYLAR 1.5MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 3MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 4.5MG CAP	1	PA_NSO QL=30 EA/30 Days
VRAYLAR 6MG CAP	1	PA_NSO QL=30 EA/30 Days
ziprasidone 20mg cap	1	
ziprasidone 20mg inj	1	PA_NSO QL=60 EA/30 Days
ziprasidone 40mg cap	1	
ziprasidone 60mg cap	1	
ziprasidone 80mg cap	1	
BENZISOXAZOLES		
FANAPT 10MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 12MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 1MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 2MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 4MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 6MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT 8MG TAB	1	PA_NSO QL=60 EA/30 Days
FANAPT TAB TITRATION PACK (8)	1	PA_NSO QL=60 EA/30 Days
INVEGA HAFYERA 1092MG/3.5ML SYRINGE	1	PA_NSO QL=3.50 ML/180 Days
INVEGA HAFYERA 1560MG/5ML SYRINGE	1	PA_NSO QL=5 ML/180 Days
INVEGA SUSTENNA 117MG/0.75ML SYRINGE	1	PA_NSO QL=.75 ML/28 Days
INVEGA SUSTENNA 156MG/ML SYRINGE	1	PA_NSO QL=1 ML/28 Days
INVEGA SUSTENNA 234MG/1.5ML SYRINGE	1	PA_NSO QL=1.50 ML/28 Days
INVEGA SUSTENNA 39MG/0.25ML SYRINGE	1	PA_NSO QL=.25 ML/28 Days
INVEGA SUSTENNA 78MG/0.5ML SYRINGE	1	PA_NSO QL=.50 ML/28 Days
INVEGA TRINZA 273MG/0.875ML SYRINGE	1	PA_NSO QL=.88 ML/84 Days
INVEGA TRINZA 410MG/1.315ML SYRINGE	1	PA_NSO QL=1.32 ML/84 Days
INVEGA TRINZA 546MG/1.75ML SYRINGE	1	PA_NSO QL=1.75 ML/84 Days
INVEGA TRINZA 819MG/2.625ML SYRINGE	1	PA_NSO QL=2.63 ML/84 Days
paliperidone 1.5mg er tab	1	QL=30 EA/30 Days
paliperidone 3mg er tab	1	QL=30 EA/30 Days
paliperidone 6mg er tab	1	QL=60 EA/30 Days
paliperidone 9mg er tab	1	QL=30 EA/30 Days
PERSERIS 120MG SYRINGE	1	NDS PA_NSO QL=1 EA/28 Days
PERSERIS 90MG SYRINGE	1	NDS PA_NSO QL=1 EA/28 Days
RISPERIDONE 0.25MG ODT	1	QL=60 EA/30 Days
risperidone 0.25mg tab	1	
risperidone 0.5mg odt	1	QL=60 EA/30 Days
risperidone 0.5mg tab	1	
risperidone 1mg odt	1	QL=60 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
risperidone 1mg tab	1	
risperidone 1mg/ml oral soln	1	QL=240 ML/30 Days
risperidone 2mg odt	1	QL=60 EA/30 Days
risperidone 2mg tab	1	
risperidone 37.5mg inj	1	PA_NSO QL=2 EA/28 Days
risperidone 3mg odt	1	QL=60 EA/30 Days
risperidone 3mg tab	1	
risperidone 4mg odt	1	QL=60 EA/30 Days
risperidone 4mg tab	1	
risperidone 50mg inj	1	PA_NSO QL=2 EA/28 Days
risperidone microspheres 12.5mg inj	1	PA_NSO QL=2 EA/28 Days
risperidone microspheres 25mg inj	1	PA_NSO QL=2 EA/28 Days
UZEDY 100MG/0.28ML SYRINGE	1	QL=.28 ML/30 Days
UZEDY 125MG/0.35ML SYRINGE	1	NDS QL=.35 ML/30 Days
UZEDY 150MG/0.42ML SYRINGE	1	QL=.42 ML/60 Days
UZEDY 200MG/0.56ML SYRINGE	1	QL=.56 ML/60 Days
UZEDY 250MG/0.7ML SYRINGE	1	QL=.70 ML/60 Days
UZEDY 50MG/0.14ML SYRINGE	1	NDS QL=.14 ML/30 Days
UZEDY 75MG/0.21ML SYRINGE	1	NDS QL=.21 ML/30 Days
DIBENZAPINES		
asenapine 10mg sl tab	1	QL=60 EA/30 Days
asenapine 2.5mg sl tab	1	QL=60 EA/30 Days
asenapine 5mg sl tab	1	QL=60 EA/30 Days
clozapine 100mg odt	1	QL=270 EA/30 Days
clozapine 100mg tab	1	
CLOZAPINE 12.5MG ODT	1	QL=90 EA/30 Days
clozapine 150mg odt	1	QL=180 EA/30 Days
clozapine 200mg odt	1	QL=120 EA/30 Days
clozapine 200mg tab	1	
clozapine 25mg odt	1	QL=270 EA/30 Days
clozapine 25mg tab	1	
clozapine 50mg tab	1	
loxapine 10mg cap	1	
loxapine 25mg cap	1	
loxapine 50mg cap	1	
loxapine 5mg cap	1	
olanzapine 10mg inj	1	QL=90 EA/30 Days
olanzapine 10mg odt	1	QL=60 EA/30 Days
olanzapine 10mg tab	1	
olanzapine 15mg odt	1	QL=30 EA/30 Days
olanzapine 15mg tab	1	
olanzapine 2.5mg tab	1	
olanzapine 20mg odt	1	QL=30 EA/30 Days
olanzapine 20mg tab	1	
olanzapine 5mg odt	1	QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
olanzapine 5mg tab	1	
olanzapine 7.5mg tab	1	
quetiapine 100mg tab	1	
quetiapine 150mg er tab	1	QL=30 EA/30 Days
quetiapine 200mg er tab	1	QL=30 EA/30 Days
quetiapine 200mg tab	1	
quetiapine 25mg tab	1	
quetiapine 300mg er tab	1	QL=60 EA/30 Days
quetiapine 300mg tab	1	
quetiapine 400mg er tab	1	QL=60 EA/30 Days
quetiapine 400mg tab	1	
quetiapine 50mg er tab	1	QL=60 EA/30 Days
quetiapine 50mg tab	1	
SECUADO 3.8MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
SECUADO 5.7MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
SECUADO 7.6MG/24HR PATCH	1	PA_NSO QL=30 EA/30 Days
VERSACLOZ 50MG/ML ORAL SUSP	1	PA_NSO QL=600 ML/30 Days
PHENOTHIAZINES		
chlorpromazine 100mg tab	1	
CHLORPROMAZINE 100MG/ML ORAL SOLN	1	
chlorpromazine 10mg tab	1	
chlorpromazine 200mg tab	1	
chlorpromazine 25mg tab	1	
CHLORPROMAZINE 30MG/ML ORAL SOLN	1	
chlorpromazine 50mg tab	1	
compro 25mg rectal supp	1	
FLUPHENAZINE 0.5MG/ML ORAL SOLN	1	
fluphenazine 10mg tab	1	
fluphenazine 1mg tab	1	
fluphenazine 2.5mg tab	1	
FLUPHENAZINE 2.5MG/ML INJ	1	
fluphenazine 5mg tab	1	
FLUPHENAZINE 5MG/ML ORAL SOLN	1	
fluphenazine decanoate 25mg/ml inj	1	
perphenazine 16mg tab	1	
perphenazine 2mg tab	1	
perphenazine 4mg tab	1	
perphenazine 8mg tab	1	
prochlorperazine 10mg tab	1	
prochlorperazine 25mg rectal supp	1	
prochlorperazine 5mg tab	1	
thioridazine 100mg tab	1	
thioridazine 10mg tab	1	
thioridazine 25mg tab	1	
thioridazine 50mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
trifluoperazine 10mg tab	1	
trifluoperazine 1mg tab	1	
trifluoperazine 2mg tab	1	
trifluoperazine 5mg tab	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720MG/2.4ML SYRINGE	1	QL=2.40 ML/56 Days
ABILIFY ASIMTUFII 960MG/3.2ML SYRINGE	1	QL=3.20 ML/56 Days
ABILIFY MAINTENA 300MG INJ	1	NDS PA_NSO QL=1 EA/28 Days
ABILIFY MAINTENA 300MG SYRINGE	1	NDS PA_NSO QL=1 EA/28 Days
ABILIFY MAINTENA 400MG INJ	1	NDS PA_NSO QL=1 EA/28 Days
ABILIFY MAINTENA 400MG SYRINGE	1	NDS PA_NSO QL=1 EA/28 Days
aripiprazole 10mg odt	1	PA_NSO QL=60 EA/30 Days
aripiprazole 10mg tab	1	
aripiprazole 15mg odt	1	PA_NSO QL=60 EA/30 Days
aripiprazole 15mg tab	1	
aripiprazole 1mg/ml oral soln	1	PA_NSO QL=900 ML/30 Days
aripiprazole 20mg tab	1	
aripiprazole 2mg tab	1	
aripiprazole 30mg tab	1	
aripiprazole 5mg tab	1	
ARISTADA 1064MG/3.9ML SYRINGE	1	PA_NSO QL=3.90 ML/56 Days
ARISTADA 441MG/1.6ML SYRINGE	1	NDS PA_NSO QL=1.60 ML/28 Days
ARISTADA 662MG/2.4ML SYRINGE	1	NDS PA_NSO QL=2.40 ML/28 Days
ARISTADA 675MG/2.4ML SYRINGE	1	PA_NSO QL=2.40 ML/42 Days
ARISTADA 882MG/3.2ML SYRINGE	1	PA_NSO QL=3.20 ML/28 Days
OPIPZA 10MG ORAL FILM	1	PA_NSO QL=90 EA/30 Days
OPIPZA 2MG ORAL FILM	1	PA_NSO QL=30 EA/30 Days
OPIPZA 5MG ORAL FILM	1	PA_NSO QL=30 EA/30 Days
REXULTI 0.25MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 0.5MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 1MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 2MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 3MG TAB	1	PA_NSO QL=30 EA/30 Days
REXULTI 4MG TAB	1	PA_NSO QL=30 EA/30 Days
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir 20mg/ml oral soln	1	QL=960 ML/30 Days
abacavir 300mg tab	1	QL=60 EA/30 Days
abacavir/lamivudine 600-300mg tab	1	QL=30 EA/30 Days
APTIVUS 250MG CAP	1	QL=120 EA/30 Days
atazanavir 150mg cap	1	QL=30 EA/30 Days
atazanavir 200mg cap	1	QL=60 EA/30 Days
atazanavir 300mg cap	1	QL=30 EA/30 Days
BIKTARVY 30-120-15MG TAB	1	QL=30 EA/30 Days
BIKTARVY 50-200-25MG TAB	1	QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CIMDUO 300-300MG TAB	1	QL=30 EA/30 Days
darunavir 600mg tab	1	QL=60 EA/30 Days
darunavir 800mg tab	1	QL=30 EA/30 Days
DELSTRIGO 100-300-300MG TAB	1	QL=30 EA/30 Days
DESCOVY 120-15MG TAB	1	QL=30 EA/30 Days
DESCOVY 200-25MG TAB	1	QL=30 EA/30 Days
DOVATO 50-300MG TAB	1	QL=30 EA/30 Days
EDURANT 25MG TAB	1	QL=30 EA/30 Days
efavirenz 600mg tab	1	QL=30 EA/30 Days
efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab	1	QL=30 EA/30 Days
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE 400-300-300MG TAB	1	QL=30 EA/30 Days
efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab	1	QL=30 EA/30 Days
emtricitabine 200mg cap	1	QL=30 EA/30 Days
emtricitabine/rilpivirine/tenofovir disoproxil fumarate 200-25-300mg tab	1	QL=30 EA/30 Days
emtricitabine/tenofovir disoproxil fumarate 100-150mg tab	1	QL=30 EA/30 Days
emtricitabine/tenofovir disoproxil fumarate 133-200mg tab	1	QL=30 EA/30 Days
emtricitabine/tenofovir disoproxil fumarate 167-250mg tab	1	QL=30 EA/30 Days
emtricitabine/tenofovir disoproxil fumarate 200-300mg tab	1	QL=30 EA/30 Days
EMTRIVA 10MG/ML ORAL SOLN	1	QL=850 ML/30 Days
etravirine 100mg tab	1	QL=60 EA/30 Days
etravirine 200mg tab	1	QL=60 EA/30 Days
EVOTAZ 300-150MG TAB	1	QL=30 EA/30 Days
fosamprenavir 700mg tab	1	QL=120 EA/30 Days
GENVOYA 150-150-200-10MG TAB	1	QL=30 EA/30 Days
INTELENCE 25MG TAB	1	QL=120 EA/30 Days
ISENTRESS 100MG CHEW TAB	1	QL=180 EA/30 Days
ISENTRESS 100MG GRANULES FOR ORAL SUSP	1	QL=60 EA/30 Days
ISENTRESS 25MG CHEW TAB	1	QL=180 EA/30 Days
ISENTRESS 400MG TAB	1	QL=60 EA/30 Days
ISENTRESS 600MG TAB	1	QL=60 EA/30 Days
JULUCA 50-25MG TAB	1	QL=30 EA/30 Days
KALETRA 80-20MG/ML ORAL SOLN	1	
lamivudine 10mg/ml oral soln	1	QL=960 ML/30 Days
lamivudine 150mg tab	1	QL=60 EA/30 Days
lamivudine 300mg tab	1	QL=30 EA/30 Days
lamivudine/zidovudine 150-300mg tab	1	QL=60 EA/30 Days
lopinavir/ritonavir 100-25mg tab	1	QL=300 EA/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lopinavir/ritonavir 200-50mg tab	1	QL=120 EA/30 Days
maraviroc 150mg tab	1	QL=60 EA/30 Days
maraviroc 300mg tab	1	QL=120 EA/30 Days
NEVIRAPINE 10MG/ML ORAL SUSP	1	QL=1200 ML/30 Days
nevirapine 200mg tab	1	QL=60 EA/30 Days
nevirapine 400mg er tab	1	QL=30 EA/30 Days
NORVIR 100MG ORAL POWDER	1	QL=360 EA/30 Days
ODEFSEY 200-25-25MG TAB	1	QL=30 EA/30 Days
PIFELTRO 100MG TAB	1	QL=30 EA/30 Days
PREZCOBIX 150-800MG TAB	1	QL=30 EA/30 Days
PREZISTA 100MG/ML ORAL SUSP	1	QL=400 ML/30 Days
PREZISTA 150MG TAB	1	QL=240 EA/30 Days
PREZISTA 75MG TAB	1	QL=480 EA/30 Days
REYATAZ 50MG ORAL POWDER	1	QL=240 EA/30 Days
ritonavir 100mg tab	1	QL=360 EA/30 Days
RUKOBIA 600MG ER TAB	1	QL=60 EA/30 Days
SELZENTRY 20MG/ML ORAL SOLN	1	QL=1840 ML/30 Days
STRIBILD 150-150-200-300MG TAB	1	QL=30 EA/30 Days
SUNLENCA 300MG TAB	1	QL=4 EA/28 Days
SUNLENCA 300MG TAB THERAPY PACK (4)	1	QL=4 EA/28 Days
SUNLENCA 300MG TAB THERAPY PACK (5)	1	QL=5 EA/28 Days
SYMTUZA 150-800-200-10MG TAB	1	QL=30 EA/30 Days
tenofovir disoproxil fumarate 300mg tab	1	QL=30 EA/30 Days
TIVICAY 50MG TAB	1	QL=60 EA/30 Days
TIVICAY 5MG TAB FOR ORAL SUSP	1	QL=180 EA/30 Days
TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP	1	QL=180 EA/30 Days
TRIUMEQ 600-50-300MG TAB	1	QL=30 EA/30 Days
TYBOST 150MG TAB	1	QL=30 EA/30 Days
VIRACEPT 250MG TAB	1	QL=300 EA/30 Days
VIRACEPT 625MG TAB	1	QL=120 EA/30 Days
VIREAD 150MG TAB	1	QL=30 EA/30 Days
VIREAD 200MG TAB	1	QL=30 EA/30 Days
VIREAD 250MG TAB	1	QL=30 EA/30 Days
VIREAD 40MG/GM ORAL POWDER	1	QL=240 GM/30 Days
zidovudine 100mg cap	1	QL=180 EA/30 Days
zidovudine 10mg/ml oral soln	1	QL=1920 ML/30 Days
zidovudine 300mg tab	1	QL=60 EA/30 Days
CMV AGENTS		
LIVTENCITY 200MG TAB	1	NDS PA QL=120 EA/30 Days
PREVYMIS 120MG ORAL PELLET	1	NDS PA QL=120 EA/30 Days
PREVYMIS 240MG TAB	1	NDS PA QL=30 EA/30 Days
PREVYMIS 480MG TAB	1	NDS PA QL=30 EA/30 Days
valganciclovir 450mg tab	1	
valganciclovir 50mg/ml oral soln	1	
HEPATITIS AGENTS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
adefovir dipivoxil 10mg tab	1	QL=30 EA/30 Days
entecavir 0.5mg tab	1	QL=30 EA/30 Days
entecavir 1mg tab	1	QL=30 EA/30 Days
lamivudine 100mg tab	1	QL=90 EA/30 Days
MAVYRET 100-40MG TAB	1	NDS PA QL=90 EA/30 Days
MAVYRET 50-20MG ORAL PELLET	1	NDS PA QL=150 EA/30 Days
PEGASYS 180MCG/0.5ML SYRINGE	1	NDS QL=2 ML/28 Days
PEGASYS 180MCG/ML INJ	1	NDS QL=4 ML/28 Days
RIBAVIRIN 200MG CAP	1	QL=210 EA/30 Days
RIBAVIRIN 200MG TAB	1	QL=210 EA/30 Days
SOFOSBUVIR/VELPATASVIR 400-100MG TAB	1	NDS PA QL=30 EA/30 Days
VEMLIDY 25MG TAB	1	NDS QL=30 EA/30 Days
VOSEVI 400-100-100MG TAB	1	NDS PA QL=30 EA/30 Days
HERPES AGENTS		
acyclovir 200mg cap	1	
acyclovir 400mg tab	1	
acyclovir 40mg/ml oral susp	1	
acyclovir 50mg/ml inj	1	PA_BvD
acyclovir 800mg tab	1	
famciclovir 125mg tab	1	
famciclovir 250mg tab	1	
famciclovir 500mg tab	1	
valacyclovir 1000mg tab	1	
valacyclovir 500mg tab	1	
INFLUENZA AGENTS		
oseltamivir 30mg cap	1	QL=84 EA/180 Days
oseltamivir 45mg cap	1	QL=42 EA/180 Days
oseltamivir 6mg/ml oral susp	1	QL=540 ML/180 Days
oseltamivir 75mg cap	1	QL=42 EA/180 Days
RELENZA 5MG/BLISTER POWDER INHALER	1	QL=120 EA/30 Days
RIMANTADINE 100MG TAB	1	
XOFLUZA 40MG TAB	1	QL=2 EA/30 Days
XOFLUZA 80MG TAB	1	QL=1 EA/30 Days
MISC. ANTIVIRALS		
PAXLOVID 150MG/100MG TAB PACK (20)	1	QL=20 EA/5 Days
PAXLOVID 150MG/100MG TAB PACK (30)	1	QL=30 EA/5 Days
PAXLOVID 300MG/100MG AND 150MG/100MG TAB DOSE PACK (11)	1	QL=11 EA/5 Days
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol 12.5mg tab	1	
carvedilol 25mg tab	1	
carvedilol 3.125mg tab	1	
carvedilol 6.25mg tab	1	
labetalol 100mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
labetalol 200mg tab	1	
labetalol 300mg tab	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol 200mg cap	1	
acebutolol 400mg cap	1	
atenolol 100mg tab	1	
atenolol 25mg tab	1	
atenolol 50mg tab	1	
betaxolol 10mg tab	1	
betaxolol 20mg tab	1	
bisoprolol fumarate 10mg tab	1	
bisoprolol fumarate 5mg tab	1	
metoprolol succinate 100mg er tab	1	
metoprolol succinate 200mg er tab	1	
metoprolol succinate 25mg er tab	1	
metoprolol succinate 50mg er tab	1	
metoprolol tartrate 100mg tab	1	
metoprolol tartrate 25mg tab	1	
metoprolol tartrate 37.5mg tab	1	
metoprolol tartrate 50mg tab	1	
metoprolol tartrate 75mg tab	1	
BETA BLOCKERS NON-SELECTIVE		
nadolol 20mg tab	1	
nadolol 40mg tab	1	
nadolol 80mg tab	1	
pindolol 10mg tab	1	
pindolol 5mg tab	1	
propranolol 10mg tab	1	
propranolol 120mg er cap	1	
propranolol 160mg er cap	1	
propranolol 20mg tab	1	
propranolol 40mg tab	1	
PROPRANOLOL 4MG/ML ORAL SOLN	1	
propranolol 60mg er cap	1	
propranolol 60mg tab	1	
propranolol 80mg er cap	1	
propranolol 80mg tab	1	
PROPRANOLOL 8MG/ML ORAL SOLN	1	
sotalol 120mg tab	1	
sotalol 160mg tab	1	
sotalol 240mg tab	1	
sotalol 80mg tab	1	
sotalol af 120mg tab	1	
sotalol af 160mg tab	1	
sotalol af 80mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
timolol 10mg tab	1	
timolol 5mg tab	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine 10mg tab	1	
amlodipine 2.5mg tab	1	
amlodipine 5mg tab	1	
cartia 120mg er (24hr) cap	1	
cartia 180mg er (24hr) cap	1	
cartia 240mg er (24hr) cap	1	
cartia 300mg er (24hr) cap	1	
dilt 120mg er (24hr) cap	1	
dilt 180mg er (24hr) cap	1	
dilt 240mg er (24hr) cap	1	
diltiazem 120mg er (12hr) cap	1	
diltiazem 120mg er (24hr) cap	1	
diltiazem 120mg tab	1	
diltiazem 180mg er (24hr) cap	1	
diltiazem 240mg er (24hr) cap	1	
diltiazem 300mg er (24hr) cap	1	
diltiazem 30mg tab	1	
diltiazem 360mg er (24hr) cap	1	
diltiazem 420mg er (24hr) cap	1	
diltiazem 60mg er (12hr) cap	1	
diltiazem 60mg tab	1	
diltiazem 90mg er (12hr) cap	1	
diltiazem 90mg tab	1	
felodipine 10mg er tab	1	
felodipine 2.5mg er tab	1	
felodipine 5mg er tab	1	
isradipine 2.5mg cap	1	
isradipine 5mg cap	1	
nifedipine 30mg er tab	1	
nifedipine 30mg osmotic er tab	1	
nifedipine 60mg er tab	1	
nifedipine 60mg osmotic er tab	1	
nifedipine 90mg er tab	1	
nifedipine 90mg osmotic er tab	1	
nimodipine 30mg cap	1	
tiadylt 120mg er (24hr) cap	1	
tiadylt 180mg er (24hr) cap	1	
tiadylt 240mg er (24hr) cap	1	
tiadylt 300mg er (24hr) cap	1	
tiadylt 360mg er (24hr) cap	1	
tiadylt 420mg er (24hr) cap	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
verapamil 120mg er cap	1	
verapamil 120mg er tab	1	
verapamil 120mg tab	1	
verapamil 180mg er cap	1	
verapamil 180mg er tab	1	
verapamil 240mg er cap	1	
verapamil 240mg er tab	1	
verapamil 40mg tab	1	
verapamil 80mg tab	1	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
droxidopa 100mg cap	1	PA QL=90 EA/30 Days
droxidopa 200mg cap	1	PA QL=180 EA/30 Days
droxidopa 300mg cap	1	PA QL=180 EA/30 Days
midodrine 10mg tab	1	
midodrine 2.5mg tab	1	
midodrine 5mg tab	1	
CARDIOVASCULAR AGENTS, OTHER		
CAMZYOS 10MG CAP	1	NDS PA QL=30 EA/30 Days
CAMZYOS 15MG CAP	1	NDS PA QL=30 EA/30 Days
CAMZYOS 2.5MG CAP	1	NDS PA QL=30 EA/30 Days
CAMZYOS 5MG CAP	1	NDS PA QL=30 EA/30 Days
digoxin 0.125mg tab	1	
digoxin 0.25mg tab	1	
ENTRESTO 24-26MG TAB	1	QL=60 EA/30 Days
ENTRESTO 49-51MG TAB	1	QL=60 EA/30 Days
ENTRESTO 97-103MG TAB	1	QL=60 EA/30 Days
ivabradine 5mg tab	1	PA QL=60 EA/30 Days
ivabradine 7.5mg tab	1	PA QL=60 EA/30 Days
pentoxifylline 400mg er tab	1	
ranolazine 1000mg er tab	1	
ranolazine 500mg er tab	1	
VERQUVO 10MG TAB	1	PA QL=30 EA/30 Days
VERQUVO 2.5MG TAB	1	PA QL=30 EA/30 Days
VERQUVO 5MG TAB	1	PA QL=30 EA/30 Days
VYNDAMAX 61MG CAP	1	NDS PA QL=30 EA/30 Days
VYNDAQEL 20MG CAP	1	NDS PA QL=120 EA/30 Days
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil 100mg/ml oral susp	1	
cefadroxil 500mg cap	1	
cefadroxil 50mg/ml oral susp	1	
cefazolin 1000mg inj	1	
cefazolin 200mg/ml inj	1	
cefazolin 500mg inj	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cephalexin 250mg cap	1	
cephalexin 25mg/ml oral susp	1	
cephalexin 500mg cap	1	
cephalexin 50mg/ml oral susp	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 250MG CAP	1	
CEFACLOR 500MG CAP	1	
cefoxitin 1gm inj	1	
cefoxitin 200mg/ml inj	1	
cefoxitin 2gm inj	1	
cefprozil 250mg tab	1	
cefprozil 25mg/ml oral susp	1	
cefprozil 500mg tab	1	
cefprozil 50mg/ml oral susp	1	
cefuroxime 1500mg inj	1	
cefuroxime 250mg tab	1	
cefuroxime 500mg tab	1	
cefuroxime 750mg inj	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir 25mg/ml oral susp	1	
cefdinir 300mg cap	1	
cefdinir 50mg/ml oral susp	1	
cefixime 20mg/ml oral susp	1	
cefixime 400mg cap	1	
cefixime 40mg/ml oral susp	1	
cefpodoxime 100mg tab	1	
CEFPODOXIME 10MG/ML ORAL SUSP	1	
cefpodoxime 200mg tab	1	
CEFPODOXIME 20MG/ML ORAL SUSP	1	
ceftazidime 1gm inj	1	
CEFTAZIDIME 200MG/ML INJ	1	
ceftazidime 2gm inj	1	
ceftriaxone 10gm inj	1	
ceftriaxone 1gm inj	1	
ceftriaxone 250mg inj	1	
ceftriaxone 2gm inj	1	
ceftriaxone 500mg inj	1	
tazicef 1gm inj	1	
tazicef 2gm inj	1	
TAZICEF 6GM INJ	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide 3mg dr cap	1	QL=90 EA/30 Days
budesonide 9mg er tab	1	PA QL=30 EA/30 Days
DEXAMETHASONE 0.1MG/ML ORAL SOLN	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dexamethasone 0.5mg tab	1	
dexamethasone 0.75mg tab	1	
dexamethasone 1.5mg tab	1	
dexamethasone 1mg tab	1	
dexamethasone 2mg tab	1	
dexamethasone 4mg tab	1	
dexamethasone 6mg tab	1	
hydrocortisone 10mg tab	1	
hydrocortisone 20mg tab	1	
hydrocortisone 5mg tab	1	
methylprednisolone 16mg tab	1	PA_BvD
methylprednisolone 32mg tab	1	PA_BvD
methylprednisolone 4mg tab	1	PA_BvD
methylprednisolone 4mg tab pack (21)	1	
methylprednisolone 8mg tab	1	PA_BvD
prednisolone 1mg/ml oral soln	1	PA_BvD
prednisolone 3mg/ml oral soln	1	PA_BvD
prednisolone 5mg/ml oral soln	1	PA_BvD
prednisone 10mg tab	1	PA_BvD
prednisone 1mg tab	1	PA_BvD
PREDNISONE 1MG/ML ORAL SOLN	1	PA_BvD
prednisone 2.5mg tab	1	PA_BvD
prednisone 20mg tab	1	PA_BvD
prednisone 50mg tab	1	PA_BvD
prednisone 5mg tab	1	PA_BvD
MINERALOCORTICOIDS		
fludrocortisone acetate 0.1mg tab	1	
COUGH/COLD/ALLERGY		
MUCOLYTICS		
acetylcysteine 100mg/ml inh soln	1	PA_BvD
acetylcysteine 200mg/ml inh soln	1	PA_BvD
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
cevimeline 30mg cap	1	
chlorhexidine gluconate 0.12% mouthwash	1	
clotrimazole 10mg lozenge	1	
kourzeq 0.1% oral paste	1	
lidocaine viscous 2% mucous membrane topical soln	1	
nystatin 100000unit/ml oral susp	1	
periogard 0.12% mouthwash	1	
pilocarpine 5mg tab	1	
pilocarpine 7.5mg tab	1	
triamcinolone acetonide 0.1% oral paste	1	
DERMATOLOGICALS		
ACNE PRODUCTS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
accutane 10mg cap	1	
accutane 20mg cap	1	
accutane 40mg cap	1	
amnesteem 10mg cap	1	
amnesteem 20mg cap	1	
amnesteem 30mg cap	1	
amnesteem 40mg cap	1	
claravis 10mg cap	1	
claravis 20mg cap	1	
claravis 30mg cap	1	
claravis 40mg cap	1	
clindamycin 1% gel	1	QL=75 GM/30 Days
clindamycin 1% gel (twice-daily)	1	QL=75 GM/30 Days
clindamycin 1% lotion	1	QL=60 ML/30 Days
clindamycin 1% topical soln	1	QL=60 ML/30 Days
erythromycin 2% gel	1	QL=60 GM/30 Days
erythromycin 2% topical soln	1	QL=60 ML/30 Days
isotretinoin 10mg cap	1	
isotretinoin 20mg cap	1	
isotretinoin 30mg cap	1	
isotretinoin 40mg cap	1	
sulfacetamide sodium 10% lotion	1	QL=118 ML/30 Days
tretinoin 0.01% gel	1	PA QL=45 GM/30 Days
tretinoin 0.025% cream	1	PA QL=45 GM/30 Days
tretinoin 0.025% gel	1	PA QL=45 GM/30 Days
tretinoin 0.05% cream	1	PA QL=45 GM/30 Days
tretinoin 0.1% cream	1	PA QL=45 GM/30 Days
zenatane 10mg cap	1	
zenatane 20mg cap	1	
zenatane 30mg cap	1	
zenatane 40mg cap	1	
ANTIBIOTICS - TOPICAL		
gentamicin 0.1% cream	1	QL=30 GM/30 Days
gentamicin 0.1% ointment	1	QL=120 GM/30 Days
mupirocin 2% ointment	1	QL=220 GM/30 Days
ANTIFUNGALS - TOPICAL		
ciclopirox 0.77% cream	1	QL=90 GM/30 Days
ciclopirox 0.77% gel	1	QL=100 GM/30 Days
ciclopirox 1% shampoo	1	QL=120 ML/30 Days
ciclopirox 8% topical soln	1	QL=13.20 ML/30 Days
clotrimazole 1% cream	1	QL=45 GM/30 Days
clotrimazole/betamethasone 1-0.05% cream	1	QL=90 GM/30 Days
econazole nitrate 1% cream	1	QL=85 GM/30 Days
ketoconazole 2% cream	1	QL=120 GM/30 Days
ketoconazole 2% shampoo	1	QL=240 ML/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nyamyc 100000unit/gm topical powder	1	QL=60 GM/30 Days
nystatin 100000 unit/gm ointment	1	QL=30 GM/30 Days
nystatin 100000unit/gm topical powder	1	QL=60 GM/30 Days
nystatin 100000unit/ml cream	1	QL=30 GM/30 Days
% ointment	1	QL=60 GM/30 Days
nystatin/triamcinolone acetonide 100000-0.1unit/gm-% cream	1	QL=60 GM/30 Days
nystop 100000unit/gm topical powder	1	QL=60 GM/30 Days
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene 1% gel	1	PA_NSO QL=60 GM/30 Days
diclofenac sodium 3% gel	1	PA QL=100 GM/30 Days
FLUOROURACIL 2% TOPICAL SOLN	1	QL=10 ML/30 Days
fluorouracil 5% cream	1	QL=40 GM/30 Days
fluorouracil 5% topical soln	1	QL=10 ML/30 Days
PANRETIN 0.1% GEL	1	NDS PA_NSO QL=60 GM/30 Days
VALCHLOR 0.016% GEL	1	NDS PA_NSO QL=240 GM/30 Days
ANTIPSORIATICS		
acitretin 10mg cap	1	
acitretin 17.5mg cap	1	
acitretin 25mg cap	1	
calcipotriene 0.005% cream	1	PA QL=120 GM/30 Days
calcipotriene 0.005% ointment	1	PA QL=120 GM/30 Days
CALCIPOTRIENE 0.005% TOPICAL SOLN	1	PA QL=120 ML/30 Days
COSENTYX 150MG/ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
COSENTYX 150MG/ML SYRINGE	1	NDS PA QL=8 ML/28 Days
COSENTYX 75MG/0.5ML SYRINGE	1	NDS PA QL=2 ML/28 Days
COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR	1	NDS PA QL=8 ML/28 Days
METHOXSALEN 10MG CAP	1	
OTEZLA 20MG TAB	1	NDS PA QL=60 EA/30 Days
OTEZLA 30MG TAB	1	NDS PA QL=60 EA/30 Days
OTEZLA TAB 28-DAY STARTER PACK (55)	1	NDS PA QL=55 EA/28 Days
SKYRIZI 150MG/ML AUTO-INJECTOR	1	PA QL=7 ML/365 Days
SKYRIZI 150MG/ML SYRINGE	1	PA QL=7 ML/365 Days
STELARA 45MG/0.5ML INJ	1	PA QL=.50 ML/28 Days
STELARA 45MG/0.5ML SYRINGE	1	PA QL=.50 ML/28 Days
STELARA 90MG/ML SYRINGE	1	PA QL=1 ML/28 Days
STEQEYMA 90MG/ML SYRINGE	1	PA QL=1 ML/28 Days
tazarotene 0.1% cream	1	PA QL=60 GM/30 Days
TREMFYA 100MG/ML AUTO-INJECTOR	1	PA QL=2 ML/28 Days
TREMFYA 100MG/ML SYRINGE	1	PA QL=2 ML/28 Days
TREMFYA 200MG/2ML AUTO-INJECTOR	1	NDS PA QL=2 ML/28 Days
TREMFYA 200MG/2ML SYRINGE	1	NDS PA QL=2 ML/28 Days
YESINTEK 90MG/ML SYRINGE	1	PA QL=1 ML/28 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CORTICOSTEROIDS - TOPICAL		
ala-cort 1% cream	1	QL=240 GM/30 Days
ALCLOMETASONE 0.05% OINT	1	QL=120 GM/30 Days
alclometasone dipropionate 0.05% cream	1	QL=120 GM/30 Days
betamethasone 0.05% aug cream	1	QL=100 GM/30 Days
betamethasone 0.05% aug lotion	1	QL=120 ML/30 Days
betamethasone 0.05% aug ointment	1	QL=100 GM/30 Days
betamethasone 0.05% cream	1	QL=90 GM/30 Days
betamethasone 0.05% lotion	1	QL=120 ML/30 Days
betamethasone 0.05% ointment	1	QL=90 GM/30 Days
betamethasone 0.1% cream	1	QL=180 GM/30 Days
betamethasone 0.1% ointment	1	QL=180 GM/30 Days
BETAMETHASONE 0.1% TOPICAL LOTION	1	QL=120 ML/30 Days
clobetasol propionate 0.05% cream	1	QL=120 GM/30 Days
clobetasol propionate 0.05% e cream	1	QL=120 GM/30 Days
clobetasol propionate 0.05% foam	1	QL=100 GM/30 Days
clobetasol propionate 0.05% gel	1	QL=120 GM/30 Days
clobetasol propionate 0.05% lotion	1	QL=118 ML/30 Days
clobetasol propionate 0.05% ointment	1	QL=120 GM/30 Days
clobetasol propionate 0.05% shampoo	1	QL=236 ML/30 Days
clobetasol propionate 0.05% topical soln	1	QL=100 ML/30 Days
clobetasol propionate 0.05% topical spray	1	QL=125 ML/30 Days
clodan 0.05% shampoo	1	QL=236 ML/30 Days
desonide 0.05% ointment	1	QL=120 GM/30 Days
desoximetasone 0.25% cream	1	QL=120 GM/30 Days
desoximetasone 0.25% ointment	1	QL=120 GM/30 Days
fluocinolone acetonide 0.01% cream	1	QL=120 GM/30 Days
fluocinolone acetonide 0.01% topical oil	1	QL=120 ML/30 Days
fluocinolone acetonide 0.01% topical soln	1	QL=90 ML/30 Days
fluocinolone acetonide 0.025% cream	1	QL=120 GM/30 Days
fluocinolone acetonide 0.025% ointment	1	QL=120 GM/30 Days
fluocinonide 0.05% cream	1	QL=60 GM/30 Days
fluocinonide 0.05% e cream	1	QL=120 GM/30 Days
fluocinonide 0.05% gel	1	QL=60 GM/30 Days
fluocinonide 0.05% ointment	1	QL=60 GM/30 Days
fluocinonide 0.05% topical soln	1	QL=60 ML/30 Days
fluocinonide 0.1% cream	1	QL=60 GM/30 Days
fluticasone propionate 0.005% ointment	1	QL=240 GM/30 Days
fluticasone propionate 0.05% cream	1	QL=240 GM/30 Days
halobetasol propionate 0.05% cream	1	QL=50 GM/30 Days
halobetasol propionate 0.05% ointment	1	QL=50 GM/30 Days
hydrocortisone 1% cream	1	QL=240 GM/30 Days
hydrocortisone 2.5% ointment	1	QL=240 GM/30 Days
HYDROCORTISONE LOTION 2.5%	1	QL=118 ML/30 Days
mometasone furoate 0.1% cream	1	QL=180 GM/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mometasone furoate 0.1% lotion	1	QL=180 ML/30 Days
mometasone furoate 0.1% ointment	1	QL=180 GM/30 Days
triamcinolone acetonide 0.025% cream	1	QL=454 GM/30 Days
triamcinolone acetonide 0.025% lotion	1	QL=120 ML/30 Days
triamcinolone acetonide 0.025% ointment	1	QL=454 GM/30 Days
triamcinolone acetonide 0.1% cream	1	QL=454 GM/30 Days
triamcinolone acetonide 0.1% lotion	1	QL=120 ML/30 Days
triamcinolone acetonide 0.1% ointment	1	QL=454 GM/30 Days
triamcinolone acetonide 0.5% cream	1	QL=454 GM/30 Days
triamcinolone acetonide 0.5% ointment	1	QL=120 GM/30 Days
triderm 0.5% cream	1	QL=454 GM/30 Days
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus 1% cream	1	QL=100 GM/30 Days
tacrolimus 0.03% ointment	1	QL=100 GM/30 Days
tacrolimus 0.1% ointment	1	QL=100 GM/30 Days
LOCAL ANESTHETICS - TOPICAL		
lidocaine 4% mucous membrane topical soln	1	QL=50 ML/30 Days
lidocaine 5% ointment	1	PA QL=107 GM/30 Days
lidocaine 5% patch	1	PA QL=90 EA/30 Days
lidocaine/prilocaine 2.5-2.5% cream	1	QL=30 GM/30 Days
lidocan 5% patch	1	PA QL=90 EA/30 Days
tridacaine 5% patch	1	PA QL=90 EA/30 Days
MISC. TOPICAL		
acyclovir 5% ointment	1	QL=30 GM/30 Days
ammonium lactate 12% cream	1	
ammonium lactate 12% lotion	1	
imiquimod 5% cream	1	QL=24 EA/30 Days
malathion 0.5% lotion	1	QL=59 ML/30 Days
permethrin 5% cream	1	QL=60 GM/30 Days
PODOFILOX 0.5% TOPICAL SOLN	1	QL=7 ML/30 Days
selenium sulfide 2.5% shampoo	1	QL=120 ML/30 Days
ROSACEA AGENTS		
azelaic acid 15% gel	1	QL=50 GM/30 Days
metronidazole 0.75% cream	1	QL=45 GM/30 Days
metronidazole 0.75% gel	1	QL=45 GM/30 Days
metronidazole 1% gel	1	QL=60 GM/30 Days
WOUND CARE PRODUCTS		
REGRANEX 0.01% GEL	1	PA QL=30 GM/15 Days
SANTYL 250UNIT/GM OINTMENT	1	QL=90 GM/30 Days
silver sulfadiazine 1% cream	1	
ssd 1% cream	1	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON 120000-24000-76000UNIT DR CAP	1	
CREON 15000-3000-9500UNIT DR CAP	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CREON 180000-36000-114000UNIT DR CAP	1	
CREON 30000-6000-19000UNIT DR CAP	1	
CREON 60000-12000-38000UNIT DR CAP	1	
SUCRAID 8500UNIT/ML ORAL SOLN	1	NDS PA
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide 125mg tab	1	
acetazolamide 250mg tab	1	
acetazolamide 500mg er cap	1	
methazolamide 25mg tab	1	
methazolamide 50mg tab	1	
DIURETIC COMBINATIONS		
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	1	
hydrochlorothiazide/spironolactone 25-25mg tab	1	
hydrochlorothiazide/triamterene 25-37.5mg cap	1	
hydrochlorothiazide/triamterene 25-37.5mg tab	1	
hydrochlorothiazide/triamterene 50-75mg tab	1	
LOOP DIURETICS		
bumetanide 0.25mg/ml inj	1	
bumetanide 0.5mg tab	1	
bumetanide 1mg tab	1	
bumetanide 2mg tab	1	
FUROSCIX 80MG/10ML CARTRIDGE	1	NDS QL=8 EA/7 Days
furosemide 10mg/ml inj	1	
furosemide 10mg/ml oral soln	1	
furosemide 20mg tab	1	
furosemide 40mg tab	1	
furosemide 80mg tab	1	
FUROSEMIDE 8MG/ML ORAL SOLN	1	
torsemide 100mg tab	1	
torsemide 10mg tab	1	
torsemide 20mg tab	1	
torsemide 5mg tab	1	
POTASSIUM SPARING DIURETICS		
amiloride 5mg tab	1	
spironolactone 100mg tab	1	
spironolactone 25mg tab	1	
spironolactone 50mg tab	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone 25mg tab	1	
chlorthalidone 50mg tab	1	
hydrochlorothiazide 12.5mg cap	1	
hydrochlorothiazide 12.5mg tab	1	
hydrochlorothiazide 25mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydrochlorothiazide 50mg tab	1	
indapamide 1.25mg tab	1	
indapamide 2.5mg tab	1	
metolazone 10mg tab	1	
metolazone 2.5mg tab	1	
metolazone 5mg tab	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium 10mg tab	1	
alendronate sodium 35mg tab	1	
alendronate sodium 70mg tab	1	
ibandronate 150mg tab	1	QL=1 EA/30 Days
JUBBONTI 60MG/ML SYRINGE	1	ST QL=1 ML/168 Days
raloxifene 60mg tab	1	QL=30 EA/30 Days
risedronate sodium 150mg tab	1	
risedronate sodium 30mg tab	1	
risedronate sodium 35mg tab	1	
risedronate sodium 35mg tab pack (12)	1	
risedronate sodium 35mg tab pack (4)	1	
risedronate sodium 5mg tab	1	
salmon calcitonin 200unit/act nasal spray	1	QL=3.70 ML/28 Days
TERIPARATIDE 0.02MG/ACT PEN INJ	1	NDS QL=2.48 ML/28 Days
TYMLOS 3120MCG/1.56ML PEN INJ	1	NDS PA QL=1.56 ML/30 Days
WYOST 120MG/1.7ML INJ	1	NDS PA QL=1.70 ML/28 Days
GROWTH HORMONES		
NORDITROPIN 10MG/1.5ML PEN INJ	1	NDS PA
NORDITROPIN 15MG/1.5ML PEN INJ	1	NDS PA
NORDITROPIN 30MG/3ML PEN INJ	1	NDS PA
NORDITROPIN 5MG/1.5ML PEN INJ	1	NDS PA
OMNITROPE 10MG/1.5ML CARTRIDGE	1	NDS PA
OMNITROPE 5.8MG INJ	1	NDS PA
OMNITROPE 5MG/1.5ML CARTRIDGE	1	NDS PA
SOGROYA 10MG/1.5ML PEN INJ	1	NDS PA
SOGROYA 15MG/1.5ML PEN INJ	1	NDS PA
SOGROYA 5MG/1.5ML PEN INJ	1	NDS PA
METABOLIC MODIFIERS		
betaine 1gm powder for oral soln	1	
calcitriol 0.25mcg cap	1	PA_BvD
calcitriol 0.5mcg cap	1	PA_BvD
calcitriol 1mcg/ml oral soln	1	PA_BvD
carglumic acid 200mg tab for oral susp	1	PA
cinacalcet 30mg tab	1	PA_BvD QL=60 EA/30 Days
cinacalcet 60mg tab	1	PA_BvD QL=60 EA/30 Days
cinacalcet 90mg tab	1	PA_BvD QL=120 EA/30 Days
CYSTADANE 1GM POWDER FOR ORAL SOLN	1	NDS

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
javygtor 100mg powder for oral soln	1	PA
javygtor 100mg tab	1	PA
javygtor 500mg powder for oral soln	1	PA
levocarnitine 100mg/ml oral soln	1	PA_BvD
levocarnitine 330mg tab	1	PA_BvD
paricalcitol 1mcg cap	1	PA_BvD
paricalcitol 2mcg cap	1	PA_BvD
paricalcitol 4mcg cap	1	PA_BvD
sapropterin 100mg powder for oral soln	1	PA
sapropterin 100mg tab	1	PA
sapropterin 500mg powder for oral soln	1	PA
sodium phenylbutyrate 3gm/tsp oral powder	1	
SOMATOSTATIC AGENTS		
octreotide 0.05mg/ml inj	1	PA
octreotide 0.1mg/ml inj	1	PA
octreotide 0.2mg/ml inj	1	PA
octreotide 0.5mg/ml inj	1	PA
octreotide 1mg/ml inj	1	PA
SIGNIFOR 0.3MG/ML INJ	1	NDS PA QL=60 ML/30 Days
SIGNIFOR 0.6MG/ML INJ	1	NDS PA QL=60 ML/30 Days
SIGNIFOR 0.9MG/ML INJ	1	NDS PA QL=60 ML/30 Days
ENDOCRINE MEDICATIONS		
OTHER ENDOCRINE DRUGS		
cabergoline 0.5mg tab	1	
desmopressin acetate 0.01% (0.01mg/act) nasal spray	1	
desmopressin acetate 0.1mg tab	1	
desmopressin acetate 0.2mg tab	1	
INCRELEX 40MG/4ML INJ	1	NDS PA
KERENDIA 10MG TAB	1	PA QL=30 EA/30 Days
KERENDIA 20MG TAB	1	PA QL=30 EA/30 Days
SOMAVERT 10MG INJ	1	NDS PA QL=60 EA/30 Days
SOMAVERT 15MG INJ	1	NDS PA QL=60 EA/30 Days
SOMAVERT 20MG INJ	1	NDS PA QL=60 EA/30 Days
SOMAVERT 25MG INJ	1	NDS PA QL=30 EA/30 Days
SOMAVERT 30MG INJ	1	NDS PA QL=30 EA/30 Days
ESTROGENS		
ESTROGEN COMBINATIONS		
abigale lo tab 0.5/0.1mg 28-day pack	1	
altavera tab 28-day pack	1	
alyacen 1/35 tab 28-day pack	1	
apri tab 28-day pack	1	
aranelle tab 28-day pack	1	
ashlyna tab 91-day pack	1	
aubra tab 28-day pack	1	
aviane tab 28-day pack	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
azurette 28 day pack	1	
balziva tab 28-day pack	1	
blisovi 21 fe tab 1.5/30 28-day pack	1	
blisovi 24 fe tab 1/20 28-day pack	1	
briellyn tab 28-day pack	1	
camreselo tab 91-day pack	1	
cryselle tab 28-day pack	1	
cyred tab 28-day pack	1	
drospirenone/ethinyl estradiol/inert ingredients 3-0.02-1mg tab 28-day pack	1	
drospirenone/ethinyl estradiol/inert ingredients 3-0.03-1mg tab 28-day pack	1	
eluryng 0.120-0.015mg/24hr vaginal system	1	
enilloring 0.120-0.015mg/24hr vaginal system	1	
enpresse tab 28-day pack	1	
enskyce tab 28-day pack	1	
estarylla tab 28-day pack	1	
estradiol/norethindrone acetate 0.5-0.1mg 28-day pack	1	
estradiol/norethindrone acetate 1-0.5mg 28-day pack	1	
ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.02-0.1mg tab 91-day pack	1	
ethinyl estradiol/ethinyl estradiol/levonorgestrel 0.01-0.03-0.15mg tab 91-day pack	1	
ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.035-1-1mg tab 28-day pack	1	
ethinyl estradiol/ethynodiol diacetate/inert ingredients 0.05-1-1mg tab 28-day pack	1	
ethinyl estradiol/etonogestrel 0.120-0.015 mg/24hr vaginal system	1	
ethinyl estradiol/ferrous fumarate/norethindrone acetate 0.02-75-1mg tab 28-day pack	1	
ethinyl estradiol/inert ingredients/levonorgestrel 0.02-1-0.1mg tab 28-day pack	1	
ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 28-day pack	1	
ethinyl estradiol/inert ingredients/levonorgestrel 0.03-1-0.15mg tab 91-day pack	1	
ethinyl estradiol/inert ingredients/norgestimate 0.035-1-0.25mg tab 28-day pack	1	
ethinyl estradiol/norethindrone acetate 0.0025-0.5mg pack	1	
ethinyl estradiol/norethindrone acetate 0.005-1mg 28-day pack	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ethinyl estradiol/norethindrone acetate 0.02-1mg tab 21-day pack	1	
ethinyl estradiol/norgestimate 0.18-25/0.215-25/0.25-25mg-mcg tab 28-day pack	1	
ethinyl estradiol/norgestimate 0.18-35/0.215-35/0.25-35mg-mcg tab 28-day pack	1	
falmina tab 28-day pack	1	
feirza 1.5/30 28-day pack	1	
feirza 1/20 28-day pack	1	
finzala 24 fe chewable tab 28-day pack	1	
fyavolv 0.0025-0.5mg tab	1	
fyavolv 0.005-1mg tab	1	
hailey 24 fe tab 28-day pack	1	
haloette 0.120-0.015mg/24hr vaginal system	1	
iclevia tab 91-day pack	1	
introvale tab 91-day pack	1	
isibloom tab 28-day pack	1	
jaimiess tab 91-day pack	1	
jasmiel tab 28-day pack	1	
jinteli 0.005-1mg tab	1	
juleber tab 28-day pack	1	
junel 1.5/30 tab 21-day pack	1	
junel 1/20 tab 21-day pack	1	
junel fe 24 1/20 28-day pack	1	
junel fe tab 1.5/30 28-day pack	1	
junel fe tab 1/20 28-day pack	1	
kariva tab 28-day pack	1	
kelnor 1mg-35mcg tab 28-day pack	1	
kelnor tab 1/50 28-day pack	1	
kurvelo tab 28-day pack	1	
larin 1.5/30 tab 21-day pack	1	
larin 1/20 tab 21-day pack	1	
larin fe tab 1.5/30 28-day pack	1	
larin fe tab 1/20 28-day pack	1	
lessina tab 28-day pack	1	
levonest tab 28-day pack	1	
levonorgestrel/ethinyl estradiol 0.05-30/0.075-40/0.125-30mg-mcg tab 28-day pack	1	
levora 0.15/30 tab 28-day pack	1	
lo jaimiess tab 91-day pack	1	
loestrin fe tab 1/20 28-day pack	1	
loryna tab 28-day pack	1	
low-ogestrel tab 28-day pack	1	
lutera tab 28-day pack	1	
marlissa tab 28-day pack	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
mibelas 24 fe chewable tab 28-day pack	1	
microgestin 1.5/30 tab 21-day pack	1	
microgestin 1/20 tab 21-day pack	1	
microgestin fe tab 1.5/30 28-day pack	1	
microgestin fe tab 1/20 28-day pack	1	
mili tab 28-day pack	1	
mimvey 28-day pack	1	
necon 0.5/35 tab 28-day pack	1	
nikki tab 28-day pack	1	
norelgestromin/ethinyl estradiol 150-35 mcg/24hr patch	1	
nortrel 0.5/35 tab 28-day pack	1	
nortrel 1/35 tab 21-day pack	1	
nortrel 1/35 tab 28-day pack	1	
nortrel 7/7/7 tab 28-day pack	1	
nylia 1/35 tab 28-day pack	1	
nylia 7/7/7 tab 28-day pack	1	
ocella tab 28-day pack	1	
pimtrea tab 28-day pack	1	
portia tab 28-day pack	1	
PREMPHASE 28-DAY PACK	1	
PREMPRO 0.3/1.5MG 28-DAY PACK	1	
PREMPRO 0.45/1.5MG 28-DAY PACK	1	
PREMPRO 0.625/2.5MG 28-DAY PACK	1	
PREMPRO 0.625/5MG 28-DAY PACK	1	
reclipsen tab 28-day pack	1	
setlakin tab 91-day pack	1	
sprintec tab 28-day pack	1	
sronyx tab 28-day pack	1	
syeda tab 28-day pack	1	
tarina 24 fe tab 1/20 28-day pack	1	
tarina fe tab 1/20 28-day pack	1	
tri-estarylla tab 28-day pack	1	
tri-lo- estarylla tab 28-day pack	1	
tri-lo-sprintec tab 28-day pack	1	
tri-mili tab 28-day pack	1	
tri-sprintec tab 28-day pack	1	
tri-vylibra lo tab 28-day pack	1	
tri-vylibra tab 28-day pack	1	
turqoz tab 28-day pack	1	
valtya tab 1/50 28-day pack	1	
VELIVET TAB 28-DAY PACK	1	
vestura tab 3-0.02mg 28-day pack	1	
vienva tab 28-day pack	1	
vyfemla tab 28-day pack	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
vylibra tab 28-day pack	1	
xulane 150-35mcg/24hr patch	1	
zafemy 150-35mcg/24hr patch	1	
zovia 1mg-35mcg tab 28-day pack	1	
ESTROGENS		
dotti 0.025mg/24hr twice weekly patch	1	QL=8 EA/28 Days
dotti 0.0375mg/24hr twice weekly patch	1	QL=8 EA/28 Days
dotti 0.05mg/24hr twice weekly patch	1	QL=8 EA/28 Days
dotti 0.075mg/24hr twice weekly patch	1	QL=8 EA/28 Days
dotti 0.1mg/24hr twice weekly patch	1	QL=8 EA/28 Days
estradiol 0.0025mg/hr weekly patch	1	QL=4 EA/28 Days
estradiol 0.01mg/24hr twice weekly patch	1	QL=8 EA/28 Days
estradiol 0.01mg/24hr weekly patch	1	QL=4 EA/28 Days
estradiol 0.025mg/24hr twice weekly patch	1	QL=8 EA/28 Days
estradiol 0.025mg/24hr weekly patch	1	QL=4 EA/28 Days
estradiol 0.0375mg/24hr twice weekly patch	1	QL=8 EA/28 Days
estradiol 0.0375mg/24hr weekly patch	1	QL=4 EA/28 Days
estradiol 0.05mg/24hr twice weekly patch	1	QL=8 EA/28 Days
estradiol 0.05mg/24hr weekly patch	1	QL=4 EA/28 Days
estradiol 0.075mg/24hr twice weekly patch	1	QL=8 EA/28 Days
estradiol 0.075mg/24hr weekly patch	1	QL=4 EA/28 Days
estradiol 0.5mg tab	1	
estradiol 1mg tab	1	
estradiol 2mg tab	1	
estradiol valerate 10mg/ml inj	1	
estradiol valerate 20mg/ml inj	1	
estradiol valerate 40mg/ml inj	1	
lyllana 0.025mg/24hr twice weekly patch	1	QL=8 EA/28 Days
lyllana 0.0375mg/24hr twice weekly patch	1	QL=8 EA/28 Days
lyllana 0.05mg/24hr twice weekly patch	1	QL=8 EA/28 Days
lyllana 0.075mg/24hr twice weekly patch	1	QL=8 EA/28 Days
lyllana 0.1mg/24hr twice weekly patch	1	QL=8 EA/28 Days
PREMARIN 0.3MG TAB	1	
PREMARIN 0.45MG TAB	1	
PREMARIN 0.625MG TAB	1	
PREMARIN 0.9MG TAB	1	
PREMARIN 1.25MG TAB	1	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin 250mg tab	1	
CIPROFLOXACIN 2MG/ML INJ	1	
ciprofloxacin 500mg tab	1	
ciprofloxacin 750mg tab	1	
levofloxacin 250mg tab	1	
levofloxacin 25mg/ml oral soln	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levofloxacin 500mg tab	1	
levofloxacin 500mg/100ml inj	1	
levofloxacin 750mg tab	1	
levofloxacin 750mg/150ml inj	1	
MOXIFLOXACIN 1.6MG/ML INJ	1	
moxifloxacin 400mg tab	1	
GASTROINTESTINAL AGENTS		
GASTROINTESTINAL AGENTS, OTHER		
cromolyn sodium 20mg/ml oral soln	1	
enulose 10gm/15ml oral soln	1	
GATTEX 5MG INJ	1	NDS PA
generlac 10gm/15ml oral soln	1	
metoclopramide 10mg tab	1	
metoclopramide 1mg/ml oral soln	1	
metoclopramide 5mg tab	1	
REZDIFFRA 100MG TAB	1	NDS PA QL=30 EA/30 Days
REZDIFFRA 60MG TAB	1	NDS PA QL=30 EA/30 Days
REZDIFFRA 80MG TAB	1	NDS PA QL=30 EA/30 Days
ursodiol 250mg tab	1	
ursodiol 300mg cap	1	
ursodiol 500mg tab	1	
VOWST 30000000UNIT CAP	1	NDS PA QL=12 EA/30 Days
GASTROINTESTINAL AGENTS - MISC.		
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium 750mg cap	1	
mesalamine 1gm rectal supp	1	QL=30 EA/30 Days
mesalamine 375mg er cap	1	QL=120 EA/30 Days
mesalamine 66.7mg/ml enema	1	QL=1800 ML/30 Days
SKYRIZI 180MG/1.2ML CARTRIDGE	1	PA QL=1.20 ML/56 Days
SKYRIZI 360MG/2.4ML CARTRIDGE	1	PA QL=2.40 ML/56 Days
sulfasalazine 500mg dr tab	1	
sulfasalazine 500mg tab	1	
TREMFYA 200MG/2ML AUTO-INJECTOR INDUCTION PACK FOR CROHNS (2)	1	NDS PA QL=4 ML/28 Days
GENITOURINARY AGENTS		
GENITOURINARY AGENTS, OTHER		
CYSTAGON 150MG CAP	1	
CYSTAGON 50MG CAP	1	
ELMIRON 100MG CAP	1	QL=90 EA/30 Days
potassium citrate 10meq er tab	1	
potassium citrate 15meq er tab	1	
potassium citrate 5meq er tab	1	
sodium chloride 0.9% irrigation soln	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
PROSTATIC HYPERTROPHY AGENTS		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
alfuzosin 10mg er tab	1	
dutasteride 0.5mg cap	1	
finasteride 5mg tab	1	
tadalafil 2.5mg tab	1	PA QL=30 EA/30 Days
tadalafil 5mg tab	1	PA QL=30 EA/30 Days
tamsulosin 0.4mg cap	1	
GOUT AGENTS		
GOUT AGENTS		
allopurinol 100mg tab	1	
allopurinol 300mg tab	1	
colchicine 0.6mg tab	1	
colchicine/probenecid 0.5-500mg tab	1	
febuxostat 40mg tab	1	ST
febuxostat 80mg tab	1	ST
probenecid 500mg tab	1	
HEMATOLOGICAL AGENTS - MISC.		
PLATELET AGGREGATION INHIBITORS		
anagrelide 0.5mg cap	1	
anagrelide 1mg cap	1	
aspirin/dipyridamole 25-200mg er cap	1	QL=60 EA/30 Days
cilostazol 100mg tab	1	
cilostazol 50mg tab	1	
clopidogrel 75mg tab	1	
prasugrel 10mg tab	1	
prasugrel 5mg tab	1	
ticagrelor 60mg tab	1	QL=60 EA/30 Days
ticagrelor 90mg tab	1	QL=60 EA/30 Days
HEMATOPOIETIC AGENTS		
AGENTS FOR SICKLE CELL DISEASE		
glutamine 5000mg powder for oral soln	1	PA QL=180 EA/30 Days
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET 20MG TAB	1	NDS PA QL=60 EA/30 Days
DOPTELET TAB 40MG DAILY DOSE PACK (10)	1	NDS PA QL=10 EA/5 Days
DOPTELET TAB 60MG DAILY DOSE PACK (15)	1	NDS PA QL=15 EA/5 Days
eltrombopag 12.5mg powder for oral susp	1	NDS PA QL=90 EA/30 Days
eltrombopag 12.5mg tab	1	NDS PA QL=30 EA/30 Days
eltrombopag 25mg powder for oral susp	1	NDS PA QL=180 EA/30 Days
eltrombopag 25mg tab	1	NDS PA QL=30 EA/30 Days
eltrombopag 50mg tab	1	NDS PA QL=60 EA/30 Days
eltrombopag 75mg tab	1	NDS PA QL=60 EA/30 Days
NIVESTYM 300MCG/0.5ML SYRINGE	1	NDS
NIVESTYM 300MCG/ML INJ	1	NDS
NIVESTYM 480MCG/0.8ML SYRINGE	1	NDS
NIVESTYM 480MCG/1.6ML INJ	1	NDS
NYVEPRIA 6MG/0.6ML SYRINGE	1	NDS

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETACRIT 10000UNIT/ML INJ	1	PA
RETACRIT 20000UNIT/2ML INJ	1	PA
RETACRIT 20000UNIT/ML INJ	1	PA
RETACRIT 2000UNIT/ML INJ	1	PA
RETACRIT 3000UNIT/ML INJ	1	PA
RETACRIT 40000UNIT/ML INJ	1	PA
RETACRIT 4000UNIT/ML INJ	1	PA
STIMUFEND 6MG/0.6ML SYRINGE	1	NDS
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid 650mg tab	1	QL=30 EA/5 Days
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
eszopiclone 1mg tab	1	PA QL=30 EA/30 Days
eszopiclone 2mg tab	1	PA QL=30 EA/30 Days
eszopiclone 3mg tab	1	PA QL=30 EA/30 Days
ramelteon 8mg tab	1	QL=30 EA/30 Days
temazepam 15mg cap	1	QL=30 EA/30 Days
temazepam 30mg cap	1	QL=30 EA/30 Days
triazolam 0.125mg tab	1	QL=30 EA/30 Days
triazolam 0.25mg tab	1	QL=60 EA/30 Days
zaleplon 10mg cap	1	QL=30 EA/30 Days
zaleplon 5mg cap	1	QL=30 EA/30 Days
zolpidem tartrate 10mg tab	1	PA QL=30 EA/30 Days
zolpidem tartrate 12.5mg er tab	1	PA QL=30 EA/30 Days
zolpidem tartrate 5mg tab	1	PA QL=60 EA/30 Days
zolpidem tartrate 6.25mg er tab	1	PA QL=30 EA/30 Days
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA (HAE) AGENTS		
BERINERT 500UNIT INJ	1	NDS PA
HAEGARDA 2000UNIT INJ	1	NDS PA
HAEGARDA 3000UNIT INJ	1	NDS PA
icatibant 10mg/ml syringe	1	PA QL=27 ML/30 Days
sajazir 30mg/3ml syringe	1	PA QL=27 ML/30 Days
TAKHZYRO 300MG/2ML INJ	1	NDS PA QL=4 ML/28 Days
TAKHZYRO 300MG/2ML SYRINGE	1	NDS PA QL=4 ML/28 Days
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C POWDER FOR ORAL SOLN	1	
gavilyte-g powder for oral soln	1	
gavilyte-n powder for oral soln	1	
peg 3350 powder for oral soln (100gm Moviprep equiv)	1	
peg 3350/electrolyte powder for oral soln	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
peg 3350/kcl/sodium bicarbonate/sodium chloride powder for oral soln	1	
sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit	1	
sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6 gm/177ml oral soln prep kit (480ml)	1	
SUFLAVE SOLN PACK	1	
LAXATIVES - MISCELLANEOUS		
constulose 10gm/15ml oral soln	1	
lactulose 667mg/ml oral soln	1	
LINZESS 145MCG CAP	1	QL=30 EA/30 Days
LINZESS 290MCG CAP	1	QL=30 EA/30 Days
LINZESS 72MCG CAP	1	QL=30 EA/30 Days
lubiprostone 24mcg cap	1	QL=60 EA/30 Days
lubiprostone 8mcg cap	1	QL=60 EA/30 Days
MOVANTIK 12.5MG TAB	1	PA QL=30 EA/30 Days
MOVANTIK 25MG TAB	1	PA QL=30 EA/30 Days
TRULANCE 3MG TAB	1	QL=30 EA/30 Days
MEDICAL DEVICES AND SUPPLIES		
BANDAGES-DRESSINGS-TAPE		
GAUZE PAD (2 X 2)	1	
MISC. DEVICES		
ALCOHOL SWAB 1X1 (DIABETIC)	1	
PARENTERAL THERAPY SUPPLIES		
INSULIN PEN NEEDLE	1	
INSULIN SYRINGE	1	
INSULIN SYRINGE (DISP) U-100 0.3ML	1	
INSULIN SYRINGE (DISP) U-100 1/2ML	1	
INSULIN SYRINGE (DISP) U-100 1ML	1	
MIGRAINE PRODUCTS		
MIGRAINE PRODUCTS		
dihydroergotamine mesylate 0.5mg/act nasal inhaler	1	PA QL=16 ML/30 Days
EMGALITY 100MG/ML SYRINGE	1	PA QL=3 ML/30 Days
EMGALITY 120MG/ML AUTO-INJECTOR	1	PA QL=2 ML/30 Days
EMGALITY 120MG/ML SYRINGE	1	PA QL=2 ML/30 Days
UBRELVY 100MG TAB	1	PA QL=16 EA/30 Days
UBRELVY 50MG TAB	1	PA QL=16 EA/30 Days
ZAVZPRET 10MG/ACT NASAL SPRAY	1	PA QL=6 EA/30 Days
SEROTONIN AGONISTS		
naratriptan 1mg tab	1	QL=18 EA/30 Days
naratriptan 2.5mg tab	1	QL=18 EA/30 Days
rizatriptan 10mg odt	1	QL=36 EA/60 Days
rizatriptan 10mg tab	1	QL=36 EA/60 Days
rizatriptan 5mg odt	1	QL=36 EA/60 Days
rizatriptan 5mg tab	1	QL=36 EA/60 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sumatriptan 100mg tab	1	QL=18 EA/30 Days
sumatriptan 25mg tab	1	QL=18 EA/30 Days
sumatriptan 4mg/0.5ml cartridge	1	QL=5 ML/30 Days
sumatriptan 50mg tab	1	QL=18 EA/30 Days
sumatriptan 6mg/0.5ml auto-injector	1	QL=5 ML/30 Days
sumatriptan 6mg/0.5ml cartridge	1	QL=5 ML/30 Days
sumatriptan 6mg/0.5ml inj	1	QL=5 ML/30 Days
zolmitriptan 2.5mg tab	1	QL=18 EA/30 Days
zolmitriptan 5mg tab	1	QL=18 EA/30 Days
MINERALS & ELECTROLYTES		
ELECTROLYTE MIXTURES		
ELECTROLYTE-148 SOLUTION	1	
GLUCOSE 100MG/ML/SODIUM CHLORIDE 2MG/ML INJ	1	PA_BvD
GLUCOSE 100MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	1	PA_BvD
glucose 50mg/ml/potassium chloride 0.01meq/ml/sodium chloride 4.5mg/ml inj	1	
glucose 50mg/ml/potassium chloride 0.02meq/ml inj	1	
glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 2.25mg/ml inj	1	
glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 4.5mg/ml inj	1	
glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 9mg/ml inj	1	
glucose 50mg/ml/potassium chloride 0.03meq/ml/sodium chloride 4.5mg/ml inj	1	
glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 4.5mg/ml inj	1	
glucose 50mg/ml/potassium chloride 0.04meq/ml/sodium chloride 9mg/ml inj	1	
GLUCOSE 50MG/ML/SODIUM CHLORIDE 2MG/ML INJ	1	
GLUCOSE 50MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	1	
glucose 50mg/ml/sodium chloride 9mg/ml inj	1	
GLUCOSE/SODIUM CHLORIDE 25MG/ML-4.5MG/ML INJ	1	
KCL/D5W/LR INJ 0.15%	1	
kcl/nacl 20meq-0.45% inj	1	
kcl/nacl 20meq-0.9% inj	1	
kcl/nacl 40meq-9% inj	1	
PLASMA-LYTE A INJ	1	
TPN ELECTROLYTES INJ	1	PA_BvD
MAGNESIUM		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
magnesium sulfate 500mg/ml inj	1	
magnesium sulfate 500mg/ml syringe	1	
POTASSIUM		
klor-con 10meq er tab	1	
klor-con 10meq micro er tab	1	
klor-con 15meq micro er tab	1	
klor-con 20meq micro er tab	1	
klor-con 20meq powder for oral soln	1	
klor-con 8meq er tab	1	
potassium chloride 1.33meq/ml oral soln	1	
potassium chloride 10meq er cap	1	
potassium chloride 10meq er tab	1	
potassium chloride 10meq micro er tab	1	
POTASSIUM CHLORIDE 10MEQ/100ML INJ	1	
POTASSIUM CHLORIDE 15MEQ ER TAB	1	
potassium chloride 15meq micro er tab	1	
potassium chloride 2.67meq/ml oral soln	1	
potassium chloride 20meq er tab	1	
potassium chloride 20meq micro er tab	1	
potassium chloride 20meq powder for oral soln	1	
POTASSIUM CHLORIDE 20MEQ/100ML INJ	1	
potassium chloride 2meq/ml (20ml) inj	1	
potassium chloride 2meq/ml inj	1	
POTASSIUM CHLORIDE 40MEQ/100ML INJ	1	
potassium chloride 8meq er cap	1	
potassium chloride 8meq er tab	1	
SODIUM		
sodium chloride 0.45% inj	1	
sodium chloride 0.9% inj	1	
sodium chloride 3% inj	1	
sodium chloride 50mg/ml inj	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
deferasirox 180mg tab	1	PA
deferasirox 360mg tab	1	PA
deferasirox 90mg tab	1	PA
penicillamine 250mg tab	1	
trientine 250mg cap	1	PA QL=240 EA/30 Days
IMMUNOMODULATORS		
lenalidomide 10mg cap	1	PA_NSO QL=30 EA/30 Days
lenalidomide 15mg cap	1	PA_NSO QL=30 EA/30 Days
lenalidomide 2.5mg cap	1	PA_NSO QL=30 EA/30 Days
lenalidomide 20mg cap	1	PA_NSO QL=30 EA/30 Days
lenalidomide 25mg cap	1	PA_NSO QL=30 EA/30 Days
lenalidomide 5mg cap	1	PA_NSO QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEMLUVIO 30MG AUTO-INJECTOR	1	NDS PA QL=2 EA/28 Days
REZUROCK 200MG TAB	1	NDS PA QL=30 EA/30 Days
THALOMID 100MG CAP	1	NDS QL=30 EA/30 Days
THALOMID 50MG CAP	1	NDS QL=30 EA/30 Days
IMMUNOSUPPRESSIVE AGENTS		
ARCALYST 220MG INJ	1	NDS PA
azathioprine 50mg tab	1	PA_BvD
BENLYSTA 200MG/ML AUTO-INJECTOR	1	NDS PA QL=4 ML/28 Days
BENLYSTA 200MG/ML SYRINGE	1	NDS PA QL=4 ML/28 Days
cyclosporine 100mg cap	1	PA_BvD
cyclosporine 25mg cap	1	PA_BvD
cyclosporine modified 100mg cap	1	PA_BvD
cyclosporine modified 100mg/ml oral soln	1	PA_BvD
cyclosporine modified 25mg cap	1	PA_BvD
cyclosporine modified 50mg cap	1	PA_BvD
ENVARSUS XR 0.75MG TAB	1	PA_BvD
ENVARSUS XR 1MG TAB	1	PA_BvD
ENVARSUS XR 4MG TAB	1	PA_BvD
everolimus 0.25mg tab	1	PA_BvD QL=60 EA/30 Days
everolimus 0.5mg tab	1	PA_BvD QL=120 EA/30 Days
everolimus 0.75mg tab	1	PA_BvD QL=60 EA/30 Days
everolimus 1mg tab	1	PA_BvD QL=60 EA/30 Days
gengraf 100mg cap	1	PA_BvD
gengraf 25mg cap	1	PA_BvD
LITFULO 50MG CAP	1	NDS PA QL=28 EA/28 Days
LUPKYNIS 7.9MG CAP	1	NDS PA QL=180 EA/30 Days
mycophenolate mofetil 200mg/ml oral susp	1	PA_BvD
mycophenolate mofetil 250mg cap	1	PA_BvD
mycophenolate mofetil 500mg tab	1	PA_BvD
mycophenolic acid 180mg dr tab	1	PA_BvD
mycophenolic acid 360mg dr tab	1	PA_BvD
PROGRAF 0.2MG GRANULES FOR ORAL SUSP	1	PA_BvD
PROGRAF 1MG GRANULES FOR ORAL SUSP	1	PA_BvD
sirolimus 0.5mg tab	1	PA_BvD
sirolimus 1mg tab	1	PA_BvD
sirolimus 1mg/ml oral soln	1	PA_BvD
sirolimus 2mg tab	1	PA_BvD
tacrolimus 0.5mg cap	1	PA_BvD
tacrolimus 1mg cap	1	PA_BvD
tacrolimus 5mg cap	1	PA_BvD
POTASSIUM REMOVING AGENTS		
kionex 15gm/60ml susp	1	
LOKELMA 10GM POWDER FOR ORAL SUSP	1	PA QL=90 EA/30 Days
LOKELMA 5GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sodium polystyrene sulfonate 15000mg powder for oral susp	1	
sps 15gm/60ml susp	1	
VELTASSA 16.8GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days
VELTASSA 1GM POWDER FOR ORAL SUSP	1	PA QL=120 EA/30 Days
VELTASSA 25.2GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days
VELTASSA 8.4GM POWDER FOR ORAL SUSP	1	PA QL=30 EA/30 Days
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen 10mg tab	1	
baclofen 20mg tab	1	
carisoprodol 350mg tab	1	PA QL=90 EA/30 Days
chlorzoxazone 500mg tab	1	PA
cyclobenzaprine 10mg tab	1	PA QL=90 EA/30 Days
cyclobenzaprine 5mg tab	1	PA QL=90 EA/30 Days
metaxalone 800mg tab	1	PA
methocarbamol 500mg tab	1	PA
methocarbamol 750mg tab	1	PA
orphenadrine citrate 100mg er tab	1	PA
tizanidine 2mg tab	1	
tizanidine 4mg tab	1	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium 100mg cap	1	
dantrolene sodium 25mg cap	1	
dantrolene sodium 50mg cap	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
azelastine 0.1% (137mcg/act) nasal inhaler	1	QL=60 ML/30 Days
flunisolide 25% (25mcg/act) nasal inhaler	1	QL=50 ML/30 Days
fluticasone propionate 50mcg/act nasal inhaler	1	QL=32 GM/30 Days
ipratropium bromide 0.03% (0.021mg/act) nasal inhaler	1	QL=30 ML/30 Days
ipratropium bromide 0.06% (0.042mg/act) nasal inhaler	1	QL=45 ML/30 Days
olopatadine 0.6% (0.665mg/act) nasal inhaler	1	QL=30.50 GM/30 Days
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA 105MG/5ML ORAL SUSP	1	NDS PA QL=70 ML/28 Days
riluzole 50mg tab	1	
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI 0.75MG/ML ORAL SOLN	1	NDS PA QL=240 ML/30 Days
EVRYSDI 5MG TAB	1	NDS PA QL=30 EA/30 Days
NUTRIENTS		
CARBOHYDRATES		
DEXTROSE 10% INJ	1	PA_BvD

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glucose 50mg/ml inj	1	
PROTEINS		
CLINIMIX 4.25/10 INJ	1	PA_BvD
CLINIMIX 4.25/5 INJ	1	PA_BvD
CLINIMIX 5/15 INJ	1	PA_BvD
CLINIMIX 5/20 INJ	1	PA_BvD
clinisol 15% inj	1	PA_BvD
plenamine 15% inj	1	PA_BvD
PROSOL 20% INJ	1	PA_BvD
TRAVASOL 10% INJ	1	PA_BvD
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL 0.5% OPHTH SOLN	1	
brimonidine tartrate/timolol 0.2-0.5% ophth soln	1	
CARTEOLOL 1% OPHTH SOLN	1	
dorzolamide/timolol 22.3-6.8mg/ml ophth soln	1	
dorzolamide/timolol maleate 2%-0.5% ophth soln (preservative-free)	1	
LEVOBUNOLOL 0.5% OPHTH SOLN	1	
timolol 0.25% ophth gel	1	
timolol 0.25% ophth soln	1	
timolol 0.5% ophth gel	1	
timolol 0.5% ophth soln	1	
timolol hemihydrate 0.5% ophth soln	1	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE 0.5% OPHTH SOLN	1	
brimonidine tartrate 0.1% ophth soln	1	
brimonidine tartrate 0.15% ophth soln	1	
brimonidine tartrate 0.2% ophth soln	1	
SIMBRINZA 0.2-1% OPHTH SUSP	1	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500UNIT/GM OPHTH OINTMENT	1	
bacitracin/polymyxin b 0.5-10unit/mg ophth ointment	1	QL=7 GM/7 Days
ciprofloxacin 0.3% ophth soln	1	QL=60 ML/30 Days
erythromycin 0.5% ophth ointment	1	QL=7 GM/7 Days
gentamicin 0.3% ophth soln	1	QL=10 ML/7 Days
moxifloxacin 0.5% ophth soln	1	QL=6 ML/7 Days
NATACYN 5% OPHTH SUSP	1	QL=15 ML/7 Days
neo-polycin 5mg-400unit-10000unit ophth ointment	1	QL=7 GM/7 Days
neomycin/bacitracin/polymyxin 5mg-400unit-10000unit ophth ointment	1	QL=7 GM/7 Days
NEOMYCIN/POLYMYXIN B/GRAMICIDIN 1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN	1	QL=10 ML/7 Days
ofloxacin 0.3% ophth soln	1	QL=60 ML/30 Days
polycin 0.5-10unit/mg ophth ointment	1	QL=7 GM/7 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
polymyxin b/trimethoprim 10000 unit/ml-0.1% ophth soln	1	QL=10 ML/7 Days
sulfacetamide sodium 10% ophth soln	1	QL=15 ML/7 Days
tobramycin 0.3% ophth soln	1	QL=60 ML/30 Days
TRIFLURIDINE 1% OPHTH SOLN	1	QL=15 ML/7 Days
XDEMVY 0.25% OPHTH SOLN	1	PA QL=10 ML/42 Days
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02% OPHTH SOLN	1	QL=5 ML/30 Days
ROCKLATAN 0.02-0.005% OPHTH SOLN	1	QL=5 ML/30 Days
OPHTHALMIC STEROIDS		
DEXAMETHASONE PHOSPHATE 0.1% OPHTH SOLN	1	
dexamethasone/neomycin/polymyxin b 0.1% ophth ointment	1	
dexamethasone/tobramycin 0.3-0.1% ophth susp	1	
difluprednate 0.05% ophth susp	1	
fluorometholone 0.1% ophth susp	1	
loteprednol etabonate 0.5% ophth gel	1	
loteprednol etabonate 0.5% ophth susp	1	
neo-polycin hc ophth ointment	1	
neomycin/polymyxin/bacitracin/hydrocortisone ophth 1% ointment	1	
neomycin/polymyxin/dexamethasone 0.1% ophth susp	1	
PREDNISOLONE 1% OPHTH SOLN	1	
prednisolone acetate 1% ophth susp	1	
SULFACETAMIDE/PREDNISOLONE 10-0.25% OPHTH SOLN	1	
OPHTHALMICS - MISC.		
atropine sulfate 1% ophth soln	1	
azelastine 0.05% ophth soln	1	
bromfenac 0.07% ophth soln	1	QL=12 ML/365 Days
CROMOLYN SODIUM 4% OPHTH SOLN	1	
cyclosporine 0.05% ophth susp	1	QL=60 EA/30 Days
CYSTADROPS 0.37% OPHTH SOLN	1	NDS PA QL=20 ML/28 Days
CYSTARAN 0.44% OPHTH SOLN	1	NDS PA QL=60 ML/28 Days
diclofenac sodium 0.1% ophth soln	1	QL=20 ML/365 Days
dorzolamide 2% ophth soln	1	
FLURBIPROFEN SODIUM 0.03% OPHTH SOLN	1	
ketorolac tromethamine 0.4% ophth soln	1	QL=20 ML/365 Days
ketorolac tromethamine 0.5% ophth soln	1	
pilocarpine 1% ophth soln	1	
pilocarpine 2% ophth soln	1	
pilocarpine 4% ophth soln	1	
XIIDRA 5% OPHTH SOLN	1	QL=60 EA/30 Days
PROSTAGLANDINS - OPHTHALMIC		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
bimatoprost 0.03% ophth soln	1	QL=5 ML/30 Days
latanoprost 0.005% ophth soln	1	QL=5 ML/30 Days
LUMIGAN 0.01% OPHTH SOLN	1	QL=5 ML/30 Days
travoprost 0.004% ophth soln	1	QL=5 ML/30 Days
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2% otic soln	1	
flac 0.01% otic soln	1	
fluocinolone acetonide 0.01% otic soln	1	
ofloxacin 0.3% otic soln	1	
OTIC COMBINATIONS		
ciprofloxacin/dexamethasone 0.3-0.1% otic susp	1	
neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic soln	1	
neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic susp	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMUNEX 1GM/10ML INJ	1	NDS PA
OCTAGAM 1GM/20ML INJ	1	NDS PA
OCTAGAM 2GM/20ML INJ	1	NDS PA
PRIVIGEN 20GM/200ML INJ	1	NDS PA
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN 125MG CHEW TAB	1	
amoxicillin 250mg cap	1	
AMOXICILLIN 250MG CHEW TAB	1	
amoxicillin 25mg/ml oral susp	1	
amoxicillin 40mg/ml oral susp	1	
amoxicillin 500mg cap	1	
amoxicillin 500mg tab	1	
amoxicillin 50mg/ml oral susp	1	
amoxicillin 80mg/ml oral susp	1	
amoxicillin 875mg tab	1	
ampicillin 1000mg inj	1	
ampicillin 100mg/ml inj	1	
ampicillin 500mg cap	1	
NATURAL PENICILLINS		
BICILLIN L-A 1200000UNIT/2ML SYRINGE	1	
BICILLIN L-A 2400000UNIT/4ML SYRINGE	1	
BICILLIN L-A 600000UNIT/ML SYRINGE	1	
penicillin g potassium 1000000unit/ml inj	1	
PENICILLIN G SODIUM 100000UNIT/ML INJ	1	
penicillin v potassium 250mg tab	1	
PENICILLIN V POTASSIUM 25MG/ML ORAL SOLN	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
penicillin v potassium 500mg tab	1	
PENICILLIN V POTASSIUM 50MG/ML ORAL SOLN	1	
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate 250-125mg tab	1	
amoxicillin/clavulanate 500-125mg tab	1	
amoxicillin/clavulanate 875-125mg tab	1	
amoxicillin/k clavulanate 200-28.5mg/5ml oral susp	1	
amoxicillin/k clavulanate 250-62.5mg/5ml oral susp	1	
amoxicillin/k clavulanate 400-57mg/5ml oral susp	1	
amoxicillin/k clavulanate 600-42.9mg/5ml oral susp	1	
ampicillin/sulbactam 100-50mg/ml inj	1	
ampicillin/sulbactam 1000-500mg inj	1	
ampicillin/sulbactam 2000-1000mg inj	1	
piperacillin/tazobactam 2000-250mg inj	1	
piperacillin/tazobactam 3000-375mg inj	1	
piperacillin/tazobactam 36-4.5gm inj	1	
piperacillin/tazobactam 4000-500mg inj	1	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin 250mg cap	1	
dicloxacillin 500mg cap	1	
nafcillin 100mg/ml inj	1	
nafcillin 1gm inj	1	
nafcillin 2gm inj	1	
oxacillin 100mg/ml inj	1	
oxacillin 1gm inj	1	
oxacillin 2gm inj	1	
PROGESTINS		
PROGESTINS		
camila 0.35mg tab 28-day pack	1	
deblitane 0.35mg tab 28-day pack	1	
DEPO-SUBQ PROVERA 104MG/0.65ML SYRINGE	1	
errin 0.35mg tab 28-day pack	1	
gallifrey 5mg tab	1	
heather 0.35mg 28-day pack	1	
incassia 0.35mg tab 28-day pack	1	
LILETTA 20.1MCG/DAY INTRAUTERINE SYSTEM	1	
lyleq 0.35mg tab 28-day pack	1	
lyza 0.35mg tab 28-day pack	1	
medroxyprogesterone acetate 10mg tab	1	
medroxyprogesterone acetate 150mg/ml inj	1	
medroxyprogesterone acetate 150mg/ml syringe	1	
medroxyprogesterone acetate 2.5mg tab	1	
medroxyprogesterone acetate 5mg tab	1	
MEGESTROL ACETATE 125MG/ML SUSP	1	PA
meleya 0.35mg tab 28-day pack	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEXPLANON 68MG IMPLANT	1	
nora-be 0.35mg tab 28-day pack	1	
norethindrone 0.35mg 28-day pack	1	
norethindrone acetate 5mg tab	1	
progesterone 100mg cap	1	
progesterone 200mg cap	1	
sharobel 0.35mg tab 28-day pack	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium 333mg dr tab	1	
disulfiram 250mg tab	1	
disulfiram 500mg tab	1	
ANTIDEMENTIA AGENTS		
donepezil 10mg odt	1	QL=30 EA/30 Days
donepezil 10mg tab	1	QL=60 EA/30 Days
donepezil 23mg tab	1	ST QL=30 EA/30 Days
donepezil 5mg odt	1	QL=30 EA/30 Days
donepezil 5mg tab	1	QL=60 EA/30 Days
galantamine 12mg tab	1	QL=60 EA/30 Days
galantamine 4mg tab	1	QL=60 EA/30 Days
galantamine 8mg tab	1	QL=60 EA/30 Days
galantamine hydrobromide 16mg er cap	1	QL=30 EA/30 Days
galantamine hydrobromide 24mg er cap	1	QL=30 EA/30 Days
GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN	1	QL=200 ML/30 Days
galantamine hydrobromide 8mg er cap	1	QL=30 EA/30 Days
memantine 10mg tab	1	QL=60 EA/30 Days
memantine 14mg er cap	1	ST QL=30 EA/30 Days
memantine 21mg er cap	1	ST QL=30 EA/30 Days
memantine 28mg er cap	1	ST QL=30 EA/30 Days
memantine 2mg/ml oral soln	1	QL=300 ML/30 Days
memantine 5mg tab	1	QL=60 EA/30 Days
memantine 7mg er cap	1	ST QL=30 EA/30 Days
rivastigmine 1.5mg cap	1	QL=60 EA/30 Days
rivastigmine 13.3mg/24hr patch	1	QL=30 EA/30 Days
rivastigmine 3mg cap	1	QL=60 EA/30 Days
rivastigmine 4.5mg cap	1	QL=60 EA/30 Days
rivastigmine 4.6mg/24hr patch	1	QL=30 EA/30 Days
rivastigmine 6mg cap	1	QL=60 EA/30 Days
rivastigmine 9.5mg/24hr patch	1	QL=30 EA/30 Days
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO 12MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO 6MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO 9MG TAB	1	NDS PA QL=120 EA/30 Days
AUSTEDO XR 12MG TAB	1	NDS PA QL=60 EA/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUSTEDO XR 18MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 24MG TAB	1	NDS PA QL=60 EA/30 Days
AUSTEDO XR 30MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 36MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 42MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 48MG TAB	1	NDS PA QL=30 EA/30 Days
AUSTEDO XR 6MG TAB	1	NDS PA QL=90 EA/30 Days
AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATIO PACK	1	NDS PA QL=28 EA/28 Days
INGREZZA 40MG CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 40MG SPRINKLE CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 60MG CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 60MG SPRINKLE CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 80MG CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA 80MG SPRINKLE CAP	1	NDS PA QL=30 EA/30 Days
INGREZZA CAP THERAPY PACK (28)	1	NDS PA QL=28 EA/28 Days
tetrabenazine 12.5mg tab	1	QL=90 EA/30 Days
tetrabenazine 25mg tab	1	QL=120 EA/30 Days
MULTIPLE SCLEROSIS AGENTS		
AVONEX 30MCG/0.5ML AUTO-INJECTOR	1	NDS QL=1 EA/28 Days
AVONEX 30MCG/0.5ML SYRINGE	1	NDS QL=1 EA/28 Days
BETASERON 0.3MG INJ	1	NDS QL=14 EA/28 Days
dalfampridine 10mg er tab	1	QL=60 EA/30 Days
dimethyl fumarate 120mg dr cap	1	QL=14 EA/7 Days
dimethyl fumarate 120mg/240mg cap starter pack (60)	1	QL=60 EA/180 Days
dimethyl fumarate 240mg dr cap	1	QL=60 EA/30 Days
fingolimod 0.5mg cap	1	QL=30 EA/30 Days
glatiramer acetate 20mg/ml syringe	1	QL=30 ML/30 Days
glatiramer acetate 40mg/ml syringe	1	QL=12 ML/28 Days
glatopa 20mg/ml syringe	1	QL=30 ML/30 Days
glatopa 40mg/ml syringe	1	QL=12 ML/28 Days
KESIMPTA 20MG/0.4ML PEN INJ	1	NDS QL=1.20 ML/28 Days
MAYZENT 0.25MG TAB	1	NDS QL=120 EA/30 Days
MAYZENT 1MG TAB	1	NDS QL=30 EA/30 Days
MAYZENT 2MG TAB	1	NDS QL=30 EA/30 Days
MAYZENT TAB STARTER PACK (12)	1	NDS QL=12 EA/28 Days
MAYZENT TAB STARTER PACK (7)	1	QL=7 EA/28 Days
PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR	1	NDS QL=1 ML/28 Days
PLEGRIDY 125MCG/0.5ML SYRINGE	1	NDS QL=1 ML/28 Days
teriflunomide 14mg tab	1	QL=30 EA/30 Days
teriflunomide 7mg tab	1	QL=30 EA/30 Days
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
NUEDEXTA 20-10MG CAP	1	PA QL=60 EA/30 Days
PIMOZIDE 1MG TAB	1	
PIMOZIDE 2MG TAB	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SMOKING DETERRENTS		
bupropion 150mg sr (12hr) tab	1	
NICOTROL 10MG/ML NASAL INHALER	1	
varenicline 0.5mg tab	1	QL=56 EA/28 Days
varenicline 0.5mg/1mg first month pack (53)	1	QL=53 EA/28 Days
varenicline 1mg tab	1	QL=56 EA/28 Days
varenicline 1mg tab pack (56)	1	QL=56 EA/28 Days
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN 1000MG INJ	1	NDS PA
ZEMAIRA 1000MG INJ	1	NDS PA
CYSTIC FIBROSIS AGENTS		
ALYFTREK 10-50-125MG TAB	1	NDS PA QL=56 EA/28 Days
ALYFTREK 4-20-50MG TAB	1	NDS PA QL=84 EA/28 Days
CAYSTON 75MG/ML INH SOLN	1	NDS PA QL=84 ML/28 Days
KALYDECO 13.4MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 150MG TAB	1	NDS PA QL=60 EA/30 Days
KALYDECO 25MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
KALYDECO 5.8MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
KALYDECO 50MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
KALYDECO 75MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
ORKAMBI 125-100MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
ORKAMBI 125-100MG TAB	1	NDS PA QL=120 EA/30 Days
ORKAMBI 125-200MG TAB	1	NDS PA QL=120 EA/30 Days
ORKAMBI 188-150MG ORAL GRANULES	1	NDS PA QL=60 EA/30 Days
ORKAMBI 94-75MG ORAL GRANULES	1	NDS PA QL=56 EA/28 Days
PULMOZYME 1MG/ML INH SOLN	1	NDS PA_BvD QL=150 ML/30 Days
SYMDEKO TAB 4-WEEK PACK (56)	1	NDS PA QL=60 EA/30 Days
SYMDEKO TAB 50-75MG/75MG PACK (56)	1	NDS PA QL=60 EA/30 Days
TRIKAFTA 100-50-75MG/150MG TAB PACK (84)	1	NDS PA QL=90 EA/30 Days
TRIKAFTA 100-50-75MG/75MG GRANULES PACK (56)	1	NDS PA QL=56 EA/28 Days
TRIKAFTA 50-37.5-25MG/75MG TAB PACK (84)	1	NDS PA QL=84 EA/28 Days
TRIKAFTA 80-40-60MG/59.5MG GRANULES PACK (56)	1	NDS PA QL=56 EA/28 Days
PULMONARY FIBROSIS AGENTS		
OFEV 100MG CAP	1	NDS PA QL=60 EA/30 Days
OFEV 150MG CAP	1	NDS PA QL=60 EA/30 Days
pirfenidone 267mg cap	1	PA QL=270 EA/30 Days
pirfenidone 267mg tab	1	PA QL=270 EA/30 Days
pirfenidone 801mg tab	1	PA QL=90 EA/30 Days
RESPIRATORY TRACT AGENTS		
ANTIHISTAMINES		
desloratadine 5mg tab	1	
levocetirizine 5mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
promethazine 1.25mg/ml oral soln	1	
promethazine 12.5mg tab	1	
promethazine 25mg tab	1	
promethazine 50mg tab	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 1.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 1MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2.5MG TAB	1	NDS PA QL=90 EA/30 Days
ADEMPAS 2MG TAB	1	NDS PA QL=90 EA/30 Days
alyq 20mg tab	1	PA QL=60 EA/30 Days
ambrisentan 10mg tab	1	PA QL=30 EA/30 Days
ambrisentan 5mg tab	1	PA QL=30 EA/30 Days
bosentan 125mg tab	1	PA QL=60 EA/30 Days
bosentan 62.5mg tab	1	PA QL=60 EA/30 Days
OPSUMIT 10MG TAB	1	NDS PA QL=30 EA/30 Days
sildenafil 20mg tab	1	PA QL=360 EA/30 Days
tadalafil 20mg tab	1	PA QL=60 EA/30 Days
WINREVAIR 45MG INJ	1	NDS PA QL=1 EA/21 Days
WINREVAIR 45MG INJ (2 VIAL PACK)	1	NDS PA QL=1 EA/21 Days
WINREVAIR 60MG INJ	1	NDS PA QL=1 EA/21 Days
WINREVAIR 60MG INJ (2 VIAL PACK)	1	NDS PA QL=1 EA/21 Days
RESPIRATORY TRACT/PULMONARY AGENTS		
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
roflumilast 0.5mg tab	1	QL=30 EA/30 Days
roflumilast 250mcg tab	1	QL=28 EA/365 Days
THEOPHYLLINE 100MG ER TAB	1	
THEOPHYLLINE 200MG ER TAB	1	
theophylline 300mg er tab	1	
theophylline 400mg er tab	1	
theophylline 450mg er tab	1	
theophylline 600mg er tab	1	
SLEEP DISORDER AGENTS		
SLEEP DISORDERS, OTHER		
LUMRYZ 28-DAY STARTER PACK (28)	1	NDS PA QL=28 EA/28 Days
LUMRYZ 4.5GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 6GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
LUMRYZ 9GM GRANULES FOR ORAL SUSP	1	NDS PA QL=30 EA/30 Days
SODIUM OXYBATE 500MG/ML ORAL SOLN	1	NDS PA QL=540 ML/30 Days
SUNOSI 150MG TAB	1	PA QL=30 EA/30 Days
SUNOSI 75MG TAB	1	PA QL=30 EA/30 Days
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine 500mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sulfamethoxazole/trimethoprim 200-40mg/5ml oral susp	1	
sulfamethoxazole/trimethoprim 400-80mg tab	1	
sulfamethoxazole/trimethoprim 800-160mg tab	1	
TETRACYCLINES		
TETRACYCLINES		
doxy 100mg inj	1	
doxycycline hyclate 100mg cap	1	
doxycycline hyclate 100mg inj	1	
doxycycline hyclate 100mg tab	1	
doxycycline hyclate 20mg tab	1	
doxycycline hyclate 50mg cap	1	
doxycycline monohydrate 100mg cap	1	
doxycycline monohydrate 100mg tab	1	
doxycycline monohydrate 50mg cap	1	
doxycycline monohydrate 50mg tab	1	
doxycycline monohydrate 5mg/ml oral susp	1	
minocycline 100mg cap	1	
minocycline 50mg cap	1	
minocycline 75mg cap	1	
tetracycline 250mg cap	1	
tetracycline 500mg cap	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole 10mg tab	1	
methimazole 5mg tab	1	
propylthiouracil 50mg tab	1	
THYROID HORMONES		
levothyroxine sodium 100mcg tab	1	
levothyroxine sodium 112mcg tab	1	
levothyroxine sodium 125mcg tab	1	
levothyroxine sodium 137mcg tab	1	
levothyroxine sodium 150mcg tab	1	
levothyroxine sodium 175mcg tab	1	
levothyroxine sodium 200mcg tab	1	
levothyroxine sodium 25mcg tab	1	
levothyroxine sodium 300mcg tab	1	
levothyroxine sodium 50mcg tab	1	
levothyroxine sodium 75mcg tab	1	
levothyroxine sodium 88mcg tab	1	
levoxyl 100mcg tab	1	
levoxyl 112mcg tab	1	
levoxyl 125mcg tab	1	
levoxyl 137mcg tab	1	
levoxyl 150mcg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
levoxyl 175mcg tab	1	
levoxyl 200mcg tab	1	
levoxyl 25mcg tab	1	
levoxyl 50mcg tab	1	
levoxyl 75mcg tab	1	
levoxyl 88mcg tab	1	
liothyronine sodium 25mcg tab	1	
liothyronine sodium 50mcg tab	1	
liothyronine sodium 5mcg tab	1	
unithroid 100mcg tab	1	
unithroid 112mcg tab	1	
unithroid 125mcg tab	1	
unithroid 137mcg tab	1	
unithroid 150mcg tab	1	
unithroid 175mcg tab	1	
unithroid 200mcg tab	1	
unithroid 25mcg tab	1	
unithroid 300mcg tab	1	
unithroid 50mcg tab	1	
unithroid 75mcg tab	1	
unithroid 88mcg tab	1	
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL INJ	1	VAC
ADACEL SYRINGE	1	VAC
BOOSTRIX INJ	1	VAC
BOOSTRIX SYRINGE	1	VAC
DAPTACEL INJ	1	
INFANRIX SYRINGE	1	
KINRIX SYRINGE	1	
PEDIARIX SYRINGE	1	
PENTACEL 96-30-68UNIT/ML INJ	1	
QUADRACEL INJ	1	
QUADRACEL SYRINGE	1	
TENIVAC 4-10UNIT/ML INJ	1	PA_BvD VAC
TENIVAC 4-10UNIT/ML SYRINGE	1	PA_BvD VAC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
dicyclomine 10mg cap	1	
dicyclomine 20mg tab	1	
dicyclomine 2mg/ml oral soln	1	
glycopyrrolate 1mg tab	1	
glycopyrrolate 2mg tab	1	
H-2 ANTAGONISTS		
cimetidine 200mg tab	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cimetidine 300mg tab	1	
cimetidine 400mg tab	1	
cimetidine 800mg tab	1	
famotidine 20mg tab	1	
famotidine 40mg tab	1	
MISC. ANTI-ULCER		
misoprostol 100mcg tab	1	
misoprostol 200mcg tab	1	
sucralfate 1000mg tab	1	
sucralfate 100mg/ml oral susp	1	
PROTON PUMP INHIBITORS		
esomeprazole 20mg dr cap	1	
esomeprazole 40mg dr cap	1	
lansoprazole 15mg dr cap	1	
lansoprazole 30mg dr cap	1	
omeprazole 10mg dr cap	1	
omeprazole 20mg dr cap	1	
omeprazole 40mg dr cap	1	
pantoprazole 20mg dr tab	1	
pantoprazole 40mg dr tab	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
fesoterodine fumarate 4mg er tab	1	QL=30 EA/30 Days
fesoterodine fumarate 8mg er tab	1	QL=30 EA/30 Days
oxybutynin chloride 10mg er tab	1	
oxybutynin chloride 15mg er tab	1	
oxybutynin chloride 1mg/ml oral soln	1	
oxybutynin chloride 5mg er tab	1	
oxybutynin chloride 5mg tab	1	
tolterodine tartrate 1mg tab	1	QL=60 EA/30 Days
tolterodine tartrate 2mg er cap	1	QL=30 EA/30 Days
tolterodine tartrate 2mg tab	1	QL=60 EA/30 Days
tolterodine tartrate 4mg er cap	1	QL=30 EA/30 Days
trospium chloride 20mg tab	1	QL=60 EA/30 Days
trospium chloride 60mg er cap	1	QL=30 EA/30 Days
URINARY ANTISPASMODICS		
bethanechol chloride 10mg tab	1	
bethanechol chloride 25mg tab	1	
bethanechol chloride 50mg tab	1	
bethanechol chloride 5mg tab	1	
flavoxate 100mg tab	1	
mirabegron 25mg er tab	1	QL=30 EA/30 Days
mirabegron 50mg er tab	1	QL=30 EA/30 Days
VACCINES		
BACTERIAL VACCINES		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACTHIB INJ	1	
BCG LIVE TICE STRAIN 50MG INJ	1	VAC
BEXSERO SYRINGE	1	VAC
HIBERIX 10MCG INJ	1	
MENQUADFI INJ	1	VAC
MENVEO INJ	1	VAC
PEDVAXHIB 7.5MCG/0.5ML INJ	1	
PENBRAYA INJ	1	VAC
TRUMENBA SYRINGE	1	VAC
TYPHIM VI 25MCG/0.5ML INJ	1	VAC
TYPHIM VI 25MCG/0.5ML SYRINGE	1	VAC
VAXCHORA SUSP	1	VAC
VIVOTIF DR CAP	1	VAC
VIRAL VACCINES		
ABRYSVO 120MCG/0.5ML INJ	1	VAC
AREXVY 120MCG/0.5ML INJ	1	VAC
ENGERIX-B 10MCG/0.5ML SYRINGE	1	PA_BvD VAC
ENGERIX-B 20MCG/ML INJ	1	PA_BvD VAC
ENGERIX-B 20MCG/ML SYRINGE	1	PA_BvD VAC
GARDASIL 9 INJ	1	VAC
GARDASIL 9 SYRINGE	1	VAC
HAVRIX 1440ELU/ML SYRINGE	1	VAC
HAVRIX 720ELU/0.5ML SYRINGE	1	
HEPLISAV-B 20MCG/0.5ML SYRINGE	1	PA_BvD VAC
IMOVAX 2.5UNIT/ML INJ	1	PA_BvD VAC
IPOL INJ	1	VAC
IXCHIQ INJ	1	VAC
IXIARO 0.012MG/ML SYRINGE	1	VAC
JYNNEOS 0.5ML INJ	1	VAC
M-M-R II INJ	1	VAC
MRESVIA 50MCG/0.5ML SYRINGE	1	VAC
PRIORIX INJ	1	VAC
PROQUAD INJ	1	
RABAVERT 2.5UNIT/ML INJ	1	PA_BvD VAC
RECOMBIVAX 10MCG/ML INJ	1	PA_BvD VAC
RECOMBIVAX 10MCG/ML SYRINGE	1	PA_BvD VAC
RECOMBIVAX 40MCG/ML INJ	1	PA_BvD VAC
RECOMBIVAX 5MCG/0.5ML INJ	1	PA_BvD VAC
RECOMBIVAX 5MCG/0.5ML SYRINGE	1	PA_BvD VAC
ROTARIX 667000UNIT/ML ORAL SUSP	1	
ROTATEQ ORAL SUSP	1	
SHINGRIX 50MCG/0.5ML INJ	1	QL=2 EA/365 DaysVAC
TICOVAC 1.2MCG/0.25ML SYRINGE	1	
TICOVAC 2.4MCG/0.5ML SYRINGE	1	VAC
TWINRIX SYRINGE	1	VAC

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VAQTA 25UNIT/0.5ML INJ	1	
VAQTA 25UNIT/0.5ML SYRINGE	1	
VAQTA 50UNIT/ML INJ	1	VAC
VAQTA 50UNIT/ML SYRINGE	1	VAC
VARIVAX 1350PFU/0.5ML INJ	1	VAC
VIMKUNYA 40MCG/0.8ML SYRINGE	1	VAC
YF-VAX INJ	1	VAC
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
clindamycin 2% vaginal cream	1	
metronidazole 0.75% vaginal gel	1	
terconazole 0.4% vaginal cream	1	
terconazole 0.8% vaginal cream	1	
terconazole 80mg vaginal insert	1	
VAGINAL ESTROGENS		
estradiol 0.01% vaginal cream	1	
PREMARIN 0.625MG/GM VAGINAL CREAM	1	

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For All of L.A.

This formulary was updated on 9/1/2025. Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, contact us at **1.833.522.3767** (TTY: **711**), 24 hours a day, 7 days a week, including holidays or visit **medicare.lacare.org**.