MMM Estela (HMO-POS)	MMM Plenitud (HMO-POS)
MMM Elite (HMO-POS)	PMC Max (HMO-POS)

2027 Formulary

(List of Covered Drugs or "Drug List")

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

HPMS ID 27353, Version 10

This formulary was updated on 10/05/2026. For more recent information or other questions, please contact MMM Healthcare, LLC., Member Services at 1-866-333-5470 (TTY users should call 711), Monday through Sunday, from 8:00 a.m. to 8:00 p.m., or visit www.mmmpr.com.

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

When this Drug List (Formulary) refers to "we," "us," or "our," it means MMM Healthcare, LLC. When it refers to "plan" or "our plan," it means MMM Estela / MMM Elite / MMM Plenitud / PMC Max.

This document includes a Drug List (formulary) for our plan which is current as of 10/05/2026. An updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the MMM Estela / MMM Elite / MMM Plenitud / PMC Max formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but our plan may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.mmmpr.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 formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

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

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

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

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

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

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

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the MMM Estela's / MMM Elite's / MMM Plenitud's / PMC Max's formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/05/2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, all affected members will be notified via mail (at least 30 days before the change becomes effective). In addition, an updated version of our printed formulary will be available the first week of the effective month and posted on our website at: www.mmmpr.com.

How do I use the formulary?

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

Medical Condition
The formulary begins on page 14. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 12. 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 149. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs 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 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 60 tablets per prescription for *glimepiride*. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 14. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the MMM Estela / MMM Elite / MMM Plenitud / PMC Max formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the MMM Estela / MMM Elite / MMM Plenitud / PMC Max formulary?

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

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

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

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

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

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug

you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.
If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

For those members who are released from a hospital or other care facility to their home, our plan will cover a temporary 30-day supply for the drugs that are not in our formulary or have a utilization restriction, while you ask your physician to prescribe a similar drug that is covered by our plan.

For more information

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

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

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

MMM Medicare, LLC formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 149.

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

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

Tier Level Structure

Before the total yearly out of pocket drug costs paid by you reach $2,400, you pay the following for prescription drugs:

	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
MMM Estela (HMO-POS)	1	Preferred Generic	$0.00	$0.00	$0.00
	2	Generic	$0.00	$0.00	$0.00
	3	Preferred Brand	$0.00	$0.00	$0.00
	4	Non-Preferred Drug	$0.00	$0.00	$0.00
	5	Specialty	33% / Insulins $35.00	Not Covered	Not Covered
	6	Select Care Drugs	$0.00	$0.00	$0.00

You do not have to pay for covered Part D vaccines. For insulins you won't pay more than a $35 copay for a one (1) month supply in the Initial Stage.

For more information on how the tier level is applied, please review your Evidence of Coverage.

After your yearly out-of-pocket, the plan pays the full cost for your covered Part D drugs. You pay nothing for your covered Part D drugs. For excluded drugs covered under our enhanced benefit, you pay nothing.

Tier Level Structure

Before the total yearly out of pocket drug costs paid by you reach $2,400, you pay the following for prescription drugs:

	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
MMM Elite (HMO-POS)	1	Preferred Generic	$0.00	$0.00	$0.00
	2	Generic	$0.00	$0.00	$0.00
	3	Preferred Brand	$0.00	$0.00	$0.00
	4	Non-Preferred Drug	$0.00	$0.00	$0.00
	5	Specialty	33% / Insulins $35.00	Not Covered	Not Covered
	6	Select Care Drugs	$0.00	$0.00	$0.00

You do not have to pay for covered Part D vaccines. For insulins you won't pay more than a $35 copay for a one (1) month supply in the Initial Stage.

For more information on how the tier level is applied, please review your Evidence of Coverage.

After your yearly out-of-pocket, the plan pays the full cost for your covered Part D drugs. You pay nothing for your covered Part D drugs. For excluded drugs covered under our enhanced benefit, you pay nothing.

Tier Level Structure

Before the total yearly out of pocket drug costs paid by you reach $2,400, you pay the following for prescription drugs:

	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
MMM Plenitud (HMO-POS)	1	Preferred Generic	$0.00	$0.00	$0.00
	2	Generic	$0.00	$0.00	$0.00
	3	Preferred Brand	$5.00	$10.00	$10.00
	4	Non-Preferred Drug	$7.00	$14.00	$14.00
	5	Specialty	33% / Insulins $35.00	Not Covered	Not Covered
	6	Select Care Drugs	$0.00	$0.00	$0.00

You do not have to pay for covered Part D vaccines. For insulins you won't pay more than a $35 copay for a one (1) month supply in the Initial Stage.

For more information on how the tier level is applied, please review your Evidence of Coverage.

After your yearly out-of-pocket, the plan pays the full cost for your covered Part D drugs. You pay nothing for your covered Part D drugs. For excluded drugs covered under our enhanced benefit, you pay nothing.

Tier Level Structure

Before the total yearly out of pocket drug costs paid by you reach $2,400, you pay the following for prescription drugs:

	Tier Level	Drug	Retail copayment (30 days)	Retail copayment (90 days)	Mail Order copayment (90 days)
PMC Max (HMO-POS)	1	Preferred Generic	$0.00	$0.00	$0.00
	2	Generic	$0.00	$0.00	$0.00
	3	Preferred Brand	$6.00	$12.00	$12.00
	4	Non-Preferred Drug	$8.00	$16.00	$16.00
	5	Specialty	33% / Insulins $35.00	Not Covered	Not Covered
	6	Select Care Drugs	$0.00	$0.00	$0.00

You do not have to pay for covered Part D vaccines. For insulins you won't pay more than a $35 copay for a one (1) month supply in the Initial Stage.

For more information on how the tier level is applied, please review your Evidence of Coverage.

After your yearly out-of-pocket, the plan pays the full cost for your covered Part D drugs. You pay nothing for your covered Part D drugs. For excluded drugs covered under our enhanced benefit, you pay nothing.

Symbols and abbreviations used in the Formulary

PA - drugs that need prior authorization
QL (##/##) - drugs with quantity limit; the quantity in parenthesis specifies the quantity limit for the maximum days of supply
ST - Step Therapy
LA - drugs with limited access (ex., Specialty Drugs)
MT - maintenance drugs (ex., Contracted pharmacies, and Mail Order, 90-day supply)
ED - This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). 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.
FFL – maintenance drugs limited to a one (1) month supply for the first fill

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Analgesics			
Analgesics			
butalbital-acetaminophen oral tablet 50-325 mg	TENCON	2	
butalbital-apap-caffeine oral capsule 50-325-40 mg		4	
butalbital-apap-caffeine oral tablet 50-325-40 mg	BAC (BUTALBITAL-ACETAMIN-CAFF)	2	
Nonsteroidal Anti-Inflammatory Drugs			
celecoxib oral capsule 100 mg, 200 mg, 50 mg	CELEBREX	2	MT; QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	CELEBREX	2	MT; QL (30 EA per 30 days)
diclofenac epolamine external patch 1.3 %	FLECTOR	2	
diclofenac potassium oral tablet 50 mg		2	MT
diclofenac sodium er oral tablet extended release 24 hour 100 mg		2	MT
diclofenac sodium external solution 1.5 %		2	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg		2	MT
diflunisal oral tablet 500 mg		2	MT
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg		2	MT
etodolac oral capsule 200 mg, 300 mg		2	MT
etodolac oral tablet 400 mg	LODINE	2	MT
etodolac oral tablet 500 mg		2	MT
flurbiprofen oral tablet 100 mg	LURBIRO	2	MT
IBU ORAL TABLET 600 MG, 800 MG		2	MT
ibuprofen oral suspension 100 mg/5ml		2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg		2	MT
ketoprofen oral capsule 25 mg, 50 mg		2	MT
ketorolac tromethamine injection solution 30 mg/ml		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
ketorolac tromethamine intramuscular solution 60 mg/2ml		2	
meloxicam oral tablet 15 mg, 7.5 mg		2	MT; QL (30 EA per 30 days)
nabumetone oral tablet 500 mg, 750 mg		2	MT
naproxen dr oral tablet delayed release 500 mg		2	MT
naproxen oral suspension 125 mg/5ml		2	MT
naproxen oral tablet 250 mg, 375 mg, 500 mg		2	MT
naproxen oral tablet delayed release 375 mg		2	MT
naproxen sodium oral tablet 275 mg, 550 mg		2	MT
oxaprozin oral tablet 600 mg		2	MT
piroxicam oral capsule 10 mg, 20 mg		2	MT
sulindac oral tablet 150 mg, 200 mg		2	MT
Opioid Analgesics, Long-Acting			
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		2	QL (10 EA per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml		2	QL (450 ML per 30 days)
methadone hcl oral tablet 10 mg, 5 mg		2	QL (180 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml		2	QL (42 ML per 7 days)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg		2	QL (90 EA per 30 days)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 50 mg, 60 mg, 80 mg		2	QL (90 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 200 mg		2	QL (90 EA per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	MS CONTIN	2	QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
morphine sulfate oral solution 10 mg/5ml		2	QL (1800 ML per 30 days)
morphine sulfate oral tablet 15 mg		2	QL (180 EA per 30 days)
Opioid Analgesics, Short-Acting			
acetaminophen-codeine oral solution 120-12 mg/5ml		2	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg		2	QL (400 EA per 30 days)
acetaminophen-codeine oral tablet 300-30 mg		2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		2	QL (180 EA per 30 days)
fentanyl citrate (pf) injection solution 100 mcg/2ml		2	QL (4 ML per 30 days)
fentanyl citrate (pf) injection solution 50 mcg/ml		2	QL (2 ML per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		2	QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml		2	QL (5400 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		2	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg		2	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		2	QL (50 EA per 10 days)
hydromorphone hcl oral liquid 1 mg/ml	DILAUDID	2	
hydromorphone hcl oral tablet 2 mg, 4 mg	DILAUDID	2	QL (180 EA per 30 days)
hydromorphone hcl oral tablet 8 mg	DILAUDID	2	QL (21 EA per 7 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml		2	
meperidine hcl injection solution 100 mg/ml		2	QL (360 ML per 30 days)
meperidine hcl injection solution 25 mg/ml	DEMEROL	2	QL (1440 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
meperidine hcl injection solution 50 mg/ml	DEMEROL	2	QL (720 ML per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml		2	QL (42 ML per 7 days)
morphine sulfate oral solution 10 mg/5ml		2	QL (1800 ML per 30 days)
morphine sulfate oral solution 20 mg/5ml		2	QL (900 ML per 30 days)
morphine sulfate oral tablet 15 mg, 30 mg		2	QL (180 EA per 30 days)
oxycodone hcl oral capsule 5 mg		2	QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml		2	
oxycodone hcl oral solution 5 mg/5ml		2	QL (2700 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 20 mg, 5 mg		2	QL (180 EA per 30 days)
oxycodone hcl oral tablet 15 mg	ROXICODONE	2	QL (180 EA per 30 days)
oxycodone hcl oral tablet 30 mg	ROXICODONE	2	QL (14 EA per 7 days)
oxycodone-acetaminophen oral tablet 10-325 mg		2	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg		2	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg		2	QL (240 EA per 30 days)
tramadol hcl oral tablet 50 mg		2	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		2	QL (56 EA per 7 days)
Anesthetics			
Local Anesthetics			
GLYDO EXTERNAL GEL 2 %		2	
GLYDO EXTERNAL PREFILLED SYRINGE 2 %		2	
lidocaine external ointment 5 %		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
lidocaine external patch 5 %	LIDOCAN	2	QL (90 EA per 30 days)
lidocaine hcl external solution 4 %		2	
lidocaine hcl urethral/mucosal external gel 2 %		2	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	GLYDO	2	
lidocaine viscous hcl mouth/throat solution 2 %		2	
lidocaine-prilocaine external cream 2.5-2.5 %		2	
Anti-Addiction/ Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-Craving			
acamprosate calcium oral tablet delayed release 333 mg		2	MT
disulfiram oral tablet 250 mg, 500 mg		2	MT
Opioid Dependence			
buprenorphine hcl sublingual tablet sublingual 2 mg		2	
buprenorphine hcl sublingual tablet sublingual 8 mg		2	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	SUBOXONE	2	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg		2	
naltrexone hcl oral tablet 50 mg		2	
Opioid Reversal Agents			
KLOXXADO NASAL LIQUID 8 MG/0.1ML		3	
naloxone hcl injection solution 0.4 mg/ml		2	
naloxone hcl injection solution cartridge 0.4 mg/ml		2	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
OPVEE NASAL SOLUTION 2.7 MG/0.1ML		3	
Smoking Cessation Agents			
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg		2	
NICOTROL NS NASAL SOLUTION 10 MG/ML		3	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	CHANTIX STARTING MONTH PAK	4	QL (53 EA per 28 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	CHANTIX	4	QL (60 EA per 30 days)
varenicline tartrate(continue) oral tablet 1 mg	CHANTIX	4	QL (56 EA per 28 days)
Antibacterials			
Aminoglycosides			
amikacin sulfate injection solution 500 mg/2ml		2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		5	PA; LA
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%		2	
gentamicin sulfate external cream 0.1 %		2	
gentamicin sulfate external ointment 0.1 %		2	
gentamicin sulfate injection solution 40 mg/ml		2	
neomycin sulfate oral tablet 500 mg		2	
streptomycin sulfate intramuscular solution reconstituted 1 gm		5	
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml		2	PA
Antibacterials, Other			
aztreonam injection solution reconstituted 1 gm		2	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	CLEOCIN	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	CLEOCIN	2	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml		2	
clindamycin phosphate injection solution 900 mg/6ml	CLEOCIN PHOSPHATE	2	
clindamycin phosphate vaginal cream 2 %	CLEOCIN	2	
colistimethate sodium (cba) injection solution reconstituted 150 mg	COLY-MYCIN M	2	PA
daptomycin intravenous solution reconstituted 350 mg, 500 mg		4	
fosfomycin tromethamine oral packet 3 gm		4	
linezolid intravenous solution 600 mg/300ml	ZYVOX	2	PA
linezolid oral suspension reconstituted 100 mg/5ml		5	PA
linezolid oral tablet 600 mg		2	PA
methenamine hippurate oral tablet 1 gm		2	
metronidazole external cream 0.75 %		2	
metronidazole external gel 0.75 %, 1 %		2	
metronidazole external lotion 0.75 %		2	
metronidazole intravenous solution 500 mg/100ml		2	
metronidazole oral tablet 250 mg, 500 mg		2	
metronidazole vaginal gel 0.75 %	VANDAZOLE	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg		2	
nitrofurantoin monohyd macro oral capsule 100 mg	MACROBID	2	
polymyxin b sulfate injection solution reconstituted 500000 unit		2	PA
tigecycline intravenous solution reconstituted 50 mg	TYGACIL	4	PA
tinidazole oral tablet 250 mg, 500 mg		2	
trimethoprim oral tablet 100 mg		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg		4	
vancomycin hcl oral capsule 125 mg, 250 mg	VANCOCIN	2	
VANDAZOLE VAGINAL GEL 0.75 %		2	
XIFAXAN ORAL TABLET 200 MG		3	PA
XIFAXAN ORAL TABLET 550 MG		3	PA; MT
Beta-Lactam, Cephalosporins			
cefaclor er oral tablet extended release 12 hour 500 mg		2	
cefaclor oral capsule 250 mg, 500 mg		2	
cefaclor oral suspension reconstituted 250 mg/5ml		2	
cefadroxil oral capsule 500 mg		2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml		2	
cefadroxil oral tablet 1 gm		2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg		2	
cefdinir oral capsule 300 mg		2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
cefepime hcl injection solution reconstituted 1 gm		2	
cefepime hcl intravenous solution reconstituted 2 gm		2	
cefixime oral capsule 400 mg		2	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml		2	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm		2	PA
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml		2	
cefpodoxime proxetil oral tablet 100 mg, 200 mg		2	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
cefprozil oral tablet 250 mg, 500 mg		2	
ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg	TEFLARO	5	
ceftazidime injection solution reconstituted 1 gm	TAZICEF	2	
ceftazidime injection solution reconstituted 6 gm		2	
ceftazidime intravenous solution reconstituted 2 gm	TAZICEF	2	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg		2	
ceftriaxone sodium intravenous solution reconstituted 10 gm		2	
cefuroxime axetil oral tablet 250 mg, 500 mg		2	
cefuroxime sodium injection solution reconstituted 750 mg		2	PA
cefuroxime sodium intravenous solution reconstituted 1.5 gm		2	PA
cephalexin oral capsule 250 mg, 500 mg		2	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
Beta-Lactam, Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		2	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml		2	
amoxicillin oral tablet 500 mg, 875 mg		2	
amoxicillin oral tablet chewable 125 mg, 250 mg		2	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg		2	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml		2	
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml		4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml	AUGMENTIN ES-600	2	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg		2	
ampicillin oral capsule 500 mg		2	
ampicillin sodium injection solution reconstituted 1 gm		4	PA
ampicillin sodium intravenous solution reconstituted 10 gm		4	PA
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	UNASYN	4	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	UNASYN	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		4	
dicloxacillin sodium oral capsule 250 mg, 500 mg		2	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm		4	PA
nafcillin sodium intravenous solution reconstituted 10 gm		5	PA
oxacillin sodium injection solution reconstituted 1 gm		2	
oxacillin sodium intravenous solution reconstituted 10 gm		2	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml		2	
penicillin g potassium injection solution reconstituted 20000000 unit	PFIZERPEN	4	
penicillin g sodium injection solution reconstituted 5000000 unit		2	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml		2	
penicillin v potassium oral tablet 250 mg, 500 mg		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm		4	
Carbapenems			
ertapenem sodium injection solution reconstituted 1 gm		4	
imipenem-cilastatin intravenous solution reconstituted 250 mg		2	
imipenem-cilastatin intravenous solution reconstituted 500 mg	PRIMAXIN IV	2	
meropenem intravenous solution reconstituted 1 gm, 500 mg		2	
Macrolides			
azithromycin intravenous solution reconstituted 500 mg		4	
azithromycin oral suspension reconstituted 100 mg/5ml		2	
azithromycin oral suspension reconstituted 200 mg/5ml	ZITHROMAX	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	ZITHROMAX	2	
azithromycin oral tablet 600 mg		2	
clarithromycin er oral tablet extended release 24 hour 500 mg		2	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		2	
clarithromycin oral tablet 250 mg, 500 mg		2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML		5	ST
E.E.S. 400 ORAL TABLET 400 MG		2	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		4	
erythromycin base oral capsule delayed release particles 250 mg		2	
erythromycin base oral tablet 250 mg, 500 mg		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	E.E.S. GRANULES	4	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	ERY-TAB	2	
fidaxomicin oral tablet 200 mg	DIFICID	5	ST
Quinolones			
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		5	PA; QL (28 EA per 14 days)
BAXDELA ORAL TABLET 450 MG		5	PA; QL (28 EA per 14 days)
ciprofloxacin hcl oral tablet 250 mg, 500 mg	CIPRO	2	
ciprofloxacin hcl oral tablet 750 mg		2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml		2	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml		2	
levofloxacin oral solution 25 mg/ml		4	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		2	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml		4	PA
moxifloxacin hcl oral tablet 400 mg		2	
Sulfonamides			
sulfadiazine oral tablet 500 mg		4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	SULFATRIM	2	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	BACTRIM	2	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	BACTRIM DS	2	
Tetracyclines			
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		4	
doxycycline hyclate intravenous solution reconstituted 100 mg	DOXY 100	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
doxycycline hyclate oral capsule 100 mg, 50 mg		2	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg		2	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg		2	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg		2	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg		2	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		5	PA
NUZYRA ORAL TABLET 150 MG		5	PA; QL (30 EA per 14 days)
tetracycline hcl oral capsule 250 mg, 500 mg		4	
Anticonvulsants			
Anticonvulsants, Other			
brivaracetam oral solution 10 mg/ml	BRIVIACT	5	PA; QL (600 ML per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	BRIVIACT	5	PA; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		5	PA; LA
DIACOMIT ORAL PACKET 250 MG, 500 MG		5	PA; LA
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	DEPAKOTE ER	2	MT
divalproex sodium oral capsule delayed release sprinkle 125 mg	DEPAKOTE SPRINKLES	2	MT
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	DEPAKOTE	2	MT
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA; LA; QL (600 ML per 30 days)
felbamate oral suspension 600 mg/5ml		2	MT
felbamate oral tablet 400 mg, 600 mg	FELBATOL	2	MT
FINTEPLA ORAL SOLUTION 2.2 MG/ML		5	PA; LA; QL (360 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	LAMICTAL XR	2	MT
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	LAMICTAL ODT	2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	SUBVENITE	2	MT
lamotrigine oral tablet chewable 25 mg, 5 mg	LAMICTAL	2	MT
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	LAMICTAL ODT	2	MT
lamotrigine starter kit-blue oral kit 35 x 25 mg	SUBVENITE STARTER KIT-BLUE	2	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	SUBVENITE STARTER KIT-GREEN	2	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	SUBVENITE STARTER KIT-ORANGE	2	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	KEPPRA XR	2	MT
levetiracetam oral solution 100 mg/ml	KEPPRA	2	MT
levetiracetam oral tablet 1000 mg, 250 mg, 750 mg	KEPPRA	2	MT
levetiracetam oral tablet 500 mg		2	MT
levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg	SPRITAM	2	MT
perampanel oral suspension 0.5 mg/ml	FYCOMPA	5	PA
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	FYCOMPA	4	PA; MT
perampanel oral tablet 2 mg	FYCOMPA	2	PA; MT
ROWEEPRA ORAL TABLET 500 MG		2	MT
SUBVENITE ORAL SUSPENSION 10 MG/ML		4	MT
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG		2	MT
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG		2	
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG		2	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg		2	MT
topiramate oral capsule sprinkle 15 mg, 25 mg	TOPAMAX SPRINKLE	2	MT
topiramate oral capsule sprinkle 50 mg		2	MT
topiramate oral solution 25 mg/ml	EPRONTIA	2	MT
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	TOPAMAX	2	MT
valproic acid oral capsule 250 mg		2	MT
valproic acid oral solution 250 mg/5ml		2	MT
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		5	PA; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG		5	PA; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG		5	PA; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 25 MG		5	PA; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 50 MG		5	PA; QL (90 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG		4	PA; QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG		5	PA; QL (28 EA per 28 days)
Calcium Channel Modifying Agents			
ethosuximide oral capsule 250 mg	ZARONTIN	2	MT
ethosuximide oral solution 250 mg/5ml	ZARONTIN	2	MT
methsuximide oral capsule 300 mg	CELONTIN	2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
Gamma-Aminobutyric Acid (Gaba) Modulating Agents			
clobazam oral suspension 2.5 mg/ml	ONFI	2	MT; FFL
clobazam oral tablet 10 mg, 20 mg	ONFI	2	MT; FFL
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	KLONOPIN	2	PA
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		2	PA
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML		2	PA
diazepam oral solution 5 mg/5ml		2	PA
diazepam oral tablet 10 mg, 2 mg, 5 mg	VALIUM	2	PA
diazepam rectal gel 10 mg, 2.5 mg, 20 mg		4	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	NEURONTIN	2	MT; FFL
gabapentin oral solution 250 mg/5ml	NEURONTIN	2	MT; FFL
gabapentin oral tablet 600 mg, 800 mg	NEURONTIN	2	MT; FFL
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML		2	PA
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	ATIVAN	2	PA
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		4	PA
phenobarbital oral elixir 20 mg/5ml		2	MT
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		2	MT
primidone oral tablet 125 mg		2	MT
primidone oral tablet 250 mg, 50 mg	MYSOLINE	2	MT
SYMPAZAN ORAL FILM 10 MG, 20 MG		5	QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG		4	MT; QL (60 EA per 30 days); FFL
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg		2	MT
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		4	PA
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		4	PA
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		4	PA
vigabatrin oral packet 500 mg	SABRIL	5	PA; LA
vigabatrin oral tablet 500 mg	SABRIL	5	PA; LA
VIGAFYDE ORAL SOLUTION 100 MG/ML		5	PA; LA
ZTALMY ORAL SUSPENSION 50 MG/ML		5	PA; LA
Sodium Channel Agents			
carbamazepine er oral tablet extended release 12 hour 200 mg, 400 mg	TEGRETOL-XR	2	MT
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG		4	MT
DILANTIN ORAL CAPSULE 100 MG, 30 MG		4	MT
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML		4	MT
eslicarbazepine acetate oral tablet 200 mg, 400 mg	APTIOM	4	PA; MT; QL (30 EA per 30 days)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	APTIOM	4	PA; MT; QL (60 EA per 30 days)
lacosamide oral solution 10 mg/ml	VIMPAT	2	MT
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	VIMPAT	2	MT; QL (60 EA per 30 days)
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	OXTELLAR XR	2	MT
oxcarbazepine oral suspension 300 mg/5ml	TRILEPTAL	2	MT
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	TRILEPTAL	2	MT
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		4	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
phenytoin oral suspension 125 mg/5ml	DILANTIN-125	2	MT
phenytoin oral tablet chewable 50 mg	DILANTIN INFATABS	2	MT
phenytoin sodium extended oral capsule 100 mg	DILANTIN	2	MT
rufinamide oral suspension 40 mg/ml	BANZEL	5	PA
rufinamide oral tablet 200 mg	BANZEL	2	PA; MT
rufinamide oral tablet 400 mg	BANZEL	4	PA; MT
ZONISADE ORAL SUSPENSION 100 MG/5ML		5	QL (600 ML per 30 days)
zonisamide oral capsule 100 mg, 25 mg	ZONEGRAN	2	MT
zonisamide oral capsule 50 mg		2	MT
Antidementia Agents			
Antidementia Agents, Other			
donepezil hcl oral tablet 10 mg, 5 mg	ARICEPT	1	MT; QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg, 5 mg		1	MT; QL (30 EA per 30 days)
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2 X 250 MG/1.25ML		5	PA; QL (10 ML per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML		5	PA; QL (7.2 ML per 28 days)
memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	NAMZARIC	4	MT; QL (30 EA per 30 days)
Cholinesterase Inhibitors			
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	ARICEPT	1	MT; QL (30 EA per 30 days)
donepezil hcl oral tablet dispersible 10 mg, 5 mg		1	MT; QL (30 EA per 30 days)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg		2	MT; QL (30 EA per 30 days)
galantamine hydrobromide oral solution 4 mg/ml		2	MT
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg		2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		2	MT
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	EXELON	2	MT; QL (30 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist			
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg		2	MT; QL (30 EA per 30 days)
memantine hcl oral solution 2 mg/ml		4	MT
memantine hcl oral tablet 10 mg, 5 mg		2	MT
Antidepressants			
Antidepressants, Other			
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML		5	ST; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML		5	ST; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		5	ST; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		5	ST; QL (1 EA per 28 days)
aripiprazole oral solution 1 mg/ml		2	MT
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	ABILIFY	2	MT
aripiprazole oral tablet dispersible 10 mg, 15 mg		4	MT
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG		5	ST; QL (60 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	WELLBUTRIN SR	2	MT
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	WELLBUTRIN XL	2	MT
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg		2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
bupropion hcl oral tablet 100 mg, 75 mg		2	MT
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG		5	ST; QL (30 EA per 30 days)
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG		5	ST; QL (32 EA per 14 days)
mirtazapine oral tablet 15 mg, 30 mg	REMERON	2	MT
mirtazapine oral tablet 45 mg, 7.5 mg		2	MT
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	REMERON SOLTAB	2	MT
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg		2	MT
OPIPZA ORAL FILM 10 MG		5	ST; QL (90 EA per 30 days)
OPIPZA ORAL FILM 2 MG		5	ST
OPIPZA ORAL FILM 5 MG		5	ST; QL (180 EA per 30 days)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		2	MT
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	SEROQUEL XR	2	MT; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	SEROQUEL XR	2	MT; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROQUEL	2	MT
quetiapine fumarate oral tablet 150 mg		2	MT
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG		5	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG		5	PA; QL (14 EA per 14 days)
Monoamine Oxidase Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		5	QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG		4	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
phenelzine sulfate oral tablet 15 mg	NARDIL	2	MT
tranylcypromine sulfate oral tablet 10 mg	PARNATE	2	MT
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)			
citalopram hydrobromide oral capsule 30 mg		3	MT
citalopram hydrobromide oral solution 10 mg/5ml		2	MT
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	CELEXA	2	MT
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg		2	MT; QL (30 EA per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	PRISTIQ	2	MT; QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG		4	PA; MT; QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg		4	PA; MT; QL (30 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg		2	MT
escitalopram oxalate oral capsule 15 mg		3	MT; QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml		2	MT; QL (600 ML per 30 days)
escitalopram oxalate oral tablet 10 mg	LEXAPRO	2	MT; QL (60 EA per 30 days)
escitalopram oxalate oral tablet 20 mg	LEXAPRO	2	MT; QL (30 EA per 30 days)
escitalopram oxalate oral tablet 5 mg	LEXAPRO	2	MT; QL (120 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		3	ST; MT; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		4	ST; QL (56 EA per 365 days)
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg		2	MT
fluoxetine hcl oral capsule delayed release 90 mg		2	MT; QL (4 EA per 28 days)
fluoxetine hcl oral solution 20 mg/5ml		2	MT
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg		2	MT
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg		2	MT
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg		2	MT
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		2	MT
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	PAXIL CR	2	ST; MT
paroxetine hcl oral suspension 10 mg/5ml		2	ST; MT
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PAXIL	2	ST; MT
RALDESY ORAL SOLUTION 10 MG/ML		4	PA; MT
sertraline hcl oral capsule 150 mg, 200 mg		2	MT
sertraline hcl oral concentrate 20 mg/ml	ZOLOFT	2	MT
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	ZOLOFT	2	MT
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		2	MT
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		4	ST; MT; QL (60 EA per 30 days)
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg		3	MT; QL (60 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	EFFEXOR XR	2	MT; QL (30 EA per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	VIIBRYD	2	MT; QL (30 EA per 30 days)
Tricyclics			
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	MT
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		2	MT
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	ANAFRANIL	2	MT
desipramine hcl oral tablet 10 mg, 25 mg	NORPRAMIN	2	MT
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg		2	MT
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	MT
doxepin hcl oral concentrate 10 mg/ml		2	MT
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		2	MT
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		2	MT
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	PAMELOR	2	MT
nortriptyline hcl oral solution 10 mg/5ml		2	MT
protriptyline hcl oral tablet 10 mg, 5 mg		2	MT
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg		2	MT
Antiemetics			
Antiemetics, Other			
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml		4	MT
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		2	MT
meclizine hcl oral tablet 12.5 mg		2	
meclizine hcl oral tablet 25 mg		2	
meclizine hcl oral tablet chewable 25 mg		2	
metoclopramide hcl oral solution 5 mg/5ml		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
metoclopramide hcl oral tablet 10 mg, 5 mg	REGLAN	2	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		2	MT
prochlorperazine maleate oral tablet 10 mg, 5 mg		2	MT
prochlorperazine rectal suppository 25 mg	COMPRO	2	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		2	
scopolamine transdermal patch 72 hour 1 mg/3days	TRANSDERM SCOP	2	QL (10 EA per 30 days)
Emetogenic Therapy Adjuncts			
aprepitant oral capsule 125 mg		4	PA; QL (2 EA per 30 days)
aprepitant oral capsule 40 mg		4	PA; QL (1 EA per 30 days)
aprepitant oral capsule 80 mg	EMEND BIPACK	4	PA; QL (6 EA per 30 days)
aprepitant oral capsule therapy pack 80 & 125 mg	EMEND TRIPACK	4	PA; QL (8 EA per 30 days)
dronabinol oral capsule 10 mg, 5 mg		2	PA; QL (60 EA per 30 days)
dronabinol oral capsule 2.5 mg	MARINOL	2	PA; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML		4	PA; QL (2 EA per 30 days)
granisetron hcl oral tablet 1 mg		2	PA; QL (60 EA per 30 days)
ondansetron hcl oral solution 4 mg/5ml		2	PA; QL (450 ML per 10 days)
ondansetron hcl oral tablet 4 mg, 8 mg		2	PA; QL (45 EA per 30 days)
ondansetron oral tablet dispersible 4 mg, 8 mg		2	PA; QL (45 EA per 30 days)
Antifungals			
Antifungals			
amphotericin b intravenous solution reconstituted 50 mg		2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
amphotericin b liposome intravenous suspension reconstituted 50 mg	AMBISOME	5	PA
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg		2	PA
clotrimazole external cream 1 %	LOTRIMIN	2	
clotrimazole external solution 1 %	LASOLEX	2	
clotrimazole mouth/throat troche 10 mg		2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		5	PA
econazole nitrate external cream 1 %		2	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%		2	PA
fluconazole oral suspension reconstituted 10 mg/ml		2	
fluconazole oral suspension reconstituted 40 mg/ml	DIFLUCAN	2	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg		2	
flucytosine oral capsule 250 mg, 500 mg	ANCOBON	5	
griseofulvin microsize oral suspension 125 mg/5ml		2	
griseofulvin microsize oral tablet 500 mg		2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		2	
itraconazole oral capsule 100 mg	SPORANOX	2	QL (120 EA per 30 days)
ketoconazole external cream 2 %		2	
ketoconazole external shampoo 2 %		2	
ketoconazole oral tablet 200 mg		2	
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg		4	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM		2	
nystatin external cream 100000 unit/gm		2	
nystatin external ointment 100000 unit/gm		2	
nystatin external powder 100000 unit/gm	NYSTOP	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
nystatin mouth/throat suspension 100000 unit/ml		2	
nystatin oral tablet 500000 unit		2	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM		2	
posaconazole oral suspension 40 mg/ml		5	
posaconazole oral tablet delayed release 100 mg		5	
terbinafine hcl oral tablet 250 mg		2	QL (90 EA per 365 days)
terconazole vaginal cream 0.4 %, 0.8 %		2	
terconazole vaginal suppository 80 mg		2	
voriconazole intravenous solution reconstituted 200 mg	VFEND IV	4	PA
voriconazole oral suspension reconstituted 40 mg/ml	VFEND	5	
voriconazole oral tablet 200 mg, 50 mg		4	
Antigout Agents			
Antigout Agents			
allopurinol oral tablet 100 mg, 300 mg		2	MT
colchicine oral capsule 0.6 mg	MITIGARE	2	
colchicine oral tablet 0.6 mg		2	
colchicine-probenecid oral tablet 0.5-500 mg		2	MT
febuxostat oral tablet 40 mg, 80 mg	ULORIC	2	MT
probenecid oral tablet 500 mg		2	MT
Antimigraine Agents			
Calcitonin Gene-Related Peptide (Cgrp) Receptor Antagonists			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		3	PA; MT; QL (1 ML per 30 days); FFL
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML		3	PA; MT; QL (2 ML per 30 days); FFL

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		3	PA; MT; QL (3 ML per 30 days); FFL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		3	PA; MT; QL (2 ML per 30 days); FFL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		3	PA; MT; QL (2 ML per 30 days); FFL
NURTEC ORAL TABLET DISPERSIBLE 75 MG		3	ST; QL (16 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		3	PA; MT; QL (30 EA per 30 days)
UBRELVY ORAL TABLET 100 MG		3	ST; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 50 MG		3	ST; QL (32 EA per 30 days)
Ergot Alkaloids			
dihydroergotamine mesylate nasal solution 4 mg/ml		2	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		5	
Prophylactic			
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	DEPAKOTE ER	2	MT
divalproex sodium oral capsule delayed release sprinkle 125 mg	DEPAKOTE SPRINKLES	2	MT
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	DEPAKOTE	2	MT
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg		2	MT
topiramate oral capsule sprinkle 15 mg, 25 mg	TOPAMAX SPRINKLE	2	MT
topiramate oral capsule sprinkle 50 mg		2	MT
topiramate oral solution 25 mg/ml	EPRONTIA	2	MT
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	TOPAMAX	2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
valproic acid oral capsule 250 mg		2	MT
valproic acid oral solution 250 mg/5ml		2	MT
Serotonin (5-Ht) Receptor Agonist			
eletriptan hydrobromide oral tablet 20 mg, 40 mg	RELPAX	2	QL (9 EA per 30 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg		2	QL (12 EA per 28 days)
rizatriptan benzoate oral tablet 10 mg	MAXALT	2	QL (18 EA per 28 days)
rizatriptan benzoate oral tablet 5 mg		2	QL (18 EA per 28 days)
rizatriptan benzoate oral tablet dispersible 10 mg	MAXALT-MLT	2	QL (18 EA per 28 days)
rizatriptan benzoate oral tablet dispersible 5 mg		2	QL (18 EA per 28 days)
sumatriptan nasal solution 20 mg/act		4	QL (12 EA per 28 days)
sumatriptan nasal solution 5 mg/act		4	QL (24 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	IMITREX	2	QL (9 EA per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		4	QL (6 ML per 28 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	IMITREX STATDOSE SYSTEM	4	QL (6 ML per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	ZOMIG	2	QL (12 EA per 28 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg		2	QL (12 EA per 28 days)
Antimyasthenic Agents			
Parasympathomimetics			
pyridostigmine bromide er oral tablet extended release 180 mg	MESTINON	2	
pyridostigmine bromide oral solution 60 mg/5ml	MESTINON	2	
pyridostigmine bromide oral tablet 30 mg		2	
pyridostigmine bromide oral tablet 60 mg	MESTINON	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML		5	PA; LA; QL (20 ML per 28 days)
Antimycobacterials			
Antimycobacterials, Other			
dapsone oral tablet 100 mg, 25 mg		2	MT
rifabutin oral capsule 150 mg		4	
rifapentine oral tablet 150 mg	PRIFTIN	2	
Antituberculars			
ethambutol hcl oral tablet 100 mg, 400 mg		2	
isoniazid oral syrup 50 mg/5ml		2	MT
isoniazid oral tablet 100 mg, 300 mg		2	MT
pretomanid oral tablet 200 mg		4	PA; QL (182 EA per 182 days)
pyrazinamide oral tablet 500 mg		4	
rifampin intravenous solution reconstituted 600 mg	RIFADIN	4	
rifampin oral capsule 150 mg, 300 mg		2	
SIRTURO ORAL TABLET 100 MG, 20 MG		5	PA; LA
Antineoplastics			
Alkylating Agents			
cyclophosphamide oral capsule 25 mg, 50 mg		2	PA
cyclophosphamide oral tablet 50 mg		2	PA
LEUKERAN ORAL TABLET 2 MG		5	
lomustine oral capsule 10 mg, 40 mg	GLEOSTINE	4	PA
lomustine oral capsule 100 mg	GLEOSTINE	5	PA
MATULANE ORAL CAPSULE 50 MG		5	LA
VALCHLOR EXTERNAL GEL 0.016 %		5	PA; LA
Antiandrogens			
abiraterone acetate oral tablet 250 mg	ABIRTEGA	4	PA; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
abiraterone acetate oral tablet 500 mg	ZYTIGA	4	PA; QL (60 EA per 30 days)
bicalutamide oral tablet 50 mg	CASODEX	2	
ERLEADA ORAL TABLET 240 MG		5	PA; LA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG		5	PA; LA; QL (120 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG		5	PA; QL (180 EA per 30 days)
nilutamide oral tablet 150 mg		5	
NUBEQA ORAL TABLET 300 MG		5	PA; LA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG		5	PA; LA; QL (180 EA per 30 days)
XTANDI ORAL TABLET 40 MG		5	PA; LA; QL (180 EA per 30 days)
XTANDI ORAL TABLET 80 MG		5	PA; LA; QL (90 EA per 30 days)
Antiangiogenic Agents			
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	REVLIMID	5	LA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		5	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG		5	PA; LA
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG		5	PA; LA; QL (21 EA per 28 days)
Antiestrogens/Modifiers			
INLURIYO ORAL TABLET 200 MG		5	PA; LA; QL (56 EA per 28 days)
ORSERDU ORAL TABLET 345 MG		5	PA; LA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG		5	PA; LA; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML		5	PA
tamoxifen citrate oral tablet 10 mg, 20 mg		2	MT
toremifene citrate oral tablet 60 mg	FARESTON	4	MT; FFL

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
Antimetabolites			
mercaptopurine oral suspension 2000 mg/100ml	PURIXAN	5	
mercaptopurine oral tablet 50 mg		2	
ONUREG ORAL TABLET 200 MG, 300 MG		5	PA; LA; QL (14 EA per 28 days)
TABLOID ORAL TABLET 40 MG		5	PA
Antineoplastics, Other			
hydroxyurea oral capsule 500 mg	HYDREA	2	
INQOVI ORAL TABLET 35-100 MG		5	PA; LA; QL (5 EA per 28 days)
IWILFIN ORAL TABLET 192 MG		5	PA; QL (240 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML		4	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		5	LA
LYNPARZA ORAL TABLET 100 MG, 150 MG		5	PA; LA
LYSODREN ORAL TABLET 500 MG		5	LA
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml		2	PA
methotrexate sodium injection solution reconstituted 1 gm		2	PA
ORGOVYX ORAL TABLET 120 MG		5	PA; LA; QL (33 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG		5	PA; LA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG		5	PA; LA; QL (90 EA per 30 days)
VORANIGO ORAL TABLET 10 MG		5	PA; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG		5	PA; QL (30 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML		4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG		5	PA; QL (16 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG		5	PA
Aromatase Inhibitors, 3Rd Generation			
anastrozole oral tablet 1 mg	ARIMIDEX	2	MT
exemestane oral tablet 25 mg	AROMASIN	2	MT
letrozole oral tablet 2.5 mg	FEMARA	2	MT
Enzyme Inhibitors			
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		5	PA; LA; QL (21 EA per 28 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG		5	PA; LA; QL (56 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG		5	PA; LA; QL (60 EA per 30 days)
Molecular Target Inhibitors			
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		5	PA; LA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG		5	PA; LA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		5	PA; LA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG		5	PA; LA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		5	PA; LA; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 160 MG		5	PA; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG		5	PA; QL (240 EA per 30 days)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		5	PA; LA; QL (66 EA per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		5	PA; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG		5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
BOSULIF ORAL CAPSULE 100 MG, 50 MG		5	PA; QL (180 EA per 30 days)
BOSULIF ORAL TABLET 100 MG		5	PA; LA
BOSULIF ORAL TABLET 400 MG, 500 MG		5	PA; LA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG		5	PA; LA; QL (180 EA per 30 days)
BRUKINSA ORAL TABLET 160 MG		5	PA; LA; QL (60 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		5	PA; LA; QL (30 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG		5	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG		5	LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG		5	PA; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG		5	PA; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		5	PA; LA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		5	PA; LA; QL (56 EA per 28 days)
COTELLIC ORAL TABLET 20 MG		5	PA; LA; QL (63 EA per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG		5	PA; LA
dasatinib oral tablet 100 mg, 20 mg, 50 mg, 70 mg	PHYRAGO	4	PA
dasatinib oral tablet 140 mg, 80 mg	PHYRAGO	5	PA
DAURISMO ORAL TABLET 100 MG		5	PA; LA; QL (28 EA per 28 days)
DAURISMO ORAL TABLET 25 MG		5	PA; LA; QL (56 EA per 28 days)
ENSACOVE ORAL CAPSULE 100 MG, 25 MG		5	PA; LA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG		5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg		2	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	ZORTRESS	4	PA; MT
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	AFINITOR	4	PA
everolimus oral tablet soluble 2 mg, 5 mg	AFINITOR DISPERZ	5	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		5	PA; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG		5	PA; QL (84 EA per 21 days)
FRUZAQLA ORAL CAPSULE 5 MG		5	PA; QL (21 EA per 21 days)
GAVRETO ORAL CAPSULE 100 MG		5	PA; LA; QL (120 EA per 30 days)
gefitinib oral tablet 250 mg	IRESSA	5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		5	PA; LA
GOMEKLI ORAL CAPSULE 1 MG		5	PA; QL (42 EA per 28 days)
GOMEKLI ORAL CAPSULE 2 MG		5	PA; QL (84 EA per 28 days)
GOMEKLI ORAL TABLET SOLUBLE 1 MG		5	PA; QL (168 EA per 28 days)
HERNEXEOS ORAL TABLET 60 MG		5	PA; LA; QL (90 EA per 30 days)
HYRNUO ORAL TABLET 10 MG		5	PA; QL (120 EA per 30 days)
IBRANCE ORAL CAPSULE 125 MG		5	PA; LA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		5	PA; LA; QL (21 EA per 28 days)
IBTROZI ORAL CAPSULE 200 MG		5	PA; LA; QL (90 EA per 30 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG		5	PA; LA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG		5	PA; LA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
IDHIFA ORAL TABLET 100 MG, 50 MG		5	PA; LA; QL (30 EA per 30 days)
imatinib mesylate oral tablet 100 mg, 400 mg	GLEEVEC	2	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		5	PA; LA
IMBRUVICA ORAL SUSPENSION 70 MG/ML		5	PA; LA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		5	PA; LA
imkeldi oral solution 80 mg/ml		5	PA
INLYTA ORAL TABLET 1 MG, 5 MG		5	PA; LA
INREBIC ORAL CAPSULE 100 MG		5	PA; LA; QL (120 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG		5	PA; QL (56 EA per 28 days)
ITOVEBI ORAL TABLET 9 MG		5	PA; QL (28 EA per 28 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		5	PA; LA
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG		5	PA; LA; QL (30 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG		5	PA; LA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG		5	PA; LA; QL (30 EA per 30 days)
JIDEYTRO ORAL TABLET 100 MG		5	PA; LA; QL (30 EA per 30 days)
JIDEYTRO ORAL TABLET 25 MG		5	PA; LA; QL (120 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA; QL (63 EA per 28 days)
KOMZIFTI ORAL CAPSULE 200 MG		5	PA; LA; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
KOSELUGO ORAL CAPSULE 10 MG, 25 MG		5	PA
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG		5	PA
KRAZATI ORAL TABLET 200 MG		5	PA; LA; QL (180 EA per 30 days)
lapatinib ditosylate oral tablet 250 mg	TYKERB	5	PA; LA
LAZCLUZE ORAL TABLET 240 MG		5	PA; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG		5	PA; QL (60 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG		5	PA; LA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		5	PA; LA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		5	PA; LA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		5	PA; LA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		5	PA; LA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		5	PA; LA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		5	PA; LA; QL (90 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		5	PA; LA; QL (60 EA per 30 days)
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG		5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG		5	PA; LA
LORBRENA ORAL TABLET 100 MG		5	PA; LA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG		5	PA; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG		5	PA; LA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG		5	PA; LA; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG		5	PA; LA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG		5	PA; LA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		5	PA; LA; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		5	PA; LA; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		5	PA; LA; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML		5	PA; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG		5	PA; LA
MEKTOVI ORAL TABLET 15 MG		5	PA; LA; QL (180 EA per 30 days)
MODEYSO ORAL CAPSULE 125 MG		5	PA; LA; QL (20 EA per 28 days)
NERLYNX ORAL TABLET 40 MG		5	PA; LA; QL (180 EA per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	TASIGNA	5	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		5	PA; QL (3 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
ODOMZO ORAL CAPSULE 200 MG		5	PA; LA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG		5	PA; LA; QL (56 EA per 28 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML		5	PA; LA; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG		5	PA; LA; QL (20 EA per 28 days)
OJEMDA ORAL TABLET 100 MG (16 PACK)		5	PA; LA; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 100 MG (24 PACK)		5	PA; LA; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		5	PA; QL (30 EA per 30 days)
pazopanib hcl oral tablet 200 mg	VOTRIENT	5	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		5	PA; LA; QL (28 EA per 28 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG		5	PA; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG		5	PA; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG		5	PA; QL (56 EA per 28 days)
QINLOCK ORAL TABLET 50 MG		5	PA; LA; QL (90 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG		5	PA; LA; QL (60 EA per 30 days)
RETEVMO ORAL TABLET 40 MG		5	PA; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG		5	PA; LA; QL (120 EA per 30 days)
REVUFORJ ORAL TABLET 160 MG		5	PA; LA; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 25 MG		5	PA
REZLIDHIA ORAL CAPSULE 150 MG		5	PA; LA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG		5	PA; LA; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG		5	PA; LA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG		5	PA; LA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG		5	PA; LA; QL (360 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		5	PA; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG		5	PA; QL (240 EA per 30 days)
SCEMBLIX ORAL TABLET 100 MG, 20 MG		5	PA; QL (120 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG		5	PA; QL (300 EA per 30 days)
sorafenib tosylate oral tablet 200 mg	NEXAVAR	5	PA
STIVARGA ORAL TABLET 40 MG		5	PA; LA; QL (120 EA per 30 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	SUTENT	5	PA
TABRECTA ORAL TABLET 150 MG, 200 MG		5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		5	PA; LA
TAFINLAR ORAL TABLET SOLUBLE 10 MG		5	PA; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG		5	PA; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		5	PA; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG		5	PA; LA; QL (90 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG		5	PA; LA; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG		5	PA; LA; QL (60 EA per 30 days)
TRUQAP ORAL TABLET 200 MG		5	PA; QL (64 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
TRUQAP ORAL TABLET THERAPY PACK 160 MG		5	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG		5	PA; LA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG		5	PA; LA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG		5	PA; QL (28 EA per 14 days)
VANFLYTA ORAL TABLET 26.5 MG		5	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG		3	PA; LA
VENCLEXTA ORAL TABLET 100 MG, 50 MG		5	PA; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		5	PA; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		5	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG		5	PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML		5	PA; LA
VONJO ORAL CAPSULE 100 MG		5	PA; LA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG		5	PA; LA; QL (60 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG		5	PA; LA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG		5	PA; LA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG		5	PA; LA; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG		5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG		5	PA; QL (16 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		5	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG		5	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		5	PA; QL (8 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG		5	PA; QL (4 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		5	PA; QL (32 EA per 28 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		5	PA; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG		5	PA; LA
ZYKADIA ORAL TABLET 150 MG		5	PA; LA; QL (90 EA per 30 days)
Retinoids			
bexarotene external gel 1 %	TARGRETIN	5	PA
bexarotene oral capsule 75 mg	TARGRETIN	5	PA
PANRETIN EXTERNAL GEL 0.1 %		5	PA
tretinoin oral capsule 10 mg		5	
Treatment Adjuncts			
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg		2	
leucovorin calcium oral tablet 5 mg		2	
mesna oral tablet 400 mg	MESNEX	2	
Antiparasitics			
Anthelmintics			
albendazole oral tablet 200 mg		4	
ivermectin oral tablet 3 mg	STROMECTOL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
ivermectin oral tablet 6 mg		2	
praziquantel oral tablet 600 mg	BILTRICIDE	4	
Antiprotozoals			
atovaquone oral suspension 750 mg/5ml	MEPRON	2	PA
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	MALARONE	2	
chloroquine phosphate oral tablet 250 mg, 500 mg		2	MT
COARTEM ORAL TABLET 20-120 MG		4	QL (24 EA per 30 days)
hydroxychloroquine sulfate oral tablet 100 mg, 400 mg		2	MT
hydroxychloroquine sulfate oral tablet 200 mg	PLAQUENIL	2	MT
hydroxychloroquine sulfate oral tablet 300 mg	SOVUNA	2	MT
mefloquine hcl oral tablet 250 mg		2	MT
nitazoxanide oral tablet 500 mg		4	
pentamidine isethionate inhalation solution reconstituted 300 mg	NEBUPENT	4	PA
pentamidine isethionate injection solution reconstituted 300 mg	PENTAM	4	PA
primaquine phosphate oral tablet 26.3 (15 base) mg		4	
pyrimethamine oral tablet 25 mg	DARAPRIM	5	PA
quinine sulfate oral capsule 324 mg		2	
Antiparkinson Agents			
Anticholinergics			
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg		2	MT
trihexyphenidyl hcl oral solution 0.4 mg/ml		2	MT
trihexyphenidyl hcl oral tablet 2 mg, 5 mg		2	MT
Antiparkinson Agents, Other			
amantadine hcl oral capsule 100 mg		2	MT
amantadine hcl oral solution 50 mg/5ml		2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
amantadine hcl oral tablet 100 mg		2	MT
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg		2	MT
entacapone oral tablet 200 mg		2	MT
Dopamine Agonists			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML		5	LA
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	APOKYN	5	
bromocriptine mesylate oral capsule 5 mg		2	MT
bromocriptine mesylate oral tablet 2.5 mg		2	MT
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		4	MT; QL (30 EA per 30 days); FFL
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg		2	MT
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		2	MT
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg		2	MT
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		2	MT
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors			
carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	RYTARY	2	MT; FFL
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		2	MT
carbidopa-levodopa oral tablet 10-100 mg	SINEMET	2	MT
carbidopa-levodopa oral tablet 25-100 mg		2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
carbidopa-levodopa oral tablet 25-250 mg		2	MT
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg		4	MT
INBRIJA INHALATION CAPSULE 42 MG		5	PA; LA
Monoamine Oxidase B (Mao-B) Inhibitors			
rasagiline mesylate oral tablet 0.5 mg, 1 mg	AZILECT	2	MT
selegiline hcl oral capsule 5 mg		2	MT
selegiline hcl oral tablet 5 mg		2	MT
Antipsychotics			
1St Generation/Typical			
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml		4	MT
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		2	MT
fluphenazine decanoate injection solution 25 mg/ml		2	
fluphenazine hcl injection solution 2.5 mg/ml		2	
fluphenazine hcl oral concentrate 5 mg/ml		2	MT
fluphenazine hcl oral elixir 2.5 mg/5ml		2	MT
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		2	MT
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)		2	
haloperidol lactate injection solution 5 mg/ml		2	
haloperidol lactate oral concentrate 2 mg/ml		2	MT
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg		2	MT
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
molindone hcl oral tablet 10 mg, 25 mg, 5 mg		4	MT
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		2	MT
pimozide oral tablet 1 mg, 2 mg		2	MT
prochlorperazine maleate oral tablet 10 mg, 5 mg		2	MT
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		2	MT
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		2	MT
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg		2	MT
2Nd Generation/Atypical			
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML		5	ST; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML		5	ST; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		5	ST; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		5	ST; QL (1 EA per 28 days)
aripiprazole oral solution 1 mg/ml		2	MT
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	ABILIFY	2	MT
aripiprazole oral tablet dispersible 10 mg, 15 mg		4	MT
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML		5	ST; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML		5	ST; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML		5	ST; QL (1.6 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML		5	ST; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML		5	ST; QL (3.2 ML per 28 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	SAPHRIS	4	MT; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG		5	ST; QL (30 EA per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		5	ST; QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG		5	ST; QL (56 EA per 28 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG		4	ST; MT
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG		5	ST
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG		4	ST
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG		4	ST
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG		4	ST
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML		5	ST; QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML		5	ST; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML		5	ST; QL (0.8 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML		5	ST; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML		5	ST; QL (1.5 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML		4	ST; QL (0.3 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML		5	ST; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML		5	ST; QL (0.9 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML		5	ST; QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML		5	ST; QL (1.8 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML		5	ST; QL (3 ML per 90 days)
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	LATUDA	2	MT
NUPLAZID ORAL CAPSULE 34 MG		5	PA; LA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG		5	PA; LA; QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	ZYPREXA	2	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	ZYPREXA	2	MT
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	ZYPREXA ZYDIS	2	MT
paliperidone er oral tablet extended release 24 hour 1.5 mg		4	MT
paliperidone er oral tablet extended release 24 hour 3 mg, 6 mg, 9 mg	INVEGA	4	MT
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	SEROQUEL XR	2	MT; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	SEROQUEL XR	2	MT; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROQUEL	2	MT
quetiapine fumarate oral tablet 150 mg		2	MT
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		5	ST; QL (30 EA per 30 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg	RISPERDAL CONSTA	4	QL (2 EA per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg	RISPERDAL CONSTA	5	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	RISPERDAL	2	MT
risperidone oral tablet 0.25 mg		2	MT
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	RISPERDAL	2	MT
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		2	MT
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		4	ST; MT
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG		3	ST; MT; QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	GEODON	2	MT
ziprasidone mesylate intramuscular solution reconstituted 20 mg	GEODON	2	QL (6 EA per 3 days)
Treatment-Resistant			
clozapine oral tablet 100 mg, 25 mg	CLOZARIL	2	
clozapine oral tablet 200 mg, 50 mg		2	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg		2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		5	ST
Antispasticity Agents			
Antispasticity Agents			
baclofen oral tablet 10 mg, 20 mg, 5 mg		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
dantrolene sodium oral capsule 100 mg, 50 mg		2	
dantrolene sodium oral capsule 25 mg	DANTRIUM	2	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	ZANAFLEX	2	
tizanidine hcl oral tablet 2 mg		2	
tizanidine hcl oral tablet 4 mg	ZANAFLEX	2	
Antivirals			
Anti-Cytomegalovirus (Cmv) Agents			
LIVTENCITY ORAL TABLET 200 MG		5	PA; LA; QL (360 EA per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		5	PA; QL (30 EA per 30 days)
valganciclovir hcl oral solution reconstituted 50 mg/ml	VALCYTE	5	
valganciclovir hcl oral tablet 450 mg		2	MT
Anti-Hepatitis B (Hbv) Agents			
adefovir dipivoxil oral tablet 10 mg		2	PA; MT
BARACLUDE ORAL SOLUTION 0.05 MG/ML		5	
entecavir oral tablet 0.5 mg, 1 mg	BARACLUDE	2	MT
tenofovir disoproxil fumarate oral tablet 300 mg	VIREAD	4	MT
VEMLIDY ORAL TABLET 25 MG		5	PA; QL (28 EA per 28 days)
VIREAD ORAL POWDER 40 MG/GM		5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	
Anti-Hepatitis C (Hcv) Agents			
ledipasvir-sofosbuvir oral tablet 90-400 mg	HARVONI	5	PA; QL (168 EA per 168 days)
MAVYRET ORAL TABLET 100-40 MG		5	PA; QL (336 EA per 365 days)
ribavirin oral capsule 200 mg		2	
ribavirin oral tablet 200 mg		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
sofosbuvir-velpatasvir oral tablet 400-100 mg	EPCLUSA	5	PA; QL (84 EA per 180 days)
VOSEVI ORAL TABLET 400-100-100 MG		5	PA; QL (84 EA per 180 days)
Antiherpetic Agents			
acyclovir oral capsule 200 mg		2	
acyclovir oral suspension 200 mg/5ml		2	
acyclovir oral tablet 400 mg, 800 mg		2	
acyclovir sodium intravenous solution 50 mg/ml		2	PA
famciclovir oral tablet 125 mg, 250 mg, 500 mg		2	
valacyclovir hcl oral tablet 1 gm	VALTREX	2	
valacyclovir hcl oral tablet 500 mg	VALTREX	2	QL (30 EA per 30 days)
Anti-Hiv Agents, Integrase Inhibitors (Insti)			
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		5	
DOVATO ORAL TABLET 50-300 MG		5	
GENVOYA ORAL TABLET 150-150-200-10 MG		5	
ISENTRESS HD ORAL TABLET 600 MG		5	
ISENTRESS ORAL PACKET 100 MG		5	
ISENTRESS ORAL TABLET 400 MG		5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG		5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG		4	MT
STRIBILD ORAL TABLET 150-150-200-300 MG		5	
SYMTUZA ORAL TABLET 800-150-200-10 MG		5	
TIVICAY ORAL TABLET 50 MG		5	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)			
DELSTRIGO ORAL TABLET 100-300-300 MG		5	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG		5	
efavirenz oral tablet 600 mg		2	MT
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg		4	MT
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg		5	
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	SYMFI	5	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	COMPLERA	5	
etravirine oral tablet 100 mg, 200 mg	INTELENCE	4	MT
IDVYNSO ORAL TABLET 100-0.25 MG		5	
INTELENCE ORAL TABLET 25 MG		4	MT
nevirapine er oral tablet extended release 24 hour 400 mg		2	MT
nevirapine oral suspension 50 mg/5ml		2	MT
nevirapine oral tablet 200 mg		2	MT
PIFELTRO ORAL TABLET 100 MG		5	
rilpivirine hcl oral tablet 25 mg	EDURANT	5	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)			
abacavir sulfate oral solution 20 mg/ml	ZIAGEN	2	MT
abacavir sulfate oral tablet 300 mg		2	MT
abacavir sulfate-lamivudine oral tablet 600-300 mg		2	MT
CIMDUO ORAL TABLET 300-300 MG		5	
DELSTRIGO ORAL TABLET 100-300-300 MG		5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		5	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg		4	MT
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg		5	
efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg	SYMFI	5	
emtricitabine oral capsule 200 mg	EMTRIVA	4	MT
emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg	TRUVADA	4	MT
emtricitabine-tenofovir df oral tablet 133-200 mg	TRUVADA	5	
EMTRIVA ORAL SOLUTION 10 MG/ML		3	MT
JULUCA ORAL TABLET 50-25 MG		5	
lamivudine oral solution 10 mg/ml	EPIVIR	2	MT
lamivudine oral tablet 100 mg		2	MT
lamivudine oral tablet 150 mg, 300 mg	EPIVIR	2	MT
lamivudine-zidovudine oral tablet 150-300 mg		2	MT
ODEFSEY ORAL TABLET 200-25-25 MG		5	
tenofovir disoproxil fumarate oral tablet 300 mg	VIREAD	4	MT
VIREAD ORAL POWDER 40 MG/GM		5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		5	
zidovudine oral capsule 100 mg	RETROVIR	2	MT
zidovudine oral syrup 50 mg/5ml	RETROVIR	2	MT
zidovudine oral tablet 300 mg		2	MT
Anti-Hiv Agents, Other			
maraviroc oral tablet 150 mg, 300 mg	SELZENTRY	2	MT
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		5	
SUNLENCA ORAL TABLET 300 MG		5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG		5	
TRIUMEQ ORAL TABLET 600-50-300 MG		5	
triumeq pd oral tablet soluble 60-5-30 mg		4	MT
Anti-Hiv Agents, Protease Inhibitors (Pi)			
APTIVUS ORAL CAPSULE 250 MG		5	
atazanavir sulfate oral capsule 150 mg		2	MT
atazanavir sulfate oral capsule 200 mg, 300 mg	REYATAZ	2	MT
darunavir oral tablet 600 mg, 800 mg	PREZISTA	4	MT
EVOTAZ ORAL TABLET 300-150 MG		5	
fosamprenavir calcium oral tablet 700 mg		5	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	KALETRA	4	MT
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG		5	
PREZISTA ORAL SUSPENSION 100 MG/ML		5	
PREZISTA ORAL TABLET 150 MG		5	
PREZISTA ORAL TABLET 75 MG		4	MT
REYATAZ ORAL PACKET 50 MG		5	
ritonavir oral tablet 100 mg	NORVIR	2	MT
SYMTUZA ORAL TABLET 800-150-200-10 MG		5	
VIRACEPT ORAL TABLET 250 MG, 625 MG		5	
Anti-Influenza Agents			
amantadine hcl oral capsule 100 mg		2	MT
amantadine hcl oral solution 50 mg/5ml		2	MT
amantadine hcl oral tablet 100 mg		2	MT
oseltamivir phosphate oral capsule 30 mg		2	QL (168 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg		2	QL (84 EA per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
oseltamivir phosphate oral capsule 75 mg	TAMIFLU	2	QL (84 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	TAMIFLU	2	QL (1080 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT		3	QL (120 EA per 365 days)
rimantadine hcl oral tablet 100 mg		2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG		3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG		3	
Antiviral, Coronavirus Agents			
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		2	QL (20 EA per 30 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG		2	QL (11 EA per 30 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		2	QL (30 EA per 30 days)
Anxiolytics			
Anxiolytics, Other			
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		2	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		2	MT
doxepin hcl oral concentrate 10 mg/ml		2	MT
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		2	
Benzodiazepines			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	XANAX	2	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	KLONOPIN	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		2	PA
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		2	PA
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML		2	PA
diazepam oral solution 5 mg/5ml		2	PA
diazepam oral tablet 10 mg, 2 mg, 5 mg	VALIUM	2	PA
diazepam rectal gel 10 mg, 2.5 mg, 20 mg		4	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML		2	PA
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	ATIVAN	2	PA
midazolam hcl (pf) injection solution 10 mg/2ml		2	QL (4 ML per 30 days)
midazolam hcl (pf) injection solution 2 mg/2ml		2	QL (20 ML per 30 days)
midazolam hcl (pf) injection solution 5 mg/5ml		2	QL (10 ML per 30 days)
midazolam hcl (pf) injection solution 5 mg/ml		2	QL (2 ML per 30 days)
midazolam hcl injection solution 10 mg/2ml		2	QL (4 ML per 30 days)
midazolam hcl injection solution 2 mg/2ml		2	QL (20 ML per 30 days)
midazolam hcl injection solution 5 mg/5ml		2	QL (10 ML per 30 days)
midazolam hcl injection solution 5 mg/ml		2	QL (5 ML per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		4	PA
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		4	PA
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		4	PA
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		4	PA
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitors)			
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG		4	PA; MT; QL (60 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg		2	MT
escitalopram oxalate oral capsule 15 mg		3	MT; QL (30 EA per 30 days)
escitalopram oxalate oral solution 5 mg/5ml		2	MT; QL (600 ML per 30 days)
escitalopram oxalate oral tablet 10 mg	LEXAPRO	2	MT; QL (60 EA per 30 days)
escitalopram oxalate oral tablet 20 mg	LEXAPRO	2	MT; QL (30 EA per 30 days)
escitalopram oxalate oral tablet 5 mg	LEXAPRO	2	MT; QL (120 EA per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	PAXIL CR	2	ST; MT
paroxetine hcl oral suspension 10 mg/5ml		2	ST; MT
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PAXIL	2	ST; MT
sertraline hcl oral capsule 150 mg, 200 mg		2	MT
sertraline hcl oral concentrate 20 mg/ml	ZOLOFT	2	MT
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	ZOLOFT	2	MT
venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg		3	MT; QL (60 EA per 30 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	EFFEXOR XR	2	MT; QL (30 EA per 30 days)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
Bipolar Agents			
Bipolar Agents, Other			
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	SAPHRIS	4	MT; QL (60 EA per 30 days)
lamotrigine oral tablet 25 mg	SUBVENITE	2	MT
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	LATUDA	2	MT
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		5	ST; QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	ZYPREXA	2	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	ZYPREXA	2	MT
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	ZYPREXA ZYDIS	2	MT
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	SEROQUEL XR	2	MT; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	SEROQUEL XR	2	MT; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROQUEL	2	MT
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg	RISPERDAL CONSTA	4	QL (2 EA per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg	RISPERDAL CONSTA	5	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	RISPERDAL	2	MT
risperidone oral tablet 0.25 mg		2	MT
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	RISPERDAL	2	MT
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		2	MT
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG		4	ST; MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		5	ST; QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	GEODON	2	MT
ziprasidone mesylate intramuscular solution reconstituted 20 mg	GEODON	2	QL (6 EA per 3 days)
Mood Stabilizers			
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg		2	MT
carbamazepine er oral tablet extended release 12 hour 100 mg	TEGRETOL-XR	2	MT
carbamazepine oral suspension 100 mg/5ml	TEGRETOL	2	MT
carbamazepine oral tablet 200 mg	TEGRETOL	2	MT
carbamazepine oral tablet chewable 100 mg, 200 mg		2	MT
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	DEPAKOTE ER	2	MT
divalproex sodium oral capsule delayed release sprinkle 125 mg	DEPAKOTE SPRINKLES	2	MT
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	DEPAKOTE	2	MT
lamotrigine er oral tablet extended release 24 hour 50 mg	LAMICTAL XR	2	MT
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	LAMICTAL ODT	2	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	SUBVENITE	2	MT
lamotrigine oral tablet chewable 25 mg, 5 mg	LAMICTAL	2	MT
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	LAMICTAL ODT	2	MT
lamotrigine starter kit-blue oral kit 35 x 25 mg	SUBVENITE STARTER KIT-BLUE	2	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	SUBVENITE STARTER KIT-GREEN	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	SUBVENITE STARTER KIT-ORANGE	2	
lithium carbonate er oral tablet extended release 300 mg	LITHOBID	2	MT
lithium carbonate er oral tablet extended release 450 mg		2	MT
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		2	MT
lithium carbonate oral tablet 300 mg		2	MT
lithium oral solution 8 meq/5ml		2	MT
SUBVENITE ORAL SUSPENSION 10 MG/ML		4	MT
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG		2	MT
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG		2	
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG		2	
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG		2	
TEGRETOL ORAL SUSPENSION 100 MG/5ML		4	MT
TEGRETOL ORAL TABLET 200 MG		4	MT
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		4	MT
valproic acid oral capsule 250 mg		2	MT
valproic acid oral solution 250 mg/5ml		2	MT
Blood Glucose Regulators			
Antidiabetic Agents			
acarbose oral tablet 100 mg, 25 mg, 50 mg		1	MT; QL (90 EA per 30 days)
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg		1	MT; QL (30 EA per 30 days)
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg		1	MT; QL (60 EA per 30 days)
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg		1	MT; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
colesevelam hcl oral packet 3.75 gm	WELCHOL	2	MT
colesevelam hcl oral tablet 625 mg	WELCHOL	2	MT
dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg	XIGDUO XR	2	MT; QL (30 EA per 30 days)
dapagliflozin base-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	XIGDUO XR	2	MT; QL (60 EA per 30 days)
dapagliflozin oral tablet 10 mg, 5 mg	FARXIGA	2	MT; QL (30 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG		3	MT; QL (30 EA per 30 days); FFL
glimepiride oral tablet 1 mg, 2 mg, 4 mg		1	MT; QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg		1	MT; QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	GLUCOTROL XL	1	MT; QL (60 EA per 30 days)
glipizide oral tablet 10 mg, 2.5 mg, 5 mg		1	MT; QL (120 EA per 30 days)
glipizide oral tablet 15 mg		1	MT; QL (60 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		1	MT; QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		3	MT; QL (30 EA per 30 days); FFL
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		3	MT; QL (60 EA per 30 days); FFL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG		3	MT; QL (30 EA per 30 days); FFL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG		3	MT; QL (60 EA per 30 days); FFL
JARDIANCE ORAL TABLET 10 MG, 25 MG		3	MT; QL (30 EA per 30 days); FFL
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG		3	MT; QL (60 EA per 30 days); FFL

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG		3	MT; QL (60 EA per 30 days); FFL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG		3	MT; QL (30 EA per 30 days); FFL
liraglutide subcutaneous solution pen-injector 18 mg/3ml	VICTOZA	2	PA; MT; QL (9 ML per 30 days); FFL
metformin hcl er oral tablet extended release 24 hour 500 mg		1	MT; QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg		1	MT; QL (60 EA per 30 days)
metformin hcl oral tablet 1000 mg		1	MT; QL (60 EA per 30 days)
metformin hcl oral tablet 500 mg, 850 mg		1	MT; QL (90 EA per 30 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg		1	MT; QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML		3	PA; MT; QL (2 ML per 28 days); FFL
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML		3	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg, 60 mg		2	MT; QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML		3	PA; MT; QL (3 ML per 28 days); FFL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML		3	PA; MT; QL (3 ML per 28 days); FFL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML		3	PA; MT; QL (3 ML per 28 days); FFL
OZEMPIC ORAL TABLET 1.5 MG		3	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
OZEMPIC ORAL TABLET 4 MG, 9 MG		3	PA; MT; QL (30 EA per 30 days); FFL
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	ACTOS	1	MT; QL (30 EA per 30 days)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	DUETACT	1	MT; QL (30 EA per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg		2	MT; QL (90 EA per 30 days)
pioglitazone hcl-metformin hcl oral tablet 15-850 mg	ACTOPLUS MET	2	MT; QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg		2	MT; QL (120 EA per 30 days)
repaglinide oral tablet 2 mg		2	MT; QL (240 EA per 30 days)
saxagliptin hcl oral tablet 2.5 mg		1	MT; QL (60 EA per 30 days)
saxagliptin hcl oral tablet 5 mg		1	MT; QL (30 EA per 30 days)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg		1	MT; QL (60 EA per 30 days)
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg		1	MT; QL (30 EA per 30 days)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	JANUVIA	2	MT; QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		3	MT; QL (60 EA per 30 days); FFL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG		3	MT; QL (60 EA per 30 days); FFL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG		3	MT; QL (30 EA per 30 days); FFL
TRADJENTA ORAL TABLET 5 MG		3	MT; QL (30 EA per 30 days); FFL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG		3	MT; QL (30 EA per 30 days); FFL

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG		3	MT; QL (60 EA per 30 days); FFL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		3	PA; MT; QL (2 ML per 28 days); FFL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML		3	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML		3	PA; MT; QL (3 ML per 28 days); FFL
Glycemic Agents			
diazoxide oral suspension 50 mg/ml	PROGLYCEM	5	
glucagon emergency injection solution reconstituted 1 mg		4	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML		3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML		3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML		3	
mifepristone oral tablet 300 mg	KORLYM	5	PA; LA; QL (120 EA per 30 days)
Insulins			
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML		6	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML		6	
gauze sterile pad 2"x2"		3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM		6	
HUMALOG INJECTION SOLUTION 100 UNIT/ML		4	MT; QL (40 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		4	MT; QL (45 ML per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		4	MT; QL (45 ML per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML		4	MT; QL (42 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		4	MT; QL (45 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML		4	MT; QL (45 ML per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		4	MT; QL (40 ML per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		4	MT; QL (40 ML per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		6	MT; QL (45 ML per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		6	MT; QL (40 ML per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		6	MT; QL (45 ML per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		6	MT; QL (40 ML per 30 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML		6	MT; QL (40 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML		5	QL (42 ML per 30 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	SEMGLEE (YFGN)	6	MT; QL (40 ML per 30 days)
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	SEMGLEE (YFGN)	6	MT; QL (45 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	HUMALOG KWIKPEN	6	MT; QL (45 ML per 30 days)
insulin lispro injection solution 100 unit/ml	HUMALOG	6	MT; QL (40 ML per 30 days)
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	HUMALOG JUNIOR KWIKPEN	6	MT; QL (45 ML per 30 days)
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	HUMALOG MIX 75/25 KWIKPEN	6	MT; QL (45 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		6	MT; QL (45 ML per 30 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML		6	MT; QL (40 ML per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		4	MT; QL (45 ML per 30 days)
preferred plus insulin syringe 28g x 1/2" 0.5 ml	BD INSULIN SYRINGE MICROFINE	6	
RELI-ON INSULIN SYRINGE 29G 0.3 ML		6	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		4	MT; QL (45 ML per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		4	MT; QL (42 ML per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML		4	MT; QL (40.5 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML		4	MT; QL (45 ML per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML		4	MT; QL (40 ML per 30 days)
Blood Products And Modifiers			
Anticoagulants			

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	PRADAXA	2	MT; FFL
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG		3	MT; FFL
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG		3	MT; FFL
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		3	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG		3	MT; FFL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		3	MT; FFL
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG		3	MT; FFL
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	LOVENOX	2	QL (60 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	LOVENOX	2	QL (48 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	LOVENOX	2	QL (18 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	LOVENOX	2	QL (24 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	LOVENOX	2	QL (36 ML per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	ARIXTRA	5	QL (24 ML per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	ARIXTRA	2	QL (15 ML per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	ARIXTRA	5	QL (12 ML per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	ARIXTRA	5	QL (18 ML per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml		2	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG		2	MT; FFL

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
rivaroxaban oral suspension reconstituted 1 mg/ml	XARELTO	2	MT; QL (900 ML per 30 days); FFL
rivaroxaban oral tablet 2.5 mg	XARELTO	2	MT; QL (60 EA per 30 days); FFL
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg		2	MT; FFL
XARELTO ORAL TABLET 10 MG, 20 MG		3	MT; QL (30 EA per 30 days); FFL
XARELTO ORAL TABLET 15 MG		3	MT; QL (60 EA per 30 days); FFL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		3	QL (51 EA per 30 days)
Blood Products And Modifiers, Other			
anagrelide hcl oral capsule 0.5 mg	AGRYLIN	2	MT
anagrelide hcl oral capsule 1 mg		2	MT
eltrombopag olamine oral packet 12.5 mg	PROMACTA	5	PA; QL (360 EA per 30 days)
eltrombopag olamine oral packet 25 mg	PROMACTA	5	PA; QL (180 EA per 30 days)
eltrombopag olamine oral tablet 12.5 mg	PROMACTA	5	PA; QL (360 EA per 30 days)
eltrombopag olamine oral tablet 25 mg	PROMACTA	5	PA; QL (180 EA per 30 days)
eltrombopag olamine oral tablet 50 mg	PROMACTA	5	PA; QL (90 EA per 30 days)
eltrombopag olamine oral tablet 75 mg	PROMACTA	5	PA; QL (60 EA per 30 days)
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG		5	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		5	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		3	PA
RETACRIT INJECTION SOLUTION 20000 UNIT/ML		4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML		5	PA
XOLREMDI ORAL CAPSULE 100 MG		5	PA; LA; QL (120 EA per 30 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		5	PA
Hemostasis Agents			
tranexamic acid oral tablet 650 mg		2	
Platelet Modifying Agents			
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg		2	MT; FFL
cilostazol oral tablet 100 mg, 50 mg		2	MT
clopidogrel bisulfate oral tablet 75 mg	PLAVIX	2	MT
prasugrel hcl oral tablet 10 mg, 5 mg	EFFIENT	2	MT; FFL
ticagrelor oral tablet 60 mg, 90 mg	BRILINTA	2	MT; FFL
Cardiovascular Agents			
Alpha-Adrenergic Agonists			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		2	MT
clonidine transdermal patch weekly 0.1 mg/24hr	CATAPRES-TTS-1	2	MT
clonidine transdermal patch weekly 0.2 mg/24hr	CATAPRES-TTS-2	2	MT
clonidine transdermal patch weekly 0.3 mg/24hr	CATAPRES-TTS-3	2	MT
droxidopa oral capsule 100 mg, 200 mg, 300 mg	NORTHERA	4	PA
guanfacine hcl oral tablet 1 mg, 2 mg		2	MT
methyldopa oral tablet 250 mg, 500 mg		2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg		2	
Alpha-Adrenergic Blocking Agents			
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	CARDURA	2	MT
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg		2	MT
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg		2	MT
Angiotensin Ii Receptor Antagonists			
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	ATACAND	1	MT; QL (60 EA per 30 days)
candesartan cilexetil oral tablet 32 mg	ATACAND	1	MT; QL (30 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg	AVAPRO	1	MT; QL (30 EA per 30 days)
irbesartan oral tablet 75 mg		1	MT; QL (30 EA per 30 days)
losartan potassium oral tablet 100 mg	COZAAR	1	MT; QL (30 EA per 30 days)
losartan potassium oral tablet 25 mg, 50 mg	COZAAR	1	MT; QL (60 EA per 30 days)
olmesartan medoxomil oral tablet 20 mg, 40 mg	BENICAR	1	MT; QL (30 EA per 30 days)
olmesartan medoxomil oral tablet 5 mg	BENICAR	1	MT; QL (60 EA per 30 days)
telmisartan oral tablet 20 mg, 80 mg		1	MT; QL (30 EA per 30 days)
telmisartan oral tablet 40 mg	MICARDIS	1	MT; QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	DIOVAN	1	MT; QL (60 EA per 30 days)
valsartan oral tablet 320 mg	DIOVAN	1	MT; QL (30 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors			

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg	LOTENSIN	1	MT
benazepril hcl oral tablet 5 mg		1	MT
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	MT
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	VASOTEC	1	MT
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg		1	MT
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	ZESTRIL	1	MT
moexipril hcl oral tablet 15 mg, 7.5 mg		1	MT
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	MT
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg		1	MT
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg		1	MT
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	MT
Antiarrhythmics			
amiodarone hcl oral tablet 100 mg, 200 mg	PACERONE	2	MT
amiodarone hcl oral tablet 400 mg		2	MT
digoxin oral solution 0.05 mg/ml		2	MT
digoxin oral tablet 125 mcg		2	MT; QL (30 EA per 30 days)
digoxin oral tablet 250 mcg		2	MT
digoxin oral tablet 62.5 mcg	LANOXIN	2	MT; QL (30 EA per 30 days)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	TIKOSYN	2	MT
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg		2	MT
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg		2	MT
MULTAQ ORAL TABLET 400 MG		4	MT; QL (60 EA per 30 days); FFL

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg		4	MT
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg		2	MT
quinidine gluconate er oral tablet extended release 324 mg		2	MT
quinidine sulfate oral tablet 200 mg, 300 mg		1	MT
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	BETAPACE AF	2	MT
sotalol hcl oral tablet 120 mg, 160 mg, 80 mg	BETAPACE	2	MT
sotalol hcl oral tablet 240 mg		2	MT
Beta-Adrenergic Blocking Agents			
acebutolol hcl oral capsule 200 mg, 400 mg		2	MT
atenolol oral tablet 100 mg, 25 mg, 50 mg	TENORMIN	2	MT
betaxolol hcl oral tablet 10 mg, 20 mg		2	MT
bisoprolol fumarate oral tablet 10 mg, 5 mg		2	MT
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	COREG	2	MT
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	COREG CR	2	MT
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg		2	MT
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	TOPROL XL	2	MT
metoprolol tartrate oral tablet 100 mg, 50 mg	LOPRESSOR	2	MT
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		2	MT
nadolol oral tablet 20 mg, 40 mg, 80 mg		2	MT
pindolol oral tablet 10 mg, 5 mg		2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	INDERAL LA	2	MT
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml		2	MT
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		2	MT
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	MT
Calcium Channel Blocking Agents, Dihydropyridines			
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	NORVASC	2	MT
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg		2	MT
isradipine oral capsule 2.5 mg, 5 mg		2	MT
nicardipine hcl oral capsule 20 mg, 30 mg		2	MT
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg		2	MT
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	PROCARDIA XL	2	MT
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg		2	MT
nimodipine oral capsule 30 mg		2	
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	SULAR	2	MT
Calcium Channel Blocking Agents, Nondihydropyridines			
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG		2	MT
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg		2	MT
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg		2	MT
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	CARDIZEM CD	2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg		2	MT
diltiazem hcl er oral tablet extended release 24 hour 120 mg	CARDIZEM LA	2	MT
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg		2	MT
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	CARDIZEM	2	MT
diltiazem hcl oral tablet 90 mg		2	MT
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg		2	MT
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG		2	MT
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg		2	MT
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg		2	MT
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg		2	MT
Cardiovascular Agents, Other			
acetazolamide oral tablet 125 mg, 250 mg		2	MT
aliskiren fumarate oral tablet 150 mg, 300 mg	TEKTURNA	4	MT; QL (30 EA per 30 days)
amiloride-hydrochlorothiazide oral tablet 5-50 mg		2	MT
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 5-10 mg	LOTREL	1	MT
amlodipine besy-benazepril hcl oral capsule 10-40 mg, 2.5-10 mg, 5-20 mg, 5-40 mg		1	MT
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	EXFORGE	1	MT; QL (30 EA per 30 days)
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	CADUET	2	MT; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		2	MT; QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	AZOR	1	MT; QL (30 EA per 30 days)
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	EXFORGE HCT	4	MT; QL (30 EA per 30 days)
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg		2	MT
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	LOTENSIN HCT	1	MT
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	MT
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		2	MT
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		5	PA; LA; QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet 16-12.5 mg	ATACAND HCT	1	MT; QL (60 EA per 30 days)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	ATACAND HCT	1	MT; QL (30 EA per 30 days)
digoxin oral solution 0.05 mg/ml		2	MT
digoxin oral tablet 125 mcg		2	MT; QL (30 EA per 30 days)
digoxin oral tablet 250 mcg		2	MT
digoxin oral tablet 62.5 mcg	LANOXIN	2	MT; QL (30 EA per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg	VASERETIC	1	MT
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	MT
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		3	MT; QL (240 EA per 30 days); FFL
FILSPARI ORAL TABLET 200 MG, 400 MG		5	PA; LA; QL (60 EA per 30 days)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg		1	MT
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	AVALIDE	1	MT; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
ivabradine hcl oral tablet 5 mg, 7.5 mg	CORLANOR	2	PA; MT; QL (60 EA per 30 days); FFL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	ZESTORETIC	1	MT
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	HYZAAR	1	MT; QL (30 EA per 30 days)
losartan potassium-hctz oral tablet 50-12.5 mg	HYZAAR	1	MT; QL (60 EA per 30 days)
methyldopa oral tablet 250 mg, 500 mg		2	MT
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg		2	MT
metyrosine oral capsule 250 mg		5	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	BENICAR HCT	1	MT; QL (30 EA per 30 days)
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	TRIBENZOR	2	MT; QL (30 EA per 30 days)
pentoxifylline er oral tablet extended release 400 mg		2	MT
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg		2	MT; QL (60 EA per 30 days)
sacubitril-valsartan oral tablet 24-26 mg	ENTRESTO	2	MT; QL (180 EA per 30 days)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	ENTRESTO	2	MT; QL (60 EA per 30 days)
spironolactone-hctz oral tablet 25-25 mg		2	MT
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	MICARDIS HCT	1	MT; QL (30 EA per 30 days)
triamterene-hctz oral capsule 37.5-25 mg		2	MT
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg		2	MT
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	DIOVAN HCT	1	MT; QL (30 EA per 30 days)
WEGOVY ORAL TABLET 1.5 MG, 4 MG, 9 MG		3	PA; QL (30 EA per 30 days)
WEGOVY ORAL TABLET 25 MG		3	PA; MT; QL (30 EA per 30 days); FFL

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML		3	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML		3	PA; MT; QL (3 ML per 28 days); FFL
Diuretics, Loop			
bumetanide injection solution 0.25 mg/ml		2	
bumetanide oral tablet 0.5 mg	BUMEX	2	MT
bumetanide oral tablet 1 mg, 2 mg		2	MT
furosemide injection solution 10 mg/ml		2	
furosemide oral solution 10 mg/ml, 8 mg/ml		2	MT
furosemide oral tablet 20 mg, 40 mg, 80 mg	LASIX	2	MT
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		2	MT
Diuretics, Potassium-Sparing			
amiloride hcl oral tablet 5 mg		2	MT
KERENDIA ORAL TABLET 10 MG, 20 MG		3	MT; QL (30 EA per 30 days); FFL
Diuretics, Thiazide			
chlorthalidone oral tablet 25 mg, 50 mg		2	MT
hydrochlorothiazide oral capsule 12.5 mg		2	MT
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		2	MT
indapamide oral tablet 1.25 mg, 2.5 mg		2	MT
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		2	MT
Dyslipidemics, Fibric Acid Derivatives			
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		2	MT
fenofibrate oral tablet 145 mg	TRICOR	2	MT; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
fenofibrate oral tablet 160 mg, 48 mg, 54 mg		2	MT; QL (30 EA per 30 days)
fenofibric acid oral capsule delayed release 135 mg, 45 mg		2	MT; QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	LOPID	2	MT
Dyslipidemics, Hmg Coa Reductase Inhibitors			
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	LIPITOR	1	MT; QL (30 EA per 30 days)
fluvastatin sodium oral capsule 20 mg		1	MT; QL (30 EA per 30 days)
fluvastatin sodium oral capsule 40 mg		1	MT; QL (60 EA per 30 days)
lovastatin oral tablet 10 mg		1	MT; QL (30 EA per 30 days)
lovastatin oral tablet 20 mg, 40 mg		1	MT; QL (60 EA per 30 days)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg		1	MT; QL (30 EA per 30 days)
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CRESTOR	1	MT; QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	ZOCOR	1	MT; QL (30 EA per 30 days)
simvastatin oral tablet 5 mg, 80 mg		1	MT; QL (30 EA per 30 days)
Dyslipidemics, Other			
cholestyramine light oral packet 4 gm	PREVALITE	2	MT
cholestyramine oral packet 4 gm	QUESTRAN	2	MT
colesevelam hcl oral packet 3.75 gm	WELCHOL	2	MT
colesevelam hcl oral tablet 625 mg	WELCHOL	2	MT
colestipol hcl oral packet 5 gm		2	MT
colestipol hcl oral tablet 1 gm	COLESTID	2	MT
ezetimibe oral tablet 10 mg	ZETIA	2	MT; QL (30 EA per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	VYTORIN	1	MT; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
icosapent ethyl oral capsule 0.5 gm	VASCEPA	4	MT; QL (240 EA per 30 days); FFL
icosapent ethyl oral capsule 1 gm	VASCEPA	4	MT; QL (120 EA per 30 days); FFL
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 5 MG		5	PA; LA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG		5	PA; LA; QL (90 EA per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg		2	MT; QL (60 EA per 30 days)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg		2	MT; QL (90 EA per 30 days)
NIACOR ORAL TABLET 500 MG		2	
omega-3-acid ethyl esters oral capsule 1 gm	LOVAZA	2	MT; QL (120 EA per 30 days)
PREVALITE ORAL PACKET 4 GM		4	MT
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		3	ST; MT; QL (3 ML per 28 days); FFL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		3	ST; MT; QL (2 ML per 28 days); FFL
Mineralocorticoid Receptor Antagonists			
eplerenone oral tablet 25 mg, 50 mg		2	MT
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		3	MT; QL (30 EA per 30 days); FFL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	ALDACTONE	2	MT
Vasodilators, Direct-Acting Arterial/ Venous			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg		2	MT
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg		2	MT
isosorbide mononitrate oral tablet 10 mg, 20 mg		2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
NITRO-BID TRANSDERMAL OINTMENT 2 %		3	MT; FFL
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		3	MT
nitroglycerin rectal ointment 0.4 %	RECTIV	2	QL (30 GM per 30 days)
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	NITROSTAT	2	MT
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	NITRO-DUR	2	MT
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		3	PA; MT; QL (30 EA per 30 days); FFL
Vasodilators, Direct-Acting Arterial			
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		2	MT
minoxidil oral tablet 10 mg, 2.5 mg		2	MT
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 5 mg	ADDERALL XR	4	MT; QL (90 EA per 30 days); FFL
amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg	ADDERALL XR	4	MT; QL (30 EA per 30 days); FFL
amphetamine-dextroamphetamine oral tablet 10 mg	ADDERALL	2	MT; QL (180 EA per 30 days); FFL
amphetamine-dextroamphetamine oral tablet 12.5 mg	ADDERALL	2	MT; QL (144 EA per 30 days); FFL
amphetamine-dextroamphetamine oral tablet 15 mg	ADDERALL	2	MT; QL (120 EA per 30 days); FFL
amphetamine-dextroamphetamine oral tablet 20 mg	ADDERALL	2	MT; QL (90 EA per 30 days); FFL
amphetamine-dextroamphetamine oral tablet 30 mg	ADDERALL	2	MT; QL (60 EA per 30 days); FFL
amphetamine-dextroamphetamine oral tablet 5 mg	ADDERALL	2	MT; QL (360 EA per 30 days); FFL

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
amphetamine-dextroamphetamine oral tablet 7.5 mg	ADDERALL	2	MT; QL (240 EA per 30 days); FFL
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	ZENZEDI	2	MT; FFL
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines			
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg		2	MT; QL (60 EA per 30 days); FFL
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg		2	MT; QL (30 EA per 30 days); FFL
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	INTUNIV	2	MT; FFL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg		2	MT; QL (90 EA per 30 days); FFL
methylphenidate hcl oral solution 10 mg/5ml	METHYLIN	2	MT; QL (900 ML per 30 days); FFL
methylphenidate hcl oral solution 5 mg/5ml	METHYLIN	2	MT; QL (1800 ML per 30 days); FFL
methylphenidate hcl oral tablet 10 mg, 5 mg	RITALIN	2	MT; QL (180 EA per 30 days); FFL
methylphenidate hcl oral tablet 20 mg	RITALIN	2	MT; QL (90 EA per 30 days); FFL
Central Nervous System, Other			
AUSTEDO ORAL TABLET 12 MG, 9 MG		5	PA; LA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG		5	PA; LA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG		5	PA; LA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG		5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG		5	PA; LA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG		5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG		5	PA; QL (28 EA per 28 days)
dextromethorphan-quinidine oral capsule 20-10 mg	NUEDEXTA	5	PA
gabapentin oral capsule 300 mg, 400 mg	NEURONTIN	2	MT; FFL
gabapentin oral solution 250 mg/5ml	NEURONTIN	2	MT; FFL
gabapentin oral tablet 800 mg	NEURONTIN	2	MT; FFL
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML		5	PA; LA; QL (70 ML per 28 days)
riluzole oral tablet 50 mg		2	PA; MT
SKYCLARYS ORAL CAPSULE 50 MG		5	PA; LA; QL (90 EA per 30 days)
tetrabenazine oral tablet 12.5 mg	XENAZINE	4	PA; MT; QL (240 EA per 30 days); FFL
tetrabenazine oral tablet 25 mg	XENAZINE	4	PA; MT; QL (120 EA per 30 days); FFL
VEOZAH ORAL TABLET 45 MG		4	PA; MT; QL (30 EA per 30 days)
Fibromyalgia Agents			
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg		2	MT
milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	SAVELLA	2	MT; FFL
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	LYRICA CR	2	MT; FFL
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	LYRICA	2	MT; FFL
pregabalin oral solution 20 mg/ml	LYRICA	2	MT; FFL
Multiple Sclerosis Agents			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		5	PA; QL (1 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		5	PA; QL (1 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG		5	PA; LA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		5	PA; QL (14 EA per 28 days)
dalfampridine er oral tablet extended release 12 hour 10 mg	AMPYRA	4	PA; MT; QL (60 EA per 30 days); FFL
dimethyl fumarate oral capsule delayed release 120 mg	TECFIDERA	4	PA; MT; QL (14 EA per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	TECFIDERA	4	PA; MT; QL (60 EA per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	TECFIDERA	4	PA; QL (120 EA per 365 days)
fingolimod hcl oral capsule 0.5 mg	GILENYA	4	PA; MT; QL (30 EA per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	COPAXONE	5	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML		5	PA; LA; QL (1.6 ML per 28 days)
MAYZENT ORAL TABLET 0.25 MG		5	PA; LA
MAYZENT ORAL TABLET 1 MG, 2 MG		5	PA; LA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG		4	PA; LA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG		4	PA; LA; QL (7 EA per 4 days)
teriflunomide oral tablet 14 mg, 7 mg	AUBAGIO	2	PA; MT; QL (30 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG		5	PA; LA; QL (120 EA per 30 days)
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline hcl oral capsule 30 mg	EVOXAC	2	MT
chlorhexidine gluconate mouth/throat solution 0.12 %	PERIOGARD	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
doxycycline hyclate oral tablet 20 mg		2	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %		2	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	SALAGEN	2	MT
triamcinolone acetonide mouth/throat paste 0.1 %	KOURZEQ	2	
Dermatological Agents			
Acne And Rosacea Agents			
ACCUTANE ORAL CAPSULE 10 MG		2	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		2	PA
adapalene external cream 0.1 %		2	PA
adapalene external gel 0.3 %	DIFFERIN	2	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		2	
benzoyl peroxide-erythromycin external gel 5-3 %	BENZAMYCIN	2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		2	
isotretinoin oral capsule 10 mg		2	
isotretinoin oral capsule 20 mg, 30 mg, 40 mg		2	
metronidazole external cream 0.75 %		2	
metronidazole external gel 0.75 %, 1 %		2	
metronidazole external lotion 0.75 %		2	
tazarotene external cream 0.05 %, 0.1 %	TAZORAC	2	PA
tazarotene external gel 0.05 %, 0.1 %	TAZORAC	2	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	RETIN-A	2	PA
tretinoin external gel 0.01 %, 0.025 %	RETIN-A	2	PA
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		2	
Dermatitis And Pruritus Agents			
alclometasone dipropionate external cream 0.05 %		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
alclometasone dipropionate external ointment 0.05 %		2	
ammonium lactate external cream 12 %		2	
ammonium lactate external lotion 12 %	AL12	2	
betamethasone dipropionate aug external cream 0.05 %		2	
betamethasone dipropionate aug external gel 0.05 %		2	
betamethasone dipropionate aug external lotion 0.05 %		2	
betamethasone dipropionate aug external ointment 0.05 %	DIPROLENE	2	
betamethasone dipropionate external cream 0.05 %		2	
betamethasone dipropionate external lotion 0.05 %		2	
betamethasone dipropionate external ointment 0.05 %		2	
betamethasone valerate external cream 0.1 %		2	
betamethasone valerate external lotion 0.1 %		2	
betamethasone valerate external ointment 0.1 %		2	
clobetasol propionate e external cream 0.05 %		4	
clobetasol propionate external cream 0.05 %		2	
clobetasol propionate external lotion 0.05 %		2	
clobetasol propionate external ointment 0.05 %		2	
clobetasol propionate external shampoo 0.05 %	CLODAN	2	
desonide external cream 0.05 %		2	
desonide external lotion 0.05 %		2	
desonide external ointment 0.05 %		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
desoximetasone external cream 0.05 %, 0.25 %		2	
desoximetasone external gel 0.05 %		2	
desoximetasone external liquid 0.25 %	TOPICORT SPRAY	2	
desoximetasone external ointment 0.05 %, 0.25 %	TOPICORT	2	
doxepin hcl external cream 5 %	PRUDOXIN	2	
EUCRISA EXTERNAL OINTMENT 2 %		4	PA
EVESSE EXTERNAL LOTION 0.1 %		2	
fluocinolone acetonide external cream 0.01 %		2	
fluocinolone acetonide external cream 0.025 %	SYNALAR	2	
fluocinolone acetonide external ointment 0.025 %	SYNALAR	2	
fluocinolone acetonide external solution 0.01 %		2	
fluocinolone acetonide scalp external oil 0.01 %	DERMA-SMOOTHE/FS SCALP	2	
fluocinonide emulsified base external cream 0.05 %		2	
fluocinonide external cream 0.05 %, 0.1 %		2	
fluocinonide external gel 0.05 %		2	
fluocinonide external ointment 0.05 %		2	
fluocinonide external solution 0.05 %		2	
fluticasone propionate external cream 0.05 %		2	
fluticasone propionate external lotion 0.05 %		2	
fluticasone propionate external ointment 0.005 %		2	
halobetasol propionate external cream 0.05 %		2	
halobetasol propionate external ointment 0.05 %		2	
hydrocortisone (perianal) external cream 2.5 %	PROCTO-MED HC	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
hydrocortisone butyrate external cream 0.1 %		2	
hydrocortisone butyrate external ointment 0.1 %		2	
hydrocortisone butyrate external solution 0.1 %		2	
hydrocortisone external cream 1 %		2	
hydrocortisone external lotion 2.5 %		2	
hydrocortisone external ointment 1 %		2	
hydrocortisone external ointment 2.5 %		2	
hydrocortisone valerate external cream 0.2 %		2	
hydrocortisone valerate external ointment 0.2 %		2	
HYFTOR EXTERNAL GEL 0.2 %		5	PA; LA; QL (30 GM per 30 days)
mometasone furoate external cream 0.1 %		2	
mometasone furoate external ointment 0.1 %		2	
mometasone furoate external solution 0.1 %		2	
pimecrolimus external cream 1 %		2	QL (100 GM per 30 days)
PROCTO-MED HC EXTERNAL CREAM 2.5 %		2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %		2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %		2	
selenium sulfide external lotion 2.5 %		2	
tacrolimus external ointment 0.03 %, 0.1 %		2	
triamcinolone acetonide external cream 0.025 %, 0.1 %		2	
triamcinolone acetonide external cream 0.5 %	TRIDERM	2	
triamcinolone acetonide external lotion 0.025 %, 0.1 %		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %		2	
Dermatological Agents, Other			
calcipotriene external cream 0.005 %		2	
calcipotriene external ointment 0.005 %	CALCITRENE	2	
calcipotriene external solution 0.005 %	PELLIX	2	
clotrimazole-betamethasone external cream 1-0.05 %		2	
fluorouracil external cream 5 %		2	
fluorouracil external solution 2 %, 5 %		2	
BD ALCOHOL SWABS 70 %		3	
HYFTOR EXTERNAL GEL 0.2 %		5	PA; LA; QL (30 GM per 30 days)
imiquimod external cream 5 %		2	
methoxsalen rapid oral capsule 10 mg		5	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		2	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%		2	
OTEZLA ORAL TABLET 20 MG		5	PA; QL (56 EA per 28 days)
OTEZLA ORAL TABLET 30 MG		5	PA; LA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG		5	PA; LA; QL (55 EA per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG		5	PA; QL (55 EA per 28 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG		5	PA; QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG		5	PA; QL (41 EA per 28 days)
PANRETIN EXTERNAL GEL 0.1 %		5	PA
podofilox external solution 0.5 %		2	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		4	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
silver sulfadiazine external cream 1 %	SSD	2	
SSD EXTERNAL CREAM 1 %		2	
Pediculicides/Scabicides			
malathion external lotion 0.5 %	OVIDE	2	
permethrin external cream 5 %		2	
Topical Anti-Infectives			
acyclovir external ointment 5 %	ZOVIRAX	2	
ciclopirox external gel 0.77 %		2	
ciclopirox external shampoo 1 %		2	
ciclopirox external solution 8 %	CICLODAN	2	
ciclopirox olamine external cream 0.77 %		2	
ciclopirox olamine external suspension 0.77 %		2	
clindamycin phos (once-daily) external gel 1 %	CLINDAGEL	2	
clindamycin phos (twice-daily) external gel 1 %		2	
clindamycin phosphate external lotion 1 %	CLEOCIN-T	2	
clindamycin phosphate external solution 1 %		2	
clindamycin phosphate external swab 1 %	CLINDACIN ETZ	2	
econazole nitrate external cream 1 %		2	
ery external pad 2 %		2	
erythromycin external gel 2 %		2	
erythromycin external solution 2 %		2	
mupirocin calcium external cream 2 %		2	
mupirocin external ointment 2 %		2	
SULFAMYLON EXTERNAL CREAM 85 MG/GM		4	
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/ Mineral Replacement			
carglumic acid oral tablet soluble 200 mg	CARBAGLU	5	PA; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION		4	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%		2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ		2	MT
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ		2	MT
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ		2	MT
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ		2	MT
KLOR-CON ORAL PACKET 20 MEQ		2	MT
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ		2	MT
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)		2	
PLASMA-LYTE A INTRAVENOUS SOLUTION		4	
potassium chloride crys er oral tablet extended release 10 meq		2	MT
potassium chloride crys er oral tablet extended release 15 meq		2	MT
potassium chloride crys er oral tablet extended release 20 meq		2	MT
potassium chloride er oral capsule extended release 10 meq, 8 meq		2	MT
potassium chloride er oral tablet extended release 10 meq		2	MT
potassium chloride er oral tablet extended release 20 meq		2	MT
potassium chloride er oral tablet extended release 8 meq		2	MT
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml		2	
potassium chloride oral packet 20 meq		2	MT
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)		2	MT
potassium citrate er oral tablet extended release 10 meq (1080 mg)	UROCIT-K 10	2	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	UROCIT-K 15	2	
potassium citrate er oral tablet extended release 5 meq (540 mg)		2	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %		2	
sodium chloride irrigation solution 0.9 %	ARGYLE STERILE SALINE	2	
sodium fluoride oral tablet 2.2 (1 f) mg		2	MT
Electrolyte/Mineral/Metal Modifiers			
CHEMET ORAL CAPSULE 100 MG		4	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	EXJADE	2	PA; MT
deferiprone oral tablet 1000 mg	FERRIPROX	5	PA; LA
deferiprone oral tablet 500 mg		5	PA; LA
FERRIPROX ORAL SOLUTION 100 MG/ML		5	PA; LA
KLOR-CON ORAL PACKET 20 MEQ		2	MT
penicillamine oral tablet 250 mg	DEPEN TITRATABS	5	
potassium chloride crys er oral tablet extended release 15 meq		2	MT
tolvaptan oral tablet 15 mg	JYNARQUE	5	PA; LA; QL (240 EA per 30 days)
tolvaptan oral tablet 30 mg	JYNARQUE	5	PA; LA; QL (120 EA per 30 days)
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	JYNARQUE	5	PA; LA; QL (56 EA per 28 days)
trientine hcl oral capsule 250 mg	SYPRINE	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
Electrolytes/Minerals/Metals/Vitamins			
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %		4	PA
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %		4	PA
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %		4	PA
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %		4	PA
dextrose intravenous solution 10 %, 5 %		2	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %		2	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %		4	PA
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		4	
levocarnitine oral solution 1 gm/10ml	CARNITOR	2	MT
levocarnitine oral tablet 330 mg	CARNITOR	2	MT
NUTRILIPID INTRAVENOUS EMULSION 20 %		4	PA
PREMASOL INTRAVENOUS SOLUTION 10 %		2	PA
PROSOL INTRAVENOUS SOLUTION 20 %		4	PA
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE		3	PA
TRAVASOL INTRAVENOUS SOLUTION 10 %		4	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %		4	PA
Phosphate Binders			
calcium acetate (phos binder) oral capsule 667 mg		2	MT; QL (360 EA per 30 days)
calcium acetate (phos binder) oral tablet 667 mg	CALPHRON	2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	FOSRENOL	4	MT
sevelamer carbonate oral packet 0.8 gm	RENVELA	2	MT; QL (540 EA per 30 days)
sevelamer carbonate oral packet 2.4 gm	RENVELA	2	MT; QL (180 EA per 30 days)
sevelamer carbonate oral tablet 800 mg	RENVELA	2	MT; QL (540 EA per 30 days)
sevelamer hcl oral tablet 400 mg, 800 mg		2	MT
Potassium Binders			
LOKELMA ORAL PACKET 10 GM, 5 GM		3	MT
sodium polystyrene sulfonate combination suspension 15 gm/60ml	SPS (SODIUM POLYSTYRENE SULF)	4	
sodium polystyrene sulfonate oral powder		2	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML		4	
Vitamins			
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ		2	MT
potassium chloride crys er oral tablet extended release 15 meq		2	MT
prenatal oral tablet 27-1 mg		2	
Gastrointestinal Agents			
Anti-Constipation Agents			
constulose oral solution 10 gm/15ml		2	MT
enulose oral solution 10 gm/15ml		2	MT
generlac oral solution 10 gm/15ml		2	MT
lactulose oral solution 10 gm/15ml		2	MT
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	MT; QL (30 EA per 30 days); FFL
lubiprostone oral capsule 24 mcg, 8 mcg	AMITIZA	2	MT; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML		5	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML		5	PA
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML		4	
TRULANCE ORAL TABLET 3 MG		4	MT; QL (30 EA per 30 days)
Anti-Diarrheal Agents			
alosetron hcl oral tablet 0.5 mg	LOTRONEX	2	PA; MT
alosetron hcl oral tablet 1 mg	LOTRONEX	5	PA
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml		2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	LOMOTIL	2	
loperamide hcl oral capsule 2 mg	IMODIUM	2	
XERMELO ORAL TABLET 250 MG		5	PA; LA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG		3	PA
Antispasmodics, Gastrointestinal			
dicyclomine hcl oral capsule 10 mg		2	
dicyclomine hcl oral solution 10 mg/5ml		2	
dicyclomine hcl oral tablet 20 mg		2	
glycopyrrolate oral tablet 1 mg, 2 mg		2	
scopolamine transdermal patch 72 hour 1 mg/3days	TRANSDERM SCOP	2	QL (10 EA per 30 days)
Gastrointestinal Agents, Other			
GATTEX SUBCUTANEOUS KIT 5 MG		5	PA; LA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM		2	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
metoclopramide hcl oral solution 5 mg/5ml		2	
metoclopramide hcl oral tablet 10 mg, 5 mg	REGLAN	2	
nitroglycerin rectal ointment 0.4 %	RECTIV	2	QL (30 GM per 30 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm		2	
peg-3350/electrolytes oral solution reconstituted 236 gm		2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		5	PA; LA; QL (30 EA per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML		4	
ursodiol oral capsule 300 mg		2	MT
ursodiol oral tablet 250 mg		2	MT
ursodiol oral tablet 500 mg	URSO FORTE	2	MT
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG		4	PA; QL (1 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG		4	PA; QL (1 EA per 14 days)
VOWST ORAL CAPSULE		5	PA; LA
XIFAXAN ORAL TABLET 200 MG		3	PA
Gastrointestinal Agents			
PYLERA ORAL CAPSULE 140-125-125 MG		4	PA; QL (120 EA per 10 days)
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG		4	QL (168 EA per 14 days)
VELSIPITY ORAL TABLET 2 MG		5	PA; QL (30 EA per 30 days)
Histamine2 (H2) Receptor Antagonists			
cimetidine hcl oral solution 300 mg/5ml		2	MT
cimetidine oral tablet 200 mg	TAGAMET	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
famotidine oral suspension reconstituted 40 mg/5ml		2	MT
famotidine oral tablet 20 mg		2	MT
famotidine oral tablet 40 mg	PEPCID	2	MT
nizatidine oral capsule 150 mg, 300 mg		2	MT
Protectants			
misoprostol oral tablet 100 mcg, 200 mcg	CYTOTEC	2	MT
sucralfate oral suspension 1 gm/10ml		2	MT
sucralfate oral tablet 1 gm	CARAFATE	2	MT
Proton Pump Inhibitors			
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	DEXILANT	2	MT; QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release 20 mg		2	MT; QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release 40 mg	NEXIUM	2	MT; QL (30 EA per 30 days)
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	NEXIUM	4	MT; QL (30 EA per 30 days)
lansoprazole oral capsule delayed release 15 mg	PREVACID	2	MT; QL (30 EA per 30 days)
lansoprazole oral capsule delayed release 30 mg	PREVACID	2	MT; QL (30 EA per 30 days)
omeprazole oral capsule delayed release 10 mg		2	MT; QL (30 EA per 30 days)
omeprazole oral capsule delayed release 20 mg, 40 mg		2	MT; QL (60 EA per 30 days)
pantoprazole sodium oral tablet delayed release 20 mg	PROTONIX	2	MT; QL (30 EA per 30 days)
pantoprazole sodium oral tablet delayed release 40 mg	PROTONIX	2	MT; QL (180 EA per 30 days)
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment			
betaine oral powder	CYSTADANE	5	LA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
CERDELGA ORAL CAPSULE 84 MG		5	LA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		5	PA; LA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		3	MT; FFL
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		3	MT; LA; FFL
DAYBUE ORAL SOLUTION 200 MG/ML		5	PA; QL (3600 ML per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML		5	PA; QL (240 ML per 30 days)
EVRYSDI ORAL TABLET 5 MG		5	PA; QL (30 EA per 30 days)
glycerol phenylbutyrate oral liquid 1.1 gm/ml	RAVICTI	5	PA
JOENJA ORAL TABLET 70 MG		5	PA; QL (60 EA per 30 days)
l-glutamine oral packet 5 gm	ENDARI	5	PA; QL (180 EA per 30 days)
miglustat oral capsule 100 mg	YARGESA	5	PA; LA; QL (90 EA per 30 days)
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	ORFADIN	5	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		5	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML		5	PA; LA
PHEBURANE ORAL PELLET 483 MG/GM		5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML		5	PA; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG		5	PA; LA; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG		5	PA; LA; QL (7 EA per 7 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG		5	PA; LA; QL (14 EA per 14 days)
sapropterin dihydrochloride oral packet 100 mg, 500 mg	JAVYGTOR	5	PA
sapropterin dihydrochloride oral tablet 100 mg	JAVYGTOR	5	PA
SIKLOS ORAL TABLET 100 MG, 1000 MG		3	
SKYCLARYS ORAL CAPSULE 50 MG		5	PA; LA; QL (90 EA per 30 days)
sodium phenylbutyrate oral powder 3 gm/tsp	BUPHENYL	5	PA
sodium phenylbutyrate oral tablet 500 mg	BUPHENYL	5	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML		5	LA
VIJOICE ORAL PACKET 50 MG		5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG		5	PA; LA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG		5	PA; LA; QL (56 EA per 28 days)
VYNDAMAX ORAL CAPSULE 61 MG		5	PA; QL (30 EA per 30 days)
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML		5	PA; LA; QL (20 ML per 28 days)
WELIREG ORAL TABLET 40 MG		5	PA; LA; QL (90 EA per 30 days)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT		4	MT; FFL
Genitourinary Agents			
Antispasmodics, Urinary			

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG		3	ST; MT; QL (30 EA per 30 days); FFL
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg		2	MT; QL (60 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg		2	MT; QL (30 EA per 30 days)
oxybutynin chloride oral solution 5 mg/5ml		2	MT
oxybutynin chloride oral tablet 2.5 mg, 5 mg		2	MT
solifenacin succinate oral tablet 10 mg, 5 mg		2	MT; QL (30 EA per 30 days)
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg		2	MT; QL (30 EA per 30 days)
tolterodine tartrate oral tablet 1 mg, 2 mg		2	MT
trospium chloride oral tablet 20 mg		2	MT; QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents			
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	UROXATRAL	2	MT; QL (30 EA per 30 days)
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	CARDURA	2	MT
dutasteride oral capsule 0.5 mg	AVODART	2	MT
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	JALYN	2	MT
finasteride oral tablet 5 mg	PROSCAR	2	MT
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg		2	MT
silodosin oral capsule 4 mg, 8 mg		2	MT
tadalafil oral tablet 5 mg	CIALIS	2	PA; MT; QL (30 EA per 30 days); FFL
tamsulosin hcl oral capsule 0.4 mg		2	MT
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg		2	MT
Genitourinary Agents, Other			

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		2	
ELMIRON ORAL CAPSULE 100 MG		3	
penicillamine oral tablet 250 mg	DEPEN TITRATABS	5	
potassium citrate er oral tablet extended release 10 meq (1080 mg)	UROCIT-K 10	2	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	UROCIT-K 15	2	
potassium citrate er oral tablet extended release 5 meq (540 mg)		2	
sildenafil oral tablet 25 mg, 50 mg, 100 mg	VIAGRA	2	ED; QL (6 EA per 30 days)
tadalafil oral tablet 10 mg, 20mg	CIALIS	2	ED; QL (6 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)			
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML		5	PA
ACTHAR INJECTION GEL 80 UNIT/ML		5	PA; LA
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML		5	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML		5	PA
dexamethasone oral elixir 0.5 mg/5ml		2	
dexamethasone oral solution 0.5 mg/5ml		2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		2	
fludrocortisone acetate oral tablet 0.1 mg		2	MT
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	CORTEF	2	
methylprednisolone acetate injection suspension 40 mg/ml	DEPO-MEDROL	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	MEDROL	2	
methylprednisolone oral tablet 32 mg		2	
methylprednisolone oral tablet therapy pack 4 mg	MEDROL	2	
prednisolone oral solution 15 mg/5ml		2	
prednisolone oral tablet 5 mg		2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml		2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		4	
prednisone oral solution 5 mg/5ml		2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		2	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG		5	PA; LA; QL (120 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)			
desmopressin ace spray refrig nasal solution 0.01 %		2	MT; FFL
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	DDAVP	2	MT; FFL
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		5	PA; LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML		5	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)			

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
misoprostol oral tablet 200 mcg	CYTOTEC	2	MT
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			
Androgens			
danazol oral capsule 100 mg, 200 mg, 50 mg		2	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	DEPO-TESTOSTERONE	2	MT; FFL
testosterone enanthate intramuscular solution 200 mg/ml		2	MT; FFL
testosterone transdermal gel 12.5 mg/act (1%)	VOGELXO PUMP	2	PA; MT; QL (300 GM per 30 days); FFL
testosterone transdermal gel 20.25 mg/act (1.62%)	ANDROGEL PUMP	2	PA; MT; QL (150 GM per 30 days); FFL
testosterone transdermal gel 25 mg/2.5gm (1%)		2	PA; MT; QL (300 GM per 30 days); FFL
testosterone transdermal gel 50 mg/5gm (1%)	TESTIM	2	PA; MT; QL (300 GM per 30 days); FFL
Estrogens			
estradiol oral tablet 0.5 mg, 1 mg, 2 mg		2	MT
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	CLIMARA	2	MT
estradiol vaginal cream 0.01 %	ESTRACE	2	MT
estradiol vaginal tablet 10 mcg	VAGIFEM	2	MT
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	DELESTROGEN	2	
estradiol valerate intramuscular oil 40 mg/ml		2	
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	PREMARIN	2	MT
PREMARIN VAGINAL CREAM 0.625 MG/GM		3	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)			
ALTAVERA ORAL TABLET 0.15-30 MG-MCG		1	MT
APRI ORAL TABLET 0.15-30 MG-MCG		1	MT
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		1	MT
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG		1	MT
AVIANE ORAL TABLET 0.1-20 MG-MCG		1	MT
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)		1	MT
BALZIVA ORAL TABLET 0.4-35 MG-MCG		1	MT
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG		3	MT
briellyn oral tablet 0.4-35 mg-mcg		1	MT
CRYSELLE ORAL TABLET 0.3-30 MG-MCG		1	MT
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg		1	MT
ENSKYCE ORAL TABLET 0.15-30 MG-MCG		1	MT
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	ELURYNG	2	MT
FALMINA ORAL TABLET 0.1-20 MG-MCG		1	MT
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG		1	MT
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG		1	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
INTROVALE ORAL TABLET 0.15-0.03 MG		1	MT
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG		1	MT
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)		1	MT
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG		1	MT
KURVELO ORAL TABLET 0.15-30 MG-MCG		1	MT
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
LARIN 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
LESSINA ORAL TABLET 0.1-20 MG-MCG		1	MT
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG		1	MT
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg		1	MT
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		3	
LORYNA ORAL TABLET 3-0.02 MG		1	MT
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		1	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
marlissa oral tablet 0.15-30 mg-mcg		1	MT
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		1	MT
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		3	
NIKKI ORAL TABLET 3-0.02 MG		1	MT
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr		1	MT; QL (3 EA per 28 days)
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		1	MT
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG		1	MT
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG		1	MT
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG		1	MT
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG		1	MT
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG		1	MT
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)		1	MT
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG		1	MT
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		3	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		1	MT
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG		1	MT
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG		1	MT
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		1	MT
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		1	MT
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG		1	MT
TURQOZ ORAL TABLET 0.3-30 MG-MCG		1	MT
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG		1	MT
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG		1	MT
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG		1	MT
viorele oral tablet 0.15-0.02/0.01 mg (21/5)		1	MT
VYFEMLA ORAL TABLET 0.4-35 MG-MCG		1	MT
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		1	MT
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG		1	MT
Progestins			
ALTAVERA ORAL TABLET 0.15-30 MG-MCG		1	MT
APRI ORAL TABLET 0.15-30 MG-MCG		1	MT
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		1	MT
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG		1	MT
AVIANE ORAL TABLET 0.1-20 MG-MCG		1	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
BALZIVA ORAL TABLET 0.4-35 MG-MCG		1	MT
briellyn oral tablet 0.4-35 mg-mcg		1	MT
CAMILA ORAL TABLET 0.35 MG		1	MT
CRYSELLE ORAL TABLET 0.3-30 MG-MCG		1	MT
DEBLITANE ORAL TABLET 0.35 MG		1	MT
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		3	QL (0.65 ML per 90 days)
ENSKYCE ORAL TABLET 0.15-30 MG-MCG		1	MT
ERRIN ORAL TABLET 0.35 MG		1	MT
FALMINA ORAL TABLET 0.1-20 MG-MCG		1	MT
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG		1	MT
HEATHER ORAL TABLET 0.35 MG		1	MT
INCASSIA ORAL TABLET 0.35 MG		1	MT
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG		1	MT
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)		1	MT
KURVELO ORAL TABLET 0.15-30 MG-MCG		1	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
LARIN 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
LESSINA ORAL TABLET 0.1-20 MG-MCG		1	MT
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG		1	MT
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg		1	MT
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		1	MT
LYLEQ ORAL TABLET 0.35 MG		1	MT
LYZA ORAL TABLET 0.35 MG		1	MT
marlissa oral tablet 0.15-30 mg-mcg		1	MT
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	DEPO-PROVERA	2	QL (1 ML per 90 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	DEPO-PROVERA	2	QL (1 ML per 90 days)
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	PROVERA	2	MT
megestrol acetate oral suspension 40 mg/ml		2	PA
megestrol acetate oral suspension 625 mg/5ml		2	PA; MT
megestrol acetate oral tablet 20 mg, 40 mg		2	PA
MELEYA ORAL TABLET 0.35 MG		1	MT
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG		1	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG		1	MT
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG		1	MT
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		1	MT
NORA-BE ORAL TABLET 0.35 MG		1	MT
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr		1	MT; QL (3 EA per 28 days)
norethindrone acetate oral tablet 5 mg		2	MT
norethindrone oral tablet 0.35 mg		1	MT
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		1	MT
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG		1	MT
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG		1	MT
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG		1	MT
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG		1	MT
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG		1	MT
ORQUIDEA ORAL TABLET 0.35 MG		1	MT
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)		1	MT
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG		1	MT
progesterone oral capsule 100 mg, 200 mg	PROMETRIUM	2	MT
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		1	MT
SHAROBEL ORAL TABLET 0.35 MG		1	MT
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG		1	MT
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG		1	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG		1	MT
TURQOZ ORAL TABLET 0.3-30 MG-MCG		1	MT
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG		1	MT
VYFEMLA ORAL TABLET 0.4-35 MG-MCG		1	MT
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		1	MT
Selective Estrogen Receptor Modifying Agents			
OSPHENA ORAL TABLET 60 MG		4	MT
raloxifene hcl oral tablet 60 mg	EVISTA	2	MT
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)			
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		2	MT
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg		2	MT
levothyroxine sodium oral tablet 300 mcg	UNITHROID	2	MT
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		2	MT
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	CYTOMEL	2	MT
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		3	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		2	MT
Hormonal Agents, Suppressant (Adrenal Or Pituitary)			
Hormonal Agents, Suppressant (Adrenal Or Pituitary)			
bromocriptine mesylate oral capsule 5 mg		2	MT
bromocriptine mesylate oral tablet 2.5 mg		2	MT
cabergoline oral tablet 0.5 mg		2	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG		4	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		5	PA; QL (4 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG		4	PA; QL (1 EA per 28 days)
leuprolide acetate injection kit 1 mg/0.2ml		2	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG		5	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG		5	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG		5	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG		5	PA
LYSODREN ORAL TABLET 500 MG		5	LA
octreotide acetate injection solution 100 mcg/ml	SANDOSTATIN	2	PA; MT; FFL
octreotide acetate injection solution 1000 mcg/ml		5	PA
octreotide acetate injection solution 200 mcg/ml		2	PA; MT; FFL
octreotide acetate injection solution 50 mcg/ml	SANDOSTATIN	2	MT; FFL

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
octreotide acetate injection solution 500 mcg/ml	SANDOSTATIN	5	PA
RECORLEV ORAL TABLET 150 MG		5	PA; QL (240 EA per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		5	PA; LA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		5	PA; LA
SYNAREL NASAL SOLUTION 2 MG/ML		5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG		4	PA
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
methimazole oral tablet 10 mg, 5 mg		2	MT
propylthiouracil oral tablet 50 mg		2	MT
Immunological Agents			
Angioedema Agents			
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	SAJAZIR	5	PA; QL (18 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG		5	PA; LA; QL (28 EA per 28 days)
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML		5	PA; LA; QL (18 ML per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		5	PA; LA
Immunoglobulins			
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML		4	PA
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML		5	PA
Immunological Agents, Other			
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		5	PA; LA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		5	PA; LA; QL (8 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		5	PA; LA; QL (8 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		5	PA; LA; QL (8 ML per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		5	PA; LA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML		5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML		5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML		5	PA; QL (8 ML per 28 days)
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML		5	PA; QL (1.36 ML per 28 days)
leflunomide oral tablet 10 mg, 20 mg	ARAVA	2	MT; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		2	QL (20 EA per 30 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG		2	QL (11 EA per 30 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		2	QL (30 EA per 30 days)
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML		5	PA; LA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		5	PA; QL (30 EA per 30 days)
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML		3	PA; MT; QL (1 ML per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML		3	PA; MT; QL (1 ML per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML		5	PA; QL (1 ML per 28 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		5	PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML		5	PA; QL (8.4 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML		5	PA; QL (16.8 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		5	PA; QL (6 ML per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML		5	PA; QL (2.22 ML per 365 days)
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	XELJANZ XR	2	PA; MT; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
tofacitinib citrate oral solution 1 mg/ml	XELJANZ	2	PA; MT; QL (480 ML per 24 days)
tofacitinib citrate oral tablet 10 mg, 5 mg	XELJANZ	2	PA; MT; QL (60 EA per 30 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML		5	PA; QL (2 ML per 28 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		5	PA; QL (2 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML		5	PA; QL (2 ML per 28 days)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		5	PA; QL (4 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML		5	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML		5	PA; LA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML		5	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		5	PA; LA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		5	PA; LA; QL (8 EA per 28 days)
Immunostimulants			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML		5	PA; LA
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML		5	PA; LA; QL (2 ML per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		5	PA; LA; QL (2 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		5	PA
Immunosuppressants			
azathioprine oral tablet 100 mg, 75 mg	AZASAN	2	PA; MT
azathioprine oral tablet 50 mg	IMURAN	2	PA; MT
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		5	PA; LA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		5	PA; LA
cyclosporine modified oral capsule 100 mg, 25 mg		2	PA; MT
cyclosporine modified oral capsule 50 mg		2	PA; MT
cyclosporine modified oral solution 100 mg/ml	NEORAL	2	PA; MT
cyclosporine oral capsule 100 mg, 25 mg	SANDIMMUNE	4	PA; MT
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		5	PA; QL (8 ML per 28 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG		4	PA; MT
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	ZORTRESS	4	PA; MT
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	AFINITOR	4	PA
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	AFINITOR DISPERZ	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
GENGRAF ORAL CAPSULE 100 MG, 25 MG		2	PA; MT
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML		5	PA; QL (2.4 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML		5	PA; QL (4.8 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML		5	PA; QL (2.4 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML		5	PA; QL (4.8 ML per 28 days)
leflunomide oral tablet 10 mg, 20 mg	ARAVA	2	MT; QL (30 EA per 30 days)
mercaptopurine oral tablet 50 mg		2	
methotrexate sodium (pf) injection solution 50 mg/2ml		2	PA
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml		2	PA
methotrexate sodium oral tablet 2.5 mg		2	PA
mycophenolate mofetil oral capsule 250 mg	CELLCEPT	2	PA; MT
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	CELLCEPT	4	PA; MT
mycophenolate mofetil oral tablet 500 mg	CELLCEPT	2	PA; MT
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	MYFORTIC	2	PA; MT
NEORAL ORAL CAPSULE 100 MG, 25 MG		3	PA; MT
NEORAL ORAL SOLUTION 100 MG/ML		3	PA; MT
OTEZLA ORAL TABLET 20 MG		5	PA; QL (56 EA per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG		5	PA; LA; QL (55 EA per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG		5	PA; QL (55 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG		5	PA; QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG		5	PA; QL (41 EA per 28 days)
PROGRAF ORAL PACKET 0.2 MG, 1 MG		4	PA; MT
REZUROCK ORAL TABLET 200 MG		5	PA; LA; QL (30 EA per 30 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML		3	PA; MT; QL (6 EA per 28 days); FFL
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		5	PA; QL (3 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML		3	PA; MT; QL (6 EA per 28 days); FFL
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML		3	PA; MT; QL (12 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML		3	PA; MT; QL (6 EA per 28 days); FFL
sirolimus oral solution 1 mg/ml		4	PA; MT
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		2	PA; MT
tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg	ASTAGRAF XL	2	PA; MT
tacrolimus er oral capsule extended release 24 hour 5 mg	ASTAGRAF XL	5	PA
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	PROGRAF	2	PA; MT
TAVNEOS ORAL CAPSULE 10 MG		5	PA; LA; QL (180 EA per 30 days)
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		4	PA; MT; QL (3.6 ML per 28 days)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		4	PA; MT; QL (3.6 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
XATMEP ORAL SOLUTION 2.5 MG/ML		4	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML		5	PA; QL (2 EA per 28 days)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML		5	PA; QL (2 EA per 28 days)
Vaccines			
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML		3	QL (0.5 ML once in a lifetime)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED		3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5		3	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5		3	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML		3	QL (0.5 ML once in a lifetime)
bcg vaccine injection solution reconstituted 50 mg		3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5		3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5		3	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED		3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML		3	PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML		3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML		3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		3	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML		3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML		3	PA
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG		3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML		3	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10		3	
IPOL INJECTION SUSPENSION		3	
IXIARO INTRAMUSCULAR SUSPENSION		3	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML		3	PA
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		3	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML		3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED		3	
M-M-R II INJECTION SOLUTION RECONSTITUTED		3	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML		3	QL (0.5 ML once in a lifetime)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		3	
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML		3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED		3	
penmenvy intramuscular suspension reconstituted		3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED		3	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED		3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED		3	
QUADRACEL INTRAMUSCULAR SUSPENSION		3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED		3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML		3	PA
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML		3	PA
ROTARIX ORAL SUSPENSION		3	
ROTATEQ ORAL SOLUTION		3	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML		3	QL (1 ML once in a lifetime)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML		3	QL (2 EA once in a lifetime)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)		3	PA
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML		3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		3	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML		3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML		3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML		3	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML		3	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML		3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED		3	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML		3	
VIVOTIF ORAL CAPSULE DELAYED RELEASE		3	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED		3	
Inflammatory Bowel Disease Agents			
Aminosalicylates			
balsalazide disodium oral capsule 750 mg		2	
DIPENTUM ORAL CAPSULE 250 MG		5	
mesalamine er oral capsule extended release 24 hour 0.375 gm	APRISO	2	MT
mesalamine oral capsule delayed release 400 mg		2	MT
mesalamine oral tablet delayed release 1.2 gm	LIALDA	2	MT
mesalamine oral tablet delayed release 800 mg		2	
mesalamine rectal enema 4 gm		2	
mesalamine rectal suppository 1000 mg	CANASA	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
sulfasalazine oral tablet 500 mg	AZULFIDINE	2	MT
sulfasalazine oral tablet delayed release 500 mg	AZULFIDINE EN-TABS	2	MT
Glucocorticoids			
budesonide er oral tablet extended release 24 hour 9 mg	UCERIS	4	QL (30 EA per 30 days)
budesonide oral capsule delayed release particles 3 mg		2	
dexamethasone oral solution 0.5 mg/5ml		2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		2	
hydrocortisone (perianal) external cream 2.5 %	PROCTO-MED HC	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	CORTEF	2	
hydrocortisone rectal enema 100 mg/60ml	CORTENEMA	2	
methylprednisolone acetate injection suspension 80 mg/ml	DEPO-MEDROL	2	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	MEDROL	2	
methylprednisolone oral tablet 32 mg		2	
methylprednisolone oral tablet therapy pack 4 mg	MEDROL	2	
prednisolone oral solution 15 mg/5ml		2	
prednisolone oral tablet 5 mg		2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml		2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		4	
prednisone oral solution 5 mg/5ml		2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		2	
PROCTO-MED HC EXTERNAL CREAM 2.5 %		2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
PROCTOZONE-HC EXTERNAL CREAM 2.5 %		2	
triamcinolone acetonide injection suspension 40 mg/ml	KENALOG-40	2	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate sodium oral tablet 10 mg		2	MT; QL (30 EA per 30 days)
alendronate sodium oral tablet 35 mg		2	MT; QL (4 EA per 28 days)
alendronate sodium oral tablet 70 mg	FOSAMAX	2	MT; QL (4 EA per 28 days)
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		4	PA; QL (1 ML per 180 days)
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML		5	PA; QL (1.7 ML per 28 days)
calcitonin (salmon) nasal solution 200 unit/act		2	MT
calcitriol oral capsule 0.25 mcg, 0.5 mcg		2	MT
calcitriol oral solution 1 mcg/ml		2	MT
cinacalcet hcl oral tablet 30 mg, 60 mg	SENSIPAR	2	MT; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	SENSIPAR	4	MT; QL (120 EA per 30 days)
ibandronate sodium oral tablet 150 mg		2	MT; QL (1 EA per 28 days)
paricalcitol oral capsule 1 mcg, 2 mcg	ZEMPLAR	2	MT
paricalcitol oral capsule 4 mcg		2	MT
risedronate sodium oral tablet 150 mg	ACTONEL	2	MT; QL (1 EA per 28 days)
risedronate sodium oral tablet 35 mg (12 pack)	ACTONEL	2	MT; QL (12 EA per 84 days)
risedronate sodium oral tablet 35 mg, 35 mg (4 pack)	ACTONEL	2	MT; QL (4 EA per 28 days)
risedronate sodium oral tablet delayed release 35 mg	ATELVIA	2	MT; QL (4 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	BONSITY	5	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		5	PA; QL (1.56 ML per 30 days)
Antidotes			
Antidotes, Systemic			
flumazenil intravenous solution 0.5 mg/5ml		2	QL (10 ML per 30 days)
flumazenil intravenous solution 1 mg/10ml		2	QL (20 ML per 30 days)
Ophthalmic Agents			
Ophthalmic Agents, Other			
atropine sulfate ophthalmic solution 1 %		2	MT
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %		2	
cyclosporine (pf) ophthalmic emulsion 0.05 %	RESTASIS	4	MT; QL (60 EA per 30 days); FFL
CYSTARAN OPHTHALMIC SOLUTION 0.44 %		5	LA; QL (60 ML per 30 days)
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML		3	MT; QL (12 ML per 30 days); FFL
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	MAXITROL	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	MAXITROL	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1		2	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %		2	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %		3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %		2	
XDEMVY OPHTHALMIC SOLUTION 0.25 %		5	PA; QL (10 ML per 42 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
Ophthalmic Anti-Allergy Agents			
azelastine hcl ophthalmic solution 0.05 %		2	
bepotastine besilate ophthalmic solution 1.5 %	BEPREVE	2	QL (5 ML per 25 days)
cromolyn sodium ophthalmic solution 4 %		2	
Ophthalmic Anti-Infectives			
AZASITE OPHTHALMIC SOLUTION 1 %		3	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm		2	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		3	
ciprofloxacin hcl ophthalmic solution 0.3 %		2	
erythromycin ophthalmic ointment 5 mg/gm		2	
gatifloxacin ophthalmic solution 0.5 %		2	
gentamicin sulfate ophthalmic solution 0.3 %		2	
moxifloxacin hcl ophthalmic solution 0.5 %	VIGAMOX	2	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000		2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		2	
ofloxacin ophthalmic solution 0.3 %	OCUFLOX	2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%		2	
sulfacetamide sodium ophthalmic solution 10 %		2	
tobramycin ophthalmic solution 0.3 %		2	
trifluridine ophthalmic solution 1 %		2	
XDEMVY OPHTHALMIC SOLUTION 0.25 %		5	PA; QL (10 ML per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %		4	
Ophthalmic Anti-Inflammatories			

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
dexamethasone sodium phosphate ophthalmic solution 0.1 %		2	
diclofenac sodium ophthalmic solution 0.1 %		2	
DUREZOL OPHTHALMIC EMULSION 0.05 %		3	
fluorometholone ophthalmic suspension 0.1 %	FML LIQUIFILM	2	
flurbiprofen sodium ophthalmic solution 0.03 %		2	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		3	
ketorolac tromethamine ophthalmic solution 0.4 %	ACULAR LS	2	
ketorolac tromethamine ophthalmic solution 0.5 %	ACULAR	2	
LOTEMAX OPHTHALMIC GEL 0.5 %		3	
LOTEMAX SM OPHTHALMIC GEL 0.38 %		3	
loteprednol etabonate ophthalmic suspension 0.2 %	ALREX	2	
loteprednol etabonate ophthalmic suspension 0.5 %	LOTEMAX	2	
prednisolone acetate ophthalmic suspension 1 %	PRED FORTE	2	
prednisolone sodium phosphate ophthalmic solution 1 %		2	
XIIDRA OPHTHALMIC SOLUTION 5 %		3	MT; QL (60 EA per 30 days); FFL
Ophthalmic Beta-Adrenergic Blocking Agents			
betaxolol hcl ophthalmic solution 0.5 %		2	MT
carteolol hcl ophthalmic solution 1 %		2	MT
levobunolol hcl ophthalmic solution 0.5 %		2	MT
timolol hemihydrate ophthalmic solution 0.5 %	BETIMOL	2	MT
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %		2	MT

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
timolol maleate ophthalmic solution 0.25 %, 0.5 %		2	MT
Ophthalmic Intraocular Pressure Lowering Agents, Other			
acetazolamide er oral capsule extended release 12 hour 500 mg		2	MT
acetazolamide oral tablet 125 mg, 250 mg		2	MT
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %		3	MT
AZOPT OPHTHALMIC SUSPENSION 1 %		3	MT
brimonidine tartrate ophthalmic solution 0.2 %		2	MT
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %		3	MT
dorzolamide hcl ophthalmic solution 2 %		2	MT
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	COSOPT	2	MT
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	COSOPT PF	2	MT
methazolamide oral tablet 25 mg, 50 mg		2	MT
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %		2	MT
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		3	MT
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		3	MT
Ophthalmic Prostaglandin And Prostamide Analogs			
bimatoprost ophthalmic solution 0.03 %		2	MT; QL (5 ML per 30 days)
latanoprost ophthalmic solution 0.005 %	XALATAN	2	MT; QL (2.5 ML per 25 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		3	MT; QL (2.5 ML per 25 days)
travoprost (bak free) ophthalmic solution 0.004 %	TRAVATAN Z	2	MT; QL (2.5 ML per 25 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
VYZULTA OPHTHALMIC SOLUTION 0.024 %		4	MT; QL (2.5 ML per 25 days)
Otic Agents			
Otic Agents			
acetic acid otic solution 2 %		2	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %		2	
fluocinolone acetonide otic oil 0.01 %	DERMOTIC	2	
hydrocortisone-acetic acid otic solution 1-2 %		2	
neomycin-polymyxin-hc otic solution 1 %		2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1		2	
ofloxacin otic solution 0.3 %		2	
Respiratory Tract/ Pulmonary Agents			
Antihistamines			
azelastine hcl nasal solution 0.1 %		2	QL (30 ML per 25 days)
cetirizine hcl oral solution 5 mg/5ml		2	
cyproheptadine hcl oral syrup 2 mg/5ml		2	
cyproheptadine hcl oral tablet 4 mg		2	
desloratadine oral tablet 5 mg	CLARINEX	2	QL (30 EA per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg		2	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	XYZAL ALLERGY 24HR	2	
levocetirizine dihydrochloride oral tablet 5 mg	XYZAL ALLERGY 24HR	2	QL (30 EA per 30 days)
olopatadine hcl nasal solution 0.6 %		2	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg		2	

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
Anti-Inflammatories, Inhaled Corticosteroids			
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	PULMICORT	2	PA; MT; FFL
flunisolide nasal solution 25 mcg/act (0.025%)		2	QL (50 ML per 25 days)
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	ARNUITY ELLIPTA	2	MT; QL (30 EA per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	FLONASE ALLERGY REL	2	QL (32 GM per 30 days)
Antileukotrienes			
montelukast sodium oral packet 4 mg	SINGULAIR	2	MT; QL (30 EA per 30 days)
montelukast sodium oral tablet 10 mg	SINGULAIR	2	MT; QL (30 EA per 30 days)
montelukast sodium oral tablet chewable 4 mg, 5 mg	SINGULAIR	2	MT; QL (30 EA per 30 days)
zafirlukast oral tablet 10 mg, 20 mg		2	MT
Bronchodilators, Anticholinergic			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		3	MT; QL (25.8 GM per 30 days); FFL
ipratropium bromide inhalation solution 0.02 %		2	PA; MT; FFL
ipratropium bromide nasal solution 0.03 %		2	MT; QL (30 ML per 30 days)
ipratropium bromide nasal solution 0.06 %		2	MT; QL (15 ML per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		2	PA; MT; FFL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT		3	MT; QL (4 GM per 30 days); FFL
tiotropium bromide inhalation capsule 18 mcg	SPIRIVA HANDIHALER	2	MT; QL (30 EA per 30 days); FFL
Bronchodilators, Sympathomimetic			

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	VENTOLIN HFA	2	MT; QL (40.2 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020983)	VENTOLIN HFA	2	MT; QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml		2	PA; MT; FFL
albuterol sulfate oral syrup 2 mg/5ml		2	MT
albuterol sulfate oral tablet 2 mg, 4 mg		2	MT
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH		3	MT; QL (60 EA per 30 days); FFL
epinephrine injection solution 0.3 mg/0.3ml		2	QL (6 EA per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml	AUVI-Q	2	QL (6 EA per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml	EPIPEN JR 2-PAK	2	QL (6 EA per 30 days)
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	ARNUITY ELLIPTA	2	MT; QL (30 EA per 30 days)
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	BREO ELLIPTA	3	MT; QL (60 EA per 30 days); FFL
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act		2	MT; QL (1 EA per 30 days)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	PERFOROMIST	2	PA; MT
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml		2	PA; MT; FFL
levalbuterol tartrate inhalation aerosol 45 mcg/act	XOPENEX HFA	2	MT; QL (30 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT		3	MT; QL (60 EA per 30 days); FFL

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
terbutaline sulfate oral tablet 2.5 mg, 5 mg		2	MT
Cystic Fibrosis Agents			
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		5	PA; LA
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG		5	PA; LA; QL (60 EA per 30 days)
KALYDECO ORAL TABLET 150 MG		5	PA; LA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG		5	PA; LA; QL (120 EA per 30 days)
ORKAMBI ORAL PACKET 75-94 MG		5	PA; LA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		5	PA; LA; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		5	PA
TOBI PODHALER INHALATION CAPSULE 28 MG		5	PA
tobramycin inhalation nebulization solution 300 mg/5ml	KITABIS PAK (W/ NEBULIZER)	5	PA; QL (280 ML per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG		5	PA; LA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG		5	PA; LA; QL (56 EA per 28 days)
Mast Cell Stabilizers			
cromolyn sodium inhalation nebulization solution 20 mg/2ml		2	PA; MT; FFL
cromolyn sodium oral concentrate 100 mg/5ml	GASTROCROM	2	MT; FFL
Phosphodiesterase Inhibitors, Airways Disease			
roflumilast oral tablet 250 mcg, 500 mcg	DALIRESP	2	MT
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG		2	MT; FFL

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg		2	MT; FFL
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg		2	MT; FFL
theophylline oral solution 80 mg/15ml		2	MT; FFL
Pulmonary Antihypertensives			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		5	PA; LA; QL (90 EA per 30 days)
ALYQ ORAL TABLET 20 MG		2	PA; MT; QL (60 EA per 30 days); FFL
ambrisentan oral tablet 10 mg, 5 mg	LETAIRIS	4	PA; MT; LA; QL (30 EA per 30 days)
macitentan oral tablet 10 mg	OPSUMIT	4	PA; MT; QL (30 EA per 30 days)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG		5	PA; LA; QL (30 EA per 30 days)
sildenafil citrate oral suspension reconstituted 10 mg/ml		5	PA
sildenafil citrate oral tablet 20 mg	REVATIO	2	PA; MT; QL (90 EA per 30 days); FFL
tadalafil (pah) oral tablet 20 mg	ALYQ	2	PA; MT; QL (60 EA per 30 days); FFL
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG		5	PA; LA; QL (224 EA per 28 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG		5	PA; LA; QL (112 EA per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG		5	PA; LA; QL (252 EA per 28 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG		5	PA; LA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 200 MCG		5	PA; LA; QL (140 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG		5	PA; LA; QL (200 EA per 30 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		5	PA; LA
Pulmonary Fibrosis Agents			
nintedanib esylate oral capsule 100 mg, 150 mg	OFEV	5	PA; QL (60 EA per 30 days)
OFEV ORAL CAPSULE 100 MG, 150 MG		5	PA; QL (60 EA per 30 days)
pirfenidone oral capsule 267 mg		2	PA; MT; QL (270 EA per 30 days)
pirfenidone oral tablet 267 mg	ESBRIET	2	PA; MT; QL (270 EA per 30 days)
pirfenidone oral tablet 534 mg		5	PA; QL (90 EA per 30 days)
pirfenidone oral tablet 801 mg	ESBRIET	2	PA; MT; QL (90 EA per 30 days)
Respiratory Tract Agents, Other			
acetylcysteine inhalation solution 10 %, 20 %		2	PA
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT		3	MT; QL (12 GM per 30 days); FFL
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	SYMBICORT	2	MT; QL (10.2 GM per 30 days)
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	ARNUITY ELLIPTA	2	MT; QL (30 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	ADVAIR DISKUS	2	MT; QL (60 EA per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		3	MT; QL (4 GM per 30 days); FFL
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT		3	MT; QL (10.2 GM per 30 days); FFL

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT		3	MT; QL (60 EA per 30 days); FFL
umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act	ANORO ELLIPTA	4	MT; QL (60 EA per 30 days); FFL
Respiratory Tract/ Pulmonary Agents			
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		3	MT; QL (8 GM per 30 days); FFL
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML		5	PA; LA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML		5	PA; LA; QL (1 ML per 28 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml		2	PA; MT; FFL
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		5	PA; LA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		5	PA; LA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG		5	PA; LA; QL (3 EA per 28 days)
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
chlorzoxazone oral tablet 500 mg		2	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		2	PA
cyclobenzaprine hcl oral tablet 7.5 mg	FEXMID	2	PA
orphenadrine citrate er oral tablet extended release 12 hour 100 mg		2	
orphenadrine citrate injection solution 30 mg/ml		2	
Sleep Disorder Agents			

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

Drug	Brand Reference	Drug Tier	Requirements/ Limits
Sleep Promoting Agents			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		3	ST; QL (30 EA per 30 days)
doxepin hcl oral tablet 3 mg, 6 mg	SILENOR	2	QL (30 EA per 30 days)
estazolam oral tablet 1 mg, 2 mg		2	PA; QL (30 EA per 30 days)
ramelteon oral tablet 8 mg	ROZEREM	2	QL (30 EA per 30 days)
tasimelteon oral capsule 20 mg	HETLIOZ	5	PA; QL (30 EA per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	RESTORIL	2	PA; QL (30 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg		2	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg	AMBIEN CR	2	PA; QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 6.25 mg	AMBIEN CR	2	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg	AMBIEN	2	PA; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 5 mg	AMBIEN	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents			
armodafinil oral tablet 150 mg	NUVIGIL	2	PA; MT; QL (60 EA per 30 days)
armodafinil oral tablet 200 mg, 250 mg	NUVIGIL	2	PA; MT; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	NUVIGIL	2	PA; MT; QL (150 EA per 30 days)
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM		5	PA; LA; QL (30 EA per 30 days)
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM		5	PA; LA; QL (28 EA per 28 days)
modafinil oral tablet 100 mg, 200 mg	PROVIGIL	2	PA; MT; QL (30 EA per 30 days)
sodium oxybate oral solution 500 mg/ml	XYREM	5	PA; LA; QL (540 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 11.

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This formulary was updated on 10/05/2026. For more recent information or other questions, please contact MMM Healthcare, LLC., Member Services at: 1-866-333-5470 (TTY users should call 711), Monday to Sunday, from 8:00 a.m. to 8:00 p.m., or visit: www.mmmpr.com.

The formulary may change at any time. You will receive notice when necessary.

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Notice Of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-333-5470 (TTY: 711) or speak to your provider."

Spanish: ATENCIÓN: Si habla español, se encuentran disponibles servicios gratuitos de asistencia en su idioma. También están disponibles, sin costo alguno, ayudas y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-333-5470 (TTY: 711) o hable con su proveedor.

Chinese (Simplified): 注意：如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-333-5470（文本电话：711）或咨询您的服务提供商。"

Cantonese 廣東話: 通知：如果你講廣東話，我們提供免費的語言協助服務。我們亦可以免費提供適當的輔助工具和服務，以便用可獲得的格式提供資訊。請致電 1-866-333-5470（聾人專線：711）或與你的提供者聯絡。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-333-5470 (TTY: 711) o makipag-usap sa iyong provider.

French: ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-333-5470 (TTY: 711) ou parlez à votre fournisseur.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-333-5470 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

German: HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfeleistungen zur Verfügung. Angemessene Hilfsmittel und Dienstleistungen, um Informationen in barrierefreien Formaten bereitzustellen, sind ebenfalls kostenlos erhältlich. Rufen Sie 1-866-333-5470 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

Korean: 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-333-5470 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오."

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-333-5470 (TTY: 711) или обратитесь к своему поставщику услуг.

Arabic: العربية
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مساعدة مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-866-333-5470 (TTY:711) أو تحدث إلى مقدم الخدمة".

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-333-5470（TTY: 711） पर कॉल करें या अपने प्रदाता से बात करें।"

Italian: ATTENZIONE: Se parli italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono disponibili gratuitamente anche idonei ausili e servizi per fornire informazioni in formati accessibili. Chiama il 1-866-333-5470 (TTY: 711) o parla con il tuo fornitore.

Portuguese: ATENÇÃO: Se fala português, serviços gratuitos de assistência linguística estão disponíveis para si. Ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-866-333-5470 (TTY: 711) ou fale com o seu prestador de serviços.

French Creole: ATANSYON: Si ou pale franse kreyòl, sèvis asistans lang gratis disponib pou ou. Gen èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Rele 1-866-333-5470 (TTY: 711) oswa pale ak founisè w la.

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-333-5470（TTY: 711）lub porozmawiaj ze swoim dostawcą".

Japanese: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-866-333-5470（TTY: 711）までお電話ください。または、ご利用の事業者にご相談ください。

Ukrainian: УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-866-333-5470 (TTY: 711) або зверніться до свого постачальника».

Catalán: ATENCIÓ: Si parleu català, teniu a la vostra disposició serveis d'assistència lingüística gratuïts. També hi ha disponibles gratuïtament ajudes i serveis auxiliars adequats per proporcionar informació en formats accessibles. Truqueu al 1-866-333-5470 (TTY: 711) o parleu amb el vostre proveïdor.