NAVITUS MEDICARERX (PDP)
2026 FORMULARY
(LIST OF COVERED DRUGS, "DRUG LIST")

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

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This Drug List was updated on 08/22/2025. For more recent information or other questions, contact Navitus MedicareRx Customer Care at 1-855-213-1106, or local at 1-920-225-7014 (TTY users call 711), available 24 hours a day, 7 days a week (except on Thanksgiving and Christmas Day) or visit our member portal at Medicarerx.navitus.com.

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.

- **Important Message About What You Pay for Insulin** - You won't pay more than *$35* for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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

When this Drug List (Formulary) refers to "we," "us," "our," "plan" or "our plan," it means Navitus MedicareRx.

This document includes a list of the drugs (Drug List) for our plan which is current as of 08/22/2025. For an updated Drug List, please contact us. Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Drug List, pharmacy network, and/or copayments/coinsurance from time to time during the year.

What is the Navitus MedicareRx Drug List (formulary)?

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

Secondary coverage may be provided by your supplemental (wrap) coverage for some Part B supplies, *after* Medicare Part B has paid as primary. However, these Part B supplies must be included on the Drug List.

For a complete listing of all prescription drugs covered by Navitus MedicareRx, please visit our member portal at www.medicarerx.navitus.com or call us. Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages.

Can the Drug List (formulary) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our member portal at www.medicarerx.navitus.com.

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

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

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

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

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the Drug List or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our Drug List, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
    - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Navitus MedicareRx Drug List?"

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

The enclosed Drug List is current as of 08/22/2025. The Drug List is updated each month and is available on our member portal at Medicarerx.navitus.com. We update our online Drug List on a regularly scheduled basis to include any changes that have occurred after the last update. When changes to the Drug List occur during the year, we post the Drug List on our Member Portal including those changes. In the event of CMS-approved non-maintenance changes to the Drug List throughout the plan year, Navitus MedicareRx will notify you. To get updated information about the drugs covered by Navitus MedicareRx please contact us. Our contact information appears on the front and back cover pages.

How do I use the Drug List?

There are two ways to find your drug within the Drug List:

Medical Condition

The Drug List begins on page 10. The drugs in this Drug List are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used

for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 102. The Index provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Navitus MedicareRx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 3 Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the Drug List that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting the member portal. We have posted online documents that explain our prior authorization restrictions and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages.

You can ask Navitus MedicareRx to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Navitus MedicareRx Drug List?" for information about how to request an exception.

Cost Sharing – Brand vs. Generic Drugs

The Drug List indicates what you will pay for your drug. A generic drug is the same as a brand-name drug in dosage, safety, and strength. If you specify that a brand name drug must be used and there is a lower tier generic equivalent available, the brand drug will not be covered. You will pay the non-preferred brand copay if your prescriber indicates "Dispense as Written" (DAW).

What are Over the Counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Navitus MedicareRx pays for certain OTC drugs. The cost to Navitus MedicareRx of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

What if my drug is not on the Drug List?

If your drug is not included in this Drug List (list of covered drugs), you should first contact Customer Care and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

- You can ask Customer Care for a list of similar drugs covered by Navitus MedicareRx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Navitus MedicareRx.
- You can ask Navitus MedicareRx to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Navitus MedicareRx Drug List?

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

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

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

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

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

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

For each of your drugs that is not on our Drug List or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Level of Care Changes

Navitus MedicareRx's level of care transition process accounts for unplanned changes for members. In some instances, these changes may result in the prescribed drug regimen(s) not being available on our Drug

List. These instances usually occur when a member moves from one treatment setting to another. This could include members who:

- Enter long-term care (LTC) facilities with a discharge list of medications from the hospital with very short-term planning taken into account (e.g., less than 8 hours).
- Are discharged from a hospital to a home with very short-term planning taken into account.
- End their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to go back to their Part D plan Drug List.
- Give up hospice status to revert to standard Medicare Part A and Part B benefits.
- End an LTC facility stay and return to their home.
- Are discharged from psychiatric hospitals with drug regimens that are highly tailored to them.

These changes often result in members and/or prescribers using Navitus' exceptions and/or appeals processes. For these types of changes, we will make coverage determinations and re-determinations as quickly as the member's health requires.

Navitus MedicareRx ensures proper medication continuance for members upon discharge from an LTC facility or other facilities to ensure an effective transition of care. This may include:

- A refill upon entrance to, or discharge from, an LTC facility. The current standard of care promotes caregivers receiving outpatient Part D prescriptions before discharge from a Part A stay. Members, through no fault of their own, may not have access to the balance of their prescription.
- Navitus MedicareRx allows the member to access a refill upon entrance to, or discharge from, an LTC facility.

To process these transition refills, the pharmacy may need to call Navitus MedicareRx Customer Care (phone numbers are on the back cover of this booklet). Navitus MedicareRx Customer Care can help the pharmacy process an override.

For more information

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

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

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

Navitus MedicareRx Drug List

The Drug List below provides coverage information about the drugs covered by Navitus MedicareRx . If you have trouble finding your drug in the list, turn to the Index that begins on page 102.

The first column of the chart lists the drug name.

- Brand name drugs are capitalized (e.g., LIPITOR)
- Generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The second column of the chart lists the Drug Tier. You can reference the Summary of Benefits booklet or Chapter 4 (Section 5.2) in the Evidence of Coverage booklet to learn what your copay or coinsurance will be.

- Tier 1 includes preferred generics and certain lower-cost brand drugs
- Tier 2 includes preferred brand drugs and certain higher-cost generics
- Tier 3 includes non-preferred drugs
- Tier $0 includes certain preventative medications (specific guidelines apply)

The third column of the chart lists information in the Requirements/Limits column tells you if Navitus MedicareRx has any special requirements for coverage of your drug.

- **Insulin (INS):** Insulin products on the Drug List are available at a reduced copay.
- **Limited Distribution (LD)**: This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at 1-855-213-1106, or local at 1-920-225-7014 (TTY users call 711), 24 hours a day, 7 days a week (except on Thanksgiving and Christmas Day) or visit our member portal at Medicarerx.navitus.com.
- **Non-extended Day Supply (NDS):** You may be able to receive greater than a 1-month supply of most of the drugs on your Drug List. Drugs noted with "NDS" are limited to a 1-month supply for Retail, Mail Order and Specialty.
- **Prior Authorization (PA):** The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from The Plan before you fill your prescriptions. If you don't get approval, Navitus MedicareRx may not cover the drug.
- **Prior Authorization Restriction for Part B vs Part D Determination (PA_BvD):** 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 Navitus MedicareRx to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, Navitus MedicareRx may not cover this drug.
- **Prior Authorization Restriction for New Starts Only (PA_NSO):** If this drug is new to you, you (or your physician) are required to get prior authorization from Navitus MedicareRx before you fill your prescription for this drug. Without prior approval, Navitus MedicareRx may not cover this drug.
- **Step Therapy (ST):** In some cases, Navitus MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Navitus MedicareRx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Navitus MedicareRx will then cover Drug B.
- **Step Therapy for New Starts Only (ST_NSO):** If this drug is new to you, you are required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

- **Quantity Limits (QL):** For certain drugs, Navitus MedicareRx limits the amount of the drug that Navitus MedicareRx will cover. This could include a: per fill, daily, monthly, or yearly limitation.
- **Rx Cents (RXC):** This medication is offered at half the stated tier copay when your prescriber writes a prescription for half-tab daily. For example, if you take one 20mg tablet per day that is listed on the Drug List as a Tier 1 drug, the prescriber might write the prescription for half of a 40mg tab per day. Then you would pay $2.50 per month instead of $5 per month. For more information or to acquire a tablet splitter, contact Customer Care.
- **Select Insulins (SI):** Insulin products on the Drug List, chosen as part of the Select Insulin program, are at a reduced member copay.
- **Specialty Pharmacy (SP):** This specialty medication can be filled at a participating pharmacy with access to the medication.
- **Lumicera Specialty Pharmacy (LSP):** There is a reduced copay for Lumicera Specialty Products. When you get your specialty products from the preferred specialty pharmacy, Lumicera, you will pay a reduced cost share than if you utilize a non-preferred specialty pharmacy.

The ***** symbol on the Drug List after the Tier, indicates this prescription drug is not normally covered in a Medicare Prescription Drug Plan, but is covered by your supplemental coverage. The amount you pay when you fill a prescription for these drugs does not count towards the catastrophic coverage stage. In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine-dextroamphetamine 10mg ER cap	2	
amphetamine-dextroamphetamine 15mg ER cap	2	
amphetamine-dextroamphetamine 20mg ER cap	2	
amphetamine-dextroamphetamine 25mg ER cap	2	
amphetamine-dextroamphetamine 30mg ER cap	2	
amphetamine-dextroamphetamine 5mg ER cap	2	
amphetamine/dextroamphetamine 10mg tab	1	
amphetamine/dextroamphetamine 12.5mg tab	1	
amphetamine/dextroamphetamine 15mg tab	1	
amphetamine/dextroamphetamine 20mg tab	1	
amphetamine/dextroamphetamine 30mg tab	1	
amphetamine/dextroamphetamine 5mg tab	1	
amphetamine/dextroamphetamine 7.5mg tab	1	
dextroamphetamine sulfate 10mg tab	2	
dextroamphetamine sulfate 5mg tab	2	
lisdexamfetamine dimesylate 10mg cap	2	
lisdexamfetamine dimesylate 20mg cap	2	
lisdexamfetamine dimesylate 30mg cap	2	
lisdexamfetamine dimesylate 40mg cap	2	
lisdexamfetamine dimesylate 50mg cap	2	
lisdexamfetamine dimesylate 60mg cap	2	
lisdexamfetamine dimesylate 70mg cap	2	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine 100mg cap	2	QL=30 Quantity/30 Days
atomoxetine 10mg cap	2	QL=60 Quantity/30 Days
atomoxetine 18mg cap	2	QL=60 Quantity/30 Days
atomoxetine 25mg cap	2	QL=60 Quantity/30 Days
atomoxetine 40mg cap	2	QL=60 Quantity/30 Days
atomoxetine 60mg cap	2	QL=60 Quantity/30 Days
atomoxetine 80mg cap	2	QL=30 Quantity/30 Days
clonidine 0.1mg er tab	2	
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	2	PA QL=30 Quantity/30 Days
armodafinil 200mg tab	2	PA QL=30 Quantity/30 Days
armodafinil 250mg tab	2	PA QL=30 Quantity/30 Days
armodafinil 50mg tab	2	PA QL=30 Quantity/30 Days
dexmethylphenidate 10mg tab	1	
dexmethylphenidate 2.5mg tab	1	
dexmethylphenidate 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
methylphenidate 10mg er tab	2	
methylphenidate 10mg tab	1	
methylphenidate 18mg er tab	2	
methylphenidate 1mg/ml oral soln	2	QL=1800 Quantity/30 Days
methylphenidate 20mg er tab	2	
methylphenidate 20mg tab	1	
METHYLPHENIDATE 27MG SR TAB	2	
methylphenidate 2mg/ml oral soln	2	QL=900 Quantity/30 Days
METHYLPHENIDATE 36MG SR TAB	2	
METHYLPHENIDATE 54MG SR TAB	2	
methylphenidate 5mg tab	1	
methylphenidate ER osmotic 27mg tab	2	
methylphenidate ER osmotic 36mg tab	2	
methylphenidate ER osmotic 54mg tab	2	
modafinil 100mg tab	2	PA QL=60 Quantity/30 Days
modafinil 200mg tab	2	PA QL=60 Quantity/30 Days
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin 250mg/ml inj	2	
amikacin sulfate 1gm/4ml inj	2	
ARIKAYCE 590MG/8.4ML INH SUSP	2	LD NDS PA QL=235.20 Quantity/28 Days
GENTAMICIN 0.8MG/ML INJ	2	
GENTAMICIN 1.2MG/ML INJ	2	
GENTAMICIN 1.6MG/ML INJ	2	
GENTAMICIN 1MG/ML INJ	2	
gentamicin 40mg/ml inj	2	
neomycin sulfate 500mg tab	1	
STREPTOMYCIN 1000MG INJ	2	
tobramycin 1.2gm inj	2	
tobramycin 1.2gm/30ml inj	2	
TOBRAMYCIN 10MG/ML INJ	2	
TOBRAMYCIN 2GM/50ML INJ	2	
tobramycin 40mg/ml inj	2	
tobramycin 60mg/ml inh soln	2	PA QL=280 Quantity/28 Days
TOBRAMYCIN 60MG/ML INH SOLN	2	PA QL=280 Quantity/28 Days
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
leflunomide 10mg tab	2	QL=30 Quantity/30 Days
leflunomide 20mg tab	2	QL=30 Quantity/30 Days
OLUMIANT 1MG TAB	2	NDS PA QL=30 Quantity/30 Days
OLUMIANT 2MG TAB	2	NDS PA QL=30 Quantity/30 Days
OLUMIANT 4MG TAB	2	NDS PA QL=30 Quantity/30 Days
RINVOQ 15MG ER TAB	2	NDS PA QL=30 Quantity/30 Days
RINVOQ 1MG/ML ORAL SOLN	2	NDS PA QL=360 Quantity/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
RINVOQ 30MG ER TAB	2	NDS PA QL=30 Quantity/30 Days
RINVOQ 45MG ER TAB	2	NDS PA QL=30 Quantity/30 Days
XELJANZ 10MG TAB	2	NDS PA QL=60 Quantity/30 Days
XELJANZ 1MG/ML ORAL SOLN	2	NDS PA QL=300 Quantity/30 Days
XELJANZ 5MG TAB	2	NDS PA QL=60 Quantity/30 Days
XELJANZ XR 11MG TAB	2	NDS PA QL=30 Quantity/30 Days
XELJANZ XR 22MG TAB	2	NDS PA QL=30 Quantity/30 Days
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
CIMZIA 200MG INJ	2	NDS PA QL=2 Quantity/28 Days
CIMZIA 200MG/ML INJ	2	NDS PA QL=2 Quantity/28 Days
ENBREL 25MG/0.5ML INJ	2	NDS PA QL=8 Quantity/28 Days
ENBREL 25MG/0.5ML SYRINGE	2	NDS PA QL=16 Quantity/28 Days
ENBREL 50MG/ML AUTO-INJECTOR	2	NDS PA QL=8 Quantity/28 Days
ENBREL 50MG/ML CARTRIDGE	2	NDS PA QL=8 Quantity/28 Days
ENBREL 50MG/ML SYRINGE	2	NDS PA QL=8 Quantity/28 Days
HADLIMA 40MG/0.4ML AUTO-INJECTOR	2	NDS PA QL=6 Quantity/28 Days
HADLIMA 40MG/0.4ML SYRINGE	2	NDS PA QL=6 Quantity/28 Days
HADLIMA 40MG/0.8ML AUTO-INJECTOR	2	NDS PA QL=6 Quantity/28 Days
HADLIMA 40MG/0.8ML SYRINGE	2	NDS PA QL=6 Quantity/28 Days
SIMLANDI 20MG/0.2ML SYRINGE	2	NDS PA QL=2 Quantity/28 Days
SIMLANDI 40MG/0.4ML AUTO-INJECTOR	2	NDS PA QL=6 Quantity/28 Days
SIMLANDI 40MG/0.4ML SYRINGE	2	NDS PA QL=6 Quantity/28 Days
SIMLANDI 80MG/0.8ML AUTO-INJECTOR	2	NDS PA QL=3 Quantity/28 Days
SIMLANDI 80MG/0.8ML SYRINGE	2	NDS PA QL=3 Quantity/28 Days
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
aspirin 81mg chew tab	1*	
aspirin 81mg EC tab	1*	
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	2	QL=300 Quantity/30 Days
diclofenac sodium 100mg er tab	2	QL=60 Quantity/30 Days
diclofenac sodium 25mg dr tab	1	QL=240 Quantity/30 Days
diclofenac sodium 50mg dr tab	1	QL=120 Quantity/30 Days
diclofenac sodium 75mg dr tab	1	QL=60 Quantity/30 Days
diflunisal 500mg tab	2	QL=90 Quantity/30 Days
etodolac 200mg cap	2	QL=150 Quantity/30 Days
etodolac 300mg cap	2	QL=90 Quantity/30 Days
etodolac 400mg tab	2	QL=60 Quantity/30 Days
etodolac 500mg tab	2	QL=60 Quantity/30 Days
FLURBIPROFEN 100MG TAB	2	QL=90 Quantity/30 Days
flurbiprofen 100mg tab	2	QL=90 Quantity/30 Days
ibuprofen 400mg 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
ibuprofen 600mg tab	1	
ibuprofen 800mg tab	1	
indomethacin 25mg cap	1	
indomethacin 50mg cap	1	
indomethacin 75mg er cap	1	
ketorolac tromethamine 10mg tab	1	QL=20 Quantity/5 Days
meloxicam 15mg tab	1	
meloxicam 7.5mg tab	1	
nabumetone 500mg tab	1	QL=120 Quantity/30 Days
nabumetone 750mg tab	1	QL=60 Quantity/30 Days
naproxen 250mg tab	1	
naproxen 375mg dr tab	2	QL=120 Quantity/30 Days
naproxen 375mg tab	1	
naproxen 500mg tab	1	
piroxicam 10mg cap	1	QL=60 Quantity/30 Days
piroxicam 20mg cap	1	QL=30 Quantity/30 Days
salsalate 500mg tab	2	
salsalate 750mg tab	2	
sulindac 150mg tab	1	QL=60 Quantity/30 Days
sulindac 200mg tab	1	QL=60 Quantity/30 Days
ANALGESICS - OPIOID		
OPIOID AGONISTS		
fentanyl 100mcg/hr patch	2	QL=10 Quantity/30 Days
fentanyl 12mcg/hr patch	2	QL=10 Quantity/30 Days
fentanyl 25mcg/hr patch	2	QL=10 Quantity/30 Days
fentanyl 50mcg/hr patch	2	QL=10 Quantity/30 Days
fentanyl 75mcg/hr patch	2	QL=10 Quantity/30 Days
hydromorphone 2mg tab	1	QL=450 Quantity/30 Days
hydromorphone 4mg tab	1	QL=240 Quantity/30 Days
hydromorphone 8mg tab	1	QL=120 Quantity/30 Days
methadone 10mg tab	1	QL=360 Quantity/30 Days
methadone 10mg/5ml oral soln	2	QL=1800 Quantity/30 Days
METHADONE 1MG/ML ORAL SOLN	1	QL=3600 Quantity/30 Days
METHADONE 2MG/ML ORAL SOLN	2	QL=1800 Quantity/30 Days
methadone 5mg tab	1	QL=360 Quantity/30 Days
methadone 5mg/5ml oral soln	1	QL=3600 Quantity/30 Days
morphine sulfate 100mg er tab	1	QL=120 Quantity/30 Days
morphine sulfate 15mg er tab	1	QL=120 Quantity/30 Days
morphine sulfate 15mg tab	1	QL=180 Quantity/30 Days
MORPHINE SULFATE 15MG TAB	1	QL=180 Quantity/30 Days
morphine sulfate 200mg er tab	2	QL=120 Quantity/30 Days
morphine sulfate 20mg/5ml oral soln	1	QL=900 Quantity/30 Days
MORPHINE SULFATE 20MG/5ML ORAL SOLN	1	QL=900 Quantity/30 Days
morphine sulfate 20mg/ml oral soln	1	QL=180 Quantity/30 Days
MORPHINE SULFATE 20MG/ML ORAL SOLN	1	QL=180 Quantity/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 2MG/ML ORAL SOLN	1	QL=1800 Quantity/30 Days
morphine sulfate 2mg/ml oral soln	1	QL=1800 Quantity/30 Days
morphine sulfate 30mg er tab	1	QL=120 Quantity/30 Days
MORPHINE SULFATE 30MG TAB	1	QL=180 Quantity/30 Days
morphine sulfate 30mg tab	1	QL=180 Quantity/30 Days
morphine sulfate 60mg er tab	1	QL=120 Quantity/30 Days
oxycodone 10mg tab	1	QL=180 Quantity/30 Days
oxycodone 15mg tab	1	QL=180 Quantity/30 Days
oxycodone 1mg/ml oral soln	2	QL=5400 Quantity/30 Days
oxycodone 20mg tab	1	QL=180 Quantity/30 Days
oxycodone 30mg tab	1	QL=180 Quantity/30 Days
oxycodone 5mg tab	1	QL=360 Quantity/30 Days
tramadol 100mg er tab	2	QL=30 Quantity/30 Days
tramadol 200mg er tab	2	QL=30 Quantity/30 Days
tramadol 300mg er tab	2	QL=30 Quantity/30 Days
tramadol 50mg tab	1	QL=240 Quantity/30 Days
OPIOID COMBINATIONS		
ACETAMINOPHEN/CODEINE PHOSPHATE 120-12MG/5ML ORAL SOLN	2	QL=4980 Quantity/30 Days
acetaminophen/codeine phosphate 120-12mg/5ml oral soln	2	QL=4980 Quantity/30 Days
codeine phosphate/acetaminophen 15-300mg tab	1	QL=390 Quantity/30 Days
codeine phosphate/acetaminophen 30-300mg tab	1	QL=390 Quantity/30 Days
codeine phosphate/acetaminophen 60-300mg tab	1	QL=390 Quantity/30 Days
hydrocodone/acetaminophen 10-325mg tab	1	QL=360 Quantity/30 Days
hydrocodone/acetaminophen 5-325mg tab	1	QL=360 Quantity/30 Days
hydrocodone/acetaminophen 7.5-325mg tab	1	QL=360 Quantity/30 Days
hydrocodone/acetaminophen 7.5-325mg/5ml oral soln	2	QL=5400 Quantity/30 Days
hydrocodone/ibuprofen 7.5-200mg tab	2	QL=480 Quantity/30 Days
oxycodone/acetaminophen 10-325mg tab	1	QL=360 Quantity/30 Days
oxycodone/acetaminophen 2.5-325mg tab	2	QL=360 Quantity/30 Days
oxycodone/acetaminophen 5-325mg tab	1	QL=360 Quantity/30 Days
oxycodone/acetaminophen 7.5-325mg tab	1	QL=360 Quantity/30 Days
tramadol/acetaminophen 37.5-325mg tab	1	QL=360 Quantity/30 Days
OPIOID PARTIAL AGONISTS		
buprenorphine 10mcg/hr weekly patch	2	QL=4 Quantity/28 Days
buprenorphine 15mcg/hr weekly patch	2	QL=4 Quantity/28 Days
buprenorphine 20mcg/hr weekly patch	2	QL=4 Quantity/28 Days
buprenorphine 2mg sl tab	1	QL=120 Quantity/30 Days
buprenorphine 5mcg/hr weekly patch	2	QL=4 Quantity/28 Days
buprenorphine 7.5mcg/hr weekly patch	2	QL=4 Quantity/28 Days
buprenorphine 8mg sl tab	1	QL=120 Quantity/30 Days
buprenorphine/naloxone 12-3mg sublingual film	1	
buprenorphine/naloxone 2-0.5mg sl tab	1	QL=120 Quantity/30 Days
buprenorphine/naloxone 2-0.5mg sublingual film	1	QL=120 Quantity/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
buprenorphine/naloxone 4-1mg sublingual film	1	QL=120 Quantity/30 Days
buprenorphine/naloxone 8-2mg sl tab	1	QL=120 Quantity/30 Days
buprenorphine/naloxone 8-2mg sublingual film	1	QL=120 Quantity/30 Days
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol 100mg cap	2	
danazol 200mg cap	2	
danazol 50mg cap	2	
TESTOSTERONE 1% (12.5MG) GEL PUMP BOTTLE	2	PA QL=4 Quantity/30 Days
testosterone 1% (12.5mg) gel pump bottle	2	PA QL=4 Quantity/30 Days
testosterone 1% (25mg) gel packet	2	PA QL=120 Quantity/30 Days
TESTOSTERONE 1% (50MG) GEL PACKET	2	PA QL=60 Quantity/30 Days
testosterone 20.25mg/act gel pump	2	PA QL=2 Quantity/30 Days
testosterone 30mg/act topical soln	2	PA QL=2 Quantity/30 Days
testosterone cypionate 100mg/ml inj	2	
testosterone cypionate 200mg/ml inj	2	
TESTOSTERONE ENANTHATE 200MG/ML INJ	2	QL=5 Quantity/28 Days
testosterone gel 1% (50mg) packet	2	PA QL=60 Quantity/30 Days
ANORECTAL AND RELATED PRODUCTS		
RECTAL PRODUCTS - MISC.		
hydrocortisone supp	2*	
hydrocortisone/pramoxine 2.5-1% rectal cream	1*	
lidocaine/hydrocortisone cream	2*	
HYDROCORTISONE 1% PERIANAL CREAM (RX ONLY)	1	QL=240 Quantity/30 Days
hydrocortisone 1.67mg/ml enema	2	
nitroglycerin 0.4% rectal ointment	2	QL=30 Quantity/30 Days
procto-med 2.5% cream	1	QL=60 Quantity/30 Days
ANTHELMINTICS		
ANTHELMINTICS		
albendazole 200mg tab	2	QL=672 Quantity/365 Days
ivermectin 3mg tab	2	PA QL=30 Quantity/90 Days
praziquantel 600mg tab	2	
ANTIANGINAL AGENTS		
NITRATES		
NITROGLYCERIN CAP	1*	
isosorbide dinitrate 10mg tab	2	
isosorbide dinitrate 20mg tab	2	
isosorbide dinitrate 30mg tab	2	
isosorbide dinitrate 5mg tab	2	
isosorbide mononitrate 10mg tab	2	
ISOSORBIDE MONONITRATE 10MG TAB	2	
isosorbide mononitrate 120mg er tab	1	
isosorbide mononitrate 20mg tab	2	
ISOSORBIDE MONONITRATE 20MG TAB	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
isosorbide mononitrate 30mg er tab	1	
isosorbide mononitrate 60mg er tab	1	
NITRO-BID 2% OINTMENT	2	
nitroglycerin 0.1mg/hr patch	2	
nitroglycerin 0.2mg/hr patch	2	
nitroglycerin 0.3mg sl tab	1	
nitroglycerin 0.4mg sl tab	1	
nitroglycerin 0.4mg/hr patch	2	
nitroglycerin 0.6mg sl tab	1	
nitroglycerin 0.6mg/hr patch	2	
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 2mg/ml oral soln	2	
hydroxyzine 50mg tab	1	
hydroxyzine pamoate 25mg cap	1	
hydroxyzine pamoate 50mg cap	1	
BENZODIAZEPINES		
alprazolam 0.25mg tab	1	QL=120 Quantity/30 Days
alprazolam 0.5mg tab	1	QL=120 Quantity/30 Days
alprazolam 1mg tab	1	QL=120 Quantity/30 Days
alprazolam 2mg tab	1	QL=150 Quantity/30 Days
chlordiazepoxide 10mg cap	1	QL=120 Quantity/30 Days
chlordiazepoxide 25mg cap	1	QL=120 Quantity/30 Days
chlordiazepoxide 5mg cap	1	QL=120 Quantity/30 Days
clorazepate dipotassium 15mg tab	2	QL=180 Quantity/30 Days
clorazepate dipotassium 3.75mg tab	2	QL=90 Quantity/30 Days
clorazepate dipotassium 7.5mg tab	2	QL=180 Quantity/30 Days
diazepam 10mg tab	1	QL=120 Quantity/30 Days
diazepam 1mg/ml oral soln	2	QL=1200 Quantity/30 Days
diazepam 2mg tab	1	QL=120 Quantity/30 Days
diazepam 5mg tab	1	QL=120 Quantity/30 Days
diazepam 5mg/ml oral soln	2	QL=240 Quantity/30 Days
lorazepam 0.5mg tab	1	QL=150 Quantity/30 Days
lorazepam 1mg tab	1	QL=150 Quantity/30 Days
lorazepam 2mg tab	1	QL=150 Quantity/30 Days
lorazepam 2mg/ml oral soln	1	QL=150 Quantity/30 Days
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		

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
DUPIXENT 100MG/0.67ML SYRINGE	2	NDS PA QL=2 Quantity/28 Days
DUPIXENT 200MG/1.14ML AUTO-INJECTOR	2	NDS PA QL=4 Quantity/28 Days
DUPIXENT 200MG/1.14ML SYRINGE	2	NDS PA QL=4 Quantity/28 Days
DUPIXENT 300MG/2ML AUTO-INJECTOR	2	NDS PA QL=4 Quantity/28 Days
DUPIXENT 300MG/2ML SYRINGE	2	NDS PA QL=4 Quantity/28 Days
FASENRA 10MG/0.5ML SYRINGE	2	PA QL=1 Quantity/28 Days
FASENRA 30MG/ML AUTO-INJECTOR	2	PA QL=1 Quantity/28 Days
FASENRA 30MG/ML SYRINGE	2	PA QL=1 Quantity/28 Days
NUCALA 100MG INJ	2	NDS PA QL=3 Quantity/28 Days
NUCALA 100MG/ML AUTO-INJECTOR	2	NDS PA QL=3 Quantity/28 Days
NUCALA 100MG/ML SYRINGE	2	NDS PA QL=3 Quantity/28 Days
NUCALA 40MG/0.4ML SYRINGE	2	NDS PA QL=1 Quantity/28 Days
XOLAIR 150MG INJ	2	NDS PA QL=8 Quantity/28 Days
XOLAIR 150MG/ML AUTO-INJECTOR	2	NDS PA QL=2 Quantity/28 Days
XOLAIR 150MG/ML SYRINGE	2	NDS PA QL=2 Quantity/28 Days
XOLAIR 300MG/2ML AUTO-INJECTOR	2	NDS PA QL=4 Quantity/28 Days
XOLAIR 300MG/2ML SYRINGE	2	NDS PA QL=4 Quantity/28 Days
XOLAIR 75MG/0.5ML AUTO-INJECTOR	2	NDS PA QL=2 Quantity/28 Days
XOLAIR 75MG/0.5ML SYRINGE	2	NDS PA QL=2 Quantity/28 Days
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium 10mg/ml inh soln	2	PA_BvD
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT 17MCG INHALER	2	QL=2 Quantity/30 Days
INCRUSE 62.5MCG/INH INHALER	2	QL=1 Quantity/30 Days
ipratropium bromide 0.2mg/ml inh soln	2	PA_BvD
SPIRIVA RESPIMAT 1.25MCG/ACT INHALER	2	QL=1 Quantity/30 Days
LEUKOTRIENE MODULATORS		
montelukast 10mg tab	1	
montelukast 4mg chew tab	1	
montelukast 5mg chew tab	1	
zafirlukast 10mg tab	2	QL=60 Quantity/30 Days
zafirlukast 20mg tab	2	QL=60 Quantity/30 Days
STEROID INHALANTS		
ALVESCO 160MCG INHALER	2	QL=2 Quantity/30 Days
ALVESCO 80MCG INHALER	2	QL=2 Quantity/30 Days
ARNUITY ELLIPTA 100MCG INHALER	2	QL=1 Quantity/30 Days
ARNUITY ELLIPTA 200MCG INHALER	2	QL=1 Quantity/30 Days
ARNUITY ELLIPTA 50MCG INHALER	2	QL=1 Quantity/30 Days
ASMANEX (14 METERED DOSES) 220MCG INHALER	2	QL=2 Quantity/28 Days
ASMANEX 100MCG HFA INHALER	2	QL=1 Quantity/30 Days
ASMANEX 110MCG (30ACT) INHALER	2	QL=1 Quantity/30 Days
ASMANEX 200MCG HFA INHALER	2	QL=1 Quantity/30 Days
ASMANEX 220MCG INHALER	2	QL=1 Quantity/30 Days
ASMANEX 50MCG HFA INHALER	2	QL=1 Quantity/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
budesonide 0.125mg/ml inh susp	2	PA_BvD QL=120 Quantity/30 Days
budesonide 0.25mg/ml inh susp	2	PA_BvD QL=120 Quantity/30 Days
budesonide 0.5mg/ml inh susp	2	PA_BvD QL=120 Quantity/30 Days
QVAR 40MCG REDIHALER	2	QL=1 Quantity/30 Days
QVAR 80MCG REDIHALER	2	QL=2 Quantity/30 Days
SYMPATHOMIMETICS		
ADVAIR 115-21MCG/ACT HFA INHALER	2	QL=1 Quantity/30 Days
ADVAIR 115-21MCG/ACT HFA INHALER 8GM	2	QL=2 Quantity/30 Days
ADVAIR 230-21MCG/ACT HFA INHALER	2	QL=1 Quantity/30 Days
ADVAIR 230-21MCG/ACT HFA INHALER 8GM	2	QL=2 Quantity/30 Days
ADVAIR 45-21MCG/ACT HFA INHALER	2	QL=1 Quantity/30 Days
ADVAIR 45-21MCG/ACT HFA INHALER 8GM	2	QL=2 Quantity/30 Days
albuterol 0.21mg/ml inh soln	1	PA_BvD
albuterol 0.417mg/ml inh soln	1	PA_BvD
albuterol 0.4mg/ml oral soln	1	
albuterol 0.83mg/ml inh soln	1	PA_BvD
albuterol 108mcg HFA inhaler (6.7gm, Proventil equiv)	1	QL=2 Quantity/30 Days
albuterol 108mcg HFA inhaler (8.5gm, Proair equiv)	1	QL=2 Quantity/30 Days
albuterol 5mg/ml inh soln	1	PA_BvD
ANORO ELLIPTA 62.5-25MCG INHALER	2	QL=1 Quantity/30 Days
arformoterol tartrate 15mcg/2ml neb soln	2	PA_BvD QL=120 Quantity/30 Days
BREO ELLIPTA 100-25MCG INHALER	2	QL=1 Quantity/30 Days
BREO ELLIPTA 200-25MCG INHALER	2	QL=1 Quantity/30 Days
BREO ELLIPTA 50-25MCG INH	2	QL=1 Quantity/30 Days
breyna 160-4.5mcg/act inh	2	QL=1 Quantity/30 Days
breyna 80-4.5mcg/act inh	2	QL=1 Quantity/30 Days
BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER	2	QL=1 Quantity/30 Days
BREZTRI AEROSPHERE 160-9-4.8MCG/ACT INHALER 5.9GM	2	QL=4 Quantity/28 Days
budesonide/formoterol fumarate 160-4.5mcg inhaler	2	QL=1 Quantity/30 Days
budesonide/formoterol fumarate 80-4.5mcg inhaler	2	QL=1 Quantity/30 Days
COMBIVENT 20-100MCG/ACT INHALER	2	QL=2 Quantity/30 Days
DULERA 100-5MCG INHALER	2	QL=1 Quantity/30 Days
DULERA 100-5MCG INHALER 8.8GM	2	QL=2 Quantity/30 Days
DULERA 200-5MCG INHALER	2	QL=1 Quantity/30 Days
DULERA 200-5MCG INHALER 8.8GM	2	QL=2 Quantity/30 Days
DULERA 50-5MCG INHALER	2	QL=1 Quantity/30 Days
epinephrine 0.15mg/0.3ml auto-injector (2 pack)	1	QL=2 Quantity/15 Days
epinephrine 0.3mg/0.3ml auto-injector (2 pack)	1	QL=2 Quantity/15 Days
fluticasone propionate/salmeterol 100-50mcg/act dry powder inhaler, wixela 100-50mcg inhaler	2	QL=1 Quantity/30 Days
fluticasone propionate/salmeterol 250-50mcg/act dry powder inhaler, wixela 250-50mcg inhaler	2	QL=1 Quantity/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
fluticasone propionate/salmeterol 500-50mcg/act dry powder inhaler, wixela 500-50mcg inhaler	2	QL=1 Quantity/30 Days
ipratropium/albuterol 0.5-2.5mg/3ml inh soln	1	PA_BvD
STIOLTO (10 METERED DOSES) 2.5-2.5MCG/ACT INHALER	2	QL=6 Quantity/30 Days
STIOLTO 2.5-2.5MCG/ACT INHALER	2	QL=1 Quantity/30 Days
STRIVERDI RESPIMAT 2.5MCG/ACT INHALER	2	QL=1 Quantity/30 Days
TRELEGY ELLIPTA 100- 62.5-25MCG INHALER	2	QL=1 Quantity/30 Days
TRELEGY ELLIPTA 200-62.5-25MCG INHALER	2	QL=1 Quantity/30 Days
VENTOLIN 108MCG INHALER (18GM)	2	QL=2 Quantity/30 Days
VENTOLIN 108MCG INHALER (8GM)	2	QL=5 Quantity/30 Days
ANTICOAGULANTS		
ANTICOAGULANTS - MISC.		
dabigatran etexilate mesylate 110mg cap	2	QL=60 Quantity/30 Days
dabigatran etexilate mesylate 150mg cap	2	QL=60 Quantity/30 Days
dabigatran etexilate mesylate 75mg cap	2	QL=60 Quantity/30 Days
ELIQUIS 2.5MG TAB	2	QL=60 Quantity/30 Days
ELIQUIS 5MG 30-DAY STARTER PACK (74)	2	QL=1 Quantity/30 Days
ELIQUIS 5MG TAB	2	QL=74 Quantity/30 Days
enoxaparin sodium 100mg/1ml syringe	2	
enoxaparin sodium 120mg/0.8ml syringe	2	
enoxaparin sodium 150mg/1ml syringe	2	
enoxaparin sodium 30mg/0.3ml syringe	2	
enoxaparin sodium 40mg/0.4ml syringe	2	
enoxaparin sodium 60mg/0.6ml syringe	2	
enoxaparin sodium 80mg/0.8ml syringe	2	
fondaparinux sodium 12.5mg/ml (0.4ml) inj	2	
fondaparinux sodium 12.5mg/ml (0.6ml) inj	2	
fondaparinux sodium 12.5mg/ml (0.8ml) inj	2	
fondaparinux sodium 5mg/ml (0.5mg) inj	2	
heparin sodium 5000unit/0.5ml inj (PF)	2	
heparin sodium porcine 10000unit/ml inj	2	
heparin sodium porcine 1000unit/ml inj	2	
heparin sodium porcine 20000unit/ml inj	2	
heparin sodium porcine 5000unit/ml inj	2	
rivaroxaban 1mg/ml oral susp	2	QL=620 Quantity/30 Days
rivaroxaban 2.5mg tab	2	QL=60 Quantity/30 Days
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	

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
warfarin sodium 7.5mg tab	1	
XARELTO 10MG TAB	2	QL=30 Quantity/30 Days
XARELTO 15MG TAB	2	QL=60 Quantity/30 Days
XARELTO 1MG/ML ORAL SUSP	2	QL=620 Quantity/30 Days
XARELTO 2.5MG TAB	2	QL=60 Quantity/30 Days
XARELTO 20MG TAB	2	QL=30 Quantity/30 Days
XARELTO TAB STARTER PACK (51)	2	QL=1 Quantity/30 Days
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam 10mg tab	2	QL=60 Quantity/30 Days
clobazam 2.5mg/ml susp	2	QL=480 Quantity/30 Days
clobazam 20mg tab	2	QL=60 Quantity/30 Days
clonazepam 0.125mg odt	2	QL=90 Quantity/30 Days
clonazepam 0.25mg odt	2	QL=90 Quantity/30 Days
clonazepam 0.5mg odt	2	QL=90 Quantity/30 Days
clonazepam 0.5mg tab	1	QL=90 Quantity/30 Days
clonazepam 1mg odt	2	QL=90 Quantity/30 Days
clonazepam 1mg tab	1	QL=90 Quantity/30 Days
clonazepam 2mg odt	2	QL=300 Quantity/30 Days
clonazepam 2mg tab	1	QL=300 Quantity/30 Days
diazepam 10mg/2ml rectal gel	2	QL=10 Quantity/30 Days
DIAZEPAM 2.5MG/0.5ML RECTAL GEL	2	QL=10 Quantity/30 Days
diazepam 20mg/4ml rectal gel	2	QL=10 Quantity/30 Days
LIBERVANT 10MG BUCCAL FILM	3	PA_NSO QL=10 Quantity/30 Days
LIBERVANT 12.5MG BUCCAL FILM	3	PA_NSO QL=10 Quantity/30 Days
LIBERVANT 15MG BUCCAL FILM	3	PA_NSO QL=10 Quantity/30 Days
LIBERVANT 5MG BUCCAL FILM	3	PA_NSO QL=10 Quantity/30 Days
LIBERVANT 7.5MG BUCCAL FILM	3	PA_NSO QL=10 Quantity/30 Days
NAYZILAM 5MG/0.1ML NASAL SPRAY	3	QL=10 Quantity/30 Days
SYMPAZAN 10MG ORAL FILM	3	PA_NSO QL=60 Quantity/30 Days
SYMPAZAN 20MG ORAL FILM	3	PA_NSO QL=60 Quantity/30 Days
SYMPAZAN 5MG ORAL FILM	3	PA_NSO QL=60 Quantity/30 Days
VALTOCO 10MG DOSE KIT 10MG/0.1ML PACK	3	QL=10 Quantity/30 Days
VALTOCO 15MG DOSE KIT 7.5MG/0.1ML PACK	3	QL=10 Quantity/30 Days
VALTOCO 20MG DOSE KIT 10MG/0.1ML PACK	3	QL=10 Quantity/30 Days
VALTOCO 5MG DOSE KIT 5MG/0.1ML PACK	3	QL=10 Quantity/30 Days
ANTICONVULSANTS - MISC.		
BRIVIACT 100MG TAB	3	PA_NSO QL=60 Quantity/30 Days
BRIVIACT 10MG TAB	3	PA_NSO QL=60 Quantity/30 Days
BRIVIACT 10MG/ML ORAL SOLN	3	PA_NSO QL=600 Quantity/30 Days
BRIVIACT 25MG TAB	3	PA_NSO QL=60 Quantity/30 Days
BRIVIACT 50MG TAB	3	PA_NSO QL=60 Quantity/30 Days
BRIVIACT 75MG TAB	3	PA_NSO QL=60 Quantity/30 Days
carbamazepine 100mg chew tab	2	
carbamazepine 100mg er cap	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
carbamazepine 100mg er tab	2	
carbamazepine 200mg er cap	2	
carbamazepine 200mg er tab	2	
carbamazepine 200mg tab	1	
carbamazepine 20mg/ml susp	2	
carbamazepine 300mg er cap	2	
carbamazepine 400mg er tab	2	
DIACOMIT 250MG CAP	2	LD NDS PA_NSO QL=360 Quantity/30 Days
DIACOMIT 250MG POWDER FOR ORAL SUSP	2	LD NDS PA_NSO QL=360 Quantity/30 Days
DIACOMIT 500MG CAP	2	LD NDS PA_NSO QL=180 Quantity/30 Days
DIACOMIT 500MG POWDER FOR ORAL SUSP	2	LD NDS PA_NSO QL=180 Quantity/30 Days
DILANTIN 30MG ER CAP	2	
EPIDIOLEX 100MG/ML ORAL SOLN	2	LD NDS PA_NSO QL=600 Quantity/30 Days
EPRONTIA 25MG/ML ORAL SOLN	3	PA_NSO QL=480 Quantity/30 Days
eslicarbazepine 200mg tab	2	PA_NSO QL=30 Quantity/30 Days
eslicarbazepine 400mg tab	2	PA_NSO QL=30 Quantity/30 Days
eslicarbazepine 600mg tab	2	PA_NSO QL=60 Quantity/30 Days
eslicarbazepine 800mg tab	2	PA_NSO QL=60 Quantity/30 Days
FINTEPLA 2.2MG/ML ORAL SOLN	2	LD NDS PA_NSO QL=360 Quantity/30 Days
FYCOMPA 0.5MG/ML SUSP	3	PA_NSO QL=720 Quantity/30 Days
FYCOMPA 10MG TAB	3	PA_NSO QL=30 Quantity/30 Days
FYCOMPA 12MG TAB	3	PA_NSO QL=30 Quantity/30 Days
FYCOMPA 2MG TAB	3	PA_NSO QL=30 Quantity/30 Days
FYCOMPA 4MG TAB	3	PA_NSO QL=30 Quantity/30 Days
FYCOMPA 6MG TAB	3	PA_NSO QL=30 Quantity/30 Days
FYCOMPA 8MG TAB	3	PA_NSO QL=30 Quantity/30 Days
gabapentin 100mg cap	1	QL=360 Quantity/30 Days
gabapentin 300mg cap	1	QL=360 Quantity/30 Days
gabapentin 400mg cap	1	QL=270 Quantity/30 Days
gabapentin 50mg/ml oral soln	2	QL=2160 Quantity/30 Days
gabapentin 600mg tab (Neurontin equiv)	1	QL=180 Quantity/30 Days
gabapentin 800mg tab	1	QL=135 Quantity/30 Days
lacosamide 100mg tab	2	QL=60 Quantity/30 Days
lacosamide 10mg/ml oral solution	2	QL=1200 Quantity/30 Days
lacosamide 150mg tab	2	QL=60 Quantity/30 Days
lacosamide 200mg tab	2	QL=60 Quantity/30 Days
lacosamide 50mg tab	2	QL=120 Quantity/30 Days
lamotrigine 100mg tab	1	
lamotrigine 150mg 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
lamotrigine 200mg tab	1	
lamotrigine 25mg chew tab	2	
lamotrigine 25mg tab	1	
lamotrigine 5mg chew tab	2	
levetiracetam 1000mg tab	1	
levetiracetam 100mg/ml oral soln	2	
levetiracetam 250mg tab	1	
levetiracetam 500mg er tab	2	QL=180 Quantity/30 Days
levetiracetam 500mg tab	1	
levetiracetam 750mg er tab	2	QL=120 Quantity/30 Days
levetiracetam 750mg tab	1	
oxcarbazepine 150mg tab	1	
oxcarbazepine 300mg tab	1	
oxcarbazepine 600mg tab	1	
oxcarbazepine 60mg/ml susp	2	
perampanel 10mg tab	3	PA_NSO QL=30 Quantity/30 Days
perampanel 12mg tab	3	PA_NSO QL=30 Quantity/30 Days
perampanel 2mg tab	3	PA_NSO QL=30 Quantity/30 Days
perampanel 4mg tab	3	PA_NSO QL=30 Quantity/30 Days
perampanel 6mg tab	3	PA_NSO QL=30 Quantity/30 Days
perampanel 8mg tab	3	PA_NSO QL=30 Quantity/30 Days
phenobarbital 100mg tab	1	QL=120 Quantity/30 Days
phenobarbital 15mg tab	1	QL=120 Quantity/30 Days
phenobarbital 16.2mg tab	1	QL=120 Quantity/30 Days
phenobarbital 30mg tab	1	QL=120 Quantity/30 Days
phenobarbital 32.4mg tab	1	QL=120 Quantity/30 Days
phenobarbital 4mg/ml oral soln	2	QL=1500 Quantity/30 Days
phenobarbital 60mg tab	1	QL=120 Quantity/30 Days
phenobarbital 64.8mg tab	1	QL=120 Quantity/30 Days
phenobarbital 97.2mg tab	1	QL=120 Quantity/30 Days
phenytoin 25mg/ml susp	1	
phenytoin 50mg chew tab	2	
phenytoin sodium 100mg er cap	2	
phenytoin sodium 200mg er cap	2	
phenytoin sodium 300mg er cap	2	
pregabalin 100mg cap	1	QL=120 Quantity/30 Days
pregabalin 150mg cap	1	QL=90 Quantity/30 Days
pregabalin 200mg cap	1	QL=90 Quantity/30 Days
pregabalin 20mg/ml oral soln	2	QL=900 Quantity/30 Days
pregabalin 225mg cap	1	QL=60 Quantity/30 Days
pregabalin 25mg cap	1	QL=120 Quantity/30 Days
pregabalin 300mg cap	1	QL=60 Quantity/30 Days
pregabalin 50mg cap	1	QL=120 Quantity/30 Days
pregabalin 75mg cap	1	QL=120 Quantity/30 Days
primidone 250mg 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
primidone 50mg tab	1	
rufinamide 200mg tab	2	PA_NSO QL=240 Quantity/30 Days
rufinamide 200mg tab	2	PA_NSO QL=480 Quantity/30 Days
rufinamide 40mg/ml susp	2	PA_NSO QL=2760 Quantity/30 Days
SPRITAM 1000MG TAB FOR ORAL SUSP	3	PA_NSO QL=90 Quantity/30 Days
SPRITAM 250MG TAB FOR ORAL SUSP	3	PA_NSO QL=360 Quantity/30 Days
SPRITAM 500MG TAB FOR ORAL SUSP	3	PA_NSO QL=180 Quantity/30 Days
SPRITAM 750MG TAB FOR ORAL SUSP	3	PA_NSO QL=120 Quantity/30 Days
topiramate 100mg tab	1	
topiramate 15mg cap	2	
topiramate 200mg tab	1	
topiramate 25mg cap	2	
topiramate 25mg tab	1	
topiramate 25mg/ml oral soln	3	PA_NSO QL=480 Quantity/30 Days
topiramate 50mg tab	1	
ZONISADE 100MG/5ML SUSP	3	PA_NSO QL=900 Quantity/30 Days
zonisamide 100mg cap	1	
zonisamide 25mg cap	1	
zonisamide 50mg cap	1	
ZTALMY 50MG/ML SUSP	2	LD NDS PA_NSO QL=1100 Quantity/30 Days
CARBAMATES		
felbamate 120mg/ml susp	2	
felbamate 400mg tab	2	
felbamate 600mg tab	2	
XCOPRI (250 MG DAILY DOSE) TAB PACK	3	PA_NSO QL=56 Quantity/28 Days
XCOPRI 100MG TAB	3	PA_NSO QL=30 Quantity/30 Days
XCOPRI 12.5/25MG TITRATION PACK	3	PA_NSO QL=28 Quantity/28 Days
XCOPRI 150/200MG TITRATION PACK	3	PA_NSO QL=28 Quantity/28 Days
XCOPRI 150MG TAB	3	PA_NSO QL=60 Quantity/30 Days
XCOPRI 200MG TAB	3	PA_NSO QL=60 Quantity/30 Days
XCOPRI 25MG TAB	3	PA_NSO QL=30 Quantity/30 Days
XCOPRI 50/100MG TITRATION PACK	3	PA_NSO QL=28 Quantity/28 Days
XCOPRI 50MG TAB	3	PA_NSO QL=30 Quantity/30 Days
XCOPRI TAB 150/200MG PACK	3	PA_NSO QL=56 Quantity/28 Days
GABA MODULATORS		
tiagabine 12mg tab	2	
tiagabine 16mg tab	2	
tiagabine 2mg tab	2	
tiagabine 4mg tab	2	
vigabatrin 500mg powder for oral soln	2	LD NDS PA_NSO QL=180 Quantity/30 Days
vigabatrin 500mg tab	2	LD NDS PA_NSO QL=180 Quantity/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
VIGAFYDE 100MG/ML ORAL SOLN	2	LD NDS PA_NSO QL=720 Quantity/30 Days
SUCCINIMIDES		
ethosuximide 250mg cap	2	
ethosuximide 50mg/ml oral soln	2	
methsuximide 300mg cap	2	
VALPROIC ACID		
divalproex sodium 125mg dr cap	1	
divalproex sodium 125mg dr tab	1	
divalproex sodium 250mg dr tab	1	
divalproex sodium 500mg dr tab	1	
valproic acid 250mg cap	1	
valproic acid 50mg/ml oral soln	1	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS - MISC.		
AUVELITY 105-45MG ER TAB	3	PA_NSO QL=60 Quantity/30 Days
bupropion 100mg er tab	1	
bupropion 100mg tab	1	
bupropion 150mg sr (12 hr) tab	1	
bupropion 150mg xl (24 hr) tab	1	
bupropion 200mg er tab	1	
bupropion 300mg er tab	1	
bupropion 75mg tab	1	
mirtazapine 15mg odt	2	
mirtazapine 15mg tab	1	
mirtazapine 30mg odt	2	
mirtazapine 30mg tab	1	
mirtazapine 45mg odt	2	
mirtazapine 45mg tab	1	
mirtazapine 7.5mg tab	1	
ZURZUVAE 20MG CAP	2	LD NDS PA_NSO QL=28 Quantity/14 Days
ZURZUVAE 25MG CAP	2	LD NDS PA_NSO QL=28 Quantity/14 Days
ZURZUVAE 30MG CAP	2	LD NDS PA_NSO QL=14 Quantity/14 Days
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM 12MG/24HR PATCH	3	PA_NSO QL=30 Quantity/30 Days
EMSAM 6MG/24HR PATCH	3	PA_NSO QL=30 Quantity/30 Days
EMSAM 9MG/24HR PATCH	3	PA_NSO QL=30 Quantity/30 Days
MARPLAN 10MG TAB	2	QL=180 Quantity/30 Days
PHENELZINE 15MG TAB	2	
phenelzine 15mg tab	2	
tranylcypromine 10mg tab	2	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		

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
citalopram 10mg tab	1	
citalopram 20mg tab	1	
citalopram 2mg/ml oral soln	2	QL=600 Quantity/30 Days
citalopram 40mg tab	1	
escitalopram 10mg tab	1	
escitalopram 1mg/ml oral soln	2	QL=600 Quantity/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	2	QL=600 Quantity/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	
PAROXETINE 10MG/ML SUSP	2	QL=900 Quantity/30 Days
paroxetine 12.5mg er tab	2	QL=30 Quantity/30 Days
paroxetine 20mg tab	1	
paroxetine 25mg er tab	2	QL=60 Quantity/30 Days
paroxetine 30mg tab	1	
paroxetine 37.5mg er tab	2	QL=60 Quantity/30 Days
paroxetine 40mg tab	1	
sertraline 100mg tab	1	
sertraline 20mg/ml oral soln	2	QL=300 Quantity/30 Days
sertraline 25mg tab	1	
sertraline 50mg tab	1	
SEROTONIN MODULATORS		
NEFAZODONE 100MG TAB	2	
NEFAZODONE 150MG TAB	2	
NEFAZODONE 200MG TAB	2	
NEFAZODONE 250MG TAB	2	
NEFAZODONE 50MG TAB	2	
RALDESY 10MG/ML ORAL SOLN	3	PA_NSO QL=1200 Quantity/30 Days
trazodone 100mg tab	1	
trazodone 150mg tab	1	
trazodone 50mg tab	1	
TRINTELLIX 10MG TAB	2	ST_NSO RXC QL=30 Quantity/30 Days
TRINTELLIX 20MG TAB	2	ST_NSO RXC QL=30 Quantity/30 Days
TRINTELLIX 5MG TAB	2	ST_NSO RXC QL=30 Quantity/30 Days
vilazodone hcl 10mg tab	2	PA_NSO QL=30 Quantity/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
vilazodone hcl 20mg tab	2	PA_NSO QL=30 Quantity/30 Days
vilazodone hcl 40mg tab	2	PA_NSO QL=30 Quantity/30 Days
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate 100mg er tab	2	QL=30 Quantity/30 Days
desvenlafaxine succinate 25mg er tab	2	QL=30 Quantity/30 Days
desvenlafaxine succinate 50mg er tab	2	QL=30 Quantity/30 Days
DRIZALMA 20MG DR SPRINKLE CAP	3	PA_NSO QL=60 Quantity/30 Days
DRIZALMA 30MG DR SPRINKLE CAP	3	PA_NSO QL=60 Quantity/30 Days
DRIZALMA 40MG DR SPRINKLE CAP	3	PA_NSO QL=60 Quantity/30 Days
DRIZALMA 60MG DR SPRINKLE CAP	3	PA_NSO QL=60 Quantity/30 Days
duloxetine 20mg dr cap	1	QL=60 Quantity/30 Days
duloxetine 30mg dr cap	1	QL=60 Quantity/30 Days
duloxetine 60mg dr cap	1	QL=60 Quantity/30 Days
FETZIMA 120MG ER CAP	3	PA_NSO QL=30 Quantity/30 Days
FETZIMA 20MG ER CAP	3	PA_NSO QL=30 Quantity/30 Days
FETZIMA 40MG ER CAP	3	PA_NSO QL=30 Quantity/30 Days
FETZIMA 80MG ER CAP	3	PA_NSO QL=30 Quantity/30 Days
FETZIMA PACK	3	PA_NSO QL=30 Quantity/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	
amitriptyline 10mg tab	1	
amitriptyline 150mg tab	1	
amitriptyline 25mg tab	1	
amitriptyline 50mg tab	1	
amitriptyline 75mg tab	1	
amoxapine 100mg tab	2	
amoxapine 150mg tab	2	
amoxapine 25mg tab	2	
amoxapine 50mg tab	2	
clomipramine 25mg cap	2	
clomipramine 50mg cap	2	
clomipramine 75mg cap	2	
desipramine 100mg tab	2	
desipramine 10mg tab	2	
desipramine 150mg tab	2	
desipramine 25mg tab	2	
desipramine 50mg tab	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
desipramine 75mg tab	2	
doxepin 100mg cap	2	
doxepin 10mg cap	2	
doxepin 10mg/ml oral soln	2	
doxepin 150mg cap	2	
doxepin 25mg cap	2	
doxepin 50mg cap	2	
doxepin 75mg cap	2	
imipramine 10mg tab	1	
imipramine 25mg tab	1	
imipramine 50mg tab	1	
nortriptyline 10mg cap	1	
nortriptyline 25mg cap	1	
nortriptyline 2mg/ml oral soln	2	
nortriptyline 50mg cap	1	
nortriptyline 75mg cap	1	
protriptyline 10mg tab	2	
protriptyline 5mg tab	2	
trimipramine 100mg cap	2	QL=60 Quantity/30 Days
trimipramine 25mg cap	2	QL=120 Quantity/30 Days
trimipramine 50mg cap	2	QL=120 Quantity/30 Days
ANTIDIABETICS		
ANTIDIABETIC COMBINATIONS		
glipizide/metformin 2.5-250mg tab	2	QL=240 Quantity/30 Days
glipizide/metformin 2.5-500mg tab	2	QL=120 Quantity/30 Days
glipizide/metformin 5-500mg tab	2	QL=120 Quantity/30 Days
glyburide/metformin 1.25-250mg tab	1	
glyburide/metformin 2.5-500mg tab	1	
glyburide/metformin 5-500mg tab	1	
GLYXAMBI 10-5MG TAB	2	QL=30 Quantity/30 Days
GLYXAMBI 25-5MG TAB	2	QL=30 Quantity/30 Days
JANUMET 1000-100MG ER TAB	2	QL=30 Quantity/30 Days
JANUMET 1000-50MG ER TAB	2	QL=60 Quantity/30 Days
JANUMET 1000-50MG TAB	2	QL=60 Quantity/30 Days
JANUMET 500-50MG ER TAB	2	QL=60 Quantity/30 Days
JANUMET 500-50MG TAB	2	QL=60 Quantity/30 Days
JENTADUETO 2.5-1000MG ER TAB	2	QL=60 Quantity/30 Days
JENTADUETO 2.5-1000MG TAB	2	QL=60 Quantity/30 Days
JENTADUETO 2.5-500MG TAB	2	QL=60 Quantity/30 Days
JENTADUETO 5-1000MG ER TAB	2	QL=30 Quantity/30 Days
metformin/pioglitazone 150-15mg tab	2	QL=90 Quantity/30 Days
metformin/pioglitazone 850-15mg tab	2	QL=90 Quantity/30 Days
SYNJARDY 10-1000MG ER TAB	2	QL=30 Quantity/30 Days
SYNJARDY 12.5-1000MG ER TAB	2	QL=60 Quantity/30 Days
SYNJARDY 12.5-1000MG TAB	2	QL=60 Quantity/30 Days

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNJARDY 12.5-500MG TAB	2	QL=60 Quantity/30 Days
SYNJARDY 25-1000MG ER TAB	2	QL=30 Quantity/30 Days
SYNJARDY 5-1000MG ER TAB	2	QL=60 Quantity/30 Days
SYNJARDY 5-1000MG TAB	2	QL=60 Quantity/30 Days
SYNJARDY 5-500MG TAB	2	QL=60 Quantity/30 Days
TRIJARDY 10-5-1000MG ER TAB	2	QL=30 Quantity/30 Days
TRIJARDY 12.5-2.5-1000MG ER TAB	2	QL=60 Quantity/30 Days
TRIJARDY 25-5-1000MG ER TAB	2	QL=30 Quantity/30 Days
TRIJARDY 5-2.5-1000MG ER TAB	2	QL=60 Quantity/30 Days
XIGDUO XR 10-1000MG TAB	2	QL=30 Quantity/30 Days
XIGDUO XR 10-500MG TAB	2	QL=30 Quantity/30 Days
XIGDUO XR 2.5-1000MG TAB	2	QL=60 Quantity/30 Days
XIGDUO XR 5-1000MG TAB	2	QL=60 Quantity/30 Days
XIGDUO XR 5-500MG TAB	2	QL=30 Quantity/30 Days
DIABETIC OTHER		
acarbose 100mg tab	2	QL=90 Quantity/30 Days
acarbose 25mg tab	2	QL=90 Quantity/30 Days
acarbose 50mg tab	2	QL=90 Quantity/30 Days
BAQSIMI 3MG/DOSE NASAL POWDER	2	QL=2 Quantity/7 Days
diazoxide 50mg/ml susp	2	
GVOKE 0.5MG/0.1ML AUTO-INJECTOR	2	QL=2 Quantity/7 Days
GVOKE 1MG/0.2ML AUTO-INJECTOR	2	QL=2 Quantity/7 Days
GVOKE 1MG/0.2ML INJ	2	QL=2 Quantity/7 Days
GVOKE 1MG/0.2ML SYRINGE	2	QL=2 Quantity/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	2	NDS PA QL=120 Quantity/30 Days
nateglinide 120mg tab	2	QL=90 Quantity/30 Days
nateglinide 60mg tab	2	QL=90 Quantity/30 Days
pioglitazone 15mg tab	1	
pioglitazone 30mg tab	1	
pioglitazone 45mg tab	1	
repaglinide 0.5mg tab	2	QL=120 Quantity/30 Days
repaglinide 1mg tab	2	QL=120 Quantity/30 Days
repaglinide 2mg tab	2	QL=240 Quantity/30 Days
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA 100MG TAB	2	RXC QL=30 Quantity/30 Days
JANUVIA 25MG TAB	2	RXC QL=30 Quantity/30 Days
JANUVIA 50MG TAB	2	RXC QL=30 Quantity/30 Days
TRADJENTA 5MG TAB	2	QL=30 Quantity/30 Days
INCRETIN MIMETIC AGENTS		
liraglutide 18mg/3ml pen inj	2	PA QL=9 Quantity/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
MOUNJARO 10MG/0.5ML AUTO-INJECTOR	2	PA QL=4 Quantity/28 Days
MOUNJARO 12.5MG/0.5ML AUTO-INJECTOR	2	PA QL=4 Quantity/28 Days
MOUNJARO 15MG/0.5ML AUTO-INJECTOR	2	PA QL=4 Quantity/28 Days
MOUNJARO 2.5MG/0.5ML AUTO-INJECTOR	2	PA QL=4 Quantity/28 Days
MOUNJARO 5MG/0.5ML AUTO-INJECTOR	2	PA QL=4 Quantity/28 Days
MOUNJARO 7.5MG/0.5ML AUTO-INJECTOR	2	PA QL=4 Quantity/28 Days
OZEMPIC 2.68MG/ML PEN INJ	2	PA QL=1 Quantity/28 Days
OZEMPIC 2MG/3ML PEN INJ	2	PA QL=1 Quantity/28 Days
OZEMPIC 4MG/3ML PEN INJ	2	PA QL=1 Quantity/28 Days
RYBELSUS 14MG TAB	2	PA QL=30 Quantity/30 Days
RYBELSUS 3MG TAB	2	PA QL=30 Quantity/30 Days
RYBELSUS 7MG TAB	2	PA QL=30 Quantity/30 Days
TRULICITY 0.75MG/0.5ML AUTO-INJECTOR	2	PA QL=4 Quantity/28 Days
TRULICITY 1.5MG/0.5ML AUTO-INJECTOR	2	PA QL=4 Quantity/28 Days
TRULICITY 3MG/0.5ML AUTO-INJECTOR	2	PA QL=4 Quantity/28 Days
TRULICITY 4.5MG/0.5ML AUTO-INJECTOR	2	PA QL=4 Quantity/28 Days
INSULIN		
FIASP 100UNIT/ML CARTRIDGE	2	INS
FIASP 100UNIT/ML INJ	2	INS PA_BvD
FIASP 100UNIT/ML PEN INJ (3ML)	2	INS
HUMALOG 100UNIT/ML CARTRIDGE	2	INS
HUMALOG 100UNIT/ML KWIKPEN, INSULIN LISPRO 100UNIT/ML PEN INJ	2	INS
HUMALOG 200UNIT/ML PEN INJ	2	INS
HUMALOG JUNIOR 100UNIT/ML PEN INJ, INSULIN LISPRO JUNIOR 100UNIT/ML INJ	2	INS
HUMALOG MIX 25-75UNIT/ML INJ	2	INS
HUMALOG MIX 25-75UNIT/ML PEN INJ, INSULIN LISPRO PROTAMINE HUMAN 25-75UNIT/ML PEN INJ	2	INS
HUMALOG MIX 50-50UNIT/ML PEN INJ	2	INS
HUMULIN (70/30) 100UNIT/ML INJ, NOVOLIN MIX (70/30) 100UNIT/ML INJ	2	INS
HUMULIN (70/30) 100UNIT/ML PEN INJ (3ML), NOVOLIN MIX (70/30) 100UNIT/ML FLEXPEN (3ML)	2	INS
HUMULIN N 100UNIT/ML INJ, NOVOLIN N 100UNIT/ML INJ	2	INS
HUMULIN N 100UNIT/ML PEN INJ, NOVOLIN N 100UNIT/ML PEN INJ	2	INS
HUMULIN R 100UNIT/ML INJ, NOVOLIN R 100UNIT/ML INJ	2	INS
HUMULIN R 500UNIT/ML INJ	2	INS PA_BvD
HUMULIN R 500UNIT/ML PEN INJ	2	INS

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
INSULIN ASPART HUMAN 100UNIT/ML CARTRIDGE, NOVOLOG 100UNIT/ML CARTRIDGE	2	INS
INSULIN ASPART HUMAN 100UNIT/ML INJ, NOVOLOG 100UNIT/ML INJ	2	INS PA_BvD
INSULIN ASPART HUMAN 100UNIT/ML PEN INJ (3ML), NOVOLOG 100UNIT/ML PEN INJ (3ML)	2	INS
INSULIN ASPART MIX (70/30) 100UNIT/ML INJ, NOVOLOG MIX (70/30) 100UNIT/ML INJ	2	INS
INSULIN ASPART MIX (70/30) 100UNIT/ML PEN INJ (3ML), NOVOLOG MIX (70/30) 100UNIT/ML FLEXPEN (3ML)	2	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (1.5ML), TOUJEO 300UNIT/ML PEN INJ (1.5ML)	2	INS
INSULIN GLARGINE 300UNIT/ML PEN INJ (3ML), TOUJEO MAX 300UNIT/ML PEN INJ (3ML)	2	INS
INSULIN GLARGINE-YFGN 100UNIT/ML INJ	2	INS
INSULIN GLARGINE-YFGN 100UNIT/ML PEN INJ (3ML)	2	INS
INSULIN LISPRO 100UNIT/ML INJ	2	INS PA_BvD
NOVOLIN R 100UNIT/ML PEN INJ (3ML)	2	INS
TRESIBA 100UNIT/ML INJ	2	INS
TRESIBA 100UNIT/ML PEN INJ	2	INS
TRESIBA 200UNIT/ML PEN INJ	2	INS
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
DAPAGLIFLOZIN 10MG TAB, FARXIGA 10MG TAB	2	QL=30 Quantity/30 Days
DAPAGLIFLOZIN 5MG TAB, FARXIGA 5MG TAB	2	QL=30 Quantity/30 Days
JARDIANCE 10MG TAB	2	QL=30 Quantity/30 Days
JARDIANCE 25MG TAB	2	QL=30 Quantity/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	
glyburide 1.25mg tab	1	
GLYBURIDE 1.5MG TAB	1	
glyburide 2.5mg tab	1	
GLYBURIDE 3MG TAB	1	
glyburide 5mg tab	1	
GLYBURIDE 6MG TAB	1	
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		

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
alosetron 0.5mg tab	2	QL=60 Quantity/30 Days
alosetron 1mg tab	2	QL=60 Quantity/30 Days
atropine sulfate 0.025mg/diphenoxylate 2.5mg tab	1	
loperamide 2mg cap (RX Only)	1	
XERMELO 250MG TAB	2	LD NDS PA QL=84 Quantity/28 Days
ANTIDOTES AND SPECIFIC ANTAGONISTS		
OPIOID ANTAGONISTS		
RIVIVE SPRAY	1*	
KLOXXADO 8MG/0.1ML NASAL SPRAY	2	
NALOXONE 0.4MG/ML CARTRIDGE	2	
naloxone 0.4mg/ml inj	1	
naloxone 0.4mg/ml syringe	1	
naloxone 1mg/ml syringe	1	
naloxone 4mg/0.1ml nasal spray	1	
naltrexone 50mg tab	2	
OPVEE 2.7MG/0.1ML NASAL SPRAY	2	
VIVITROL 380MG INJ	2	NDS
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron 1mg tab	2	PA_BvD QL=60 Quantity/30 Days
ondansetron 0.8mg/ml oral soln	2	PA_BvD QL=900 Quantity/30 Days
ondansetron 4mg odt	1	PA_BvD
ondansetron 4mg tab	1	PA_BvD
ondansetron 8mg odt	1	PA_BvD
ondansetron 8mg tab	1	PA_BvD
ANTIEMETICS - ANTICHOLINERGIC		
meclizine chew tab	1*	
meclizine tab	1*	
meclizine 12.5mg tab (RX Only)	1	
meclizine 25mg tab (RX Only)	1	
scopolamine 1mg/72hr patch	2	QL=10 Quantity/30 Days
ANTIEMETICS - MISCELLANEOUS		
aprepitant 125mg cap	2	PA_BvD QL=3 Quantity/2 Days
aprepitant 125mg/aprepitant 80mg pack	2	PA_BvD QL=6 Quantity/4 Days
aprepitant 40mg cap	2	PA_BvD QL=3 Quantity/2 Days
aprepitant 80mg cap	2	PA_BvD QL=6 Quantity/4 Days
dronabinol 10mg cap	2	PA QL=60 Quantity/30 Days
dronabinol 2.5mg cap	2	PA QL=60 Quantity/30 Days
dronabinol 5mg cap	2	PA QL=60 Quantity/30 Days
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET 5MG/ML INJ	3	PA_BvD
AMPHOTERICIN B 50MG INJ	2	PA_BvD
amphotericin b liposomal 50mg inj	2	PA_BvD
CASPOFUNGIN ACETATE 50MG INJ	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
caspofungin acetate 50mg inj	2	
caspofungin acetate 70mg inj	2	
CASPOFUNGIN ACETATE 70MG INJ	2	
CRESEMBA 186MG CAP	2	NDS PA
CRESEMBA 74.5MG	2	NDS PA
fluconazole 100mg tab	1	
fluconazole 10mg/ml susp	2	
fluconazole 150mg tab	1	
fluconazole 200mg tab	1	
fluconazole 2mg/ml (100ml) inj	2	
fluconazole 2mg/ml (200ml) inj	2	
fluconazole 40mg/ml susp	2	
fluconazole 50mg tab	1	
flucytosine 250mg cap	2	
flucytosine 500mg cap	2	
griseofulvin 125mg tab	2	
griseofulvin 250mg tab	2	
griseofulvin 25mg/ml susp	2	
griseofulvin 500mg tab	2	
itraconazole 100mg cap	2	QL=120 Quantity/30 Days
ketoconazole 200mg tab	2	
MICAFUNGIN SODIUM 100MG INJ	2	
micafungin sodium 100mg inj	2	
MICAFUNGIN SODIUM 50MG INJ	2	
micafungin sodium 50mg inj	2	
nystatin 500000unit tab	2	
posaconazole 100mg dr tab	2	PA QL=96 Quantity/30 Days
posaconazole 40mg/ml susp	2	PA QL=630 Quantity/30 Days
terbinafine 250mg tab	1	QL=30 Quantity/30 Days
voriconazole 200mg inj	2	PA
VORICONAZOLE 200MG INJ	2	PA
voriconazole 200mg tab	2	PA QL=120 Quantity/30 Days
voriconazole 40mg/ml susp	2	PA QL=400 Quantity/30 Days
voriconazole 50mg tab	2	PA QL=480 Quantity/30 Days
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - MISC.		
ezetimibe 10mg tab	1	QL=30 Quantity/30 Days
ezetimibe/simvastatin 10-10mg tab	2	QL=30 Quantity/30 Days
ezetimibe/simvastatin 10-20mg tab	2	QL=30 Quantity/30 Days
ezetimibe/simvastatin 10-40mg tab	2	QL=30 Quantity/30 Days
ezetimibe/simvastatin 10-80mg tab	2	QL=30 Quantity/30 Days
icosapent ethyl 0.5gm cap	2	QL=120 Quantity/30 Days
icosapent ethyl 1gm cap	2	QL=120 Quantity/30 Days
NEXLETOL 180MG TAB	2	PA QL=30 Quantity/30 Days
NEXLIZET 180-10MG TAB	2	PA QL=30 Quantity/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
niacin 1000mg er tab	2	QL=60 Quantity/30 Days
niacin 500mg er tab	2	QL=60 Quantity/30 Days
niacin 750mg er tab	2	QL=60 Quantity/30 Days
omega-3 acid ethyl esters (usp) 1000mg cap	2	QL=120 Quantity/30 Days
REPATHA 140MG/ML AUTO-INJECTOR	2	PA QL=2 Quantity/28 Days
REPATHA 140MG/ML SYRINGE	2	PA QL=2 Quantity/28 Days
REPATHA 420MG/3.5ML CARTRIDGE	2	PA QL=1 Quantity/28 Days
BILE ACID SEQUESTRANTS		
cholestyramine 4gm bulk powder	2	
cholestyramine light 4gm powder for oral susp	2	
cholestyramine resin 4gm sf powder for oral susp	2	
cholestyramine resin 4gm sf powder for oral susp (sugar free)	2	
colesevelam 625mg tab	2	
colestipol 1000mg tab	2	
colestipol 5000mg granules for oral susp	2	
colestipol 5gm granule	2	
FIBRIC ACID DERIVATIVES		
fenofibrate 134mg cap	1	
fenofibrate 145mg tab	1	
fenofibrate 160mg tab	1	
fenofibrate 200mg cap	1	
fenofibrate 43mg 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	
HMG COA REDUCTASE INHIBITORS		
atorvastatin 10mg tab	$0	
atorvastatin 20mg tab	$0	
atorvastatin 40mg tab	$0	
atorvastatin 80mg tab	$0	
lovastatin 10mg tab	$0	
lovastatin 20mg tab	$0	
lovastatin 40mg tab	$0	
pravastatin sodium 10mg tab	$0	
pravastatin sodium 20mg tab	$0	
pravastatin sodium 40mg tab	$0	
pravastatin sodium 80mg tab	$0	
rosuvastatin calcium 10mg tab	$0	
rosuvastatin calcium 20mg tab	$0	
rosuvastatin calcium 40mg tab	$0	
rosuvastatin calcium 5mg tab	$0	

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
simvastatin 10mg tab	$0	
simvastatin 20mg tab	$0	
simvastatin 40mg tab	$0	
simvastatin 5mg tab	$0	
simvastatin 80mg tab	$0	
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril 10mg tab	1	
benazepril 20mg tab	1	
benazepril 40mg tab	1	
benazepril 5mg tab	1	
captopril 100mg tab	2	QL=120 Quantity/30 Days
captopril 12.5mg tab	2	QL=90 Quantity/30 Days
captopril 25mg tab	2	QL=90 Quantity/30 Days
captopril 50mg tab	2	QL=90 Quantity/30 Days
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	2	
moexipril 7.5mg tab	2	
PERINDOPRIL 2MG TAB	2	
perindopril erbumine 4mg tab	2	
PERINDOPRIL ERBUMINE 8MG TAB	2	
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	2	
trandolapril 2mg tab	2	
trandolapril 4mg tab	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		

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
candesartan cilexetil 16mg tab	2	QL=60 Quantity/30 Days
candesartan cilexetil 32mg tab	2	QL=30 Quantity/30 Days
candesartan cilexetil 4mg tab	2	QL=60 Quantity/30 Days
candesartan cilexetil 8mg tab	2	QL=60 Quantity/30 Days
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	QL=30 Quantity/30 Days
telmisartan 40mg tab	1	QL=30 Quantity/30 Days
telmisartan 80mg tab	1	QL=30 Quantity/30 Days
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	2	QL=4 Quantity/28 Days
clonidine 0.2mg tab	1	
clonidine 0.2mg/24hr weekly patch	2	QL=4 Quantity/28 Days
clonidine 0.3mg tab	1	
clonidine 0.3mg/24hr weekly patch	2	QL=4 Quantity/28 Days
doxazosin 1mg tab	1	
doxazosin 2mg tab	1	
doxazosin 4mg tab	1	
doxazosin 8mg tab	1	
guanfacine 1mg tab	2	
guanfacine 2mg tab	2	
prazosin 1mg cap	1	
prazosin 2mg cap	1	
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	

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
amlodipine/benazepril 5-20mg cap	1	
amlodipine/benazepril 5-40mg cap	1	
amlodipine/olmesartan medoxomil 10-20mg tab	2	QL=30 Quantity/30 Days
amlodipine/olmesartan medoxomil 10-40mg tab	2	QL=30 Quantity/30 Days
amlodipine/olmesartan medoxomil 5-20mg tab	2	QL=30 Quantity/30 Days
amlodipine/olmesartan medoxomil 5-40mg tab	2	QL=30 Quantity/30 Days
amlodipine/valsartan 10-160mg tab	2	QL=30 Quantity/30 Days
amlodipine/valsartan 10-320mg tab	2	QL=30 Quantity/30 Days
amlodipine/valsartan 5-160mg tab	2	QL=30 Quantity/30 Days
amlodipine/valsartan 5-320mg tab	2	QL=30 Quantity/30 Days
atenolol/chlorthalidone 100-25mg tab	2	
atenolol/chlorthalidone 50-25mg tab	2	
benazepril/hydrochlorothiazide 10-12.5mg tab	2	QL=30 Quantity/30 Days
benazepril/hydrochlorothiazide 20-12.5mg tab	2	QL=30 Quantity/30 Days
benazepril/hydrochlorothiazide 20-25mg tab	2	QL=30 Quantity/30 Days
benazepril/hydrochlorothiazide 5-6.25mg tab	2	QL=30 Quantity/30 Days
bisoprolol fumarate/hydrochlorothiazide 10-6.25mg tab	2	
bisoprolol fumarate/hydrochlorothiazide 2.5-6.25mg tab	2	
bisoprolol fumarate/hydrochlorothiazide 5-6.25mg tab	2	
enalapril maleate/hydrochlorothiazide 10-25mg tab	2	QL=60 Quantity/30 Days
enalapril maleate/hydrochlorothiazide 5-12.5mg tab	2	QL=120 Quantity/30 Days
fosinopril sodium/hydrochlorothiazide 10-12.5mg tab	2	
fosinopril sodium/hydrochlorothiazide 20-12.5mg tab	2	
hydrochlorothiazide/irbesartan 12.5-150mg tab	2	QL=60 Quantity/30 Days
hydrochlorothiazide/irbesartan 12.5-300mg tab	2	QL=30 Quantity/30 Days
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	2	
hydrochlorothiazide/metoprolol tartrate 25-50mg tab	2	
hydrochlorothiazide/metoprolol tartrate 50-100mg tab	2	
hydrochlorothiazide/olmesartan medoxomil 12.5-20mg tab	2	QL=30 Quantity/30 Days
hydrochlorothiazide/olmesartan medoxomil 12.5-40mg tab	2	QL=30 Quantity/30 Days
hydrochlorothiazide/olmesartan medoxomil 25-40mg tab	2	QL=30 Quantity/30 Days
hydrochlorothiazide/valsartan 12.5-160mg tab	2	QL=30 Quantity/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
hydrochlorothiazide/valsartan 12.5-320mg tab	2	QL=30 Quantity/30 Days
hydrochlorothiazide/valsartan 12.5-80mg tab	2	QL=30 Quantity/30 Days
hydrochlorothiazide/valsartan 25-160mg tab	2	QL=30 Quantity/30 Days
hydrochlorothiazide/valsartan 25-320mg tab	2	QL=30 Quantity/30 Days
ANTIHYPERTENSIVES - MISC.		
aliskiren 150mg tab	2	QL=30 Quantity/30 Days
aliskiren 300mg tab	2	QL=30 Quantity/30 Days
eplerenone 25mg tab	2	
eplerenone 50mg tab	2	
metyrosine 250mg cap	2	NDS PA
VASODILATORS		
hydralazine 100mg tab	1	
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.		
atovaquone 150mg/ml susp	2	QL=300 Quantity/30 Days
azithromycin 20mg/ml susp	2	
azithromycin 250mg pack	1	
azithromycin 40mg/ml susp	2	
azithromycin 500mg inj	2	
azithromycin 500mg tab	1	
azithromycin 600mg tab	1	
aztreonam 1000mg inj	2	
aztreonam 2000mg inj	2	
cefepime 1000mg inj	2	
CEFEPIME 1GM/50ML IV SOLN	2	
cefepime 2000mg inj	2	
CEFEPIME 2GM/100ML IV SOLN	2	
CEFEPIME/DEXTROSE 1GM/50ML-5% INJ	2	
CEFEPIME/DEXTROSE 2GM/50ML-5% INJ	2	
CILASTATIN/IMIPENEM 250-250MG INJ	2	
cilastatin/imipenem 500-500mg inj	2	
clarithromycin 250mg tab	1	
CLARITHROMYCIN 25MG/ML SUSP	2	
clarithromycin 500mg tab	1	
CLARITHROMYCIN 50MG/ML SUSP	2	
clindamycin 12mg/ml inj	2	
clindamycin 150mg cap	1	
clindamycin 150mg/ml (2ml) inj	2	
clindamycin 150mg/ml (4ml) inj	2	
clindamycin 150mg/ml (6ml) inj	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clindamycin 15mg/ml oral soln	2	
clindamycin 18mg/ml inj	2	
clindamycin 300mg cap	1	
clindamycin 6mg/ml inj	2	
clindamycin 75mg cap	1	
CLINDAMYCIN/NACL 9%-300MG/50ML IV SOLN	2	
CLINDAMYCIN/NACL 9%-600MG/50ML IV SOLN	2	
CLINDAMYCIN/NACL 9%-900MG/50ML IV SOLN	2	
colistin 75mg/ml inj	2	
DAPTOMYCIN 500MG INJ	2	
daptomycin 500mg inj	2	
DIFICID 200MG TAB	2	PA QL=20 Quantity/10 Days
DIFICID 40MG/ML SUSP	2	PA QL=136 Quantity/10 Days
ertapenem 1000mg inj	2	
erythromycin 250mg dr tab	2	
erythromycin 250mg tab	2	
erythromycin 333mg dr tab	2	
erythromycin 500mg dr tab	2	
erythromycin 500mg tab	2	
fidaxomicin 200mg tab	2	PA QL=20 Quantity/10 Days
fosfomycin 3000mg powder for oral soln	2	
IMPAVIDO 50MG CAP	2	NDS PA QL=84 Quantity/28 Days
linezolid 20mg/ml susp	2	QL=1800 Quantity/30 Days
linezolid 2mg/ml inj	2	
LINEZOLID 2MG/ML INJ	2	
linezolid 600mg tab	2	QL=60 Quantity/30 Days
MEROPENEM 0.9%-1GM/50ML INJ	2	
meropenem 1000mg inj	2	
meropenem 500mg inj	2	
MEROPENEM 500MG/50ML INJ	2	
methenamine hippurate 1gm tab	2	
methenamine mandelate 0.5gm tab	1	
methenamine mandelate 1gm tab	1	
metronidazole 250mg tab	1	
metronidazole 500mg tab	1	
metronidazole 5mg/ml inj	2	
METRONIDAZOLE/NACL 0.74%-500MG/100ML INJ	2	
nitazoxanide 500mg tab	2	NDS PA QL=6 Quantity/3 Days
nitrofurantoin 100mg cap	1	
nitrofurantoin 50mg macro cap	1	
nitrofurantoin macro 100mg cap	1	
pentamidine isethionate 300mg inj	2	
pentamidine isethionate 50mg/ml inh soln	2	PA_BvD QL=1 Quantity/28 Days
TEFLARO 400MG INJ	2	NDS
TEFLARO 600MG INJ	2	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
TIGECYCLINE 50MG INJ	2	
tigecycline 50mg inj	2	
tinidazole 250mg tab	2	
tinidazole 500mg tab	2	
trimethoprim 100mg tab	2	
TRIMETHOPRIM 100MG TAB	2	
VANCOMYCIN 1.25GM IV SOLN	2	
vancomycin 1.25gm iv soln	2	
vancomycin 1000mg inj	2	
VANCOMYCIN 1000MG INJ	2	
VANCOMYCIN 100GM INJ	2	
vancomycin 100mg/ml inj	2	
VANCOMYCIN 100MG/ML INJ	2	
vancomycin 125mg cap	2	QL=120 Quantity/30 Days
vancomycin 250mg cap	2	QL=120 Quantity/30 Days
VANCOMYCIN 500MG INJ	2	
vancomycin 500mg inj	2	
vancomycin 5gm inj	2	
VANCOMYCIN 5GM INJ	2	
vancomycin 750mg inj	2	
VANCOMYCIN 750MG INJ	2	
XIFAXAN 550MG TAB	2	PA QL=60 Quantity/30 Days
ANTIMALARIALS		
ANTIMALARIALS		
atovaquone/proguanil 250-100mg tab	2	
atovaquone/proguanil 62.5-25mg tab	2	
chloroquine 500mg tab	2	
chloroquine phosphate 250mg tab	2	
CHLOROQUINE PHOSPHATE 250MG TAB	2	
COARTEM 20-120MG TAB	2	QL=24 Quantity/3 Days
hydroxychloroquine sulfate 200mg tab	2	QL=90 Quantity/30 Days
mefloquine hcl 250mg tab	2	
primaquine phosphate 26.3mg tab	2	
PRIMAQUINE PHOSPHATE 26.3MG TAB	2	
pyrimethamine 25mg tab	2	LD NDS PA QL=90 Quantity/30 Days
quinine sulfate 324mg cap	2	PA QL=42 Quantity/7 Days
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
dapsone 100mg tab	2	
dapsone 25mg tab	2	
ethambutol 100mg tab	2	
ethambutol 400mg tab	2	
isoniazid 100mg tab	1	
isoniazid 10mg/ml oral soln	2	
isoniazid 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
PRIFTIN 150MG TAB	2	
pyrazinamide 500mg tab	2	
rifabutin 150mg cap	2	
rifampin 150mg cap	2	
rifampin 300mg cap	2	
rifampin 600mg inj	2	
SIRTURO 100MG TAB	2	NDS PA
SIRTURO 20MG TAB	2	NDS PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB	3*	
MELPHALAN TAB	2*	
MYLERAN TAB	2*	
temozolomide cap	1*	
CYCLOPHOSPHAMIDE 25MG CAP	2	PA_BvD
cyclophosphamide 25mg cap	2	PA_BvD
CYCLOPHOSPHAMIDE 25MG TAB	2	PA_BvD
CYCLOPHOSPHAMIDE 50MG CAP	2	PA_BvD
cyclophosphamide 50mg cap	2	PA_BvD
CYCLOPHOSPHAMIDE 50MG TAB	2	PA_BvD
GLEOSTINE 100MG CAP	2	
GLEOSTINE 10MG CAP	2	
GLEOSTINE 40MG CAP	2	
LEUKERAN 2MG TAB	2	NDS
ANTIMETABOLITES		
capecitabine tab	1*	
mercaptopurine 2000mg/100ml susp	2	PA_NSO QL=300 Quantity/30 Days
mercaptopurine 50mg tab	2	
methotrexate 2.5mg tab	1	
METHOTREXATE 250MG/10ML INJ	1	
methotrexate 25mg/ml (2ml) inj	1	
METHOTREXATE 25MG/ML INJ	1	
ONUREG 200MG TAB	2	NDS PA_NSO QL=14 Quantity/28 Days
ONUREG 300MG TAB	2	NDS PA_NSO QL=14 Quantity/28 Days
TABLOID 40MG TAB	2	NDS
XATMEP 2.5MG/ML ORAL SOLN	3	PA_BvD
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA 1MG CAP	2	LD NDS PA_NSO QL=84 Quantity/28 Days
FRUZAQLA 5MG CAP	2	LD NDS PA_NSO QL=21 Quantity/28 Days
INLYTA 1MG TAB	2	NDS PA_NSO QL=180 Quantity/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
INLYTA 5MG TAB	2	NDS PA_NSO QL=120 Quantity/30 Days
LENVIMA CAP THERAPY PACK (10MG)	2	LD NDS PA_NSO QL=30 Quantity/30 Days
LENVIMA CAP THERAPY PACK (12MG)	2	LD NDS PA_NSO QL=90 Quantity/30 Days
LENVIMA CAP THERAPY PACK (14MG)	2	LD NDS PA_NSO QL=60 Quantity/30 Days
LENVIMA CAP THERAPY PACK (18MG)	2	LD NDS PA_NSO QL=90 Quantity/30 Days
LENVIMA CAP THERAPY PACK (20MG)	2	LD NDS PA_NSO QL=60 Quantity/30 Days
LENVIMA CAP THERAPY PACK (24MG)	2	LD NDS PA_NSO QL=90 Quantity/30 Days
LENVIMA CAP THERAPY PACK (4MG)	2	LD NDS PA_NSO QL=30 Quantity/30 Days
LENVIMA CAP THERAPY PACK (8MG)	2	LD NDS PA_NSO QL=60 Quantity/30 Days
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib 100mg tab	2	PA_NSO QL=30 Quantity/30 Days
erlotinib 150mg tab	2	PA_NSO QL=30 Quantity/30 Days
erlotinib 25mg tab	2	PA_NSO QL=90 Quantity/30 Days
gefitinib 250mg tab	2	LD NDS PA_NSO QL=60 Quantity/30 Days
GILOTRIF 20MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
GILOTRIF 30MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
GILOTRIF 40MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
LAZCLUZE 240MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
LAZCLUZE 80MG TAB	2	LD NDS PA_NSO QL=60 Quantity/30 Days
TAGRISSO 40MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
TAGRISSO 80MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
VIZIMPRO 15MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
VIZIMPRO 30MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
VIZIMPRO 45MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		

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
DAURISMO 100MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
DAURISMO 25MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
ERIVEDGE 150MG CAP	2	NDS PA_NSO QL=28 Quantity/28 Days
ODOMZO 200MG CAP	2	NDS PA_NSO QL=30 Quantity/30 Days
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate 250mg tab	1	QL=120 Quantity/30 Days
AKEEGA 500-100MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
AKEEGA 500-50MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
anastrozole 1mg tab	$0	QL=30 Quantity/30 Days
bicalutamide 50mg tab	2	QL=30 Quantity/30 Days
ELIGARD 22.5MG INJ	3	QL=1 Quantity/84 Days
ELIGARD 30MG INJ	3	QL=1 Quantity/112 Days
ELIGARD 45MG INJ	3	QL=1 Quantity/168 Days
ELIGARD 7.5MG INJ	3	QL=1 Quantity/28 Days
ERLEADA 240MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
ERLEADA 60MG TAB	2	NDS PA_NSO QL=120 Quantity/30 Days
EULEXIN 125MG CAP	2	NDS QL=180 Quantity/30 Days
exemestane 25mg tab	$0	QL=60 Quantity/30 Days
FIRMAGON 120MG INJ	2	PA_NSO QL=4 Quantity/365 Days
FIRMAGON 80MG INJ	2	PA_NSO QL=1 Quantity/28 Days
letrozole 2.5mg tab	2	QL=30 Quantity/30 Days
LUPRON 11.25MG INJ	2	QL=1 Quantity/84 Days
LUPRON 3.75MG INJ	2	NDS QL=1 Quantity/28 Days
LYSODREN 500MG TAB	2	LD NDS
megestrol acetate 20mg tab	1	PA_NSO
megestrol acetate 40mg tab	1	PA_NSO
megestrol acetate 40mg/ml susp	2	PA
nilutamide 150mg tab	2	NDS QL=60 Quantity/30 Days
NUBEQA 300MG TAB	2	NDS PA_NSO QL=120 Quantity/30 Days
ORGOVYX 120MG TAB	2	LD NDS PA_NSO QL=30 Quantity/28 Days
ORSERDU 345MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
ORSERDU 86MG TAB	2	LD NDS PA_NSO QL=90 Quantity/30 Days
SOLTAMOX 10MG/5ML ORAL SOLN	3	PA_NSO QL=600 Quantity/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
tamoxifen 10mg tab	$0	
tamoxifen 20mg tab	$0	
toremifene 60mg tab	2	QL=30 Quantity/30 Days
TRELSTAR 11.25MG INJ	3	QL=1 Quantity/84 Days
TRELSTAR 22.5MG INJ	3	QL=1 Quantity/168 Days
TRELSTAR 3.75MG INJ	3	QL=1 Quantity/28 Days
XTANDI 40MG CAP	2	NDS PA_NSO QL=120 Quantity/30 Days
XTANDI 40MG TAB	2	NDS PA_NSO QL=120 Quantity/30 Days
XTANDI 80MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI/FAKZYNJA CO-PACK (66)	2	NDS PA_NSO QL=1 Quantity/28 Days
INQOVI 5 TABLET PACK	2	NDS PA_NSO QL=1 Quantity/28 Days
KISQALI FEMARA CO-PACK 400 PACK	2	NDS PA_NSO QL=70 Quantity/28 Days
KISQALI FEMARA CO-PACK 600 PACK	2	NDS PA_NSO QL=1 Quantity/28 Days
KISQALI/FEMARA 200 CO-PACK (49)	2	NDS PA_NSO QL=1 Quantity/28 Days
LONSURF 6.14-15MG TAB	2	NDS PA_NSO QL=100 Quantity/28 Days
LONSURF 8.19-20MG TAB	2	NDS PA_NSO QL=80 Quantity/28 Days
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA 150MG CAP	2	NDS PA_NSO QL=240 Quantity/30 Days
ALUNBRIG 180MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
ALUNBRIG 30MG TAB	2	LD NDS PA_NSO QL=120 Quantity/30 Days
ALUNBRIG 90MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
ALUNBRIG TAB STARTER PACK	2	NDS PA_NSO QL=30 Quantity/30 Days
AUGTYRO 160MG CAP	2	NDS PA_NSO QL=60 Quantity/30 Days
AUGTYRO 40MG CAP	2	NDS PA_NSO QL=240 Quantity/30 Days
BALVERSA 3MG TAB	2	LD NDS PA_NSO QL=60 Quantity/30 Days
BALVERSA 4MG TAB	2	LD NDS PA_NSO QL=60 Quantity/30 Days
BALVERSA 5MG TAB	2	LD NDS PA_NSO QL=30 Quantity/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
BOSULIF 100MG CAP	2	NDS PA_NSO QL=180 Quantity/30 Days
BOSULIF 100MG TAB	2	NDS PA_NSO QL=90 Quantity/30 Days
BOSULIF 400MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
BOSULIF 500MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
BOSULIF 50MG CAP	2	NDS PA_NSO QL=30 Quantity/30 Days
BRAFTOVI 75MG CAP	2	LD NDS PA_NSO QL=180 Quantity/30 Days
BRUKINSA 160MG TAB	2	LD NDS PA_NSO QL=60 Quantity/30 Days
BRUKINSA 80MG CAP	2	LD NDS PA_NSO QL=120 Quantity/30 Days
CABOMETYX 20MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
CABOMETYX 40MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
CABOMETYX 60MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
CALQUENCE 100MG TAB	2	LD NDS PA_NSO QL=60 Quantity/30 Days
CAPRELSA 100MG TAB	2	LD NDS PA_NSO QL=60 Quantity/30 Days
CAPRELSA 300MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
COMETRIQ CAP DOSE PACK (100MG)	2	LD NDS PA_NSO QL=56 Quantity/28 Days
COMETRIQ CAP DOSE PACK (140MG)	2	LD NDS PA_NSO QL=112 Quantity/28 Days
COMETRIQ CAP DOSE PACK (60MG)	2	LD NDS PA_NSO QL=84 Quantity/28 Days
COPIKTRA 15MG CAP	2	LD NDS PA_NSO QL=60 Quantity/30 Days
COPIKTRA 25MG CAP	2	LD NDS PA_NSO QL=60 Quantity/30 Days
COTELLIC 20MG TAB	2	NDS PA_NSO QL=63 Quantity/28 Days
dasatinib 100mg tab	2	NDS PA_NSO QL=30 Quantity/30 Days
dasatinib 140mg tab	2	NDS PA_NSO QL=30 Quantity/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
dasatinib 20mg tab	2	NDS PA_NSO QL=90 Quantity/30 Days
dasatinib 50mg tab	2	NDS PA_NSO QL=30 Quantity/30 Days
dasatinib 70mg tab	2	NDS PA_NSO QL=30 Quantity/30 Days
dasatinib 80mg tab	2	NDS PA_NSO QL=30 Quantity/30 Days
everolimus 10mg tab	2	NDS PA_NSO QL=30 Quantity/30 Days
everolimus 2.5mg tab	2	NDS PA_NSO QL=30 Quantity/30 Days
everolimus 2mg tab for oral susp	2	NDS PA_NSO QL=150 Quantity/30 Days
everolimus 3mg tab for oral susp	2	NDS PA_NSO QL=90 Quantity/30 Days
everolimus 5mg tab	2	NDS PA_NSO QL=30 Quantity/30 Days
everolimus 5mg tab for oral susp	2	NDS PA_NSO QL=60 Quantity/30 Days
everolimus 7.5mg tab	2	NDS PA_NSO QL=30 Quantity/30 Days
FOTIVDA 0.89MG CAP	2	LD NDS PA_NSO QL=21 Quantity/28 Days
FOTIVDA 1.34MG CAP	2	LD NDS PA_NSO QL=21 Quantity/28 Days
GAVRETO 100MG CAP	2	LD NDS PA_NSO QL=120 Quantity/30 Days
GOMEKLI 1MG CAP	2	NDS PA_NSO QL=42 Quantity/28 Days
GOMEKLI 1MG TAB FOR ORAL SUSP	2	NDS PA_NSO QL=168 Quantity/28 Days
GOMEKLI 2MG CAP	2	NDS PA_NSO QL=84 Quantity/28 Days
IBRANCE 100MG CAP	2	NDS PA_NSO QL=21 Quantity/28 Days
IBRANCE 100MG TAB	2	NDS PA_NSO QL=21 Quantity/28 Days
IBRANCE 125MG CAP	2	NDS PA_NSO QL=21 Quantity/28 Days
IBRANCE 125MG TAB	2	NDS PA_NSO QL=21 Quantity/28 Days
IBRANCE 75MG CAP	2	NDS PA_NSO QL=21 Quantity/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 TAB	2	NDS PA_NSO QL=21 Quantity/28 Days
ICLUSIG 10MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
ICLUSIG 15MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
ICLUSIG 30MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
ICLUSIG 45MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
IDHIFA 100MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
IDHIFA 50MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
imatinib 100mg tab	2	QL=90 Quantity/30 Days
imatinib 400mg tab	2	QL=60 Quantity/30 Days
IMBRUVICA 140MG CAP	2	LD NDS PA_NSO QL=90 Quantity/30 Days
IMBRUVICA 140MG TAB	2	LD NDS PA_NSO QL=28 Quantity/28 Days
IMBRUVICA 280MG TAB	2	LD NDS PA_NSO QL=28 Quantity/28 Days
IMBRUVICA 420MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
IMBRUVICA 70MG CAP	2	LD NDS PA_NSO QL=30 Quantity/30 Days
IMBRUVICA 70MG/ML SUSP	2	LD NDS PA_NSO QL=216 Quantity/27 Days
IMKELDI 80MG/ML ORAL SOLN	2	NDS PA_NSO QL=280 Quantity/28 Days
INREBIC 100MG CAP	2	NDS PA_NSO QL=120 Quantity/30 Days
ITOVEBI 3MG TAB	2	NDS PA_NSO QL=56 Quantity/28 Days
ITOVEBI 9MG TAB	2	NDS PA_NSO QL=28 Quantity/28 Days
JAKAFI 10MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
JAKAFI 15MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
JAKAFI 20MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
JAKAFI 25MG TAB	2	NDS PA_NSO QL=60 Quantity/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
JAKAFI 5MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
JAYPIRCA 100MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
JAYPIRCA 50MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
KISQALI 200MG DAILY DOSE PACK	2	NDS PA_NSO QL=21 Quantity/28 Days
KISQALI TAB 400MG DAILY DOSE PACK (42)	2	NDS PA_NSO QL=1 Quantity/28 Days
KISQALI TAB 600MG DAILY DOSE PACK (63)	2	NDS PA_NSO QL=1 Quantity/28 Days
KOSELUGO 10MG CAP	2	LD NDS PA_NSO QL=240 Quantity/30 Days
KOSELUGO 25MG CAP	2	LD NDS PA_NSO QL=120 Quantity/30 Days
KRAZATI 200MG TAB	2	LD NDS PA_NSO QL=180 Quantity/30 Days
lapatinib ditosylate 250mg tab	2	NDS PA_NSO QL=180 Quantity/30 Days
LORBRENA 100MG TAB	2	NDS PA_NSO QL=30 Quantity/30 Days
LORBRENA 25MG TAB	2	NDS PA_NSO QL=90 Quantity/30 Days
LUMAKRAS 120MG TAB	2	LD NDS PA_NSO QL=240 Quantity/30 Days
LUMAKRAS 240MG TAB	2	LD NDS PA_NSO QL=120 Quantity/30 Days
LUMAKRAS 320MG TAB	2	LD NDS PA_NSO QL=90 Quantity/30 Days
LYNPARZA 100MG TAB	2	LD NDS PA_NSO QL=120 Quantity/30 Days
LYNPARZA 150MG TAB	2	LD NDS PA_NSO QL=120 Quantity/30 Days
LYTGOBI 12MG DAILY DOSE 4MG PACK	2	LD NDS PA_NSO QL=84 Quantity/28 Days
LYTGOBI 16MG DAILY DOSE 4MG PACK	2	LD NDS PA_NSO QL=112 Quantity/28 Days
LYTGOBI 20MG DAILY DOSE 4MG PACK	2	LD NDS PA_NSO QL=140 Quantity/28 Days
MEKINIST 0.05MG/ML ORAL SOLN	2	NDS PA_NSO QL=1260 Quantity/30 Days
MEKINIST 0.5MG TAB	2	NDS PA_NSO QL=90 Quantity/30 Days
MEKINIST 2MG TAB	2	NDS PA_NSO QL=30 Quantity/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	2	NDS PA_NSO QL=180 Quantity/30 Days
NERLYNX 40MG TAB	2	LD NDS PA_NSO QL=180 Quantity/30 Days
nilotinib 150mg cap	2	NDS PA_NSO QL=112 Quantity/28 Days
nilotinib 200mg cap	2	NDS PA_NSO QL=112 Quantity/28 Days
nilotinib 50mg cap	2	NDS PA_NSO QL=120 Quantity/30 Days
NINLARO 2.3MG CAP	2	LD NDS PA_NSO QL=3 Quantity/28 Days
NINLARO 3MG CAP	2	LD NDS PA_NSO QL=3 Quantity/28 Days
NINLARO 4MG CAP	2	LD NDS PA_NSO QL=3 Quantity/28 Days
OGSIVEO 100MG TAB	2	LD NDS PA_NSO QL=56 Quantity/28 Days
OGSIVEO 150MG TAB	2	LD NDS PA_NSO QL=56 Quantity/28 Days
OGSIVEO 50MG TAB	2	LD NDS PA_NSO QL=180 Quantity/30 Days
OJEMDA 100MG TAB	2	LD NDS PA_NSO QL=20 Quantity/28 Days
OJEMDA 100MG TAB PACK (400MG ONCE WEEKLY) (16)	2	LD NDS PA_NSO QL=1 Quantity/28 Days
OJEMDA 100MG TAB PACK (600MG ONCE WEEKLY) (24)	2	LD NDS PA_NSO QL=1 Quantity/28 Days
OJEMDA 25MG/ML POWDER FOR ORAL SUSP	2	LD NDS PA_NSO QL=96 Quantity/28 Days
OJJAARA 100MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
OJJAARA 150MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
OJJAARA 200MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
pazopanib 200mg tab	2	NDS PA_NSO QL=120 Quantity/30 Days
PEMAZYRE 13.5MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
PEMAZYRE 4.5MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
PEMAZYRE 9MG TAB	2	LD NDS PA_NSO QL=30 Quantity/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
PIQRAY 200MG DAILY DOSE PACK	2	NDS PA_NSO QL=28 Quantity/28 Days
PIQRAY TAB 250MG DAILY DOSE PACK (56)	2	NDS PA_NSO QL=56 Quantity/28 Days
PIQRAY TAB 300MG DAILY DOSE PACK (56)	2	NDS PA_NSO QL=56 Quantity/28 Days
QINLOCK 50MG TAB	2	LD NDS PA_NSO QL=90 Quantity/30 Days
RETEVMO 120MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
RETEVMO 160MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
RETEVMO 40MG TAB	2	NDS PA_NSO QL=90 Quantity/30 Days
RETEVMO 80MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
REZLIDHIA 150MG CAP	2	LD NDS PA_NSO QL=60 Quantity/30 Days
ROMVIMZA 14MG CAP	2	NDS PA_NSO QL=8 Quantity/28 Days
ROMVIMZA 20MG CAP	2	NDS PA_NSO QL=8 Quantity/28 Days
ROMVIMZA 30MG CAP	2	NDS PA_NSO QL=8 Quantity/28 Days
ROZLYTREK 100MG CAP	2	NDS PA_NSO QL=150 Quantity/30 Days
ROZLYTREK 200MG CAP	2	NDS PA_NSO QL=90 Quantity/30 Days
ROZLYTREK 50MG ORAL PELLET	2	NDS PA_NSO QL=336 Quantity/28 Days
RUBRACA 200MG TAB	2	LD NDS PA_NSO QL=120 Quantity/30 Days
RUBRACA 250MG TAB	2	LD NDS PA_NSO QL=120 Quantity/30 Days
RUBRACA 300MG TAB	2	LD NDS PA_NSO QL=120 Quantity/30 Days
RYDAPT 25MG CAP	2	NDS PA_NSO QL=224 Quantity/28 Days
SCEMBLIX 100MG TAB	2	LD NDS PA_NSO QL=120 Quantity/30 Days
SCEMBLIX 20MG TAB	2	LD NDS PA_NSO QL=60 Quantity/30 Days
SCEMBLIX 40MG TAB	2	LD NDS PA_NSO QL=240 Quantity/30 Days
sorafenib 200mg tab	2	NDS PA_NSO QL=120 Quantity/30 Days
STIVARGA 40MG TAB	2	NDS PA_NSO QL=84 Quantity/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
sunitinib malate 12.5mg cap	2	NDS PA_NSO QL=28 Quantity/28 Days
sunitinib malate 25mg cap	2	NDS PA_NSO QL=28 Quantity/28 Days
sunitinib malate 37.5mg cap	2	NDS PA_NSO QL=28 Quantity/28 Days
sunitinib malate 50mg cap	2	NDS PA_NSO QL=28 Quantity/28 Days
TABRECTA 150MG TAB	2	NDS PA_NSO QL=120 Quantity/30 Days
TABRECTA 200MG TAB	2	NDS PA_NSO QL=120 Quantity/30 Days
TAFINLAR 10MG TAB FOR ORAL SUSP	2	NDS PA_NSO QL=840 Quantity/28 Days
TAFINLAR 50MG CAP	2	NDS PA_NSO QL=120 Quantity/30 Days
TAFINLAR 75MG CAP	2	NDS PA_NSO QL=120 Quantity/30 Days
TALZENNA 0.1MG CAP	2	NDS PA_NSO QL=30 Quantity/30 Days
TALZENNA 0.25MG CAP	2	NDS PA_NSO QL=30 Quantity/30 Days
TALZENNA 0.35MG CAP	2	NDS PA_NSO QL=30 Quantity/30 Days
TALZENNA 0.5MG CAP	2	NDS PA_NSO QL=30 Quantity/30 Days
TALZENNA 0.75MG CAP	2	NDS PA_NSO QL=30 Quantity/30 Days
TALZENNA 1MG CAP	2	NDS PA_NSO QL=30 Quantity/30 Days
TAZVERIK 200MG TAB	2	LD NDS PA_NSO QL=240 Quantity/30 Days
TEPMETKO 225MG TAB	2	LD NDS PA_NSO QL=60 Quantity/30 Days
TIBSOVO 250MG TAB	2	LD NDS PA_NSO QL=60 Quantity/30 Days
TRUQAP 160MG TAB	2	LD NDS PA_NSO QL=64 Quantity/28 Days
TRUQAP 160MG TAB THERAPY PACK	2	LD NDS PA_NSO QL=1 Quantity/28 Days
TRUQAP 200MG TAB	2	LD NDS PA_NSO QL=64 Quantity/28 Days
TRUQAP 200MG TAB THERAPY PACK	2	LD NDS PA_NSO QL=1 Quantity/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
TURALIO 125MG CAP	2	LD NDS PA_NSO QL=120 Quantity/30 Days
VANFLYTA 17.7MG TAB	2	LD NDS PA_NSO QL=28 Quantity/28 Days
VANFLYTA 26.5MG TAB	2	LD NDS PA_NSO QL=56 Quantity/28 Days
VERZENIO 100MG TAB	2	NDS PA_NSO QL=56 Quantity/28 Days
VERZENIO 150MG TAB	2	NDS PA_NSO QL=56 Quantity/28 Days
VERZENIO 200MG TAB	2	NDS PA_NSO QL=56 Quantity/28 Days
VERZENIO 50MG TAB	2	NDS PA_NSO QL=56 Quantity/28 Days
VITRAKVI 100MG CAP	2	LD NDS PA_NSO QL=60 Quantity/30 Days
VITRAKVI 20MG/ML ORAL SOLN	2	LD NDS PA_NSO QL=300 Quantity/30 Days
VITRAKVI 25MG CAP	2	LD NDS PA_NSO QL=180 Quantity/30 Days
VONJO 100MG CAP	2	LD NDS PA_NSO QL=120 Quantity/30 Days
VORANIGO 10MG TAB	2	LD NDS PA_NSO QL=60 Quantity/30 Days
VORANIGO 40MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
XALKORI 150MG ORAL PELLET	2	NDS PA_NSO QL=180 Quantity/30 Days
XALKORI 200MG CAP	2	NDS PA_NSO QL=60 Quantity/30 Days
XALKORI 20MG ORAL PELLET	2	NDS PA_NSO QL=120 Quantity/30 Days
XALKORI 250MG CAP	2	NDS PA_NSO QL=120 Quantity/30 Days
XALKORI 50MG ORAL PELLET	2	NDS PA_NSO QL=120 Quantity/30 Days
XOSPATA 40MG TAB	2	LD NDS PA_NSO QL=90 Quantity/30 Days
ZEJULA 100MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
ZEJULA 200MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
ZEJULA 300MG TAB	2	LD NDS PA_NSO QL=30 Quantity/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
ZELBORAF 240MG TAB	2	NDS PA_NSO QL=240 Quantity/30 Days
ZOLINZA 100MG CAP	2	NDS PA_NSO QL=120 Quantity/30 Days
ZYDELIG 100MG TAB	2	LD NDS PA_NSO QL=60 Quantity/30 Days
ZYDELIG 150MG TAB	2	LD NDS PA_NSO QL=60 Quantity/30 Days
ZYKADIA 150MG TAB	2	NDS PA_NSO QL=90 Quantity/30 Days
ANTINEOPLASTICS MISC.		
ETOPOSIDE CAP	2*	
HYCAMTIN CAP	2*	PA
ACTIMMUNE 2000000UNIT/0.5ML INJ	2	LD NDS PA_NSO
AYVAKIT 100MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
AYVAKIT 200MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
AYVAKIT 25MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
AYVAKIT 300MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
AYVAKIT 50MG TAB	2	LD NDS PA_NSO QL=30 Quantity/30 Days
BESREMI 500MCG/ML SYRINGE	2	LD NDS PA_NSO QL=2 Quantity/28 Days
bexarotene 75mg cap	2	NDS PA_NSO QL=300 Quantity/30 Days
hydroxyurea 500mg cap	1	
MATULANE 50MG CAP	2	NDS
POMALYST 1MG CAP	2	NDS PA_NSO QL=21 Quantity/28 Days
POMALYST 2MG CAP	2	NDS PA_NSO QL=21 Quantity/28 Days
POMALYST 3MG CAP	2	NDS PA_NSO QL=21 Quantity/28 Days
POMALYST 4MG CAP	2	NDS PA_NSO QL=21 Quantity/28 Days
REVUFORJ 110MG TAB	2	NDS PA_NSO QL=120 Quantity/30 Days
REVUFORJ 160MG TAB	2	NDS PA_NSO QL=60 Quantity/30 Days
REVUFORJ 25MG TAB	2	NDS PA_NSO QL=240 Quantity/30 Days
tretinoin 10mg cap	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TUKYSA 150MG TAB	2	LD NDS PA_NSO QL=120 Quantity/30 Days
TUKYSA 50MG TAB	2	LD NDS PA_NSO QL=120 Quantity/30 Days
VENCLEXTA 100MG TAB	2	LD NDS PA_NSO QL=180 Quantity/30 Days
VENCLEXTA 10MG TAB	2	PA_NSO QL=60 Quantity/30 Days
VENCLEXTA 50MG TAB	2	PA_NSO QL=30 Quantity/30 Days
VENCLEXTA TAB STARTER PACK (42)	2	LD NDS PA_NSO QL=1 Quantity/28 Days
WELIREG 40MG TAB	2	LD NDS PA_NSO QL=90 Quantity/30 Days
XPOVIO 100MG ONCE WEEKLY CARTON (8-PACK)	2	LD NDS PA_NSO QL=8 Quantity/28 Days
XPOVIO 40 MG ONCE WEEKLY CARTON (16-PACK)	2	LD NDS PA_NSO QL=16 Quantity/28 Days
XPOVIO 40MG ONCE WEEKLY CARTON (4-PACK)	2	LD NDS PA_NSO QL=4 Quantity/28 Days
XPOVIO 40MG TWICE WEEKLY CARTON (8-PACK)	2	LD NDS PA_NSO QL=8 Quantity/28 Days
XPOVIO 60MG ONCE WEEKLY CARTON (4-PACK)	2	LD NDS PA_NSO QL=4 Quantity/28 Days
XPOVIO 60MG TWICE WEEKLY PACK	2	LD NDS PA_NSO QL=24 Quantity/28 Days
XPOVIO 80 MG TWICE WEEKLY	2	LD NDS PA_NSO QL=32 Quantity/28 Days
XPOVIO 80MG ONCE WEEKLY CARTON (8-PACK)	2	LD NDS PA_NSO QL=8 Quantity/28 Days
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN 192MG TAB	2	LD NDS PA_NSO QL=240 Quantity/30 Days
leucovorin 10mg tab	2	
leucovorin 15mg tab	2	
leucovorin 25mg tab	2	
leucovorin 5mg tab	2	
mesna 400mg tab	2	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa 25mg tab	2	
entacapone 200mg tab	2	QL=300 Quantity/30 Days
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate 0.5mg tab	1	
benztropine mesylate 1mg tab	1	
benztropine mesylate 2mg tab	1	
trihexyphenidyl 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
trihexyphenidyl 5mg tab	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine 100mg cap	1	
amantadine 10mg/ml oral soln	2	
bromocriptine 2.5mg tab	2	
bromocriptine 5mg cap	2	
carbidopa/entacapone/levodopa 12.5-200-50mg tab	2	
carbidopa/entacapone/levodopa 18.75-200-75mg tab	2	
carbidopa/entacapone/levodopa 25-200-100mg tab	2	
carbidopa/entacapone/levodopa 31.25-200-125mg tab	2	
carbidopa/entacapone/levodopa 37.5-200-150mg tab	2	
carbidopa/entacapone/levodopa 50-200-200mg tab	2	
CARBIDOPA/LEVODOPA 10-100MG ODT	2	
carbidopa/levodopa 10-100mg tab	1	
CARBIDOPA/LEVODOPA 10-250MG ODT	2	
carbidopa/levodopa 25-100mg er tab	2	
CARBIDOPA/LEVODOPA 25-100MG ODT	2	
carbidopa/levodopa 25-100mg tab	1	
carbidopa/levodopa 25-250mg tab	1	
carbidopa/levodopa 50-200mg er tab	2	
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	
ropinirole 3mg tab	1	
ropinirole 4mg tab	1	
ropinirole 5mg tab	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline 0.5mg tab	2	QL=30 Quantity/30 Days
rasagiline 1mg tab	2	QL=30 Quantity/30 Days
selegiline 5mg cap	2	
selegiline 5mg tab	2	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
divalproex sodium 250mg er tab	1	
divalproex sodium 500mg er tab	1	
LITHIUM CARBONATE 150MG CAP	1	
lithium carbonate 150mg 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
LITHIUM CARBONATE 300MG 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 CARBONATE 600MG CAP	1	
lithium citrate 60mg/ml oral soln	2	
ANTIPSYCHOTICS - MISC.		
CAPLYTA 10.5MG CAP	3	PA_NSO QL=30 Quantity/30 Days
CAPLYTA 21MG CAP	3	PA_NSO QL=30 Quantity/30 Days
CAPLYTA 42MG CAP	3	PA_NSO QL=30 Quantity/30 Days
COBENEFY CAP STARTER PACK (56)	3	PA_NSO QL=1 Quantity/28 Days
COBENFY 100-20MG CAP	3	PA_NSO QL=60 Quantity/30 Days
COBENFY 125-30MG CAP	3	PA_NSO QL=60 Quantity/30 Days
COBENFY 50-20MG CAP	3	PA_NSO QL=60 Quantity/30 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	2	
haloperidol decanoate 100mg/ml inj	2	
haloperidol decanoate 50mg/ml inj	2	
lurasidone hcl 120mg tab	2	QL=30 Quantity/30 Days
lurasidone hcl 20mg tab	2	QL=30 Quantity/30 Days
lurasidone hcl 40mg tab	2	QL=30 Quantity/30 Days
lurasidone hcl 60mg tab	2	QL=30 Quantity/30 Days
lurasidone hcl 80mg tab	2	QL=60 Quantity/30 Days
MOLINDONE 10MG TAB	2	
MOLINDONE 25MG TAB	2	
MOLINDONE 5MG TAB	2	
NUPLAZID 10MG TAB	3	PA_NSO QL=30 Quantity/30 Days
NUPLAZID 34MG CAP	3	PA_NSO QL=30 Quantity/30 Days
thiothixene 10mg cap	2	
thiothixene 1mg cap	2	
thiothixene 2mg cap	2	
thiothixene 5mg cap	2	
VRAYLAR 1.5MG CAP	3	PA_NSO QL=30 Quantity/30 Days
VRAYLAR 3MG CAP	3	PA_NSO QL=30 Quantity/30 Days
VRAYLAR 4.5MG CAP	3	PA_NSO QL=30 Quantity/30 Days
VRAYLAR 6MG CAP	3	PA_NSO QL=30 Quantity/30 Days
ziprasidone 20mg cap	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ziprasidone 20mg inj	2	QL=6 Quantity/3 Days
ziprasidone 40mg cap	2	
ziprasidone 60mg cap	2	
ziprasidone 80mg cap	2	
BENZISOXAZOLES		
FANAPT 10MG TAB	3	PA_NSO QL=60 Quantity/30 Days
FANAPT 12MG TAB	3	PA_NSO QL=60 Quantity/30 Days
FANAPT 1MG TAB	3	PA_NSO QL=60 Quantity/30 Days
FANAPT 2MG TAB	3	PA_NSO QL=60 Quantity/30 Days
FANAPT 4MG TAB	3	PA_NSO QL=60 Quantity/30 Days
FANAPT 6MG TAB	3	PA_NSO QL=60 Quantity/30 Days
FANAPT 8MG TAB	3	PA_NSO QL=60 Quantity/30 Days
FANAPT TAB 1MG/2MG/6MG TITRATION PACK	3	PA_NSO QL=1 Quantity/180 Days
FANAPT TAB 1MG/2MG/6MG/8MG TITRATION PACK	3	PA_NSO QL=1 Quantity/180 Days
FANAPT TITRATION PACK	3	PA_NSO QL=60 Quantity/30 Days
INVEGA SUSTENNA 117MG/0.75ML SYRINGE	2	NDS QL=1 Quantity/28 Days
INVEGA SUSTENNA 156MG/ML SYRINGE	2	NDS QL=1 Quantity/28 Days
INVEGA SUSTENNA 234MG/1.5ML SYRINGE	2	NDS QL=1 Quantity/28 Days
INVEGA SUSTENNA 39MG/0.25ML SYRINGE	3	QL=1 Quantity/28 Days
INVEGA SUSTENNA 78MG/0.5ML SYRINGE	2	NDS QL=1 Quantity/28 Days
paliperidone 1.5mg er tab	2	QL=30 Quantity/30 Days
paliperidone 3mg er tab	2	QL=30 Quantity/30 Days
paliperidone 6mg er tab	2	QL=60 Quantity/30 Days
paliperidone 9mg er tab	2	QL=30 Quantity/30 Days
RISPERIDONE 0.25MG ODT	2	QL=60 Quantity/30 Days
risperidone 0.25mg tab	1	
risperidone 0.5mg odt	2	QL=60 Quantity/30 Days
risperidone 0.5mg tab	1	
risperidone 1mg odt	2	QL=60 Quantity/30 Days
risperidone 1mg tab	1	
risperidone 1mg/ml oral soln	2	QL=240 Quantity/30 Days
risperidone 2mg odt	2	QL=60 Quantity/30 Days
risperidone 2mg tab	1	
risperidone 3mg odt	2	QL=60 Quantity/30 Days
risperidone 3mg tab	1	
risperidone 4mg odt	2	QL=60 Quantity/30 Days
risperidone 4mg tab	1	
risperidone microspheres 12.5mg inj	2	QL=2 Quantity/28 Days
risperidone microspheres 25mg inj	2	QL=2 Quantity/28 Days
risperidone microspheres 37.5mg inj	2	QL=2 Quantity/28 Days
risperidone microspheres 50mg inj	2	QL=2 Quantity/28 Days
DIBENZAPINES		
asenapine 10mg sl tab	2	QL=60 Quantity/30 Days
asenapine 2.5mg sl tab	2	QL=60 Quantity/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
asenapine 5mg sl tab	2	QL=60 Quantity/30 Days
clozapine 100mg odt	2	QL=270 Quantity/30 Days
clozapine 100mg tab	2	
CLOZAPINE 12.5MG ODT	2	QL=90 Quantity/30 Days
clozapine 150mg odt	2	QL=180 Quantity/30 Days
clozapine 200mg odt	2	QL=120 Quantity/30 Days
clozapine 200mg tab	2	
clozapine 25mg odt	2	QL=270 Quantity/30 Days
clozapine 25mg tab	2	
clozapine 50mg tab	2	
loxapine 10mg cap	2	
loxapine 25mg cap	2	
loxapine 50mg cap	2	
loxapine 5mg cap	2	
olanzapine 10mg inj	2	QL=3 Quantity/1 Days
olanzapine 10mg odt	2	QL=60 Quantity/30 Days
olanzapine 10mg tab	2	
olanzapine 15mg odt	2	QL=30 Quantity/30 Days
olanzapine 15mg tab	2	
olanzapine 2.5mg tab	2	
olanzapine 20mg odt	2	QL=30 Quantity/30 Days
olanzapine 20mg tab	2	
olanzapine 5mg odt	2	QL=30 Quantity/30 Days
olanzapine 5mg tab	2	
olanzapine 7.5mg tab	2	
quetiapine 100mg tab	1	
quetiapine 150mg er tab	2	QL=30 Quantity/30 Days
quetiapine 200mg er tab	2	QL=30 Quantity/30 Days
quetiapine 200mg tab	1	
quetiapine 25mg tab	1	
quetiapine 300mg er tab	2	QL=60 Quantity/30 Days
quetiapine 300mg tab	1	
quetiapine 400mg er tab	2	QL=60 Quantity/30 Days
quetiapine 400mg tab	1	
quetiapine 50mg er tab	2	QL=60 Quantity/30 Days
quetiapine 50mg tab	1	
SECUADO 3.8MG/24HR PATCH	3	PA_NSO QL=30 Quantity/30 Days
SECUADO 5.7MG/24HR PATCH	3	PA_NSO QL=30 Quantity/30 Days
SECUADO 7.6MG/24HR PATCH	3	PA_NSO QL=30 Quantity/30 Days
VERSACLOZ 50MG/ML SUSP	3	PA_NSO QL=600 Quantity/30 Days
ZYPREXA RELPREVV 210MG INJ	2	NDS QL=2 Quantity/28 Days
ZYPREXA RELPREVV 300MG INJ	2	NDS QL=2 Quantity/28 Days
ZYPREXA RELPREVV 405MG INJ	2	NDS QL=1 Quantity/28 Days
PHENOTHIAZINES		
chlorpromazine 100mg tab	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CHLORPROMAZINE 100MG/ML ORAL SOLN	2	
chlorpromazine 10mg tab	2	
chlorpromazine 200mg tab	2	
chlorpromazine 25mg tab	2	
CHLORPROMAZINE 30MG/ML ORAL SOLN	2	
chlorpromazine 50mg tab	2	
FLUPHENAZINE 0.5MG/ML ORAL SOLN	2	
fluphenazine 10mg tab	2	
fluphenazine 1mg tab	2	
fluphenazine 2.5mg tab	2	
FLUPHENAZINE 2.5MG/ML INJ	2	
fluphenazine 5mg tab	2	
FLUPHENAZINE 5MG/ML ORAL SOLN	2	
fluphenazine decanoate 25mg/ml inj	2	
perphenazine 16mg tab	2	
perphenazine 2mg tab	2	
perphenazine 4mg tab	2	
perphenazine 8mg tab	2	
prochlorperazine 10mg tab	1	
prochlorperazine 25mg rectal supp	2	
prochlorperazine 5mg tab	1	
thioridazine 100mg tab	2	
thioridazine 10mg tab	2	
thioridazine 25mg tab	2	
thioridazine 50mg tab	2	
trifluoperazine 10mg tab	2	
trifluoperazine 1mg tab	2	
trifluoperazine 2mg tab	2	
trifluoperazine 5mg tab	2	
QUINOLINONE DERIVATIVES		
ABILIFY MAINTENA 300MG INJ	2	NDS QL=1 Quantity/28 Days
ABILIFY MAINTENA 300MG/1.5ML SYRINGE	2	NDS QL=1 Quantity/28 Days
ABILIFY MAINTENA 400MG INJ	2	NDS QL=1 Quantity/28 Days
ABILIFY MAINTENA 400MG/2ML SYRINGE	2	NDS QL=1 Quantity/28 Days
aripiprazole 10mg odt	2	PA_NSO QL=60 Quantity/30 Days
aripiprazole 10mg tab	2	
aripiprazole 15mg odt	2	PA_NSO QL=60 Quantity/30 Days
aripiprazole 15mg tab	2	
aripiprazole 1mg/ml oral soln	2	QL=900 Quantity/30 Days
aripiprazole 20mg tab	2	
aripiprazole 2mg tab	2	
aripiprazole 30mg tab	2	
aripiprazole 5mg tab	2	
ARISTADA 1064MG/3.9ML INJ	2	QL=1 Quantity/56 Days
ARISTADA 441MG/1.6ML INJ	2	NDS QL=1 Quantity/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
ARISTADA 662MG/2.4ML INJ	2	NDS QL=1 Quantity/28 Days
ARISTADA 675MG/2.4ML INJ	2	QL=1 Quantity/42 Days
ARISTADA 882MG/3.2ML INJ	2	QL=1 Quantity/28 Days
OPIPZA 10MG ORAL FILM	3	PA_NSO QL=90 Quantity/30 Days
OPIPZA 2MG ORAL FILM	3	PA_NSO QL=30 Quantity/30 Days
OPIPZA 5MG ORAL FILM	3	PA_NSO QL=30 Quantity/30 Days
REXULTI 0.25MG TAB	3	PA_NSO QL=30 Quantity/30 Days
REXULTI 0.5MG TAB	3	PA_NSO QL=30 Quantity/30 Days
REXULTI 1MG TAB	3	PA_NSO QL=30 Quantity/30 Days
REXULTI 2MG TAB	3	PA_NSO QL=30 Quantity/30 Days
REXULTI 3MG TAB	3	PA_NSO QL=30 Quantity/30 Days
REXULTI 4MG TAB	3	PA_NSO QL=30 Quantity/30 Days
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
baclofen 10mg tab	1	
baclofen 20mg tab	1	
baclofen 5mg tab	1	
carisoprodol 350mg tab	1	
chlorzoxazone 500mg tab	2	QL=180 Quantity/30 Days
cyclobenzaprine 10mg tab	1	
cyclobenzaprine 5mg tab	1	
dantrolene sodium 100mg cap	2	
dantrolene sodium 25mg cap	2	
dantrolene sodium 50mg cap	2	
metaxalone 800mg tab	2	
methocarbamol 500mg tab	1	
methocarbamol 750mg tab	1	
orphenadrine citrate 100mg er tab	2	
pyridostigmine bromide 60mg tab	2	
tizanidine 2mg tab	1	
tizanidine 4mg tab	1	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir 20mg/ml oral soln	2	QL=960 Quantity/30 Days
abacavir 300mg tab	2	QL=60 Quantity/30 Days
abacavir/lamivudine 600-300mg tab	2	QL=30 Quantity/30 Days
APTIVUS 250MG CAP	2	QL=120 Quantity/30 Days
atazanavir 150mg cap	2	QL=30 Quantity/30 Days
atazanavir 200mg cap	2	QL=60 Quantity/30 Days
atazanavir 300mg cap	2	QL=30 Quantity/30 Days
BIKTARVY 30-120-15MG TAB	2	QL=30 Quantity/30 Days
BIKTARVY 50-200-25MG TAB	2	QL=30 Quantity/30 Days
CIMDUO 300-300MG TAB	2	QL=30 Quantity/30 Days
darunavir 600mg tab	2	QL=60 Quantity/30 Days
darunavir 800mg tab	2	QL=30 Quantity/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
DELSTRIGO 100-300-300MG TAB	2	QL=30 Quantity/30 Days
DESCOVY 120-15MG TAB	$0	QL=30 Quantity/30 Days
DESCOVY 200-25MG TAB	$0	QL=30 Quantity/30 Days
DOVATO 50-300MG TAB	2	QL=30 Quantity/30 Days
EDURANT 25MG TAB	2	QL=30 Quantity/30 Days
EDURANT PED 2.5MG TAB	2	QL=180 Quantity/30 Days
efavirenz 600mg tab	2	QL=30 Quantity/30 Days
efavirenz/emtricitabine/tenofovir disoproxil fumarate 600-200-300mg tab	2	QL=30 Quantity/30 Days
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE 400-300-300MG TAB	2	QL=30 Quantity/30 Days
efavirenz/lamivudine/tenofovir disoproxil fumarate 600-300-300mg tab	2	QL=30 Quantity/30 Days
emtricitabine 200mg cap	2	QL=30 Quantity/30 Days
emtricitabine/rilpivirine/tenofovir disoproxil fumarate 200-25-300mg tab	2	QL=30 Quantity/30 Days
emtricitabine/tenofovir disoproxil fumarate 100-150mg tab	$0	QL=30 Quantity/30 Days
emtricitabine/tenofovir disoproxil fumarate 133-200mg tab	$0	QL=30 Quantity/30 Days
emtricitabine/tenofovir disoproxil fumarate 167-250mg tab	$0	QL=30 Quantity/30 Days
emtricitabine/tenofovir disoproxil fumarate 200-300mg tab	$0	QL=30 Quantity/30 Days
EMTRIVA 10MG/ML ORAL SOLN	2	QL=850 Quantity/30 Days
etravirine 100mg tab	2	QL=60 Quantity/30 Days
etravirine 200mg tab	2	QL=60 Quantity/30 Days
EVOTAZ 300-150MG TAB	2	QL=30 Quantity/30 Days
fosamprenavir 700mg tab	2	QL=120 Quantity/30 Days
GENVOYA 150-150-200-10MG TAB	2	QL=30 Quantity/30 Days
INTELENCE 25MG TAB	2	QL=120 Quantity/30 Days
ISENTRESS 100MG CHEW TAB	2	QL=180 Quantity/30 Days
ISENTRESS 100MG GRANULES FOR ORAL SUSP	2	QL=60 Quantity/30 Days
ISENTRESS 25MG CHEW TAB	2	QL=180 Quantity/30 Days
ISENTRESS 400MG TAB	2	QL=60 Quantity/30 Days
ISENTRESS 600MG TAB	2	QL=60 Quantity/30 Days
JULUCA 50-25MG TAB	2	QL=30 Quantity/30 Days
KALETRA 80-20MG/ML ORAL SOLN	2	QL=480 Quantity/30 Days
lamivudine 10mg/ml oral soln	2	QL=960 Quantity/30 Days
lamivudine 150mg tab	2	QL=60 Quantity/30 Days
lamivudine 300mg tab	2	QL=30 Quantity/30 Days
lamivudine/zidovudine 150-300mg tab	2	QL=60 Quantity/30 Days
lopinavir/ritonavir 100-25mg tab	2	QL=300 Quantity/30 Days
lopinavir/ritonavir 200-50mg tab	2	QL=120 Quantity/30 Days
maraviroc 150mg tab	2	QL=60 Quantity/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
maraviroc 300mg tab	2	QL=120 Quantity/30 Days
NEVIRAPINE 10MG/ML SUSP	2	QL=1200 Quantity/30 Days
nevirapine 200mg tab	2	QL=60 Quantity/30 Days
nevirapine 400mg er tab	2	QL=30 Quantity/30 Days
NORVIR 100MG ORAL POWDER	2	QL=360 Quantity/30 Days
ODEFSEY 200-25-25MG TAB	2	QL=30 Quantity/30 Days
PIFELTRO 100MG TAB	2	QL=30 Quantity/30 Days
PREZCOBIX 150-675MG TAB	2	QL=30 Quantity/30 Days
PREZCOBIX 150-800MG TAB	2	QL=30 Quantity/30 Days
PREZISTA 100MG/ML SUSP	2	QL=400 Quantity/30 Days
PREZISTA 150MG TAB	2	QL=240 Quantity/30 Days
PREZISTA 75MG TAB	2	QL=480 Quantity/30 Days
REYATAZ 50MG ORAL POWDER	2	QL=240 Quantity/30 Days
ritonavir 100mg tab	2	QL=360 Quantity/30 Days
RUKOBIA 600MG ER TAB	2	QL=60 Quantity/30 Days
SELZENTRY 20MG/ML ORAL SOLN	2	QL=1840 Quantity/30 Days
STRIBILD 150-150-200-300MG TAB	2	QL=30 Quantity/30 Days
SUNLENCA 300MG TAB	2	QL=4 Quantity/28 Days
SUNLENCA 300MG TAB 4-TABLET PACK	2	LD QL=4 Quantity/28 Days
SUNLENCA 300MG TAB 5-TABLET PACK	2	LD QL=5 Quantity/28 Days
SYMTUZA 800-150-200-10MG TAB	2	QL=30 Quantity/30 Days
tenofovir disoproxil fumarate 300mg tab	2	QL=30 Quantity/30 Days
TIVICAY 10MG TAB	2	QL=60 Quantity/30 Days
TIVICAY 25MG TAB	2	QL=60 Quantity/30 Days
TIVICAY 50MG TAB	2	QL=60 Quantity/30 Days
TIVICAY 5MG TAB FOR ORAL SUSP	2	QL=180 Quantity/30 Days
TRIUMEQ 60-5-30MG TAB FOR ORAL SUSP	2	QL=180 Quantity/30 Days
TRIUMEQ 600-50-300MG TAB	2	QL=30 Quantity/30 Days
TYBOST 150MG TAB	2	QL=30 Quantity/30 Days
VIRACEPT 250MG TAB	2	QL=300 Quantity/30 Days
VIRACEPT 625MG TAB	2	QL=120 Quantity/30 Days
VIREAD 150MG TAB	2	QL=30 Quantity/30 Days
VIREAD 200MG TAB	2	QL=30 Quantity/30 Days
VIREAD 250MG TAB	2	QL=30 Quantity/30 Days
VIREAD 40MG/GM ORAL POWDER	2	QL=240 Quantity/30 Days
zidovudine 100mg cap	2	QL=180 Quantity/30 Days
zidovudine 10mg/ml oral soln	2	QL=1920 Quantity/30 Days
zidovudine 300mg tab	2	QL=60 Quantity/30 Days
HEPATITIS AGENTS		
adefovir dipivoxil 10mg tab	2	QL=30 Quantity/30 Days
entecavir 0.5mg tab	2	QL=30 Quantity/30 Days
entecavir 1mg tab	2	QL=30 Quantity/30 Days
lamivudine 100mg tab	2	QL=90 Quantity/30 Days
MAVYRET 100-40MG TAB	2	NDS PA QL=84 Quantity/28 Days
MAVYRET 50-20MG ORAL PELLET	2	NDS PA QL=140 Quantity/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
PEGASYS 180MCG/0.5ML SYRINGE	2	NDS QL=4 Quantity/28 Days
PEGASYS 180MCG/ML INJ	2	NDS QL=4 Quantity/28 Days
RIBAVIRIN 200MG CAP	2	QL=210 Quantity/30 Days
RIBAVIRIN 200MG TAB	2	QL=210 Quantity/30 Days
SOFOSBUVIR/VELPATASVIR 400-100MG TAB	2	NDS PA QL=28 Quantity/28 Days
VOSEVI 400-100-100MG TAB	2	NDS PA QL=28 Quantity/28 Days
HERPES AGENTS		
acyclovir 200mg cap	1	
acyclovir 400mg tab	1	
acyclovir 40mg/ml susp	2	
acyclovir 50mg/ml inj	2	PA_BvD
acyclovir 800mg tab	1	
famciclovir 125mg tab	2	QL=60 Quantity/30 Days
famciclovir 250mg tab	2	QL=60 Quantity/30 Days
famciclovir 500mg tab	2	QL=90 Quantity/30 Days
valacyclovir 1000mg tab	1	QL=120 Quantity/30 Days
valacyclovir 500mg tab	1	QL=60 Quantity/30 Days
INFLUENZA AGENTS		
oseltamivir 30mg cap	1	QL=84 Quantity/180 Days
oseltamivir 45mg cap	1	QL=42 Quantity/180 Days
oseltamivir 6mg/ml susp	2	QL=540 Quantity/180 Days
oseltamivir 75mg cap	1	QL=42 Quantity/180 Days
RELENZA 5MG/BLISTER INHALER	2	QL=120 Quantity/365 Days
RIMANTADINE 100MG TAB	2	
XOFLUZA 40MG THERAPY PACK	3	QL=2 Quantity/30 Days
XOFLUZA 80MG TAB	3	QL=1 Quantity/30 Days
MISC. ANTIVIRALS		
LIVTENCITY 200MG TAB	2	LD NDS PA QL=120 Quantity/30 Days
PAXLOVID 150MG/100MG TAB PACK	2	QL=20 Quantity/5 Days
PAXLOVID 300MG/100MG AND 150MG/100MG TAB DOSE PACK (11)	2	QL=11 Quantity/5 Days
PAXLOVID 300MG/100MG TAB PACK	2	QL=30 Quantity/5 Days
PREVYMIS 120MG ORAL PELLET	2	NDS PA QL=120 Quantity/30 Days
PREVYMIS 240MG TAB	2	NDS PA QL=28 Quantity/28 Days
PREVYMIS 480MG TAB	2	NDS PA QL=30 Quantity/30 Days
valganciclovir 450mg tab	2	QL=120 Quantity/30 Days
valganciclovir 50mg/ml oral soln	2	QL=1056 Quantity/30 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	2	
labetalol 200mg tab	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
labetalol 300mg tab	2	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol 200mg cap	2	
acebutolol 400mg cap	2	
atenolol 100mg tab	1	
atenolol 25mg tab	1	
atenolol 50mg tab	1	
betaxolol 10mg tab	2	
betaxolol 20mg tab	2	
bisoprolol fumarate 10mg tab	2	
bisoprolol fumarate 5mg tab	2	
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	
nebivolol 10mg tab	2	QL=60 Quantity/30 Days
nebivolol 2.5mg tab	2	QL=60 Quantity/30 Days
nebivolol 20mg tab	2	QL=60 Quantity/30 Days
nebivolol 5mg tab	2	QL=60 Quantity/30 Days
BETA BLOCKERS NON-SELECTIVE		
nadolol 20mg tab	2	
nadolol 40mg tab	2	
nadolol 80mg tab	2	
pindolol 10mg tab	2	
pindolol 5mg tab	2	
propranolol 10mg tab	1	
propranolol 120mg er cap	2	
propranolol 160mg ER cap	2	
propranolol 20mg tab	1	
PROPRANOLOL 20MG/5ML ORAL SOLN	2	
propranolol 40mg tab	1	
propranolol 60mg er cap	2	
propranolol 60mg tab	1	
propranolol 80mg er cap	2	
propranolol 80mg tab	1	
PROPRANOLOL 8MG/ML ORAL SOLN	2	
sorine 120mg tab	2	
sorine 160mg tab	2	
sotalol 120mg tab	2	
sotalol 240mg tab	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sotalol 80mg tab	2	
sotalol AF 160mg tab	2	
sotalol AF 80mg tab	2	
timolol 10mg tab	2	
timolol 5mg tab	2	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine 10mg tab	1	
amlodipine 2.5mg tab	1	
amlodipine 5mg tab	1	
dilt 120mg er cap	2	
dilt 180mg er cap	2	
dilt 240mg er cap	2	
diltiazem 120mg er (12 hr) cap	2	
diltiazem 120mg er (24 hr) cap	2	
diltiazem 120mg tab	2	
diltiazem 180mg er (24hr) cap	2	
diltiazem 240mg er (24hr) cap	2	
diltiazem 300mg er (24hr) cap	2	
diltiazem 30mg tab	1	
diltiazem 360mg cd cap	2	
diltiazem 420mg er cap	2	
diltiazem 60mg er cap	2	
diltiazem 60mg tab	2	
diltiazem 90mg er cap	2	
diltiazem 90mg tab	2	
felodipine 10mg er tab	2	
felodipine 2.5mg er tab	2	
felodipine 5mg er tab	2	
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	2	
tiadylt 120mg er (24hr) cap	2	
tiadylt 180mg er (24hr) cap	2	
tiadylt 240mg er (24hr) cap	2	
tiadylt 300mg er (24hr) cap	2	
tiadylt 360mg er (24hr) cap	2	
verapamil 120mg er cap	2	
verapamil 120mg er tab	2	
verapamil 120mg tab	1	
verapamil 180mg er cap	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
verapamil 180mg er tab	2	
verapamil 240mg er cap	2	
verapamil 240mg er tab	2	
verapamil 40mg tab	1	
verapamil 80mg tab	1	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
droxidopa 100mg cap	2	PA QL=90 Quantity/30 Days
droxidopa 200mg cap	2	PA QL=180 Quantity/30 Days
droxidopa 300mg cap	2	PA QL=180 Quantity/30 Days
midodrine 10mg tab	2	
midodrine 2.5mg tab	2	
midodrine 5mg tab	2	
ANTIARRHYTHMICS		
amiodarone 100mg tab	2	
amiodarone 200mg tab	1	
amiodarone 400mg tab	2	
disopyramide 100mg cap	2	
disopyramide 150mg cap	2	
dofetilide 125mcg cap	2	
dofetilide 250mcg cap	2	
dofetilide 500mcg cap	2	
flecainide acetate 100mg tab	2	
flecainide acetate 150mg tab	2	
flecainide acetate 50mg tab	2	
mexiletine 150mg cap	2	
mexiletine 200mg cap	2	
mexiletine 250mg cap	2	
MULTAQ 400MG TAB	2	QL=60 Quantity/30 Days
propafenone 150mg tab	2	
propafenone 225mg er cap	2	
propafenone 225mg tab	2	
propafenone 300mg tab	2	
propafenone 325mg er cap	2	
propafenone 425mg er cap	2	
QUINIDINE SULFATE 200MG TAB	2	
QUINIDINE SULFATE 300MG TAB	2	
CARDIOVASCULAR AGENTS, OTHER		
digox 125mcg tab	1	
digoxin 0.25mg tab	1	
ENTRESTO 15-16MG ORAL PELLET	2	QL=240 Quantity/30 Days
ENTRESTO 6-6MG ORAL PELLET	2	QL=240 Quantity/30 Days
ivabradine hcl 5mg tab	2	PA QL=60 Quantity/30 Days
ivabradine hcl 7.5mg tab	2	PA QL=60 Quantity/30 Days
pentoxifylline 400mg er tab	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ranolazine 1000mg er tab	2	QL=60 Quantity/30 Days
ranolazine 500mg er tab	2	QL=60 Quantity/30 Days
sacubitril/valsartan 24-26mg tab	2	QL=60 Quantity/30 Days
sacubitril/valsartan 49-51mg tab	2	QL=60 Quantity/30 Days
sacubitril/valsartan 97-103mg tab	2	QL=60 Quantity/30 Days
VERQUVO 10MG TAB	2	PA QL=30 Quantity/30 Days
VERQUVO 2.5MG TAB	2	PA QL=30 Quantity/30 Days
VERQUVO 5MG TAB	2	PA QL=30 Quantity/30 Days
CARDIOVASCULAR AGENTS - MISC.		
IMPOTENCE AGENTS		
avanafil tab	1*	QL=6 Quantity/30 Days
CAVERJECT IMPULSE INJ	2*	QL=6 Quantity/30 Days
CAVERJECT INJ	2*	QL=6 Quantity/30 Days
EDEX 10MCG INJ KIT	2*	QL=3 Quantity/30 Days
EDEX 20MCG INJ KIT	2*	QL=3 Quantity/30 Days
EDEX 40MCG INJ KIT	2*	QL=3 Quantity/30 Days
EDEX INJ	2*	QL=1 Quantity/30 Days
MUSE SUPP	2*	QL=6 Quantity/30 Days
sildenafil tab	1*	QL=6 Quantity/30 Days
tadalafil 10mg tab	1*	QL=6 Quantity/30 Days
tadalafil tab 20mg	1*	QL=6 Quantity/30 Days
vardenafil tab	1*	QL=6 Quantity/30 Days
CENTRAL NERVOUS SYSTEM AGENTS		
CENTRAL NERVOUS SYSTEM, OTHER		
EVRYSDI 0.75MG/ML ORAL SOLN	2	LD NDS PA QL=240 Quantity/30 Days
EVRYSDI 5MG TAB	2	LD NDS PA QL=30 Quantity/30 Days
RADICAVA 105MG/5ML SUSP	2	LD NDS PA QL=70 Quantity/28 Days
riluzole 50mg tab	2	QL=60 Quantity/30 Days
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil 100mg/ml susp	2	
cefadroxil 500mg cap	1	
cefadroxil 50mg/ml susp	2	
cefazolin 1000mg inj	2	
CEFAZOLIN 100GM INJ	2	
CEFAZOLIN 1GM INJ	2	
cefazolin 200mg/ml inj	2	
CEFAZOLIN 300GM INJ	2	
cefazolin 500mg inj	2	
CEFAZOLIN/DEXTROSE 1GM-4% IV SOLN	2	
CEFAZOLIN/DEXTROSE 1GM/50ML-4% IV SOLN	2	
cephalexin 250mg cap	1	
cephalexin 25mg/ml susp	1	
cephalexin 500mg cap	1	
cephalexin 50mg/ml susp	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR 250MG CAP	2	
CEFACLOR 500MG CAP	2	
cefoxitin 1000mg inj	2	
cefoxitin 2000mg inj	2	
cefoxitin 200mg/ml inj	2	
CEFOXITIN/DEXTROSE 1GM-4% INJ	2	
CEFOXITIN/DEXTROSE 2GM-2.2% INJ	2	
cefprozil 250mg tab	1	
cefprozil 25mg/ml susp	2	
cefprozil 500mg tab	1	
cefprozil 50mg/ml susp	2	
cefuroxime 1500mg inj	2	
cefuroxime 250mg tab	1	
cefuroxime 500mg tab	1	
cefuroxime 750mg inj	2	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir 25mg/ml susp	2	
cefdinir 300mg cap	1	
cefdinir 50mg/ml susp	2	
cefixime 400mg cap	2	
cefpodoxime 100mg tab	2	
CEFPODOXIME 10MG/ML ORAL SUSP	2	
cefpodoxime 200mg tab	2	
CEFPODOXIME 20MG/ML ORAL SUSP	2	
ceftazidime 1000mg inj	2	
CEFTAZIDIME 200MG/ML INJ	2	
ceftazidime 2gm inj	2	
ceftriaxone 1000mg inj	2	
ceftriaxone 100mg/ml inj	2	
ceftriaxone 2000mg inj	2	
ceftriaxone 250mg inj	2	
ceftriaxone 500mg inj	2	
CEFTRIAXONE SODIUM 100GM INJ	2	
ceftriaxone sodium 1gm inj	2	
ceftriaxone sodium 2gm inj	2	
CEFTRIAXONE/DEXTROSE 1GM-3.74% IV SOLN	2	
CEFTRIAXONE/DEXTROSE 20MG/ML INJ	2	
CEFTRIAXONE/DEXTROSE 2GM-2.22% IV SOLN	2	
CEFTRIAXONE/DEXTROSE 40MG/ML INJ	2	
TAZICEF 1GM INJ	2	
TAZICEF 6GM INJ	2	
CONTRACEPTIVES		
EMERGENCY CONTRACEPTIVES		
levonorgestrel tab	$0*	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PLAN B TAB	$0*	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate 100mg cap, 200mg cap	1*	
hydrocodone/homatropine syrup	1*	
MISC. RESPIRATORY INHALANTS		
HYPER SAL NEB SOLN	3*	
NEBUSAL NEB SOLN	2*	
sodium chloride neb soln	1*	
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
cevimeline 30mg cap	2	
chlorhexidine gluconate 0.12% mouthwash	1	
clotrimazole 10mg lozenge	1	
lidocaine 2% topical soln	1	
LIDOCAINE 4% ORAL SOLN	2	QL=50 Quantity/30 Days
NYSTATIN 100000UNIT/ML ORAL SUSP	1	
nystatin 100000unit/ml susp	1	
pilocarpine 5mg tab	2	
pilocarpine 7.5mg tab	2	
PREVIDENT 0.2% RINSE	2	
PREVIDENT 5000 1.1-5% PASTE	1	
PREVIDENT 5000 BOOSTER 1.1% PASTE	2	
PREVIDENT 5000 DRY MOUTH 1.1% GEL	2	
PREVIDENT 5000 PLUS 1.1% CREAM	$0	
sodium fluoride 0.2% rinse	1	
sodium fluoride 1.1% cream	$0	
sodium fluoride 1.1% gel	1	
sodium fluoride 1.1% paste	1	
triamcinolone acetonide 0.1% oral paste	2	
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene gel	2*	PA
DIFFERIN OTC GEL 0.1%	1*	PA
sodium sulfacetamide/sulfur 10-5% cleanser	2*	
sodium sulfacetamide/sulfur 9-4.5% cleanser	2*	
sulfacetamide sodium/sulfur 10-5% cream	2*	
sulfacetamide sodium/sulfur emulsion	2*	
sulfacleanse susp	2*	
SUMADAN 9-4.5% WASH	3*	
clindamycin 1% gel (once-daily)	2	QL=75 Quantity/30 Days
clindamycin 1% gel (twice-daily)	2	QL=75 Quantity/30 Days
clindamycin 1% lotion	2	QL=60 Quantity/30 Days
clindamycin 1% pad	2	QL=60 Quantity/30 Days
clindamycin 1% topical soln	1	QL=60 Quantity/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
ERY 2% PAD	2	QL=60 Quantity/30 Days
erythromycin 2% gel	2	QL=60 Quantity/30 Days
erythromycin 2% topical soln	2	QL=60 Quantity/30 Days
isotretinoin 10mg cap	2	
isotretinoin 20mg cap	2	
isotretinoin 30mg cap	2	
isotretinoin 40mg cap	2	
sulfacetamide sodium 10% lotion	2	QL=118 Quantity/30 Days
tretinoin 0.01% gel	2	PA QL=45 Quantity/30 Days
tretinoin 0.025% cream	2	PA QL=45 Quantity/30 Days
tretinoin 0.025% gel	2	PA QL=45 Quantity/30 Days
tretinoin 0.05% cream	2	PA QL=45 Quantity/30 Days
tretinoin 0.1% cream	2	PA QL=45 Quantity/30 Days
ANTIBIOTICS - TOPICAL		
gentamicin 0.1% cream	2	QL=30 Quantity/30 Days
gentamicin 0.1% ointment	2	QL=30 Quantity/30 Days
mupirocin 2% ointment	1	QL=220 Quantity/30 Days
ANTIFUNGALS - TOPICAL		
clotrimazole cream	1*	
betamethasone/clotrimazole 1-0.05% cream	1	QL=90 Quantity/30 Days
ciclopirox 0.77% cream	1	QL=90 Quantity/30 Days
ciclopirox 0.77% gel	2	QL=100 Quantity/30 Days
ciclopirox 0.77% lotion	2	QL=60 Quantity/30 Days
ciclopirox 1% shampoo	2	QL=120 Quantity/30 Days
ciclopirox 8% topical soln	1	QL=13.20 Quantity/30 Days
clotrimazole 1% cream	1	QL=45 Quantity/30 Days
econazole nitrate 1% cream	1	QL=85 Quantity/30 Days
ketoconazole 2% cream	1	QL=120 Quantity/30 Days
ketoconazole 2% shampoo	1	QL=240 Quantity/30 Days
nystatin 100000unit/ml cream	1	QL=30 Quantity/30 Days
nystatin 10000unit/gm ointment	1	QL=30 Quantity/30 Days
nystatin 100unit/mg topical powder	1	QL=60 Quantity/30 Days
nystatin/triamcinolone acetonide 100000-0.1 unit/gm-% ointment	1	QL=60 Quantity/30 Days
nystatin/triamcinolone acetonide 100000-0.1unit/gm-% cream	1	QL=60 Quantity/30 Days
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene 1% gel	2	NDS PA_NSO QL=60 Quantity/30 Days
diclofenac sodium 3% gel	2	PA QL=1 Quantity/30 Days
FLUOROURACIL 2% TOPICAL SOLN	2	QL=10 Quantity/30 Days
fluorouracil 5% cream	2	QL=1 Quantity/30 Days
fluorouracil 5% topical solution	2	QL=10 Quantity/30 Days
PANRETIN 0.1% GEL	2	NDS PA_NSO QL=60 Quantity/30 Days

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VALCHLOR 0.016% GEL	2	LD NDS PA_NSO QL=60 Quantity/30 Days
ANTIPSORIATICS		
acitretin 10mg cap	2	
acitretin 17.5mg cap	2	
acitretin 25mg cap	2	
calcipotriene 0.005% cream	2	PA QL=120 Quantity/30 Days
calcipotriene 0.005% ointment	2	PA QL=120 Quantity/30 Days
calcipotriene 0.005% topical soln	2	PA QL=120 Quantity/30 Days
CALCIPOTRIENE 0.005% TOPICAL SOLN	2	PA QL=120 Quantity/30 Days
COSENTYX 150MG/ML AUTO-INJECTOR	2	NDS PA QL=8 Quantity/28 Days
COSENTYX 150MG/ML SYRINGE	2	NDS PA QL=8 Quantity/28 Days
COSENTYX 75MG/0.5ML SYRINGE	2	NDS PA QL=4 Quantity/28 Days
COSENTYX UNOREADY 300MG/2ML AUTO-INJECTOR	2	NDS PA QL=4 Quantity/28 Days
METHOXSALEN 10MG CAP	2	
OTEZLA 20MG TAB	2	NDS PA QL=60 Quantity/30 Days
OTEZLA 28-DAY STARTER PACK (55)	2	NDS PA QL=1 Quantity/28 Days
OTEZLA 30MG TAB	2	NDS PA QL=60 Quantity/30 Days
OTEZLA TAB 28-DAY STARTER PACK (55)	2	NDS PA QL=1 Quantity/28 Days
SKYRIZI 150MG/ML AUTO-INJECTOR	2	PA QL=7 Quantity/365 Days
SKYRIZI 150MG/ML SYRINGE	2	PA QL=7 Quantity/365 Days
STELARA 45MG/0.5ML INJ, USTEKINUMAB 45MG/0.5ML INJ	2	PA QL=1 Quantity/28 Days
STELARA 45MG/0.5ML SYRINGE, USTEKINUMAB 45MG/0.5ML SYRINGE	2	PA QL=1 Quantity/28 Days
STELARA 90MG/ML SYRINGE, USTEKINUMAB 90MG/ML SYRINGE	2	PA QL=1 Quantity/28 Days
STEQEYMA 90MG/ML SYRINGE	2	PA QL=1 Quantity/28 Days
tazarotene 0.1% cream	2	PA QL=60 Quantity/30 Days
TREMFYA 100MG/ML AUTO-INJECTOR	2	PA QL=2 Quantity/28 Days
TREMFYA 100MG/ML SYRINGE	2	PA QL=2 Quantity/28 Days
YESINTEK 90MG/ML SYRINGE	2	PA QL=1 Quantity/28 Days
CORTICOSTEROIDS - TOPICAL		
ALCLOMETASONE 0.05% OINT	2	QL=120 Quantity/30 Days
alclometasone dipropionate 0.05% cream	2	QL=120 Quantity/30 Days
alclometasone dipropionate 0.05% ointment	2	QL=120 Quantity/30 Days
betamethasone 0.05% aug cream	1	QL=100 Quantity/30 Days
betamethasone 0.05% aug lotion	2	QL=120 Quantity/30 Days
betamethasone 0.05% aug ointment	2	QL=100 Quantity/30 Days
betamethasone 0.05% cream	2	QL=90 Quantity/30 Days
betamethasone 0.05% lotion	2	QL=120 Quantity/30 Days
betamethasone 0.05% ointment	2	QL=90 Quantity/30 Days
betamethasone 0.1% cream	1	QL=135 Quantity/30 Days
BETAMETHASONE 0.1% LOTION	2	QL=120 Quantity/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
betamethasone 0.1% ointment	1	QL=135 Quantity/30 Days
clobetasol propionate 0.05% cream	1	QL=120 Quantity/30 Days
clobetasol propionate 0.05% e cream	2	QL=120 Quantity/30 Days
clobetasol propionate 0.05% foam	2	QL=100 Quantity/30 Days
clobetasol propionate 0.05% gel	2	QL=120 Quantity/30 Days
clobetasol propionate 0.05% lotion	2	QL=118 Quantity/30 Days
clobetasol propionate 0.05% ointment	1	QL=120 Quantity/30 Days
clobetasol propionate 0.05% shampoo	2	QL=2 Quantity/30 Days
clobetasol propionate 0.05% topical soln	1	QL=100 Quantity/30 Days
desonide 0.05% ointment	2	QL=120 Quantity/30 Days
desonide 0.05% topical cream	2	QL=60 Quantity/30 Days
desoximetasone 0.25% cream	2	QL=100 Quantity/30 Days
desoximetasone 0.25% ointment	2	QL=120 Quantity/30 Days
fluocinolone acetonide 0.01% body oil	2	QL=120 Quantity/30 Days
fluocinolone acetonide 0.01% cream	2	QL=120 Quantity/30 Days
fluocinolone acetonide 0.01% topical soln	2	QL=90 Quantity/30 Days
fluocinolone acetonide 0.025% cream	2	QL=120 Quantity/30 Days
fluocinolone acetonide 0.025% ointment	2	QL=120 Quantity/30 Days
fluocinolone acetonide 0.1mg/ml oil	2	QL=120 Quantity/30 Days
fluocinonide 0.05% cream	2	QL=60 Quantity/30 Days
fluocinonide 0.05% e cream	2	QL=120 Quantity/30 Days
fluocinonide 0.05% ointment	1	QL=60 Quantity/30 Days
fluocinonide 0.05% topical soln	1	QL=60 Quantity/30 Days
fluocinonide 0.1% cream	1	QL=60 Quantity/30 Days
fluticasone propionate 0.005% ointment	2	QL=240 Quantity/30 Days
fluticasone propionate 0.05% cream	1	QL=240 Quantity/30 Days
halobetasol propionate 0.05% cream	2	QL=50 Quantity/30 Days
halobetasol propionate 0.05% ointment	2	QL=50 Quantity/30 Days
hydrocortisone 1% cream (RX Only)	1	QL=240 Quantity/30 Days
hydrocortisone 2.5% cream	1	QL=60 Quantity/30 Days
HYDROCORTISONE 2.5% LOTION	2	QL=118 Quantity/30 Days
hydrocortisone 2.5% ointment	1	QL=240 Quantity/30 Days
mometasone furoate 0.1% cream	1	QL=180 Quantity/30 Days
mometasone furoate 0.1% lotion	2	QL=180 Quantity/30 Days
mometasone furoate 0.1% ointment	1	QL=180 Quantity/30 Days
triamcinolone acetonide 0.025% cream	1	QL=454 Quantity/30 Days
triamcinolone acetonide 0.025% lotion	1	QL=120 Quantity/30 Days
triamcinolone acetonide 0.025% ointment	1	QL=454 Quantity/30 Days
triamcinolone acetonide 0.1% cream	1	QL=454 Quantity/30 Days
triamcinolone acetonide 0.1% lotion	1	QL=120 Quantity/30 Days
triamcinolone acetonide 0.1% ointment	1	QL=454 Quantity/30 Days
triamcinolone acetonide 0.5% cream	1	QL=454 Quantity/30 Days
triamcinolone acetonide 0.5% ointment	1	QL=120 Quantity/30 Days
LOCAL ANESTHETICS - TOPICAL		
lidocaine 3% cream (rx only)	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
lidocaine 4% topical soln	2	QL=50 Quantity/30 Days
lidocaine 5% ointment	1	PA QL=107 Quantity/30 Days
lidocaine 5% patch	2	PA QL=90 Quantity/30 Days
lidocaine/prilocaine 2.5-2.5% cream	1	QL=30 Quantity/30 Days
MISC. DERMATOLOGICAL PRODUCTS		
ammonium lactate cream	1*	
ammonium lactate lotion	1*	
salicylic acid shampoo	2*	
selenium sulfide 2.25% shampoo	2*	
sulfacetamide sodium wash	2*	
acyclovir 5% ointment	1	QL=30 Quantity/30 Days
ammonium lactate 12% cream	1	
ammonium lactate 12% lotion	1	
EUCRISA 2% TOPICAL OINTMENT	2	PA QL=100 Quantity/30 Days
imiquimod 5% cream	1	QL=24 Quantity/30 Days
LITFULO 50MG CAP	2	LD NDS PA QL=28 Quantity/28 Days
malathion 0.5% lotion	2	QL=59 Quantity/30 Days
NEMLUVIO 30MG AUTO-INJECTOR	2	NDS PA QL=2 Quantity/28 Days
permethrin 5% cream	1	QL=60 Quantity/30 Days
pimecrolimus 1% cream	2	QL=100 Quantity/30 Days
PODOFILOX 0.5% TOPICAL SOLN	2	QL=7 Quantity/30 Days
selenium sulfide 2.5% shampoo	1	QL=120 Quantity/30 Days
tacrolimus 0.03% ointment	2	QL=100 Quantity/30 Days
tacrolimus 0.1% ointment	2	QL=100 Quantity/30 Days
MISC. TOPICAL		
DRYSOL SOLN	1*	
ROSACEA AGENTS		
azelaic acid 15% gel	2	QL=50 Quantity/30 Days
metronidazole 0.75% cream	2	QL=45 Quantity/30 Days
metronidazole 0.75% gel	2	QL=45 Quantity/30 Days
metronidazole 1% gel	2	QL=60 Quantity/30 Days
WOUND CARE PRODUCTS		
REGRANEX 0.01% GEL	2	PA QL=2 Quantity/15 Days
SANTYL 250UNIT/GM OINTMENT	2	PA QL=1 Quantity/30 Days
silver sulfadiazine 1% cream	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK GUIDE TEST STRIP	2*	
CLINISTIX TEST STRIP	1*	
FREESTYLE INSULINX TEST STRIP	2*	
FREESTYLE LITE TEST STRIP	2*	
FREESTYLE PRECISION NEO TEST STRIP	2*	
FREESTYLE TEST STRIP	2*	
KETO-DIASTIX TEST STRIP	1*	
KETOSTIX	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
PRECISION XTRA TEST STRIP	2*	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide 125mg tab	1	
acetazolamide 250mg tab	1	
acetazolamide 500mg er cap	2	
methazolamide 25mg tab	2	
methazolamide 50mg tab	2	
DIURETIC COMBINATIONS		
AMILORIDE/HYDROCHLOROTHIAZIDE 5-50MG TAB	2	
hydrochlorothiazide/spironolactone 25-25mg tab	2	
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	2	
bumetanide 0.5mg tab	2	
bumetanide 1mg tab	2	
bumetanide 2mg tab	2	
FUROSCIX 80MG/10ML CARTRIDGE	2	LD NDS QL=8 Quantity/7 Days
furosemide 10mg/ml inj	2	
furosemide 10mg/ml oral soln	1	
furosemide 20mg tab	1	
furosemide 40mg tab	1	
furosemide 80mg tab	1	
FUROSEMIDE 8MG/ML ORAL SOLN	2	
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	
hydrochlorothiazide 50mg tab	1	
indapamide 1.25mg tab	1	
indapamide 2.5mg 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
metolazone 10mg tab	1	
metolazone 2.5mg tab	1	
metolazone 5mg tab	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate 10mg tab	1	QL=30 Quantity/30 Days
alendronate 35mg tab	1	QL=4 Quantity/28 Days
alendronate 70mg tab	1	QL=4 Quantity/28 Days
ibandronate 150mg tab	1	QL=1 Quantity/30 Days
JUBBONTI 60MG/ML SYRINGE	3	ST QL=1 Quantity/168 Days
raloxifene 60mg tab	$0	
risedronate sodium 150mg tab	2	QL=1 Quantity/28 Days
risedronate sodium 30mg tab	2	QL=30 Quantity/30 Days
risedronate sodium 35mg tab	2	QL=4 Quantity/28 Days
risedronate sodium 5mg tab	2	QL=30 Quantity/30 Days
salmon calcitonin 200unit/act nasal spray	2	QL=1 Quantity/28 Days
TERIPARATIDE 0.02MG/ACT PEN INJ	2	NDS QL=1 Quantity/28 Days
teriparatide 0.02mg/act pen inj	2	NDS QL=1 Quantity/28 Days
TYMLOS 3120MCG/1.56ML PEN INJ	2	NDS QL=1 Quantity/30 Days
WYOST 120MG/1.7ML INJ	2	NDS PA QL=1 Quantity/28 Days
METABOLIC MODIFIERS		
calcitriol 0.25mcg cap	1	
calcitriol 0.5mcg cap	1	
calcitriol 1mcg/ml oral soln	2	
carglumic acid 200mg tab	2	LD NDS PA
cinacalcet 30mg tab	2	QL=60 Quantity/30 Days
cinacalcet 60mg tab	2	QL=60 Quantity/30 Days
cinacalcet 90mg tab	2	QL=120 Quantity/30 Days
CYSTADANE 1GM POWDER FOR ORAL SOLN	2	LD NDS
l-glutamine 5gm powder for oral soln	2	NDS PA QL=180 Quantity/30 Days
levocarnitine 100mg/ml oral soln	2	
levocarnitine 330mg tab	2	
paricalcitol 1mcg cap	2	
paricalcitol 2mcg cap	2	
paricalcitol 4mcg cap	2	
REVCOVI 2.4MG/1.5ML INJ	2	NDS PA
sapropterin 100mg powder for oral soln	2	NDS PA
sapropterin 500mg powder for oral soln	2	NDS PA
sapropterin dihydrochloride 100mg tab	2	NDS PA
sodium phenylbutyrate 0.94mg/mg oral powder	2	
SOMATOSTATIC AGENTS		
octreotide 0.05mg/ml inj	2	PA
octreotide 0.1mg/ml inj	2	PA
octreotide 0.2mg/ml inj	2	PA
octreotide 0.5mg/ml inj	2	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
octreotide 1mg/ml inj	2	PA
SIGNIFOR 0.3MG/ML INJ	2	LD NDS PA QL=60 Quantity/30 Days
SIGNIFOR 0.6MG/ML INJ	2	LD NDS PA QL=60 Quantity/30 Days
SIGNIFOR 0.9MG/ML INJ	2	LD NDS PA QL=60 Quantity/30 Days
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan 15mg tab	2	LD NDS PA QL=120 Quantity/30 Days
tolvaptan 15mg tab therapy pack (56)	2	LD NDS PA QL=56 Quantity/28 Days
tolvaptan 15mg/30mg tab pack (56)	2	LD NDS PA QL=56 Quantity/28 Days
tolvaptan 15mg/45mg tab pack (56)	2	LD NDS PA QL=56 Quantity/28 Days
tolvaptan 30mg tab	2	LD NDS PA QL=120 Quantity/30 Days
tolvaptan 30mg/60mg tab pack (56)	2	LD NDS PA QL=56 Quantity/28 Days
tolvaptan 30mg/90mg tab pack (56)	2	LD NDS PA QL=56 Quantity/28 Days
ENDOCRINE MEDICATIONS		
OTHER ENDOCRINE DRUGS		
mifepristone tab 200mg	1*	
MIFIPREX TAB	3*	
cabergoline 0.5mg tab	2	
DESMOPRESSIN 0.01% NASAL SPRAY	2	
desmopressin acetate 0.01mg/act nasal spray	2	
desmopressin acetate 0.1mg tab	2	
desmopressin acetate 0.2mg tab	2	
INCRELEX 40MG/4ML INJ	2	LD NDS PA
KERENDIA 10MG TAB	2	PA QL=30 Quantity/30 Days
KERENDIA 20MG TAB	2	PA QL=30 Quantity/30 Days
NORDITROPIN 10MG/1.5ML PEN INJ	2	NDS PA
NORDITROPIN 15MG/1.5ML PEN INJ	2	NDS PA
NORDITROPIN 30MG/3ML PEN INJ	2	NDS PA
NORDITROPIN 5MG/1.5ML PEN INJ	2	NDS PA
OMNITROPE 10MG/1.5ML CARTRIDGE	2	NDS PA
OMNITROPE 5.8MG INJ	2	NDS PA
OMNITROPE 5MG/1.5ML CARTRIDGE	2	NDS PA
SOMAVERT 10MG INJ	2	LD NDS PA QL=60 Quantity/30 Days
SOMAVERT 15MG INJ	2	LD NDS PA QL=60 Quantity/30 Days
SOMAVERT 20MG INJ	2	LD NDS PA QL=60 Quantity/30 Days
SOMAVERT 25MG INJ	2	LD NDS PA QL=30 Quantity/30 Days
SOMAVERT 30MG INJ	2	LD NDS PA QL=30 Quantity/30 Days
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab	1*	
altavera 28 day pack	$0	
amabelz 0.5/0.1mg 28 day pack	2	
apri 28 day pack	$0	
aranelle 28 pack	$0	
ashlyna 91 day pack	$0	QL=91 Quantity/91 Days
azurette 28-day pack	$0	

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
briellyn 28 day pack	$0	
camreselo 91 day pack	$0	QL=91 Quantity/91 Days
cyclafem 7/7/7 28 day pack	$0	
eluryng 0.120-0.015mg/24hr vaginal system	$0	QL=1 Quantity/28 Days
estarylla 28 day pack	$0	
estradiol/norethindrone acetate 1-0.5mg 28-day pack	2	
ethinyl estradiol 0.02mg/inert ingredients 1mg/levonorgestrel 0.1mg pack	$0	
ethinyl estradiol 0.035mg/ethynodiol 1mg 28 day pack	$0	
ethinyl estradiol 0.035mg/inert/norgestimate 0.18mg/0.215mg/0.25mg pack	$0	
ethinyl estradiol 0.03mg/inert ingredients 1mg/levonorgestrel 0.15mg pack	$0	QL=91 Quantity/91 Days
ethinyl estradiol 0.05mg/ethynodiol 1mg/inert ingredients 1mg 28 day pack	$0	
fyavolv 0.0025-0.5mg tab	2	
fyavolv 0.005-1mg tab	2	
jasmiel 28 day pack	$0	
junel fe 1.5/30 28 day pack	$0	
larin 1.5/30 pack	$0	
larin 1/20 pack	$0	
levonest tab 28-day pack	$0	
low-ogestrel 28 day pack	$0	
microgestin fe 1/20 28 day pack	$0	
nortrel 0.5/35 28 day pack	$0	
ocella 28 day pack	$0	
pirmella 1/35 28 day pack	$0	
PREMPHASE 28 DAY PACK	2	
PREMPRO 0.3/1.5MG 28 DAY PACK	2	
PREMPRO 0.45/1.5 28 DAY PACK	2	
PREMPRO 0.625/2.5MG 28 DAY PACK	2	
PREMPRO 0.625/5MG 28 DAY PACK	2	
tri-lo-sprintec 28 day pack	$0	
VELIVET 28 DAY PAK	$0	
xulane 150-35mcg/24hr patch	$0	QL=3 Quantity/28 Days
ESTROGENS		
estradiol 0.025mg/24hr twice weekly patch	2	QL=8 Quantity/28 Days
estradiol 0.025mg/24hr weekly patch	2	QL=4 Quantity/28 Days
estradiol 0.0375mg/24hr twice weekly patch	2	QL=8 Quantity/28 Days
estradiol 0.0375mg/24hr weekly patch	2	QL=4 Quantity/28 Days
estradiol 0.05mg/24hr twice weekly patch	2	QL=8 Quantity/28 Days
estradiol 0.05mg/24hr weekly patch	2	QL=4 Quantity/28 Days
estradiol 0.06mg/24hr weekly patch	2	QL=4 Quantity/28 Days
estradiol 0.075mg/24hr twice weekly patch	2	QL=8 Quantity/28 Days
estradiol 0.075mg/24hr weekly patch	2	QL=4 Quantity/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
estradiol 0.1mg/24hr twice weekly patch	2	QL=8 Quantity/28 Days
estradiol 0.1mg/24hr weekly patch	2	QL=4 Quantity/28 Days
estradiol 0.5mg tab	1	
estradiol 1mg tab	1	
estradiol 2mg tab	1	
estradiol valerate 10mg/ml inj	2	
estradiol valerate 20mg/ml inj	2	
estradiol valerate 40mg/ml inj	2	
PREMARIN 0.3MG TAB	2	
PREMARIN 0.45MG TAB	2	
PREMARIN 0.625MG TAB	2	
PREMARIN 0.9MG TAB	2	
PREMARIN 1.25MG TAB	2	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin 250mg tab	1	
CIPROFLOXACIN 2MG/ML INJ	2	
ciprofloxacin 500mg tab	1	
ciprofloxacin 750mg tab	1	
CIPROFLOXACIN/D5W 400MG/200ML INJ	2	
levofloxacin 250mg tab	1	
levofloxacin 25mg/ml oral soln	2	
levofloxacin 500mg tab	1	
levofloxacin 5mg/ml (100ml) inj	2	
levofloxacin 5mg/ml (150ml) inj	2	
levofloxacin 750mg tab	1	
levofloxacin/D5W 250mg/50ml inj	2	
MOXIFLOXACIN 1.6MG/ML INJ	2	
moxifloxacin 400mg tab	2	
MOXIFLOXACIN 400MG/250ML IV SOLN	2	
GASTROINTESTINAL AGENTS		
GASTROINTESTINAL AGENTS, OTHER		
CREON 120000-76000-24000UNIT DR CAP	2	
CREON 15000-9500-3000UNIT DR CAP	2	
CREON 30000-19000-6000UNIT DR CAP	2	
CREON 36000-114000-180000UNIT DR CAP	2	
CREON 60000-38000-12000UNIT DR CAP	2	
cromolyn sodium 20mg/ml oral soln	2	
enulose 10gm/15ml oral soln	1	
metoclopramide 10mg tab	1	
metoclopramide 1mg/ml oral soln	2	
metoclopramide 5mg tab	1	
REZDIFFRA 100MG TAB	2	LD NDS PA QL=30 Quantity/30 Days
REZDIFFRA 60MG TAB	2	LD NDS PA QL=30 Quantity/30 Days
REZDIFFRA 80MG TAB	2	LD NDS PA QL=30 Quantity/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
ursodiol 250mg tab	2	
ursodiol 300mg cap	2	
ursodiol 500mg tab	2	
VOWST 30000000UNIT CAP	2	LD PA QL=12 Quantity/90 Days
GASTROINTESTINAL AGENTS - MISC.		
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium 750mg cap	2	
mesalamine 1000mg rectal supp	2	QL=30 Quantity/30 Days
mesalamine 1200mg dr tab	2	QL=120 Quantity/30 Days
mesalamine 375mg er cap	2	QL=120 Quantity/30 Days
mesalamine 400mg dr cap	2	QL=180 Quantity/30 Days
mesalamine 66.7mg/ml enema	2	QL=1800 Quantity/30 Days
SKYRIZI 180MG/1.2ML CARTRIDGE	2	PA QL=1 Quantity/56 Days
SKYRIZI 360MG/2.4ML CARTRIDGE	2	PA QL=1 Quantity/56 Days
sulfasalazine 500mg dr tab	2	
sulfasalazine 500mg tab	2	
TREMFYA 200MG/2ML AUTO-INJECTOR	2	NDS PA QL=1 Quantity/28 Days
TREMFYA 200MG/2ML AUTO-INJECTOR - INDUCATION PACK FOR CROHN'S	2	NDS PA QL=1 Quantity/28 Days
TREMFYA 200MG/2ML SYRINGE	2	NDS PA QL=1 Quantity/28 Days
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
bethanechol chloride 10mg tab	2	
bethanechol chloride 25mg tab	2	
bethanechol chloride 50mg tab	2	
bethanechol chloride 5mg tab	2	
fesoterodine fumarate 4mg er tab	2	QL=30 Quantity/30 Days
fesoterodine fumarate 8mg er tab	2	QL=30 Quantity/30 Days
GEMTESA 75MG TAB	2	QL=30 Quantity/30 Days
MYRBETRIQ 25MG ER TAB	2	QL=30 Quantity/30 Days
MYRBETRIQ 50MG ER TAB	2	QL=30 Quantity/30 Days
oxybutynin chloride 10mg er tab	1	
oxybutynin chloride 15mg er tab	1	
oxybutynin chloride 1mg/ml oral soln	1	QL=600 Quantity/30 Days
oxybutynin chloride 5mg er tab	1	
oxybutynin chloride 5mg tab	1	
solifenacin succinate 10mg tab	2	
solifenacin succinate 5mg tab	2	
tolterodine tartrate 1mg tab	2	QL=60 Quantity/30 Days
tolterodine tartrate 2mg er cap	2	QL=30 Quantity/30 Days
tolterodine tartrate 2mg tab	2	QL=60 Quantity/30 Days
tolterodine tartrate 4mg er cap	2	QL=30 Quantity/30 Days
trospium chloride 20mg tab	2	QL=60 Quantity/30 Days
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin 10mg 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
dutasteride 0.5mg cap	1	QL=30 Quantity/30 Days
finasteride 5mg tab	1	
silodosin 4mg cap	2	QL=30 Quantity/30 Days
silodosin 8mg cap	2	QL=30 Quantity/30 Days
tadalafil 2.5mg tab	2	PA QL=30 Quantity/30 Days
tadalafil 5mg tab	2	PA QL=30 Quantity/30 Days
tamsulosin 0.4mg cap	1	
GENITOURINARY AGENTS, OTHER		
CYTRA K CRYSTALS	1*	
ORACIT SOLN	1*	
potassium citrate/citric acid soln	1*	
sodium citrate/citric acid soln	1*	
tricitrates soln	1*	
CYSTAGON 150MG CAP	2	
CYSTAGON 50MG CAP	2	
phenazopyridine 100mg tab	1	
phenazopyridine 200mg tab	1	
potassium citrate 10meq er tab	2	
potassium citrate 15meq er tab	2	
potassium citrate 5meq er tab	2	
SODIUM CHLORIDE 0.145MEQ/ML IRRIGATION SOLN	2	
sodium chloride 0.154meq/ml soln	2	
GOUT AGENTS		
GOUT AGENTS		
allopurinol 100mg tab	1	
allopurinol 300mg tab	1	
colchicine 0.6mg tab	2	
colchicine/probenecid 0.5-500mg tab	2	
febuxostat 40mg tab	2	ST QL=30 Quantity/30 Days
febuxostat 80mg tab	2	ST QL=30 Quantity/30 Days
probenecid 500mg tab	2	
HEMATOLOGICAL AGENTS - MISC.		
PLATELET AGGREGATION INHIBITORS		
anagrelide 0.5mg cap	2	
anagrelide 1mg cap	2	
aspirin 25mg/dipyridamole 200mg er cap	2	QL=60 Quantity/30 Days
cilostazol 100mg tab	1	
cilostazol 50mg tab	1	
clopidogrel 75mg tab	1	
dipyridamole 25mg tab	2	
dipyridamole 50mg tab	2	
dipyridamole 75mg tab	2	
prasugrel 10mg tab	2	QL=30 Quantity/30 Days
prasugrel 5mg tab	2	QL=30 Quantity/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
ticagrelor 60mg tab	2	QL=60 Quantity/30 Days
ticagrelor 90mg tab	2	QL=60 Quantity/30 Days
HEMATOPOIETIC AGENTS		
COBALAMINS		
cyanocobalamin inj	1*	
FOLIC ACID/FOLATES		
folic acid tab 1mg	1*	
folic acid tab 400mcg	1*	
folic acid tab 800mcg	1*	
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET 20MG TAB	2	LD NDS PA QL=60 Quantity/30 Days
DOPTELET TAB 40MG DAILY DOSE PACK	2	LD NDS PA QL=1 Quantity/5 Days
DOPTELET TAB 60MG DAILY DOSE PACK	2	LD NDS PA QL=1 Quantity/5 Days
eltrombopag olamine 12.5mg powder pack for susp	2	NDS PA QL=90 Quantity/30 Days
eltrombopag olamine 12.5mg tab	2	NDS PA QL=30 Quantity/30 Days
eltrombopag olamine 25mg powder pack for susp	2	NDS PA QL=180 Quantity/30 Days
eltrombopag olamine 25mg tab	2	NDS PA QL=30 Quantity/30 Days
eltrombopag olamine 50mg tab	2	NDS PA QL=60 Quantity/30 Days
eltrombopag olamine 75mg tab	2	NDS PA QL=60 Quantity/30 Days
FULPHILA 6MG/0.6ML SYRINGE	2	NDS
NIVESTYM 300MCG/0.5ML SYRINGE	2	NDS
NIVESTYM 300MCG/ML INJ	2	NDS
NIVESTYM 480MCG/0.8ML SYRINGE	2	NDS
NIVESTYM 480MCG/1.6ML INJ	2	NDS
NYVEPRIA 6MG/0.6ML SYRINGE	2	NDS
RETACRIT 20000UNIT/2ML INJ	2	PA QL=12 Quantity/28 Days
RETACRIT 20000UNIT/ML INJ	2	PA QL=12 Quantity/28 Days
RETACRIT 2000UNIT/ML INJ	2	PA QL=12 Quantity/28 Days
RETACRIT 3000UNIT/ML INJ	2	PA QL=12 Quantity/28 Days
RETACRIT 40000UNIT/ML INJ	2	PA QL=4 Quantity/28 Days
HEMATOPOIETIC MIXTURES		
ferrex forte cap	1*	
MULTIGEN FOLIC TAB	1*	
MULTIGEN PLUS TAB	1*	
MULTIGEN TAB	1*	
tricon cap	1*	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid 650mg tab	2	QL=30 Quantity/5 Days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
budesonide 3mg dr cap	2	QL=90 Quantity/30 Days
budesonide 9mg er tab	2	PA QL=30 Quantity/30 Days
dexamethasone 0.1mg/ml oral soln	2	
dexamethasone 0.5mg 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
DEXAMETHASONE 0.5MG/5ML ORAL SOLN	2	
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	
fludrocortisone 0.1mg tab	1	
hydrocortisone 10mg tab	2	
hydrocortisone 20mg tab	2	
hydrocortisone 5mg tab	2	
methylprednisolone 16mg tab	1	PA_BvD
methylprednisolone 32mg tab	1	PA_BvD
methylprednisolone 4mg pack	1	
methylprednisolone 4mg tab	1	PA_BvD
methylprednisolone 8mg tab	1	PA_BvD
prednisolone 1mg/ml oral soln	2	PA_BvD
prednisolone 3mg/ml oral soln	2	PA_BvD
prednisolone 5mg/ml oral soln	2	PA_BvD
prednisolone sodium phosphate 15mg/5ml oral soln	2	PA_BvD
prednisone 10mg tab	1	PA_BvD
prednisone 10mg tab (21)	2	
prednisone 10mg tab pack (48)	2	
prednisone 1mg tab	1	PA_BvD
PREDNISONE 1MG/ML ORAL SOLN	2	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
prednisone 5mg tab pack (21)	2	
prednisone 5mg tab pack (48)	2	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
eszopiclone 1mg tab	1	QL=30 Quantity/30 Days
eszopiclone 2mg tab	1	QL=30 Quantity/30 Days
eszopiclone 3mg tab	1	QL=30 Quantity/30 Days
ramelteon 8mg tab	2	QL=30 Quantity/30 Days
temazepam 15mg cap	1	QL=30 Quantity/30 Days
temazepam 30mg cap	1	QL=30 Quantity/30 Days
zaleplon 10mg cap	1	QL=30 Quantity/30 Days
zaleplon 5mg cap	1	QL=30 Quantity/30 Days
zolpidem tartrate 10mg tab	1	QL=30 Quantity/30 Days
zolpidem tartrate 12.5mg er tab	2	QL=30 Quantity/30 Days
zolpidem tartrate 5mg tab	1	QL=60 Quantity/30 Days
zolpidem tartrate 6.25mg er tab	2	QL=30 Quantity/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
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA (HAE) AGENTS		
HAEGARDA 2000UNIT INJ	2	LD NDS PA QL=30 Quantity/30 Days
HAEGARDA 3000UNIT INJ	2	LD NDS PA QL=20 Quantity/30 Days
icatibant 30mg/3ml syringe	2	NDS PA QL=9 Quantity/30 Days
IMMUNIZING AGENTS, PASSIVE		
GAMMAGARD 10GM INJ	2	NDS PA
GAMMAGARD 10GM/100ML INJ, GAMUNEX-C 10GM/100ML INJ	2	NDS PA
GAMMAGARD 1GM/10ML INJ, GAMUNEX 1GM/10ML INJ	2	NDS PA
GAMMAGARD 2.5GM/25ML INJ, GAMUNEX-C 2.5GM/25ML INJ	2	NDS PA
GAMMAGARD 20GM/200ML INJ, GAMUNEX-C 20GM/200ML INJ	2	NDS PA
GAMMAGARD 30GM/300ML INJ	2	NDS PA
GAMMAGARD 5GM INJ	2	NDS PA
GAMMAGARD 5GM/50ML INJ, GAMUNEX-C 5GM/50ML INJ	2	NDS PA
GAMUNEX-C 40GM/400ML INJ	2	NDS PA
PRIVIGEN 10GM/100ML INJ	2	NDS PA
PRIVIGEN 20GM/200ML INJ	2	NDS PA
PRIVIGEN 40GM/400ML INJ	2	NDS PA
PRIVIGEN 5GM/50ML INJ	2	NDS PA
VACCINES		
ABRYSVO 120MCG/0.5ML INJ	$0	QL=1 Quantity/365 DaysVAC
ACTHIB INJ	$0	
ADACEL INJ	$0	VAC
AREXVY 120MCG/0.5ML INJ	$0	QL=1 Quantity/999 DaysVAC
BCG LIVE TICE STRAIN 50MG INJ	$0	VAC
BEXSERO SYRINGE	$0	VAC
BOOSTRIX INJ	$0	VAC
DAPTACEL INJ	$0	
DENGVAXIA SUSP	$0	
DIPHTHERIA/TETANUS TOXOID INJ	$0	PA_BvD
ENGERIX-B 10MCG/0.5ML INJ	$0	PA_BvD VAC
ENGERIX-B 20MCG/ML INJ	$0	PA_BvD VAC
ERVEBO INJ	$0	VAC
GARDASIL 9 INJ	$0	VAC
GARDASIL 9 SYRINGE	$0	VAC
HAVRIX 1440ELU/ML INJ	$0	VAC
HAVRIX 720ELU/0.5ML INJ	2	
HEPLISAV-B 20MCG/0.5ML SYRINGE	$0	PA_BvD VAC
HIBERIX 10MCG INJ	$0	
IMOVAX 2.5UNIT/ML INJ	$0	PA_BvD 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
INFANRIX INJ	$0	
IPOL INJ	$0	VAC
IXCHIQ INJ	$0	VAC
IXIARO 0.012MG/ML INJ	$0	VAC
JYNNEOS 0.5ML INJ	$0	PA_BvD VAC
KINRIX INJ	$0	
M-M-R II INJ	$0	VAC
MENACTRA INJ	$0	VAC
MENQUADFI INJ	$0	VAC
MENVEO INJ	$0	VAC
MRESVIA 50MCG/0.5ML INJ	$0	QL=1 Quantity/999 DaysVAC
PEDIARIX INJ	$0	
PEDVAXHIB 7.5MCG/0.5ML INJ	$0	
PENBRAYA INJ	$0	VAC
PENMENVY INJ	$0	VAC
PENTACEL INJ	$0	
PREHEVBRIO 10MCG/ML INJ	$0	PA_BvD VAC
PRIORIX INJ	$0	VAC
PROQUAD INJ	$0	
QUADRACEL INJ	$0	
RABAVERT 2.5UNIT/ML INJ	$0	PA_BvD VAC
RECOMBIVAX 10MCG/ML INJ	$0	PA_BvD VAC
RECOMBIVAX 40MCG/ML INJ	$0	PA_BvD VAC
RECOMBIVAX 5MCG/0.5ML INJ	$0	PA_BvD VAC
ROTARIX SUSP	$0	
ROTATEQ SUSP	$0	
SHINGRIX 50MCG/0.5ML INJ	$0	QL=2 Quantity/999 DaysVAC
TENIVAC 4-10UNIT/ML INJ	$0	PA_BvD VAC
TICOVAC 1.2MCG/0.25ML SYRINGE	$0	
TICOVAC 2.4MCG/0.5ML SYRINGE	$0	VAC
TRUMENBA INJ	$0	VAC
TWINRIX 720UNIT INJ	$0	VAC
TYPHIM VI 25MCG/0.5ML INJ	$0	VAC
TYPHIM VI 25MCG/0.5ML SYRINGE	$0	VAC
VAQTA 25UNIT/0.5ML INJ	$0	
VAQTA 50UNIT/ML INJ	$0	VAC
VARIVAX 1350PFU/0.5ML INJ	$0	VAC
VAXCHORA SUSP	$0	VAC
VIMKUNYA 40MCG/0.8ML INJ	$0	VAC
VIVOTIF EC CAP	$0	VAC
YF-VAX 4000UNIT/ML INJ	$0	VAC
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C ORAL SOLN	$0	
gavilyte-g powder for oral soln	$0	

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
gavilyte-n powder for oral soln	$0	
peg 3350 powder for oral soln (100gm Moviprep equiv)	$0	
sodium sulfate/potassium sulfate/magnesium sulfate 17.5-3.13-1.6gm/177ml prep kit	$0	
SUFLAVE SOLN PACK	2	
SUTAB 225-188-1479MG TAB	2	
LAXATIVES - MISCELLANEOUS		
MIRALAX PACKET	3*	
MIRALAX POWDER	3*	
polyethylene glycol 3350 powder	1*	
polyethylene glycol packet	1*	
constulose 10gm/15ml oral soln	1	
LINZESS 145MCG CAP	2	QL=30 Quantity/30 Days
LINZESS 290MCG CAP	2	QL=30 Quantity/30 Days
LINZESS 72MCG CAP	2	QL=30 Quantity/30 Days
lubiprostone 24mcg cap	2	QL=60 Quantity/30 Days
lubiprostone 8mcg cap	2	QL=60 Quantity/30 Days
MOVANTIK 12.5MG TAB	2	PA QL=30 Quantity/30 Days
MOVANTIK 25MG TAB	2	PA QL=30 Quantity/30 Days
TRULANCE 3MG TAB	2	QL=30 Quantity/30 Days
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
FEMALE CONDOMS	$0*	QL=12 Quantity/ Per Dispensing
MALE CONDOMS	$0*	QL=12 Quantity/ Per Dispensing
DIABETIC SUPPLIES		
ACCU-CHEK GUIDE CARE METER	$0*	
ACCU-CHEK GUIDE ME KIT	$0*	
CALIBRATION LIQUID	1*	
DEXCOM G6 RECEIVER	3*	
DEXCOM G6 SENSOR	3*	
DEXCOM G6 TRANSMITTER	3*	
DEXCOM G7 RECEIVER	3*	
DEXCOM G7 SENSOR	3*	
FREESTYLE FREEDOM LITE METER	$0*	
FREESTYLE LIBRE 2 RECEIVER	3*	
FREESTYLE LIBRE 2 SENSOR	3*	
FREESTYLE LIBRE 2-PLUS SENSOR	3*	
FREESTYLE LIBRE 3 READER	3*	
FREESTYLE LIBRE 3 SENSOR	3*	
FREESTYLE LIBRE RECEIVER	3*	
FREESTYLE LIBRE SENSOR (14-DAY)	3*	
FREESTYLE LITE METER	$0*	
FREESTYLE PRECISION NEO METER	$0*	
LANCET DEVICE	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
LANCETS	1*	
PRECISION XTRA METER	$0*	
OMNIPOD 5 DEX G7G6 INTRO KIT	2	QL=1 Quantity/365 Days
OMNIPOD 5 DEX G7G6 PODS	2	QL=10 Quantity/30 Days
OMNIPOD 5 G7 INTRO KIT	2	QL=1 Quantity/365 Days
OMNIPOD 5 G7 PODS	2	QL=10 Quantity/30 Days
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT	2	QL=1 Quantity/365 Days
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	QL=10 Quantity/30 Days
OMNIPOD 5 PACK PODS	2	QL=10 Quantity/30 Days
OMNIPOD DASH INTRO KIT	2	QL=1 Quantity/365 Days
OMNIPOD DASH PODS	2	QL=10 Quantity/30 Days
OMNIPOD GO KIT	2	QL=10 Quantity/30 Days
OMNIPOD STARTER KIT	2	QL=1 Quantity/365 Days
V-GO INJ KIT	2	QL=30 Quantity/30 Days
PARENTERAL THERAPY SUPPLIES		
ALCOHOL SWAB 1"x1" (DIABETIC)	2	
alcohol swab 1"x1" (diabetic)	2	
GAUZE PADS DRESSINGS - PADS 2 X 2	2	
INSULIN SYRINGE	2	
INSULIN SYRINGE U-500	2	
PEN NEEDLE	2	
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	2*	
PEAK FLOW METER	1*	
MIGRAINE PRODUCTS		
MIGRAINE PRODUCTS		
AIMOVIG 140MG/ML AUTO-INJECTOR	2	PA QL=1 Quantity/30 Days
AIMOVIG 70MG/ML AUTO-INJECTOR	2	PA QL=1 Quantity/30 Days
dihydroergotamine mesylate 0.5mg/act nasal inhaler	2	PA QL=16 Quantity/30 Days
EMGALITY 100MG/ML INJ	2	PA QL=3 Quantity/30 Days
EMGALITY 120MG/ML AUTO-INJECTOR	2	PA QL=2 Quantity/30 Days
EMGALITY 120MG/ML INJ	2	PA QL=2 Quantity/30 Days
UBRELVY 100MG TAB	2	PA QL=16 Quantity/30 Days
UBRELVY 50MG TAB	2	PA QL=16 Quantity/30 Days
ZAVZPRET 10MG/ACT NASAL SPRAY	2	PA QL=6 Quantity/30 Days
SEROTONIN AGONISTS		
naratriptan 1mg tab	2	QL=18 Quantity/30 Days
naratriptan 2.5mg tab	2	QL=18 Quantity/30 Days
rizatriptan 10mg odt	1	QL=36 Quantity/60 Days
rizatriptan 10mg tab	1	QL=36 Quantity/60 Days
rizatriptan 5mg odt	1	QL=36 Quantity/60 Days
rizatriptan 5mg tab	1	QL=36 Quantity/60 Days
sumatriptan 100mg tab	1	QL=18 Quantity/30 Days
sumatriptan 12mg/ml auto-injector	2	QL=10 Quantity/30 Days
sumatriptan 12mg/ml inj	2	QL=10 Quantity/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
sumatriptan 20mg/act nasal spray	2	QL=12 Quantity/30 Days
sumatriptan 25mg tab	1	QL=18 Quantity/30 Days
sumatriptan 50mg tab	1	QL=18 Quantity/30 Days
sumatriptan 5mg/act nasal spray	2	QL=12 Quantity/30 Days
SUMATRIPTAN 6MG/0.5ML REFILL INJ	2	QL=10 Quantity/30 Days
sumatriptan 8mg/ml cartridge	2	QL=10 Quantity/30 Days
SUMATRIPTAN INJ 4MG/0.5ML REFILL INJ	2	QL=10 Quantity/30 Days
zolmitriptan 2.5mg tab	2	QL=18 Quantity/30 Days
zolmitriptan 5mg tab	2	QL=18 Quantity/30 Days
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
deferasirox 180mg tab	2	PA
deferasirox 360mg tab	2	PA
deferasirox 90mg tab	2	PA
penicillamine 250mg tab	2	NDS
trientine 250mg cap	1	PA QL=240 Quantity/30 Days
IMMUNOMODULATORS		
lenalidomide 10mg cap	2	LD NDS PA_NSO QL=28 Quantity/28 Days
lenalidomide 15mg cap	2	LD NDS PA_NSO QL=28 Quantity/28 Days
lenalidomide 2.5mg cap	2	LD NDS PA_NSO QL=28 Quantity/28 Days
lenalidomide 20mg cap	2	LD NDS PA_NSO QL=28 Quantity/28 Days
lenalidomide 25mg cap	2	LD NDS PA_NSO QL=28 Quantity/28 Days
lenalidomide 5mg cap	2	LD NDS PA_NSO QL=28 Quantity/28 Days
REZUROCK 200MG TAB	2	LD NDS PA QL=30 Quantity/30 Days
THALOMID 100MG CAP	2	NDS QL=120 Quantity/30 Days
THALOMID 150MG CAP	2	NDS QL=60 Quantity/30 Days
THALOMID 200MG CAP	2	NDS QL=60 Quantity/30 Days
THALOMID 50MG CAP	2	NDS QL=240 Quantity/30 Days
IMMUNOSUPPRESSIVE AGENTS		
ARCALYST 220MG INJ	2	NDS PA
azathioprine 50mg tab	2	PA_BvD
BENLYSTA 200MG/ML AUTO-INJECTOR	2	NDS PA QL=4 Quantity/28 Days
BENLYSTA 200MG/ML SYRINGE	2	NDS PA QL=4 Quantity/28 Days
cyclosporine 100mg cap	2	PA_BvD
cyclosporine 25mg cap	2	PA_BvD
cyclosporine modified 100mg cap	2	PA_BvD
cyclosporine modified 100mg/ml oral soln	2	PA_BvD
cyclosporine modified 25mg cap	2	PA_BvD
cyclosporine modified 50mg cap	2	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
ENVARSUS 0.75MG ER TAB	3	PA_BvD
ENVARSUS 1MG ER TAB	3	PA_BvD
ENVARSUS 4MG ER TAB	3	PA_BvD
everolimus 0.25mg tab	2	PA_BvD QL=60 Quantity/30 Days
everolimus 0.5mg tab	2	PA_BvD QL=120 Quantity/30 Days
everolimus 0.75mg tab	2	PA_BvD QL=60 Quantity/30 Days
everolimus 1mg tab	2	PA_BvD QL=60 Quantity/30 Days
mycophenolate mofetil 200mg/ml susp	2	PA_BvD
mycophenolate mofetil 250mg cap	2	PA_BvD
mycophenolate mofetil 500mg tab	2	PA_BvD
mycophenolic acid 180mg dr tab	2	PA_BvD
mycophenolic acid 360mg dr tab	2	PA_BvD
ORENCIA 125MG/ML AUTO-INJECTOR	2	NDS PA QL=4 Quantity/28 Days
ORENCIA 125MG/ML SYRINGE	2	NDS PA QL=4 Quantity/28 Days
ORENCIA 50MG/0.4ML SYRINGE	2	NDS PA QL=4 Quantity/28 Days
ORENCIA 87.5MG/0.7ML SYRINGE	2	NDS PA QL=4 Quantity/28 Days
PROGRAF 0.2MG GRANULES FOR ORAL SUSP	3	PA_BvD
PROGRAF 1MG GRANULES FOR ORAL SUSP	3	PA_BvD
sirolimus 0.5mg tab	2	PA_BvD
sirolimus 1mg tab	2	PA_BvD
sirolimus 1mg/ml oral soln	2	PA_BvD
sirolimus 2mg tab	2	PA_BvD
tacrolimus 0.5mg cap	2	PA_BvD
tacrolimus 1mg cap	2	PA_BvD
tacrolimus 5mg cap	2	PA_BvD
TYENNE 162MG/0.9ML AUTO-INJECTOR	2	NDS PA QL=4 Quantity/28 Days
TYENNE 162MG/0.9ML SYRINGE	2	NDS PA QL=4 Quantity/28 Days
POTASSIUM REMOVING AGENTS		
LOKELMA 10GM POWDER FOR ORAL SUSP	2	PA QL=90 Quantity/30 Days
LOKELMA 5GM POWDER FOR ORAL SUSP	2	PA QL=30 Quantity/30 Days
sodium polystyrene sulfonate 15000mg powder for oral susp	2	
sps 15gm/60ml susp	2	
SPS 15GM/60ML SUSP	2	
VELTASSA 16.8GM POWDER FOR ORAL SUSP	2	PA QL=30 Quantity/30 Days
VELTASSA 1GM POWDER FOR ORAL SUSP	2	PA QL=120 Quantity/30 Days
VELTASSA 25.2GM POWDER FOR ORAL SUSP	2	PA QL=30 Quantity/30 Days
VELTASSA 8.4GM POWDER FOR ORAL SUSP	2	PA QL=30 Quantity/30 Days
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	1*	
DIALYVITE/ZINC TAB	1*	
FOLBEE PLUS CZ TAB	1*	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		

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
budesonide nasal spray (OTC)	1*	
FLONASE SENSIMIST NASAL SPRAY (OTC)	2*	
NASACORT NASAL SPRAY (OTC)	1*	QL=2 Quantity/15 Days
triamcinolone nasal spray (OTC)	1*	QL=2 Quantity/15 Days
azelastine 0.137mg/act nasal inhaler	1	QL=2 Quantity/30 Days
flunisolide 25mcg/act nasal inhaler	2	QL=2 Quantity/30 Days
fluticasone propionate 50mcg/act nasal inhaler	1	QL=2 Quantity/30 Days
ipratropium 0.03% nasal spray	2	QL=1 Quantity/30 Days
ipratropium 0.06% nasal spray	2	QL=3 Quantity/30 Days
olopatadine 0.665mg/act nasal inhaler	2	QL=1 Quantity/30 Days
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
phospha 250 neutral tab	1*	
CLINIMIX 4.25/10 INJ	2	PA_BvD
CLINIMIX 4.25/5 INJ	2	PA_BvD
CLINIMIX 5/15 INJ	2	PA_BvD
CLINIMIX 5/20 INJ	2	PA_BvD
clinisol 15% inj	2	PA_BvD
d2.5w/nacl 0.45% inj	2	
D5W/NACL 5%-0.33% INJ	2	
d5w/nacl 5%-0.33% inj	2	
DEXTROSE 10% INJ	2	PA_BvD
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	2	PA_BvD
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	2	PA_BvD
DEXTROSE 5% INJ	2	
DEXTROSE/SODIUM CHLORIDE 5-0.225% INJ	2	
dextrose/sodium chloride 5%-0.225% inj	2	
ELECTROLYTE-148 SOLUTION	2	
electrolyte-a solution	2	
glucose 100mg/ml inj	2	PA_BvD
GLUCOSE 25MG/ML/SODIUM CHLORIDE 0.0769 MEQ/ML INJ	2	
glucose 50 mg/ml/potassium chloride 0.04meq/ml/sodium chloride 4.5mg/ml inj	2	
glucose 50mg/ml inj	2	
glucose 50mg/ml/potassium chloride 0.01 meq/ml/sodium chloride 0.0769 meq/ml inj	2	
glucose 50mg/ml/potassium chloride 0.02 meq/ml inj	2	
glucose 50mg/ml/potassium chloride 0.02 meq/ml/sodium chloride 0.0342 meq/ml inj	2	
glucose 50mg/ml/potassium chloride 0.02 meq/ml/sodium chloride 0.154 meq/ml inj	2	
glucose 50mg/ml/potassium chloride 0.02meq/ml/sodium chloride 4.5mg/ml inj	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glucose 50mg/ml/potassium chloride 0.03 meq/ml/sodium chloride 0.0769 meq/ml inj	2	
GLUCOSE 50MG/ML/SODIUM CHLORIDE 2MG/ML INJ	2	
GLUCOSE 50MG/ML/SODIUM CHLORIDE 4.5MG/ML INJ	2	
glucose 50mg/ml/sodium chloride 4.5mg/ml inj	2	
GLUCOSE 50MG/ML/SODIUM CHLORIDE 9MG/ML INJ	2	
glucose 50mg/ml/sodium chloride 9mg/ml inj	2	
K-PHOS 500MG TAB	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	2	
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	2	
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% NACL 0.9% INJ	2	
kcl 40 meq/l (0.3%) in dextrose 5% nacl 0.9% inj	2	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	2	
KCL/D5W/LR 0.15% INJ	2	
kcl/d5w/nacl 20meq/5%/0.225% inj	2	
KCL/D5W/NACL 20MEQ/5%/0.225% INJ	2	
KCL/NACL 20MEQ-0.45% INJ	2	
kcl/nacl 40meq/0.9% inj	2	
KCL/NACL INJ 0.02 MEQ/ML/SODIUM CHLORIDE 0.154 MEQ/ML INJ	2	
KCL/NACL INJ 40 MEQ/0.9% INJ	2	
klor-con 10meq er tab	1	
klor-con 10meq micro er tab	1	
klor-con 20meq powder for oral soln	2	
klor-con 8meq er tab	1	
magnesium sulfate 500mg/ml inj	2	
potassium bicarbonate 25meq effer tab	1	
potassium chloride 0.02 meq/ml/sodium chloride 0.0769 meq/ml inj	2	
potassium chloride 0.02 meq/ml/sodium chloride 0.154 meq/ml inj	2	
potassium chloride 1.33meq/ml oral soln	2	
potassium chloride 10meq ER cap	1	
POTASSIUM CHLORIDE 10MEQ INJ	2	
potassium chloride 10meq inj	2	
potassium chloride 10meq/50ml inj	2	
POTASSIUM CHLORIDE 10MEQ/50ML INJ	2	
POTASSIUM CHLORIDE 15MEQ ER TAB	1	
potassium chloride 15meq micro tab	1	
potassium chloride 2.67meq/ml oral soln	2	
potassium chloride 20meq 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
potassium chloride 20meq inj	2	
potassium chloride 20meq micro er tab	1	
potassium chloride 20meq/100ml inj	2	
POTASSIUM CHLORIDE 20MEQ/100ML INJ	2	
potassium chloride 2meq/ml (20ml) inj	2	
potassium chloride 40meq inj	2	
POTASSIUM CHLORIDE 40MEQ INJ	2	
potassium chloride 8meq er cap	1	
potassium phosphate monobasic 500mg tab	2	
PROSOL 20% INJ	3	PA_BvD
sodium chloride 2.5meq/ml inj	2	
sodium chloride 23.4% inj	2	
sodium chloride 30mg/ml inj	2	
sodium chloride 4.5mg/ml inj	2	
sodium chloride 50mg/ml inj	2	
sodium chloride 9mg/ml inj	2	
TPN ELECTROLYTES INJ	2	PA_BvD
TRAVASOL 10% INJ	2	PA_BvD
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol 0.5% ophth soln	2	
BETAXOLOL 0.5% OPHTH SOLN	2	
brimonidine tartrate/timolol maleate 0.2-0.5% ophth soln	2	
CARTEOLOL 1% OPHTH SOLN	1	
dorzolamide/timolol 22.3-6.8mg/ml ophth soln	1	
LEVOBUNOLOL 0.5% OPHTH SOLN	1	
timolol 0.25% ophth gel	2	
timolol 0.25% ophth soln	1	
timolol 0.5% ophth gel	2	
timolol 0.5% ophth soln	1	
OPHTHALMIC ADRENERGIC AGENTS		
APRACLONIDINE 0.5% OPHTH SOLN	2	
apraclonidine 0.5% ophth soln	2	
brimonidine 0.1% ophth soln	2	
brimonidine tartrate 0.15% ophth soln	2	
brimonidine tartrate 0.2% ophth soln	1	
SIMBRINZA 0.2-1% OPHTH SUSP	2	QL=2 Quantity/30 Days
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 0.5UNIT/MG OPHTH OINTMENT	2	
bacitracin/polymyxin B 3.5gm ophth ointment	1	QL=7 Quantity/7 Days
ciprofloxacin 0.3% ophth soln	1	QL=30 Quantity/30 Days
erythromycin 0.5% ophth ointment	1	QL=7 Quantity/7 Days
gentamicin 0.3% ophth soln	1	QL=10 Quantity/7 Days
MOXIFLOXACIN 0.5% OPHTH SOLN	1	QL=2 Quantity/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
moxifloxacin 0.5% ophth soln	1	QL=2 Quantity/7 Days
NATACYN 5% OPHTH SUSP	2	QL=15 Quantity/7 Days
neomycin/bacitracin/polymyxin ophth ointment 5(3.5)mg-400unit-10000unit	2	QL=7 Quantity/7 Days
NEOMYCIN/POLYMYXIN B/GRAMICIDIN 1.75-10000-0.025MG-UNT-MG/ML OPHTH SOLN	2	QL=1 Quantity/7 Days
ofloxacin 0.3% ophth soln	1	QL=60 Quantity/30 Days
polymyxin B/trimethoprim 10000unit/ml-0.1% ophth soln	1	QL=1 Quantity/7 Days
sulfacetamide sodium 10% ophth soln	1	QL=15 Quantity/7 Days
SULFACETAMIDE SODIUM 10% OPHTH SOLN	1	QL=15 Quantity/7 Days
tobramycin 0.3% ophth soln	1	QL=30 Quantity/30 Days
TRIFLURIDINE 1% OPHTH SOLN	2	QL=2 Quantity/7 Days
XDEMVY 0.25% OPHTH SOLN	2	LD PA QL=10 Quantity/42 Days
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA 0.02% OPHTH SOLN	2	QL=2 Quantity/30 Days
ROCKLATAN 0.05-0.2MG/ML OPHTH SOLN	2	QL=2 Quantity/30 Days
OPHTHALMIC STEROIDS		
DEXAMETHASONE PHOSPHATE 0.1% OPHTH SOLN	2	
dexamethasone/neomycin/polymyxin b 0.1% ophth ointment	1	
dexamethasone/neomycin/polymyxin b 0.1% ophth susp	1	
dexamethasone/tobramycin 0.3-0.1% ophth susp	2	
difluprednate 0.05% ophth emulsion	2	
fluorometholone 0.1% ophth susp	2	
loteprednol etabonate 0.5% ophth gel	2	
loteprednol etabonate 0.5% ophth susp	2	
neomycin/polymyxin/bacitracin/hydrocortisone 1% ophth ointment	2	
PREDNISOLONE 1% OPHTH SOLN	2	
prednisolone acetate 1% ophth susp	2	
SULFACETAMIDE/PREDNISOLONE 10-0.25% OPHTH SOLN	1	
OPHTHALMICS - MISC.		
HOMATROPINE OPHTH SOLN	2*	
ketotifen ophth soln	1*	
olopatadine ophth soln	1*	
ATROPINE SULFATE 1% OPHTH SOLN	2	
atropine sulfate 1% ophth soln	2	
azelastine 0.05% ophth soln	1	
cromolyn sodium 4% ophth soln	1	
CROMOLYN SODIUM 4% OPHTH SOLN	1	
cyclosporine 0.05% ophth emulsion	2	QL=60 Quantity/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
CYSTADROPS 0.37% OPHTH SOLN	2	LD NDS PA QL=4 Quantity/28 Days
diclofenac sodium 0.1% ophth soln	1	QL=20 Quantity/365 Days
dorzolamide 2% ophth soln	1	
FLURBIPROFEN SODIUM 0.03% OPHTH SOLN	2	
ketorolac tromethamine 0.4% ophth soln	2	QL=20 Quantity/365 Days
ketorolac tromethamine 0.5% ophth soln	1	
MIEBO 1.338GM/ML OPHTH SOLN	2	QL=3 Quantity/30 Days
pilocarpine 1% ophth soln	2	
pilocarpine 2% ophth soln	2	
pilocarpine 4% ophth soln	2	
XIIDRA 5% OPHTH SOLN	2	QL=60 Quantity/30 Days
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost 0.03% ophth soln	2	QL=5 Quantity/30 Days
latanoprost 0.005% ophth soln	1	QL=5 Quantity/30 Days
LUMIGAN 0.01% OPHTH SOLN	2	QL=5 Quantity/30 Days
travoprost 0.004% ophth soln	2	QL=5 Quantity/30 Days
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2% otic soln	1	
ciprofloxacin/dexamethasone 0.3-0.1% otic susp	2	QL=7.50 Quantity/7 Days
fluocinolone acetonide 0.01% otic soln	2	
neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic soln	2	
neomycin/polymyxin/hydrocortisone 3.5-10000unit-1% otic susp	2	
ofloxacin 0.3% otic soln	1	
PENICILLINS		
AMINOPENICILLINS		
AMOXICILLIN 125MG CHEW TAB	1	
amoxicillin 250mg cap	1	
AMOXICILLIN 250MG CHEW TAB	1	
amoxicillin 25mg/ml susp	1	
amoxicillin 40mg/ml susp	1	
amoxicillin 500mg cap	1	
amoxicillin 500mg tab	1	
amoxicillin 50mg/ml susp	1	
amoxicillin 80mg/ml susp	1	
amoxicillin 875mg tab	1	
ampicillin 1000mg inj	2	
ampicillin 100mg/ml inj	2	
AMPICILLIN 125MG INJ	2	
ampicillin 250mg inj	2	
AMPICILLIN 2GM INJ	2	
ampicillin 2gm inj	2	
ampicillin 500mg 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
ampicillin 500mg inj	2	
AMPICILLIN SODIUM 1GM INJ	2	
NATURAL PENICILLINS		
BICILLIN L-A 1200000UNIT/2ML INJ	3	
BICILLIN L-A 2400000UNIT/4ML INJ	3	
BICILLIN L-A 600000UNIT/ML INJ	3	
penicillin g potassium 1000000unit/ml inj	2	
PENICILLIN G SODIUM 100000UNIT/ML INJ	2	
penicillin gk 5000000unit inj	2	
penicillin v potassium 250mg tab	1	
PENICILLIN V POTASSIUM 25MG/ML ORAL SOLN	1	
penicillin v potassium 500mg tab	1	
PENICILLIN V POTASSIUM 50MG/ML ORAL SOLN	1	
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate 120-8.58mg/ml susp	1	
amoxicillin/clavulanate 250-125mg tab	1	
amoxicillin/clavulanate 40-5.7mg/ml susp	1	
amoxicillin/clavulanate 50-12.5mg/ml susp	1	
amoxicillin/clavulanate 500-125mg tab	1	
amoxicillin/clavulanate 80-11.4mg/ml susp	1	
amoxicillin/clavulanate 875-125mg tab	1	
AMPICILLIN/SULBACTAM 1.5GM INJ	2	
ampicillin/sulbactam 100-50mg/ml inj	2	
ampicillin/sulbactam 1000-500mg inj	2	
ampicillin/sulbactam 2000-1000mg inj	2	
AMPICILLIN/SULBACTAM 3GM INJ	2	
piperacillin/tazobactam 12-1.5gm inj	2	
piperacillin/tazobactam 200-25mg/ml inj	2	
piperacillin/tazobactam 2000-250mg inj	2	
piperacillin/tazobactam 3000-375mg inj	2	
piperacillin/tazobactam 4000-500mg inj	2	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin 250mg cap	2	
dicloxacillin 500mg cap	2	
nafcillin 1000mg inj	2	
nafcillin 100mg/ml inj	2	
nafcillin 2000mg inj	2	
NAFCILLIN 2GM INJ	2	
oxacillin 1000mg inj	2	
oxacillin 100mg/ml inj	2	
oxacillin 2000mg inj	2	
PROGESTINS		
PROGESTINS		
OPILL TAB	1*	
DEPO-SUBQ PROVERA 104MG/0.65ML SYRINGE	$0	QL=1 Quantity/84 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
LILETTA 20.1MCG/DAY INTRAUTERINE SYSTEM	2	
medroxyprogesterone acetate 10mg tab	1	
medroxyprogesterone acetate 150mg/ml inj	$0	QL=1 Quantity/90 Days
medroxyprogesterone acetate 150mg/ml syringe	$0	QL=1 Quantity/90 Days
medroxyprogesterone acetate 2.5mg tab	1	
medroxyprogesterone acetate 5mg tab	1	
MEGESTROL ACETATE 125MG/ML SUSP	2	PA
NEXPLANON 68MG IMPLANT	2	
norethindrone 0.35mg pack	$0	
norethindrone acetate 5mg tab	2	
progesterone 100mg cap	2	
progesterone 200mg cap	2	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium 333mg dr tab	2	
disulfiram 250mg tab	2	
ANTIDEMENTIA AGENTS		
donepezil 10mg odt	2	QL=30 Quantity/30 Days
donepezil 10mg tab	1	
donepezil 23mg tab	2	QL=30 Quantity/30 Days
donepezil 5mg odt	2	QL=30 Quantity/30 Days
donepezil 5mg tab	1	
galantamine 12mg tab	2	QL=60 Quantity/30 Days
galantamine 4mg tab	2	QL=60 Quantity/30 Days
galantamine 8mg tab	2	QL=60 Quantity/30 Days
galantamine hydrobromide 16mg er cap	2	QL=30 Quantity/30 Days
galantamine hydrobromide 24mg er cap	2	QL=30 Quantity/30 Days
GALANTAMINE HYDROBROMIDE 4MG/ML ORAL SOLN	2	QL=200 Quantity/30 Days
galantamine hydrobromide 8mg er cap	2	QL=30 Quantity/30 Days
memantine 10mg tab	1	
memantine 14mg er cap	2	QL=30 Quantity/30 Days
memantine 21mg er cap	2	QL=30 Quantity/30 Days
memantine 28mg er cap	2	QL=30 Quantity/30 Days
memantine 2mg/ml oral soln	2	QL=300 Quantity/30 Days
memantine 5mg tab	1	
memantine 7mg er cap	2	QL=30 Quantity/30 Days
rivastigmine 1.5mg cap	2	QL=60 Quantity/30 Days
rivastigmine 13.3mg/24hr patch	2	QL=30 Quantity/30 Days
rivastigmine 3mg cap	2	QL=60 Quantity/30 Days
rivastigmine 4.5mg cap	2	QL=60 Quantity/30 Days
rivastigmine 4.6mg/24hr patch	2	QL=30 Quantity/30 Days
rivastigmine 6mg cap	2	QL=60 Quantity/30 Days
rivastigmine 9.5mg/24hr patch	2	QL=30 Quantity/30 Days
MOVEMENT DISORDER DRUG THERAPY		

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 12MG TAB	2	NDS PA QL=120 Quantity/30 Days
AUSTEDO 6MG TAB	2	NDS PA QL=120 Quantity/30 Days
AUSTEDO 9MG TAB	2	NDS PA QL=120 Quantity/30 Days
AUSTEDO XR 12MG TAB	2	NDS PA QL=30 Quantity/30 Days
AUSTEDO XR 18MG TAB	2	NDS PA QL=30 Quantity/30 Days
AUSTEDO XR 24MG TAB	2	NDS PA QL=30 Quantity/30 Days
AUSTEDO XR 30MG TAB	2	NDS PA QL=30 Quantity/30 Days
AUSTEDO XR 36MG TAB	2	NDS PA QL=30 Quantity/30 Days
AUSTEDO XR 42MG TAB	2	NDS PA QL=30 Quantity/30 Days
AUSTEDO XR 48MG TAB	2	NDS PA QL=30 Quantity/30 Days
AUSTEDO XR 6MG TAB	2	NDS PA QL=30 Quantity/30 Days
AUSTEDO XR TAB ONCE DAILY 4 WEEK TITRATIO PACK	2	NDS PA QL=1 Quantity/28 Days
INGREZZA 40MG CAP	2	LD NDS PA QL=30 Quantity/30 Days
INGREZZA 40MG SPRINKLE CAP	2	LD NDS PA QL=30 Quantity/30 Days
INGREZZA 60MG CAP	2	LD NDS PA QL=30 Quantity/30 Days
INGREZZA 60MG SPRINKLE CAP	2	LD NDS PA QL=30 Quantity/30 Days
INGREZZA 80MG CAP	2	LD NDS PA QL=30 Quantity/30 Days
INGREZZA 80MG SPRINKLE CAP	2	LD NDS PA QL=30 Quantity/30 Days
INGREZZA CAP PACK	2	LD NDS PA QL=28 Quantity/28 Days
tetrabenazine 12.5mg tab	2	QL=90 Quantity/30 Days
tetrabenazine 25mg tab	2	QL=120 Quantity/30 Days
MULTIPLE SCLEROSIS AGENTS		
AVONEX 30MCG/0.5ML AUTO-INJECTOR	2	NDS QL=2 Quantity/28 Days
AVONEX 30MCG/0.5ML SYRINGE	2	NDS QL=1 Quantity/28 Days
BETASERON 0.3MG INJ	2	NDS QL=14 Quantity/28 Days
dalfampridine 10mg er tab	2	QL=60 Quantity/30 Days
dimethyl fumarate 120mg dr cap	2	QL=14 Quantity/7 Days
dimethyl fumarate 120mg/240mg cap starter pack (60)	2	QL=1 Quantity/180 Days
dimethyl fumarate 240mg dr cap	2	QL=60 Quantity/30 Days
fingolimod 0.5mg cap	2	QL=30 Quantity/30 Days
glatiramer acetate 20mg/ml syringe	2	QL=30 Quantity/30 Days
glatiramer acetate 40mg/ml syringe	2	QL=12 Quantity/28 Days
KESIMPTA 20MG/0.4ML PEN INJ	2	NDS QL=3 Quantity/28 Days
MAYZENT 0.25MG TAB	2	NDS QL=112 Quantity/28 Days
MAYZENT 1MG TAB	2	NDS QL=30 Quantity/30 Days
MAYZENT 2MG TAB	2	NDS QL=30 Quantity/30 Days
MAYZENT TAB STARTER PACK (12)	2	NDS QL=1 Quantity/28 Days
MAYZENT TAB STARTER PACK (7)	2	QL=1 Quantity/28 Days
PLEGRIDY 125MCG/0.5ML AUTO-INJECTOR	2	NDS QL=2 Quantity/28 Days
PLEGRIDY 125MCG/0.5ML SYRINGE	2	NDS QL=2 Quantity/28 Days
PLEGRIDY IM 125MCG/0.5ML INJ	2	NDS QL=2 Quantity/28 Days
PLEGRIDY INJ STARTER PACK	2	NDS QL=1 Quantity/28 Days
PLEGRIDY PEN STARTER PACK	2	NDS QL=1 Quantity/28 Days
teriflunomide 14mg tab	2	QL=30 Quantity/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
teriflunomide 7mg tab	2	QL=30 Quantity/30 Days
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
NUEDEXTA 20-10MG CAP	2	PA QL=60 Quantity/30 Days
PIMOZIDE 1MG TAB	2	
PIMOZIDE 2MG TAB	2	
SMOKING DETERRENTS		
nicotine gum	$0*	
nicotine lozenge	$0*	
nicotine patch	$0*	
NICOTINE PATCH KIT	$0*	
bupropion 150mg sr tab	$0	
NICOTROL 10MG/ML NASAL INHALER	$0	
varenicline 0.5mg/1mg first month pack	$0	QL=1 Quantity/28 Days
varenicline tartrate 0.5mg tab	$0	QL=56 Quantity/28 Days
varenicline tartrate 1mg tab	$0	QL=56 Quantity/28 Days
RESPIRATORY TRACT AGENTS		
ANTIHISTAMINES		
guaifenesin/codeine syrup	1*	QL=240 Quantity/ Per Dispensing
HYDROCODONE/CHLORPHENIRAMINE SUSP	3*	QL=120 Quantity/ Per Dispensing
promethazine DM syrup	1*	
promethazine VC w/codeine syrup	1*	
PROMETHAZINE VC W/CODEINE SYRUP	1*	
promethazine/codeine syrup	1*	
cyproheptadine 0.4mg/ml oral soln	1	
cyproheptadine 4mg tab	1	
desloratadine 5mg tab	2	
levocetirizine 5mg tab	1	
PROMETHAZINE 1.25MG/ML ORAL SOLN	1	
promethazine 1.25mg/ml oral syrup	1	
promethazine 12.5mg tab	1	
promethazine 25mg tab	1	
promethazine 50mg tab	1	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS 0.5MG TAB	2	LD NDS PA QL=90 Quantity/30 Days
ADEMPAS 1.5MG TAB	2	LD NDS PA QL=90 Quantity/30 Days
ADEMPAS 1MG TAB	2	LD NDS PA QL=90 Quantity/30 Days
ADEMPAS 2.5MG TAB	2	LD NDS PA QL=90 Quantity/30 Days
ADEMPAS 2MG TAB	2	LD NDS PA QL=90 Quantity/30 Days
ambrisentan 10mg tab	2	LD NDS PA QL=30 Quantity/30 Days
ambrisentan 5mg tab	2	LD NDS PA QL=30 Quantity/30 Days
bosentan 125mg tab	2	LD NDS PA QL=60 Quantity/30 Days
bosentan 62.5mg tab	2	LD NDS PA QL=60 Quantity/30 Days
OPSUMIT 10MG TAB	2	LD NDS PA QL=30 Quantity/30 Days
sildenafil 20mg tab	2	PA QL=360 Quantity/30 Days
tadalafil 20mg tab (PAH)	2	PA QL=60 Quantity/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
WINREVAIR 45MG INJ	2	LD NDS PA QL=1 Quantity/21 Days
WINREVAIR 45MG INJ (2 VIAL PACK)	2	LD NDS PA QL=1 Quantity/21 Days
WINREVAIR 60MG INJ	2	LD NDS PA QL=1 Quantity/21 Days
WINREVAIR 60MG INJ (2 VIAL PACK)	2	LD NDS PA QL=1 Quantity/21 Days
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine 100mg/ml inh soln	2	PA_BvD
acetylcysteine 200mg/ml inh soln	2	PA_BvD
ALYFTREK 10-50-125MG TAB	2	LD NDS PA QL=56 Quantity/28 Days
ALYFTREK 4-20-50MG TAB	2	LD NDS PA QL=84 Quantity/28 Days
CAYSTON 75MG INH SOLN	2	LD PA QL=84 Quantity/56 Days
KALYDECO 13.4MG GRANULES	2	LD NDS PA QL=56 Quantity/28 Days
KALYDECO 150MG TAB	2	LD NDS PA QL=60 Quantity/30 Days
KALYDECO 25MG GRANULES	2	LD NDS PA QL=60 Quantity/30 Days
KALYDECO 5.8MG GRANULES	2	LD NDS PA QL=56 Quantity/28 Days
KALYDECO 50MG GRANULES	2	LD NDS PA QL=60 Quantity/30 Days
KALYDECO 75MG GRANULES	2	LD NDS PA QL=60 Quantity/30 Days
OFEV 100MG CAP	2	LD NDS PA QL=60 Quantity/30 Days
OFEV 150MG CAP	2	LD NDS PA QL=60 Quantity/30 Days
ORKAMBI 125-100MG GRANULES	2	LD NDS PA QL=60 Quantity/30 Days
ORKAMBI 125-100MG TAB	2	LD NDS PA QL=120 Quantity/30 Days
ORKAMBI 125-200MG TAB	2	LD NDS PA QL=120 Quantity/30 Days
ORKAMBI 188-150MG GRANULES	2	LD NDS PA QL=60 Quantity/30 Days
ORKAMBI 94-75MG GRANULES	2	LD NDS PA QL=56 Quantity/28 Days
pirfenidone 267mg cap	2	PA QL=270 Quantity/30 Days
pirfenidone 267mg tab	2	PA QL=270 Quantity/30 Days
pirfenidone 801mg tab	2	PA QL=90 Quantity/30 Days
PROLASTIN-C 1000MG INJ	2	NDS PA
PULMOZYME 1MG/ML INH SOLN	2	NDS PA_BvD QL=150 Quantity/30 Days
roflumilast 250mcg tab	2	QL=28 Quantity/365 Days
roflumilast 500mcg tab	2	QL=30 Quantity/30 Days
SYMDEKO 50-75MG/75MG PACK	2	LD NDS PA QL=60 Quantity/30 Days
SYMDEKO TAB 4-WEEK PACK	2	LD NDS PA QL=60 Quantity/30 Days
THEOPHYLLINE 100MG ER TAB	2	
THEOPHYLLINE 200MG ER TAB	2	
theophylline 300mg SR tab	2	
theophylline 400mg er tab	2	
theophylline 450 er tab	2	
theophylline 600mg er tab	2	
TRIKAFTA 100-50-75MG/150MG PACK	2	LD NDS PA QL=90 Quantity/30 Days
TRIKAFTA 100-50-75MG/75MG GRANULES PACK	2	LD NDS PA QL=56 Quantity/28 Days
TRIKAFTA 50-37.5-25MG/75MG TAB PACK (84)	2	LD NDS PA QL=1 Quantity/28 Days
TRIKAFTA 80-40-60MG/59.5MG GRANULES PACK	2	LD NDS PA QL=56 Quantity/28 Days
SLEEP DISORDER AGENTS		
SLEEP DISORDERS, OTHER		

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
LUMRYZ 28-DAY STARTER PACK (28)	2	LD NDS PA QL=1 Quantity/28 Days
LUMRYZ 4.5GM GRANULES FOR ORAL SUSP	2	LD NDS PA QL=30 Quantity/30 Days
LUMRYZ 6GM GRANULES FOR ORAL SUSP	2	LD NDS PA QL=30 Quantity/30 Days
LUMRYZ 7.5GM GRANULES FOR ORAL SUSP	2	LD NDS PA QL=30 Quantity/30 Days
LUMRYZ 9GM GRANULES FOR ORAL SUSP	2	LD NDS PA QL=30 Quantity/30 Days
SODIUM OXYBATE 500MG/ML ORAL SOLN, XYREM 500MG/ML ORAL SOLN	2	LD NDS PA QL=540 Quantity/30 Days
SUNOSI 150MG TAB	2	PA QL=30 Quantity/30 Days
SUNOSI 75MG TAB	2	PA QL=30 Quantity/30 Days
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine 500mg tab	2	
sulfamethoxazole/trimethoprim 40-8mg/ml susp	2	
sulfamethoxazole/trimethoprim 400-80mg tab	1	
sulfamethoxazole/trimethoprim 800-160mg tab	1	
TETRACYCLINES		
TETRACYCLINES		
doxycycline hyclate 100mg cap	1	
doxycycline hyclate 100mg inj	2	
doxycycline hyclate 100mg tab	1	
doxycycline hyclate 20mg tab	1	
doxycycline hyclate 50mg cap	1	
doxycycline monohydrate 100mg tab	1	
doxycycline monohydrate 50mg cap	1	
doxycycline monohydrate 50mg tab	1	
doxycycline monohydrate 5mg/ml susp	2	
doxycycline monohydrate 75mg tab	1	
minocycline 100mg cap	1	
minocycline 50mg cap	1	
minocycline 75mg cap	1	
mondoxyne 100mg cap	1	
tetracycline 250mg cap	2	
tetracycline 500mg cap	2	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole 10mg tab	1	
methimazole 5mg tab	1	
propylthiouracil 50mg tab	2	
THYROID HORMONES		
ARMOUR THYROID 120MG TAB	1	
ARMOUR THYROID 15MG TAB	1	
ARMOUR THYROID 30MG TAB	1	
ARMOUR THYROID 60MG TAB	1	
ARMOUR THYROID 90MG TAB	1	
levothyroxine 100mcg 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
levothyroxine 112mcg tab	1	
levothyroxine 125mcg tab	1	
levothyroxine 137mcg tab	1	
levothyroxine 150mcg tab	1	
levothyroxine 175mcg tab	1	
levothyroxine 200mcg tab	1	
levothyroxine 25mcg tab	1	
levothyroxine 300mcg tab	1	
levothyroxine 50mcg tab	1	
levothyroxine 75mcg tab	1	
levothyroxine 88mcg tab	1	
liothyronine sodium 25mcg tab	2	
liothyronine sodium 50mcg tab	2	
liothyronine sodium 5mcg tab	2	
SYNTHROID 100MCG TAB	2	
SYNTHROID 112MCG TAB	2	
SYNTHROID 125MCG TAB	2	
SYNTHROID 137MCG TAB	2	
SYNTHROID 150MCG TAB	2	
SYNTHROID 175MCG TAB	2	
SYNTHROID 200MCG TAB	2	
SYNTHROID 25MCG TAB	2	
SYNTHROID 300MCG TAB	2	
SYNTHROID 50MCG TAB	2	
SYNTHROID 75MCG TAB	2	
SYNTHROID 88MCG TAB	2	
THYROID 180MG TAB	1	
THYROID 240MG TAB	1	
THYROID 300MG TAB	1	
THYROID 65MG TAB	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
hyoscyamine sulfate CR tab	1*	
hyoscyamine sulfate elixir	1*	
hyoscyamine sulfate ODT	1*	
hyoscyamine sulfate SL tab	1*	
hyoscyamine sulfate tab	1*	
dicyclomine 10mg cap	1	
dicyclomine 20mg tab	1	
dicyclomine 2mg/ml oral soln	2	
glycopyrrolate 1mg tab	2	
glycopyrrolate 2mg tab	2	
H-2 ANTAGONISTS		
cimetidine tab	1*	
famotidine 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 200mg tab	2	
cimetidine 300mg tab	2	
cimetidine 400mg tab	2	
cimetidine 800mg tab	2	
famotidine 20mg tab	1	
famotidine 40mg tab	1	
MISC. ANTI-ULCER		
misoprostol 100mcg tab	2	
misoprostol 200mcg tab	2	
sucralfate 1000mg tab	1	
sucralfate 100mg/ml susp	2	
PROTON PUMP INHIBITORS		
esomeprazole cap (OTC)	1*	
lansoprazole cap (OTC)	1*	
omeprazole tab	1*	
esomeprazole 20mg dr cap (rx only)	2	
esomeprazole 40mg dr cap	2	
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	
rabeprazole sodium 20mg dr tab	2	
VAGINAL AND RELATED PRODUCTS		
SPERMICIDES		
CONTRACEPTIVE GEL	$0*	
VAGINAL ANTI-INFECTIVES		
clindamycin 2% vaginal cream	2	
metronidazole 0.75% vaginal gel	1	
terconazole 0.4% vaginal cream	1	
terconazole 0.8% vaginal cream	1	
terconazole 80mg vaginal insert	2	
VAGINAL ESTROGENS		
estradiol 0.01% vaginal cream	1	
estradiol 0.01mg vaginal insert	2	
PREMARIN 0.625MG/GM VAGINAL CREAM	2	
VAGINAL PRODUCTS		
SPERMICIDES		
CONTRACEPTIVE FILM	$0*	
CONTRACEPTIVE SUPP	$0*	
TODAY SPONGE	$0*	
VITAMINS		
OIL SOLUBLE VITAMINS		

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
vitamin D 50000unit cap	1*	

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This Drug List was updated on 08/22/2025.

For more recent information or other questions, please contact Navitus MedicareRx Customer Care at 1-866-270-3877 (TTY users call 711), 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day, or visit our member portal at www.medicarerx.navitus.com. Customer Care also has free language interpreter services available for non-English speakers.

Navitus MedicareRx Member Portal:

- **Current members:** You may access our website and Member Portal by going to www.Medicarerx.navitus.com, click on Members, then Login.
- **New members:** Once you receive your ID card, first time users can register at www.Medicarerx.navitus.com for access to the Member Portal.

Pharmacies can call Navitus Customer Care 24 hours a day, 7 days a week.

For more information about **Medicare**, call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048. Calls to these numbers are free and you can call 24 hours a day, 7 days a week. Or visit www.medicare.gov.

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