



# **SENTARA INDIVIDUAL & FAMILY PLANS PRESCRIPTION DRUG FORMULARY**

**(January - March 2027)**

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

This formulary was updated on 09/01/2026

**This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.**

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## List of Abbreviations

**1:** Preferred Generic

**2:** Non-Preferred Generic, Preferred Brand

**3:** Non-Preferred Brand

**4:** Specialty Drugs

**9:** Zero Cost Share Preventative Drugs

**ACA:** Affordable Care Act.

**CGM:** Continuous Glucose Monitor

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

**OTC:** Over the Counter. An OTC drug is a non-prescription drug.

**PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

**QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

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

| Drug Name                                                      | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------|-----------|-----------------------|
| <b>ANTI - INFECTIVES</b>                                       |           |                       |
| <b>ANTIFUNGAL AGENTS</b>                                       |           |                       |
| <i>clotrimazole mucous membrane</i>                            | 1         | QL (5 per 1 day)      |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml</i> | 1         | QL (40 per 1 day)     |
| <i>fluconazole oral suspension for reconstitution 40 mg/ml</i> | 1         | QL (10 per 1 day)     |
| <i>fluconazole oral tablet 100 mg, 200 mg</i>                  | 1         | QL (4 per 1 day)      |
| <i>fluconazole oral tablet 150 mg</i>                          | 1         | QL (4 per 30 days)    |
| <i>fluconazole oral tablet 50 mg</i>                           | 1         | QL (8 per 1 day)      |
| <i>griseofulvin microsize oral suspension</i>                  | 1         | QL (40 per 1 day)     |
| <i>griseofulvin microsize oral tablet</i>                      | 1         | QL (2 per 1 day)      |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>  | 1         | QL (3 per 1 day)      |
| <i>itraconazole oral capsule</i>                               | 2         | QL (4 per 1 day)      |
| <i>ketoconazole oral</i>                                       | 1         | QL (2 per 1 day)      |
| <i>nystatin oral suspension</i>                                | 1         | QL (24 per 1 day)     |
| <i>nystatin oral tablet</i>                                    | 1         | QL (6 per 1 day)      |
| ORAVIG                                                         | 3         | 14 tabs per fill      |
| <i>posaconazole oral suspension</i>                            | 2         | PA; QL (20 per 1 day) |
| <i>terbinafine hcl oral</i>                                    | 1         | QL (1 per 1 day)      |
| <i>voriconazole oral tablet 200 mg</i>                         | 2         | QL (2 per 1 day)      |
| <i>voriconazole oral tablet 50 mg</i>                          | 2         | QL (4 per 1 day)      |
| <b>ANTIVIRALS</b>                                              |           |                       |
| <i>abacavir oral solution</i>                                  | 2         | QL (30 per 1 day)     |
| <i>abacavir oral tablet</i>                                    | 2         | QL (2 per 1 day)      |
| <i>abacavir-lamivudine</i>                                     | 2         | QL (1 per 1 day)      |
| <i>acyclovir oral capsule</i>                                  | 1         |                       |
| <i>acyclovir oral suspension 200 mg/5 ml</i>                   | 1         |                       |
| <i>acyclovir oral tablet</i>                                   | 1         |                       |
| <i>adefovir</i>                                                | 4         | PA; QL (1 per 1 day)  |
| <i>amantadine hcl oral capsule</i>                             | 1         |                       |
| <i>amantadine hcl oral solution</i>                            | 1         |                       |
| <i>amantadine hcl oral tablet</i>                              | 2         |                       |
| APTIVUS                                                        | 4         | QL (4 per 1 day)      |

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

| Drug Name                                                                           | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>atazanavir oral capsule 150 mg, 200 mg</i>                                       | 2         | QL (2 per 1 day)      |
| <i>atazanavir oral capsule 300 mg</i>                                               | 2         | QL (1 per 1 day)      |
| BARACLUDE ORAL SOLUTION                                                             | 4         | QL (20 per 1 day)     |
| BIKTARVY                                                                            | 4         | QL (1 per 1 day)      |
| <i>darunavir oral tablet 600 mg</i>                                                 | 4         | QL (2 per 1 day)      |
| <i>darunavir oral tablet 800 mg</i>                                                 | 4         | QL (1 per 1 day)      |
| DESCOVY                                                                             | 4         | ACA; QL (1 per 1 day) |
| DOVATO                                                                              | 4         | QL (1 per 1 day)      |
| EDURANT PED                                                                         | 4         | QL (6 per 1 day)      |
| <i>efavirenz oral tablet</i>                                                        | 2         | QL (1 per 1 day)      |
| <i>efavirenz-emtricitabin-tenofov</i>                                               | 2         | QL (1 per 1 day)      |
| <i>efavirenz-lamivu-tenofov disop</i>                                               | 4         | QL (1 per 1 day)      |
| <i>emtricitabine</i>                                                                | 4         | QL (1 per 1 day)      |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 4         | QL (1 per 1 day)      |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                         | 4         | ACA; QL (1 per 1 day) |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                         | 4         | QL (1 per 1 day)      |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>                         | 4         | QL (1 per 1 day)      |
| EMTRIVA ORAL SOLUTION                                                               | 4         | QL (24 per 1 day)     |
| <i>entecavir</i>                                                                    | 4         | QL (1 per 1 day)      |
| EPCLUSA                                                                             | 4         | PA; QL (1 per 1 day)  |
| <i>etravirine oral tablet 100 mg</i>                                                | 4         | QL (4 per 1 day)      |
| <i>etravirine oral tablet 200 mg</i>                                                | 4         | QL (2 per 1 day)      |
| EVOTAZ                                                                              | 4         | QL (1 per 1 day)      |
| <i>famciclovir</i>                                                                  | 1         |                       |
| <i>fosamprenavir</i>                                                                | 4         | QL (4 per 1 day)      |
| GENVOYA                                                                             | 4         | QL (1 per 1 day)      |
| HARVONI                                                                             | 4         | PA                    |
| INTELENCE ORAL TABLET 25 MG                                                         | 4         | QL (16 per 1 day)     |
| ISENTRESS HD                                                                        | 4         | QL (2 per 1 day)      |
| ISENTRESS ORAL TABLET                                                               | 4         | QL (2 per 1 day)      |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG                                               | 4         | QL (6 per 1 day)      |
| ISENTRESS ORAL TABLET,CHEWABLE 25 MG                                                | 4         | QL (12 per 1 day)     |

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

| Drug Name                                                                        | Drug Tier | Requirements / Limits |
|----------------------------------------------------------------------------------|-----------|-----------------------|
| JULUCA                                                                           | 4         | QL (1 per 1 day)      |
| KALETRA ORAL SOLUTION                                                            | 4         | QL (13 per 1 day)     |
| <i>lamivudine oral solution</i>                                                  | 2         | QL (30 per 1 day)     |
| <i>lamivudine oral tablet 100 mg</i>                                             | 4         | QL (1 per 1 day)      |
| <i>lamivudine oral tablet 150 mg</i>                                             | 2         | QL (2 per 1 day)      |
| <i>lamivudine oral tablet 300 mg</i>                                             | 2         | QL (1 per 1 day)      |
| <i>lamivudine-zidovudine</i>                                                     | 2         | QL (2 per 1 day)      |
| LEDIPASVIR-SOFOSBUVIR                                                            | 2         | PA                    |
| LIVTENCITY                                                                       | 4         | PA; QL (4 per 1 day)  |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i>                                 | 4         | QL (10 per 1 day)     |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i>                                 | 4         | QL (4 per 1 day)      |
| <i>maraviroc oral tablet 150 mg</i>                                              | 4         | QL (2 per 1 day)      |
| <i>maraviroc oral tablet 300 mg</i>                                              | 4         | QL (4 per 1 day)      |
| MAVYRET ORAL PELLETS IN PACKET                                                   | 2         | PA; QL (6 per 1 day)  |
| MAVYRET ORAL TABLET                                                              | 2         | PA; QL (3 per 1 day)  |
| <i>nevirapine oral suspension</i>                                                | 2         | QL (40 per 1 day)     |
| <i>nevirapine oral tablet</i>                                                    | 2         | QL (2 per 1 day)      |
| <i>nevirapine oral tablet extended release 24 hr</i>                             | 2         | QL (1 per 1 day)      |
| ODEFSEY                                                                          | 4         | QL (1 per 1 day)      |
| <i>oseltamivir</i>                                                               | 1         |                       |
| PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5) | 2         | QL (40 per 365 days)  |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG                       | 2         | QL (60 per 365 days)  |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG                                           | 4         | PA; QL (2 per 1 day)  |
| PREVYMIS ORAL PELLETS IN PACKET 20 MG                                            | 4         | PA; QL (4 per 1 day)  |
| PREVYMIS ORAL TABLET                                                             | 4         | PA; QL (1 per 1 day)  |
| PREZISTA ORAL SUSPENSION                                                         | 4         | QL (12 per 1 day)     |
| PREZISTA ORAL TABLET 150 MG                                                      | 4         | QL (6 per 1 day)      |
| PREZISTA ORAL TABLET 75 MG                                                       | 4         | QL (10 per 1 day)     |
| <i>ribavirin inhalation</i>                                                      | 4         |                       |
| <i>ribavirin oral capsule</i>                                                    | 4         |                       |
| <i>ribavirin oral tablet 200 mg</i>                                              | 4         |                       |

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

| Drug Name                                                                                | Drug Tier | Requirements / Limits                         |
|------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| <i>rilpivirine hcl</i>                                                                   | 4         | QL (1 per 1 day)                              |
| <i>rimantadine</i>                                                                       | 1         |                                               |
| <i>ritonavir</i>                                                                         | 2         | QL (12 per 1 day)                             |
| SELZENTRY ORAL SOLUTION                                                                  | 4         | QL (60 per 1 day)                             |
| SOFOSBUVIR-VELPATASVIR                                                                   | 2         | PA; QL (1 per 1 day)                          |
| SOVALDI                                                                                  | 4         | PA                                            |
| STRIBILD                                                                                 | 4         | QL (1 per 1 day)                              |
| <i>tenofovir disoproxil fumarate</i>                                                     | 2         | QL (1 per 1 day)                              |
| TIVICAY ORAL TABLET 50 MG                                                                | 4         | QL (2 per 1 day)                              |
| TIVICAY PD                                                                               | 4         | QL (6 per 1 day)                              |
| TRIUMEQ                                                                                  | 4         | QL (1 per 1 day)                              |
| TRIUMEQ PD                                                                               | 4         | QL (6 per 1 day)                              |
| <i>valacyclovir</i>                                                                      | 1         |                                               |
| <i>valganciclovir oral recon soln</i>                                                    | 4         | PA for Age greater than or equal to 9 year(s) |
| <i>valganciclovir oral tablet</i>                                                        | 4         |                                               |
| VEMLIDY                                                                                  | 4         | PA; QL (1 per 1 day)                          |
| VIRACEPT ORAL TABLET 250 MG                                                              | 4         | QL (10 per 1 day)                             |
| VIRACEPT ORAL TABLET 625 MG                                                              | 4         | QL (4 per 1 day)                              |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG                                                | 4         | QL (1 per 1 day)                              |
| VOSEVI                                                                                   | 4         | PA                                            |
| XOCOVA                                                                                   | 3         | QL (7 per 30 days)                            |
| XOFLUZA ORAL TABLET 40 MG, 80 MG                                                         | 3         | QL (1 per 183 days)                           |
| <i>zidovudine oral capsule</i>                                                           | 2         | QL (6 per 1 day)                              |
| <i>zidovudine oral syrup</i>                                                             | 2         | QL (60 per 1 day)                             |
| <i>zidovudine oral tablet</i>                                                            | 2         | QL (2 per 1 day)                              |
| <b>CEPHALOSPORINS</b>                                                                    |           |                                               |
| <i>cefactor oral capsule</i>                                                             | 1         |                                               |
| <i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 1         |                                               |
| <i>cefactor oral tablet extended release 12 hr</i>                                       | 2         |                                               |
| <i>cefadroxil oral capsule</i>                                                           | 1         |                                               |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>            | 1         |                                               |

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

| Drug Name                                                             | Drug Tier | Requirements / Limits                         |
|-----------------------------------------------------------------------|-----------|-----------------------------------------------|
| <i>cefadroxil oral tablet</i>                                         | 1         |                                               |
| <i>cefdinir</i>                                                       | 1         |                                               |
| <i>cefixime oral capsule</i>                                          | 2         |                                               |
| <i>cefixime oral suspension for reconstitution</i>                    | 2         |                                               |
| <i>cefpodoxime</i>                                                    | 1         |                                               |
| <i>cefprozil</i>                                                      | 1         |                                               |
| <i>cefuroxime axetil oral tablet</i>                                  | 1         |                                               |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                         | 1         |                                               |
| <i>cephalexin oral capsule 750 mg</i>                                 | 2         |                                               |
| <i>cephalexin oral suspension for reconstitution</i>                  | 1         |                                               |
| <b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>                           |           |                                               |
| <i>azithromycin oral suspension for reconstitution</i>                | 1         |                                               |
| <i>azithromycin oral tablet</i>                                       | 1         |                                               |
| <i>clarithromycin</i>                                                 | 1         |                                               |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION                            | 3         | PA; 100 mL per fill                           |
| <i>e.e.s. 400 oral tablet</i>                                         | 1         |                                               |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>    | 2         |                                               |
| <i>erythrocin (as stearate) oral tablet 250 mg</i>                    | 2         |                                               |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> | 2         | PA for Age greater than or equal to 9 year(s) |
| <i>erythromycin ethylsuccinate oral tablet</i>                        | 1         |                                               |
| <i>erythromycin oral capsule, delayed release (dr/ec)</i>             | 1         |                                               |
| <i>erythromycin oral tablet</i>                                       | 2         |                                               |
| <i>erythromycin oral tablet, delayed release (dr/ec)</i>              | 2         |                                               |
| <i>fidaxomicin</i>                                                    | 2         | PA; 20 tablets per fill                       |
| <b>MISCELLANEOUS ANTIINFECTIVES</b>                                   |           |                                               |
| <i>albendazole</i>                                                    | 2         | 4 tablets per fill                            |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION                             | 3         | PA; QL (180 per 1 day)                        |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>         | 1         |                                               |
| ARIKAYCE                                                              | 4         | PA; LA; QL (8.4 per 1 day)                    |
| <i>atovaquone</i>                                                     | 2         |                                               |

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

| Drug Name                                       | Drug Tier | Requirements / Limits   |
|-------------------------------------------------|-----------|-------------------------|
| <i>atovaquone-proguanil</i>                     | 2         |                         |
| BENZNIDAZOLE                                    | 3         | PA                      |
| CAYSTON                                         | 4         | LA; QL (3 per 1 day)    |
| <i>chloroquine phosphate</i>                    | 1         |                         |
| <i>clindamycin hcl</i>                          | 1         |                         |
| <i>clindamycin pediatric</i>                    | 1         |                         |
| COARTEM                                         | 3         | QL (24 per 365 days)    |
| <i>cycloserine</i>                              | 2         |                         |
| <i>dapsone oral</i>                             | 1         |                         |
| EMVERM                                          | 3         | PA; 2 tabs per fill     |
| <i>ethambutol</i>                               | 1         |                         |
| <i>hydroxychloroquine</i>                       | 1         |                         |
| <i>isoniazid oral</i>                           | 1         |                         |
| <i>ivermectin oral tablet 3 mg</i>              | 1         | PA; QL (20 per 90 days) |
| KRINTAFEL                                       | 3         | QL (2 per 365 days)     |
| LAMPIT                                          | 3         | PA                      |
| <i>linezolid</i>                                | 1         |                         |
| <i>mefloquine</i>                               | 1         |                         |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | 1         |                         |
| <i>neomycin</i>                                 | 1         |                         |
| <i>nitazoxanide</i>                             | 2         | PA; QL (6 per 1 day)    |
| <i>pentamidine inhalation</i>                   | 2         | QL (1 per 28 days)      |
| <i>praziquantel</i>                             | 2         |                         |
| PRETOMANID                                      | 3         | PA; QL (1 per 1 day)    |
| PRIFTIN                                         | 3         | QL (8 per 1 day)        |
| <i>primaquine</i>                               | 1         |                         |
| <i>pyrazinamide</i>                             | 2         |                         |
| <i>pyrimethamine</i>                            | 4         | PA; QL (3 per 1 day)    |
| <i>quinine sulfate</i>                          | 2         |                         |
| <i>rifabutin</i>                                | 2         |                         |
| <i>rifampin oral</i>                            | 1         |                         |
| <i>rifapentine</i>                              | 2         | QL (8 per 1 day)        |
| SIVEXTRO ORAL                                   | 4         |                         |
| <i>tinidazole</i>                               | 1         |                         |

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

| Drug Name                                                         | Drug Tier | Requirements / Limits    |
|-------------------------------------------------------------------|-----------|--------------------------|
| TOBI PODHALER                                                     | 4         | ST; QL (224 per 28 days) |
| <i>tobramycin in 0.225 % nacl</i>                                 | 4         | QL (10 per 1 day)        |
| <i>tobramycin inhalation</i>                                      | 4         | QL (224 per 28 days)     |
| VABOMERE                                                          | 4         | PA                       |
| XIFAXAN ORAL TABLET 200 MG                                        | 3         | QL (9 per 365 days)      |
| XIFAXAN ORAL TABLET 550 MG                                        | 3         | PA; QL (42 per 120 days) |
| <b>PENICILLINS</b>                                                |           |                          |
| <i>amoxicillin oral capsule</i>                                   | 1         |                          |
| <i>amoxicillin oral suspension for reconstitution</i>             | 1         |                          |
| <i>amoxicillin oral tablet</i>                                    | 1         |                          |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>           | 1         |                          |
| <i>amoxicillin-pot clavulanate</i>                                | 1         |                          |
| <i>ampicillin oral capsule 500 mg</i>                             | 1         |                          |
| <i>dicloxacillin</i>                                              | 1         |                          |
| <i>penicillin v potassium</i>                                     | 1         |                          |
| <b>QUINOLONES</b>                                                 |           |                          |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>       | 1         |                          |
| <i>levofloxacin oral solution</i>                                 | 2         |                          |
| <i>levofloxacin oral tablet</i>                                   | 1         |                          |
| <i>moxifloxacin oral</i>                                          | 2         |                          |
| <i>ofloxacin oral tablet 400 mg</i>                               | 1         |                          |
| <b>SULFA'S &amp; RELATED AGENTS</b>                               |           |                          |
| <i>sulfadiazine</i>                                               | 2         |                          |
| <i>sulfamethoxazole-trimethoprim oral</i>                         | 1         |                          |
| <i>sulfatrim</i>                                                  | 1         |                          |
| <b>TETRACYCLINES</b>                                              |           |                          |
| <i>avidoxy</i>                                                    | 1         |                          |
| <i>demeclocycline</i>                                             | 1         |                          |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>             | 1         |                          |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>              | 1         |                          |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>         | 1         |                          |
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | 1         |                          |

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

| Drug Name                                                     | Drug Tier | Requirements / Limits   |
|---------------------------------------------------------------|-----------|-------------------------|
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>      | 1         |                         |
| <i>minocycline oral capsule</i>                               | 1         |                         |
| <i>mondoxyne nl oral capsule 100 mg</i>                       | 1         |                         |
| <i>tetracycline oral capsule</i>                              | 1         |                         |
| <b>URINARY TRACT AGENTS</b>                                   |           |                         |
| <i>fosfomycin tromethamine</i>                                | 2         |                         |
| <i>methenamine hippurate</i>                                  | 2         |                         |
| <i>methenamine mandelate oral tablet</i>                      | 2         | QL (4 per 1 day)        |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | 1         |                         |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i>         | 2         |                         |
| <i>nitrofurantoin monohyd/m-cryst</i>                         | 1         |                         |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i>              | 2         |                         |
| <i>trimethoprim</i>                                           | 1         |                         |
| <b>VANCOMYCIN</b>                                             |           |                         |
| <i>vancomycin oral capsule</i>                                | 2         |                         |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>           |           |                         |
| <b>ADJUNCTIVE AGENTS</b>                                      |           |                         |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>     | 2         |                         |
| <i>leucovorin calcium oral tablet 5 mg</i>                    | 1         |                         |
| VISTOGARD                                                     | 4         | QL (20 per 30 days)     |
| <b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>           |           |                         |
| <i>abiraterone oral tablet 250 mg</i>                         | 4         | PA; QL (4 per 1 day)    |
| <i>abirtega</i>                                               | 4         | PA; QL (4 per 1 day)    |
| <i>anastrozole</i>                                            | 1         | ACA                     |
| AVMAPKI-FAKZYNJA                                              | 4         | PA; QL (66 per 28 days) |
| <i>azathioprine oral tablet 50 mg</i>                         | 1         |                         |
| <i>bexarotene</i>                                             | 4         | PA                      |
| <i>bicalutamide</i>                                           | 1         |                         |
| BOSULIF ORAL CAPSULE 100 MG                                   | 4         | PA; QL (3 per 1 day)    |
| BOSULIF ORAL CAPSULE 50 MG                                    | 4         | PA; QL (1 per 1 day)    |
| <i>bosutinib oral tablet 100 mg</i>                           | 4         | PA; QL (3 per 1 day)    |
| <i>bosutinib oral tablet 400 mg, 500 mg</i>                   | 4         | PA; QL (1 per 1 day)    |

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

| Drug Name                                                        | Drug Tier | Requirements / Limits    |
|------------------------------------------------------------------|-----------|--------------------------|
| BRUKINSA ORAL TABLET                                             | 4         | PA; LA; QL (2 per 1 day) |
| BYNFEZIA                                                         | 4         | PA                       |
| CALQUENCE (ACALABRUTINIB MAL)                                    | 4         | PA; LA; QL (2 per 1 day) |
| <i>capecitabine oral tablet 150 mg</i>                           | 4         | PA; QL (4 per 1 day)     |
| <i>capecitabine oral tablet 500 mg</i>                           | 4         | PA; QL (10 per 1 day)    |
| CAPRELSA ORAL TABLET 100 MG                                      | 4         | PA; LA; QL (2 per 1 day) |
| CAPRELSA ORAL TABLET 300 MG                                      | 4         | PA; LA; QL (1 per 1 day) |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)              | 4         | PA; QL (56 per 28 days)  |
| COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)              | 4         | PA; QL (112 per 28 days) |
| COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)                  | 4         | PA; QL (84 per 28 days)  |
| <i>cyclophosphamide oral capsule</i>                             | 4         |                          |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG                               | 4         |                          |
| <i>cyclosporine modified</i>                                     | 1         |                          |
| <i>cyclosporine oral capsule</i>                                 | 1         |                          |
| DANZITEN                                                         | 4         | PA; QL (2 per 1 day)     |
| <i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> | 4         | PA; QL (1 per 1 day)     |
| <i>dasatinib oral tablet 20 mg</i>                               | 4         | PA; QL (3 per 1 day)     |
| DROXIA                                                           | 2         |                          |
| ELIGARD                                                          | 4         | PA; QL (1 per 28 days)   |
| ELIGARD (3 MONTH)                                                | 4         | PA; QL (1 per 63 days)   |
| ELIGARD (4 MONTH)                                                | 4         | PA; QL (1 per 84 days)   |
| ELIGARD (6 MONTH)                                                | 4         | PA; QL (1 per 126 days)  |
| ENSACOVE                                                         | 4         | PA; LA; QL (2 per 1 day) |
| ERIVEDGE                                                         | 4         | PA; QL (1 per 1 day)     |
| ERLEADA ORAL TABLET 240 MG                                       | 4         | PA; QL (1 per 1 day)     |
| ERLEADA ORAL TABLET 60 MG                                        | 4         | PA; QL (4 per 1 day)     |
| <i>erlotinib oral tablet 100 mg, 150 mg</i>                      | 4         | PA; QL (1 per 1 day)     |
| <i>erlotinib oral tablet 25 mg</i>                               | 4         | PA; QL (3 per 1 day)     |
| <i>etoposide oral</i>                                            | 4         | PA                       |
| EULEXIN                                                          | 4         | PA                       |
| <i>everolimus (antineoplastic) oral tablet</i>                   | 4         | PA; QL (1 per 1 day)     |

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

| Drug Name                                                     | Drug Tier | Requirements / Limits    |
|---------------------------------------------------------------|-----------|--------------------------|
| <i>everolimus (antineoplastic) oral tablet for suspension</i> | 4         | PA                       |
| <i>exemestane</i>                                             | 1         |                          |
| <i>engraft oral capsule</i>                                   | 1         |                          |
| GILOTRIF                                                      | 4         | PA; QL (1 per 1 day)     |
| GOMEKLI ORAL CAPSULE 1 MG                                     | 4         | PA; QL (126 per 28 days) |
| GOMEKLI ORAL CAPSULE 2 MG                                     | 4         | PA; QL (84 per 28 days)  |
| GOMEKLI ORAL TABLET FOR SUSPENSION                            | 4         | PA; QL (168 per 28 days) |
| HERNEXEOS                                                     | 4         | PA; QL (3 per 1 day)     |
| HYCAMTIN ORAL                                                 | 4         | PA                       |
| <i>hydroxyurea</i>                                            | 1         |                          |
| HYRNUO                                                        | 4         | PA; QL (4 per 1 day)     |
| IBRANCE ORAL CAPSULE 125 MG                                   | 4         | PA; QL (1 per 1 day)     |
| IBRANCE ORAL TABLET                                           | 4         | PA; QL (1 per 1 day)     |
| IBTROZI                                                       | 4         | PA; QL (3 per 1 day)     |
| ICLUSIG                                                       | 4         | PA; QL (1 per 1 day)     |
| <i>imatinib oral tablet 100 mg</i>                            | 4         | PA; QL (3 per 1 day)     |
| <i>imatinib oral tablet 400 mg</i>                            | 4         | PA; QL (2 per 1 day)     |
| IMBRUVICA ORAL CAPSULE 140 MG                                 | 4         | PA; QL (3 per 1 day)     |
| IMBRUVICA ORAL CAPSULE 70 MG                                  | 4         | PA; QL (1 per 1 day)     |
| IMBRUVICA ORAL TABLET                                         | 4         | PA; QL (1 per 1 day)     |
| IMKELDI                                                       | 4         | PA; QL (280 per 28 days) |
| INLURIYO                                                      | 4         | PA; QL (2 per 1 day)     |
| INQOVI                                                        | 4         | PA; QL (5 per 28 days)   |
| JAKAFI                                                        | 4         | PA; QL (2 per 1 day)     |
| JAKAFI XR                                                     | 4         | PA; QL (1 per 1 day)     |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)                   | 4         | PA; QL (21 per 28 days)  |
| KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)                   | 4         | PA; QL (42 per 28 days)  |
| KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)                   | 4         | PA; QL (63 per 28 days)  |
| KOMZIFTI                                                      | 4         | PA; QL (3 per 1 day)     |
| <i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>          | 4         | PA; QL (0.5 per 28 days) |
| <i>lapatinib</i>                                              | 4         | PA; QL (6 per 1 day)     |

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

| Drug Name                                                       | Drug Tier | Requirements / Limits                         |
|-----------------------------------------------------------------|-----------|-----------------------------------------------|
| <i>lenalidomide</i>                                             | 4         | PA; QL (1 per 1 day)                          |
| <i>letrozole</i>                                                | 1         |                                               |
| LEUKERAN                                                        | 4         | PA                                            |
| <i>leuprolide subcutaneous kit</i>                              | 4         | PA; QL (2 per 28 days)                        |
| LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1)             | 4         | PA; LA; QL (18 per 28 days)                   |
| LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2)             | 4         | PA; LA; QL (27 per 28 days)                   |
| <i>lomustine</i>                                                | 4         | PA                                            |
| LONSURF ORAL TABLET 15-6.14 MG                                  | 4         | PA; QL (6 per 1 day)                          |
| LONSURF ORAL TABLET 20-8.19 MG                                  | 4         | PA; QL (8 per 1 day)                          |
| LYNPARZA                                                        | 4         | PA; QL (4 per 1 day)                          |
| LYSODREN                                                        | 4         | PA                                            |
| MATULANE                                                        | 4         | PA                                            |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>        | 1         |                                               |
| <i>megestrol oral tablet</i>                                    | 1         |                                               |
| MEKINIST ORAL TABLET 0.5 MG                                     | 4         | PA; QL (3 per 1 day)                          |
| MEKINIST ORAL TABLET 2 MG                                       | 4         | PA; QL (1 per 1 day)                          |
| <i>mercaptopurine oral tablet</i>                               | 1         |                                               |
| <i>methotrexate sodium</i>                                      | 1         |                                               |
| <i>methotrexate sodium (pf) injection solution</i>              | 1         |                                               |
| MODEYSO                                                         | 4         | PA; QL (20 per 28 days)                       |
| <i>mycophenolate mofetil oral capsule</i>                       | 1         |                                               |
| <i>mycophenolate mofetil oral suspension for reconstitution</i> | 2         | PA for Age greater than or equal to 9 year(s) |
| <i>mycophenolate mofetil oral tablet</i>                        | 1         |                                               |
| <i>mycophenolate sodium</i>                                     | 1         |                                               |
| MYLERAN                                                         | 4         | PA                                            |
| NEMLUVIO                                                        | 4         | PA; QL (1 per 28 days)                        |
| <i>nilotinib hcl oral capsule 150 mg, 200 mg</i>                | 4         | PA; QL (4 per 1 day)                          |
| <i>nilotinib hcl oral capsule 50 mg</i>                         | 4         | PA; QL (2 per 1 day)                          |
| <i>nilutamide</i>                                               | 4         | PA; QL (1 per 1 day)                          |
| NUBEQA                                                          | 4         | PA; LA; QL (4 per 1 day)                      |
| <i>octreotide acetate</i>                                       | 4         | PA                                            |

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

| Drug Name                                                                               | Drug Tier | Requirements / Limits      |
|-----------------------------------------------------------------------------------------|-----------|----------------------------|
| <i>octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 30 mg</i> | 4         | PA; QL (1 per 28 days)     |
| <i>octreotide,microspheres intramuscular suspension,extended rel recon 20 mg</i>        | 4         | PA; QL (2 per 28 days)     |
| ODOMZO                                                                                  | 4         | PA; LA; QL (1 per 1 day)   |
| ONUREG                                                                                  | 4         | PA; QL (14 per 28 days)    |
| ORSERDU ORAL TABLET 345 MG                                                              | 4         | PA; QL (1 per 1 day)       |
| ORSERDU ORAL TABLET 86 MG                                                               | 4         | PA; QL (3 per 1 day)       |
| PALSONIFY                                                                               | 4         | PA; QL (2 per 1 day)       |
| <i>pazopanib oral tablet 200 mg</i>                                                     | 4         | PA; QL (4 per 1 day)       |
| PAZOPANIB ORAL TABLET 400 MG                                                            | 4         | PA; QL (2 per 1 day)       |
| <i>pomalidomide</i>                                                                     | 4         | PA; QL (1 per 1 day)       |
| REVUFORJ ORAL TABLET 110 MG                                                             | 4         | PA; QL (4 per 1 day)       |
| REVUFORJ ORAL TABLET 160 MG                                                             | 4         | PA; QL (2 per 1 day)       |
| REVUFORJ ORAL TABLET 25 MG                                                              | 4         | PA; QL (8 per 1 day)       |
| ROMVIMZA                                                                                | 4         | PA; LA; QL (8 per 28 days) |
| SIGNIFOR LAR                                                                            | 4         | PA; QL (1 per 28 days)     |
| <i>sirolimus</i>                                                                        | 2         |                            |
| SOLTAMOX                                                                                | 3         |                            |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML                                     | 4         | PA; QL (0.5 per 28 days)   |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML                                      | 4         | PA; QL (0.2 per 28 days)   |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML                                      | 4         | PA; QL (0.3 per 28 days)   |
| <i>sorafenib</i>                                                                        | 4         | PA; QL (4 per 1 day)       |
| STIVARGA                                                                                | 4         | PA; QL (84 per 28 days)    |
| <i>sunitinib malate</i>                                                                 | 4         | PA; QL (1 per 1 day)       |
| TABLOID                                                                                 | 4         | PA                         |
| <i>tacrolimus oral capsule</i>                                                          | 1         |                            |
| TAFINLAR ORAL CAPSULE                                                                   | 4         | PA; QL (4 per 1 day)       |
| TALZENNA                                                                                | 4         | PA; QL (1 per 1 day)       |
| <i>tamoxifen</i>                                                                        | 1         |                            |
| <i>temozolomide</i>                                                                     | 4         | PA                         |
| THALOMID ORAL CAPSULE 100 MG, 50 MG                                                     | 4         | PA; QL (1 per 1 day)       |
| <i>toremifene</i>                                                                       | 4         | PA; QL (1 per 1 day)       |

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

| Drug Name                                                     | Drug Tier | Requirements / Limits    |
|---------------------------------------------------------------|-----------|--------------------------|
| <i>torpenz</i>                                                | 4         | PA; QL (1 per 1 day)     |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG | 4         | PA; QL (1 per 63 days)   |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG  | 4         | PA; QL (1 per 126 days)  |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG  | 4         | PA; QL (1 per 28 days)   |
| <i>tretinoin (antineoplastic)</i>                             | 4         | PA                       |
| VENCLEXTA ORAL TABLET 10 MG                                   | 4         | PA; LA; QL (2 per 1 day) |
| VENCLEXTA ORAL TABLET 100 MG                                  | 4         | PA; LA; QL (6 per 1 day) |
| VENCLEXTA ORAL TABLET 50 MG                                   | 4         | PA; LA; QL (1 per 1 day) |
| VENCLEXTA STARTING PACK                                       | 4         | PA; QL (42 per 365 days) |
| VERZENIO                                                      | 4         | PA; LA; QL (2 per 1 day) |
| VOYXACT                                                       | 4         | PA; QL (2 per 28 days)   |
| WAYRILZ                                                       | 4         | PA; LA; QL (2 per 1 day) |
| XALKORI ORAL CAPSULE                                          | 4         | PA; QL (4 per 1 day)     |
| XTANDI ORAL CAPSULE                                           | 4         | PA; QL (4 per 1 day)     |
| XTANDI ORAL TABLET 40 MG                                      | 4         | PA; QL (4 per 1 day)     |
| XTANDI ORAL TABLET 80 MG                                      | 4         | PA; QL (2 per 1 day)     |
| YONSA                                                         | 4         | PA; QL (4 per 1 day)     |
| <i>yulithira</i>                                              | 4         | PA; QL (1 per 1 day)     |
| ZEJULA                                                        | 4         | PA; LA; QL (1 per 1 day) |
| ZELBORAF                                                      | 4         | PA; QL (8 per 1 day)     |
| ZOLINZA                                                       | 4         | PA; QL (4 per 1 day)     |
| ZYDELIG                                                       | 4         | PA; QL (2 per 1 day)     |

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

|                                                         |   |                       |
|---------------------------------------------------------|---|-----------------------|
| <i>brivaracetam oral solution</i>                       | 2 | PA; QL (12 per 1 day) |
| <i>brivaracetam oral tablet</i>                         | 2 | PA; QL (2 per 1 day)  |
| <i>carbamazepine oral capsule, er multiphase 12 hr</i>  | 2 |                       |
| <i>carbamazepine oral suspension 100 mg/5 ml</i>        | 2 |                       |
| <i>carbamazepine oral tablet</i>                        | 1 |                       |
| <i>carbamazepine oral tablet extended release 12 hr</i> | 2 |                       |
| <i>carbamazepine oral tablet, chewable 100 mg</i>       | 1 |                       |
| <i>clobazam oral suspension</i>                         | 2 | PA                    |

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

| Drug Name                                                              | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------|-----------|-----------------------|
| <i>clobazam oral tablet</i>                                            | 2         |                       |
| <i>clonazepam oral tablet</i>                                          | 1         |                       |
| <i>clonazepam oral tablet, disintegrating</i>                          | 2         |                       |
| DIACOMIT ORAL CAPSULE 250 MG                                           | 4         | PA; QL (12 per 1 day) |
| DIACOMIT ORAL CAPSULE 500 MG                                           | 4         | PA; QL (6 per 1 day)  |
| DIACOMIT ORAL POWDER IN PACKET 250 MG                                  | 4         | PA; QL (12 per 1 day) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG                                  | 4         | PA; QL (6 per 1 day)  |
| <i>diazepam rectal</i>                                                 | 2         |                       |
| DILANTIN                                                               | 3         | PA; QL (3 per 1 day)  |
| <i>divalproex oral capsule, delayed rel sprinkle</i>                   | 2         |                       |
| <i>divalproex oral tablet extended release 24 hr</i>                   | 2         |                       |
| <i>divalproex oral tablet, delayed release (dr/ec)</i>                 | 1         |                       |
| <i>eslicarbazepine oral tablet 200 mg, 400 mg</i>                      | 2         | PA; QL (1 per 1 day)  |
| <i>eslicarbazepine oral tablet 600 mg, 800 mg</i>                      | 2         | PA; QL (2 per 1 day)  |
| <i>ethosuximide</i>                                                    | 2         |                       |
| <i>felbamate</i>                                                       | 2         | PA                    |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>                  | 1         |                       |
| <i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>        | 2         |                       |
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                           | 1         |                       |
| <i>lacosamide oral</i>                                                 | 2         | PA                    |
| <i>lamotrigine oral tablet</i>                                         | 1         |                       |
| <i>lamotrigine oral tablet, chewable dispersible</i>                   | 1         |                       |
| <i>levetiracetam oral solution</i>                                     | 1         |                       |
| <i>levetiracetam oral tablet</i>                                       | 1         |                       |
| <i>levetiracetam oral tablet extended release 24 hr</i>                | 1         |                       |
| <i>methsuximide</i>                                                    | 2         |                       |
| <i>oxcarbazepine oral suspension</i>                                   | 2         |                       |
| <i>oxcarbazepine oral tablet</i>                                       | 1         |                       |
| <i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i> | 2         | PA; QL (2 per 1 day)  |
| <i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>         | 2         | PA; QL (4 per 1 day)  |
| <i>perampanel oral suspension</i>                                      | 2         | PA; QL (24 per 1 day) |

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

| Drug Name                                                                             | Drug Tier | Requirements / Limits                  |
|---------------------------------------------------------------------------------------|-----------|----------------------------------------|
| <i>perampanel oral tablet</i>                                                         | 2         | PA; QL (1 per 1 day)                   |
| <i>phenobarbital</i>                                                                  | 1         |                                        |
| <i>phenytoin oral suspension 125 mg/5 ml</i>                                          | 1         |                                        |
| <i>phenytoin oral tablet, chewable</i>                                                | 1         |                                        |
| <i>phenytoin sodium extended oral capsule 100 mg</i>                                  | 1         |                                        |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>                          | 2         |                                        |
| <i>pregabalin oral capsule</i>                                                        | 1         |                                        |
| <i>pregabalin oral solution</i>                                                       | 2         |                                        |
| <i>primidone oral tablet 250 mg, 50 mg</i>                                            | 1         |                                        |
| <i>relgaabi oral capsule 300 mg, 400 mg</i>                                           | 1         |                                        |
| <i>rufinamide</i>                                                                     | 2         | PA                                     |
| <i>subvenite oral tablet</i>                                                          | 1         |                                        |
| <i>tiagabine</i>                                                                      | 2         | PA                                     |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>                                 | 2         |                                        |
| <i>topiramate oral tablet</i>                                                         | 1         |                                        |
| <i>valproic acid</i>                                                                  | 1         |                                        |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i> | 1         |                                        |
| XCOPRI MAINTENANCE PACK                                                               | 3         | PA; QL (2 per 1 day)                   |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG                                       | 3         | PA; QL (1 per 1 day)                   |
| XCOPRI ORAL TABLET 200 MG                                                             | 3         | PA; QL (2 per 1 day)                   |
| XCOPRI TITRATION PACK                                                                 | 3         | PA; 1 tab per day; 28 tabs in 365 days |
| <i>zonisamide</i>                                                                     | 1         |                                        |
| <b>ANTIPARKINSONISM AGENTS</b>                                                        |           |                                        |
| <i>apomorphine</i>                                                                    | 4         | PA; QL (3 per 1 day)                   |
| <i>benztropine oral</i>                                                               | 1         |                                        |
| <i>bromocriptine</i>                                                                  | 2         |                                        |
| <i>carbidopa</i>                                                                      | 2         | PA; QL (8 per 1 day)                   |
| <i>carbidopa-levodopa oral tablet</i>                                                 | 1         |                                        |
| <i>carbidopa-levodopa oral tablet extended release</i>                                | 2         |                                        |
| <i>carbidopa-levodopa oral tablet, disintegrating</i>                                 | 2         |                                        |
| <i>carbidopa-levodopa-entacapone</i>                                                  | 2         |                                        |
| <i>entacapone</i>                                                                     | 2         |                                        |

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

| Drug Name                                                              | Drug Tier | Requirements / Limits   |
|------------------------------------------------------------------------|-----------|-------------------------|
| NEUPRO                                                                 | 3         | PA; QL (1 per 1 day)    |
| <i>pramipexole oral tablet</i>                                         | 1         |                         |
| <i>rasagiline</i>                                                      | 2         |                         |
| <i>ropinirole oral tablet</i>                                          | 1         |                         |
| <i>selegiline hcl</i>                                                  | 2         |                         |
| <i>tolcapone</i>                                                       | 2         | PA; QL (6 per 1 day)    |
| <i>trihexyphenidyl</i>                                                 | 1         |                         |
| <b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>                         |           |                         |
| AIMOVIG AUTOINJECTOR                                                   | 2         | PA; QL (1 per 30 days)  |
| <i>almotriptan malate</i>                                              | 2         | QL (12 per 30 days)     |
| <i>dihydroergotamine injection</i>                                     | 2         | PA; QL (24 per 28 days) |
| <i>dihydroergotamine nasal</i>                                         | 2         | PA; QL (8 per 28 days)  |
| <i>eletriptan</i>                                                      | 2         | QL (12 per 30 days)     |
| EMGALITY PEN                                                           | 2         | PA; QL (1 per 30 days)  |
| EMGALITY SYRINGE SUBCUTANEOUS<br>SYRINGE 120 MG/ML                     | 2         | PA; QL (1 per 30 days)  |
| EMGALITY SYRINGE SUBCUTANEOUS<br>SYRINGE 300 MG/3 ML (100 MG/ML X 3)   | 2         | PA; QL (3 per 30 days)  |
| ERGOMAR                                                                | 3         | QL (20 per 28 days)     |
| <i>ergotamine-caffeine</i>                                             | 2         |                         |
| <i>frovatriptan</i>                                                    | 2         | QL (12 per 30 days)     |
| <i>naratriptan</i>                                                     | 1         | QL (9 per 30 days)      |
| <i>rizatriptan</i>                                                     | 1         | QL (12 per 30 days)     |
| <i>sumatriptan nasal spray,non-aerosol 20<br/>mg/actuation</i>         | 1         | QL (6 per 30 days)      |
| <i>sumatriptan nasal spray,non-aerosol 5<br/>mg/actuation</i>          | 1         | QL (12 per 30 days)     |
| <i>sumatriptan succinate oral tablet 100 mg</i>                        | 1         | QL (9 per 30 days)      |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>                  | 1         | QL (18 per 30 days)     |
| <i>sumatriptan succinate subcutaneous pen injector 6<br/>mg/0.5 ml</i> | 1         | QL (6 per 30 days)      |
| <i>sumatriptan succinate subcutaneous solution</i>                     | 1         | QL (6 per 30 days)      |
| <i>zolmitriptan oral tablet</i>                                        | 1         | QL (12 per 30 days)     |
| <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>                              |           |                         |
| <i>dalfampridine</i>                                                   | 4         | QL (2 per 1 day)        |

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

| Drug Name                                                                | Drug Tier | Requirements / Limits    |
|--------------------------------------------------------------------------|-----------|--------------------------|
| <i>dextromethorphan-quinidine</i>                                        | 4         | PA; QL (2 per 1 day)     |
| <i>dichlorphenamide</i>                                                  | 4         | PA; QL (4 per 1 day)     |
| <i>donepezil oral tablet 10 mg, 5 mg</i>                                 | 1         |                          |
| <i>donepezil oral tablet 23 mg</i>                                       | 2         |                          |
| <i>donepezil oral tablet,disintegrating</i>                              | 1         |                          |
| <i>galantamine</i>                                                       | 2         |                          |
| LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML                   | 4         | PA; QL (7.2 per 28 days) |
| LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 500 MG/2.5 ML ( 250MG/1.25MLX2) | 4         | PA; QL (10 per 28 days)  |
| <i>memantine oral capsule,sprinkle,er 24hr</i>                           | 2         |                          |
| <i>memantine oral tablet</i>                                             | 1         |                          |
| MEMANTINE ORAL TABLETS,DOSE PACK                                         | 1         |                          |
| <i>rivastigmine tartrate</i>                                             | 2         |                          |
| <i>tetrabenazine oral tablet 12.5 mg</i>                                 | 4         | PA; QL (8 per 1 day)     |
| <i>tetrabenazine oral tablet 25 mg</i>                                   | 4         | PA; QL (4 per 1 day)     |
| <b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>                      |           |                          |
| <i>atracurium</i>                                                        | 4         |                          |
| <i>baclofen oral tablet 10 mg, 20 mg</i>                                 | 1         |                          |
| <i>baclofen oral tablet 5 mg</i>                                         | 2         | QL (3 per 1 day)         |
| <i>carisoprodol oral tablet 350 mg</i>                                   | 1         | QL (4 per 1 day)         |
| <i>chlorzoxazone oral tablet 500 mg</i>                                  | 1         |                          |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>                           | 1         |                          |
| <i>dantrolene oral capsule 100 mg</i>                                    | 2         | QL (4 per 1 day)         |
| <i>dantrolene oral capsule 25 mg, 50 mg</i>                              | 2         | QL (3 per 1 day)         |
| <i>meprobamate</i>                                                       | 1         |                          |
| <i>metaxalone oral tablet 800 mg</i>                                     | 2         | ST; QL (4 per 1 day)     |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                          | 1         |                          |
| <i>orphenadrine citrate oral</i>                                         | 1         |                          |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                          | 2         |                          |
| <i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>                          | 2         |                          |
| <i>tizanidine oral tablet</i>                                            | 1         |                          |
| <i>vanadom</i>                                                           | 1         | QL (4 per 1 day)         |

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

| Drug Name                                                                                        | Drug Tier | Requirements / Limits       |
|--------------------------------------------------------------------------------------------------|-----------|-----------------------------|
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE                                                             | 4         | PA; LA; QL (20 per 28 days) |
| <b>NARCOTIC ANALGESICS</b>                                                                       |           |                             |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>                 | 1         | PA                          |
| <i>acetaminophen-codeine oral tablet</i>                                                         | 1         | PA                          |
| <i>ascomp with codeine</i>                                                                       | 1         | PA                          |
| BELBUCA                                                                                          | 3         | PA; QL (2 per 1 day)        |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML                               | 4         | PA; QL (0.36 per 28 days)   |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML                                | 4         | PA; QL (1.28 per 28 days)   |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML                                | 4         | PA; QL (1.92 per 28 days)   |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML                                | 4         | PA; QL (2.56 per 28 days)   |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML                                | 4         | PA; QL (0.18 per 28 days)   |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML                                 | 4         | PA; QL (0.64 per 28 days)   |
| BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML                                | 4         | PA; QL (0.27 per 28 days)   |
| <i>buprenorphine</i>                                                                             | 2         | PA; QL (4 per 28 days)      |
| <i>buprenorphine hcl sublingual tablet 2 mg</i>                                                  | 1         | QL (12 per 1 day)           |
| <i>buprenorphine hcl sublingual tablet 8 mg</i>                                                  | 1         | QL (3 per 1 day)            |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>                                | 1         | PA                          |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                                            | 1         | QL (6 per 1 day)            |
| <i>butalbital-acetaminophen-caff oral tablet</i>                                                 | 1         | QL (6 per 1 day)            |
| <i>butalbital-aspirin-caffeine oral capsule</i>                                                  | 1         |                             |
| <i>codeine sulfate</i>                                                                           | 1         | PA                          |
| <i>codeine-bitalbital-asa-caff</i>                                                               | 1         | PA                          |
| <i>endocet</i>                                                                                   | 1         | PA                          |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 1         | PA                          |
| <i>hydrocodone bitartrate</i>                                                                    | 2         | PA                          |
| <i>hydrocodone-acetaminophen oral solution</i>                                                   | 2         | PA                          |

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

| Drug Name                                                                                                     | Drug Tier | Requirements / Limits    |
|---------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i> | 1         | PA                       |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>                                                  | 2         | PA                       |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>                                                           | 1         | PA                       |
| <i>hydromorphone oral liquid</i>                                                                              | 1         | PA                       |
| <i>hydromorphone oral tablet</i>                                                                              | 1         | PA                       |
| <i>hydromorphone oral tablet extended release 24 hr</i>                                                       | 2         | PA                       |
| <i>hydromorphone rectal</i>                                                                                   | 1         | PA                       |
| <i>meperidine oral solution</i>                                                                               | 1         | PA                       |
| <i>meperidine oral tablet 50 mg</i>                                                                           | 1         | PA                       |
| <i>methadone oral concentrate</i>                                                                             | 1         | PA                       |
| <i>methadone oral solution</i>                                                                                | 1         | PA                       |
| <i>methadone oral tablet</i>                                                                                  | 1         | PA                       |
| <i>methadose oral concentrate</i>                                                                             | 1         | PA                       |
| <i>morphine concentrate oral solution</i>                                                                     | 1         | PA                       |
| <i>morphine oral solution</i>                                                                                 | 1         | PA                       |
| <i>morphine oral tablet</i>                                                                                   | 1         | PA                       |
| <i>morphine oral tablet extended release</i>                                                                  | 1         | PA                       |
| <i>morphine rectal</i>                                                                                        | 2         | PA                       |
| <i>oxycodone oral capsule</i>                                                                                 | 1         | PA                       |
| <i>oxycodone oral concentrate</i>                                                                             | 1         | PA                       |
| <i>oxycodone oral solution</i>                                                                                | 1         | PA                       |
| <i>oxycodone oral tablet</i>                                                                                  | 1         | PA                       |
| OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 20 MG, 40 MG, 80 MG                                             | 3         | PA                       |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                        | 1         | PA                       |
| <i>oxymorphone oral tablet</i>                                                                                | 1         | PA                       |
| <i>oxymorphone oral tablet extended release 12 hr</i>                                                         | 2         | PA                       |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML                                           | 4         | PA; QL (0.5 per 28 days) |
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML                                           | 4         | PA; QL (1.5 per 28 days) |
| <i>tencon</i>                                                                                                 | 1         | QL (6 per 1 day)         |

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| Drug Name                                                          | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------|-----------|-----------------------|
| <b>NON-NARCOTIC ANALGESICS</b>                                     |           |                       |
| <i>adult aspirin regimen</i>                                       | 1         | ACA; OTC              |
| <i>aspirin childrens</i>                                           | 1         | ACA; OTC              |
| <i>aspirin oral tablet,chewable</i>                                | 1         | OTC                   |
| <i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>           | 1         | OTC                   |
| <i>bayer low dose aspirin</i>                                      | 1         | OTC                   |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i>              | 2         | QL (2 per 1 day)      |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>             | 2         | QL (12 per 1 day)     |
| <i>buprenorphine-naloxone sublingual film 4-1 mg</i>               | 2         | QL (6 per 1 day)      |
| <i>buprenorphine-naloxone sublingual film 8-2 mg</i>               | 2         | QL (3 per 1 day)      |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>           | 1         | QL (12 per 1 day)     |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>             | 1         | QL (3 per 1 day)      |
| <i>butorphanol nasal</i>                                           | 1         | PA                    |
| <i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>                | 1         | QL (2 per 1 day)      |
| <i>celecoxib oral capsule 400 mg</i>                               | 1         | QL (1 per 1 day)      |
| <i>diclofenac potassium oral tablet 50 mg</i>                      | 2         | QL (4 per 1 day)      |
| <i>diclofenac sodium oral tablet extended release 24 hr</i>        | 2         | QL (2 per 1 day)      |
| <i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i> | 2         | QL (4 per 1 day)      |
| <i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg</i> | 1         | QL (4 per 1 day)      |
| <i>diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg</i> | 1         | QL (2 per 1 day)      |
| <i>diclofenac sodium topical gel 1 %</i>                           | 1         | QL (1000 per 30 days) |
| <i>diclofenac-misoprostol</i>                                      | 2         | PA; QL (4 per 1 day)  |
| <i>diflunisal</i>                                                  | 2         | QL (3 per 1 day)      |
| <i>ecotrin low strength</i>                                        | 1         | ACA; OTC              |
| <i>etodolac oral capsule 200 mg</i>                                | 2         | QL (4 per 1 day)      |
| <i>etodolac oral capsule 300 mg</i>                                | 2         | QL (3 per 1 day)      |
| <i>etodolac oral tablet</i>                                        | 1         | QL (2 per 1 day)      |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>  | 2         | QL (2 per 1 day)      |
| <i>etodolac oral tablet extended release 24 hr 600 mg</i>          | 2         | QL (1 per 1 day)      |
| <i>flurbiprofen oral tablet 100 mg</i>                             | 1         | QL (3 per 1 day)      |

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

| Drug Name                                                   | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| <i>ibu</i>                                                  | 1         |                       |
| <i>ibuprofen oral suspension</i>                            | 1         |                       |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>         | 1         |                       |
| <i>indomethacin oral capsule 25 mg</i>                      | 1         | QL (3 per 1 day)      |
| <i>indomethacin oral capsule 50 mg</i>                      | 1         | QL (4 per 1 day)      |
| <i>indomethacin oral capsule, extended release</i>          | 1         | QL (2 per 1 day)      |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i>                 | 2         | PA; QL (4 per 1 day)  |
| <i>ketorolac oral</i>                                       | 1         | QL (20 per 30 days)   |
| KLOXXADO                                                    | 2         | 2 sprays per fill     |
| <i>lurbiro</i>                                              | 1         | QL (3 per 1 day)      |
| <i>mefenamic acid</i>                                       | 2         | PA; 29 caps per fill  |
| <i>meloxicam oral tablet</i>                                | 1         |                       |
| <i>nabumetone oral tablet 500 mg</i>                        | 1         | QL (4 per 1 day)      |
| <i>nabumetone oral tablet 750 mg</i>                        | 1         | QL (2 per 1 day)      |
| <i>naloxone injection solution</i>                          | 1         |                       |
| <i>naloxone injection syringe</i>                           | 1         |                       |
| <i>naltrexone</i>                                           | 1         |                       |
| <i>naproxen oral tablet 250 mg</i>                          | 1         | QL (6 per 1 day)      |
| <i>naproxen oral tablet 375 mg</i>                          | 1         | QL (4 per 1 day)      |
| <i>naproxen oral tablet 500 mg</i>                          | 1         | QL (3 per 1 day)      |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> | 1         | QL (4 per 1 day)      |
| <i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> | 2         | QL (2 per 1 day)      |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>           | 2         |                       |
| NUCYNTA ER                                                  | 3         | PA                    |
| OPVEE                                                       | 3         | 2 units per fill      |
| <i>oxaprozin oral tablet</i>                                | 1         | QL (2 per 1 day)      |
| <i>pentazocine-naloxone</i>                                 | 2         | PA                    |
| <i>piroxicam</i>                                            | 1         | QL (1 per 1 day)      |
| REXTOVY                                                     | 3         | 2 sprays per fill     |
| <i>salsalate</i>                                            | 1         |                       |
| <i>st. joseph aspirin</i>                                   | 1         | ACA; OTC              |
| <i>st. joseph aspirin</i>                                   | 1         | ACA; OTC              |
| <i>sulindac</i>                                             | 1         | QL (2 per 1 day)      |

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| Drug Name                                                                    | Drug Tier | Requirements / Limits                                              |
|------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| <i>tapentadol oral tablet</i>                                                | 2         | PA                                                                 |
| TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR                                | 2         | PA                                                                 |
| <i>tolmetin oral tablet 200 mg</i>                                           | 2         | PA; QL (3 per 1 day)                                               |
| <i>tolmetin oral tablet 600 mg</i>                                           | 2         | PA                                                                 |
| <i>tramadol oral tablet 50 mg</i>                                            | 1         | PA                                                                 |
| <i>tramadol oral tablet extended release 24 hr</i>                           | 2         | PA                                                                 |
| <i>tramadol oral tablet, er multiphase 24 hr</i>                             | 2         | PA                                                                 |
| <i>tramadol-acetaminophen</i>                                                | 1         | PA                                                                 |
| VIVITROL                                                                     | 4         |                                                                    |
| ZIMHI                                                                        | 3         | 2 syringes per fill                                                |
| ZURNAI                                                                       | 3         | 1mL per fill                                                       |
| <b>PSYCHOTHERAPEUTIC DRUGS</b>                                               |           |                                                                    |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML | 2         | PA for Age less than or equal to 17 year(s); QL (2.4 per 28 days)  |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML | 2         | PA for Age less than or equal to 17 year(s); QL (3.2 per 28 days)  |
| ABILIFY MAINTENA                                                             | 2         | PA for Age less than or equal to 17 year(s); QL (1 per 28 days)    |
| ADDYI                                                                        | 3         | PA; QL (1 per 1 day)                                               |
| <i>alprazolam oral tablet</i>                                                | 1         |                                                                    |
| <i>alprazolam oral tablet extended release 24 hr</i>                         | 1         |                                                                    |
| <i>alprazolam oral tablet,disintegrating</i>                                 | 2         |                                                                    |
| <i>amitriptyline</i>                                                         | 1         |                                                                    |
| <i>amitriptyline-chlordiazepoxide</i>                                        | 2         |                                                                    |
| <i>amoxapine</i>                                                             | 2         |                                                                    |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>                   | 1         | PA for Age less than or equal to 17 year(s); QL (1 per 1 day)      |
| <i>aripiprazole oral tablet 2 mg, 5 mg</i>                                   | 1         | PA for Age less than or equal to 17 year(s); QL (1.5 per 1 day)    |
| ARISTADA INITIO                                                              | 2         | PA for Age less than or equal to 17 year(s); QL (2.4 per 365 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML        | 2         | PA for Age less than or equal to 17 year(s); QL (3.9 per 42 days)  |

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| Drug Name                                                                 | Drug Tier | Requirements / Limits                                                |
|---------------------------------------------------------------------------|-----------|----------------------------------------------------------------------|
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 441<br>MG/1.6 ML | 2         | PA for Age less than or equal to 17<br>year(s); QL (1.6 per 28 days) |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 662<br>MG/2.4 ML | 2         | PA for Age less than or equal to 17<br>year(s); QL (2.4 per 28 days) |
| ARISTADA INTRAMUSCULAR<br>SUSPENSION,EXTENDED REL SYRING 882<br>MG/3.2 ML | 2         | PA for Age less than or equal to 17<br>year(s); QL (3.2 per 28 days) |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>                     | 2         | QL (1 per 1 day)                                                     |
| <i>armodafinil oral tablet 50 mg</i>                                      | 2         | QL (2 per 1 day)                                                     |
| <i>asenapine maleate</i>                                                  | 2         | PA; PA for Age less than or equal to<br>17 year(s); QL (2 per 1 day) |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40<br/>mg</i>            | 1         | QL (2 per 1 day)                                                     |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>                      | 1         | QL (1 per 1 day)                                                     |
| <i>bupropion hcl oral tablet 100 mg</i>                                   | 1         | QL (4.5 per 1 day)                                                   |
| <i>bupropion hcl oral tablet 75 mg</i>                                    | 1         | QL (6 per 1 day)                                                     |
| <i>bupropion hcl oral tablet extended release 24 hr<br/>150 mg</i>        | 1         | QL (3 per 1 day)                                                     |
| <i>bupropion hcl oral tablet extended release 24 hr<br/>300 mg</i>        | 1         | QL (1 per 1 day)                                                     |
| <i>bupropion hcl oral tablet sustained-release 12 hr</i>                  | 1         | QL (2 per 1 day)                                                     |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg,<br/>7.5 mg</i>        | 1         |                                                                      |
| <i>chlordiazepoxide hcl</i>                                               | 1         |                                                                      |
| <i>chlorpromazine oral tablet</i>                                         | 2         | PA for Age less than or equal to 17<br>year(s); QL (4 per 1 day)     |
| <i>citalopram oral solution</i>                                           | 2         | QL (20 per 1 day)                                                    |
| <i>citalopram oral tablet 10 mg, 20 mg</i>                                | 1         | QL (1.5 per 1 day)                                                   |
| <i>citalopram oral tablet 40 mg</i>                                       | 1         | QL (1 per 1 day)                                                     |
| <i>clomipramine</i>                                                       | 2         |                                                                      |
| <i>clonidine hcl oral tablet extended release 12 hr</i>                   | 1         |                                                                      |
| <i>clorazepate dipotassium</i>                                            | 2         |                                                                      |
| <i>clozapine oral tablet 100 mg</i>                                       | 2         | PA for Age less than or equal to 17<br>year(s); QL (9 per 1 day)     |
| <i>clozapine oral tablet 200 mg</i>                                       | 2         | PA for Age less than or equal to 17<br>year(s); QL (4.5 per 1 day)   |

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| Drug Name                                                                                   | Drug Tier | Requirements / Limits                                               |
|---------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------|
| <i>clozapine oral tablet 25 mg, 50 mg</i>                                                   | 2         | PA for Age less than or equal to 17 year(s); QL (3 per 1 day)       |
| <i>desipramine</i>                                                                          | 2         |                                                                     |
| <i>desvenlafaxine succinate</i>                                                             | 2         | QL (1 per 1 day)                                                    |
| <i>dexmethylphenidate oral capsule,er biphasic 50-50</i>                                    | 2         | PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)    |
| <i>dexmethylphenidate oral tablet</i>                                                       | 1         | PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)    |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>                | 2         | PA for Age greater than or equal to 19 year(s); QL (4 per 1 day)    |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>                        | 2         | PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)    |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                    | 1         | PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)    |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>                     | 1         | PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)    |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | 1         | PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)    |
| <i>dextroamphetamine-amphetamine oral tablet 30 mg</i>                                      | 1         | PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)    |
| <i>diazepam intensol</i>                                                                    | 2         |                                                                     |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>                                           | 1         |                                                                     |
| <i>diazepam oral tablet</i>                                                                 | 1         |                                                                     |
| <i>doxepin oral capsule</i>                                                                 | 1         |                                                                     |
| <i>doxepin oral concentrate</i>                                                             | 1         |                                                                     |
| <i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>                   | 1         | QL (2 per 1 day)                                                    |
| <i>ergoloid</i>                                                                             | 2         |                                                                     |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML                                                | 2         | PA for Age less than or equal to 17 year(s); QL (0.75 per 28 days)  |
| ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML                                                     | 2         | PA for Age less than or equal to 17 year(s); QL (1 per 28 days)     |
| ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML                                                 | 2         | PA for Age less than or equal to 17 year(s); QL (1.5 per 28 days)   |
| ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML                                                | 2         | PA for Age less than or equal to 17 year(s); QL (2.25 per 365 days) |
| ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML                                                 | 2         | PA for Age less than or equal to 17 year(s); QL (0.25 per 28 days)  |

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

| Drug Name                                                      | Drug Tier | Requirements / Limits                                              |
|----------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML                     | 2         | PA for Age less than or equal to 17 year(s); QL (0.5 per 28 days)  |
| <i>escitalopram oxalate oral solution</i>                      | 2         | QL (20 per 1 day)                                                  |
| <i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>            | 1         | QL (1.5 per 1 day)                                                 |
| <i>escitalopram oxalate oral tablet 20 mg</i>                  | 1         | QL (1 per 1 day)                                                   |
| <i>estazolam</i>                                               | 1         | QL (1 per 1 day)                                                   |
| <i>eszopiclone</i>                                             | 1         | QL (1 per 1 day)                                                   |
| <i>fluoxetine oral capsule</i>                                 | 1         | QL (2 per 1 day)                                                   |
| <i>fluoxetine oral solution</i>                                | 2         | QL (20 per 1 day)                                                  |
| <i>fluoxetine oral tablet 10 mg, 20 mg</i>                     | 2         | QL (1 per 1 day)                                                   |
| <i>fluphenazine decanoate</i>                                  | 2         | PA for Age less than or equal to 17 year(s); QL (5 per 30 days)    |
| <i>fluphenazine hcl injection</i>                              | 2         | PA for Age less than or equal to 17 year(s); QL (5 per 30 days)    |
| <i>fluphenazine hcl oral concentrate</i>                       | 2         | PA for Age less than or equal to 17 year(s); QL (8 per 1 day)      |
| <i>fluphenazine hcl oral elixir</i>                            | 2         | PA for Age less than or equal to 17 year(s); QL (80 per 1 day)     |
| <i>fluphenazine hcl oral tablet</i>                            | 2         | PA for Age less than or equal to 17 year(s); QL (4 per 1 day)      |
| <i>flurazepam</i>                                              | 1         | QL (1 per 1 day)                                                   |
| <i>fluvoxamine oral tablet 100 mg</i>                          | 2         | QL (3 per 1 day)                                                   |
| <i>fluvoxamine oral tablet 25 mg, 50 mg</i>                    | 2         | QL (1.5 per 1 day)                                                 |
| <i>guanfacine oral tablet extended release 24 hr</i>           | 1         |                                                                    |
| <i>haloperidol decanoate</i>                                   | 2         | PA for Age less than or equal to 17 year(s)                        |
| <i>haloperidol lactate injection</i>                           | 1         | PA for Age less than or equal to 17 year(s)                        |
| <i>haloperidol lactate oral</i>                                | 1         | PA for Age less than or equal to 17 year(s); QL (15 per 1 day)     |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i> | 1         | PA for Age less than or equal to 17 year(s); QL (3 per 1 day)      |
| <i>haloperidol oral tablet 20 mg</i>                           | 1         | PA for Age less than or equal to 17 year(s); QL (1.5 per 1 day)    |
| <i>imipramine hcl</i>                                          | 1         |                                                                    |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML           | 2         | PA for Age less than or equal to 17 year(s); QL (3.5 per 135 days) |

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

| Drug Name                                                  | Drug Tier | Requirements / Limits                                              |
|------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML         | 2         | PA for Age less than or equal to 17 year(s); QL (5 per 135 days)   |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML       | 2         | PA for Age less than or equal to 17 year(s); QL (0.75 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML            | 2         | PA for Age less than or equal to 17 year(s); QL (1 per 28 days)    |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML        | 2         | PA for Age less than or equal to 17 year(s); QL (1.5 per 28 days)  |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML        | 2         | PA for Age less than or equal to 17 year(s); QL (0.25 per 28 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML         | 2         | PA for Age less than or equal to 17 year(s); QL (0.5 per 28 days)  |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML         | 2         | PA for Age less than or equal to 17 year(s); QL (0.88 per 63 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML         | 2         | PA for Age less than or equal to 17 year(s); QL (1.32 per 63 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML         | 2         | PA for Age less than or equal to 17 year(s); QL (1.75 per 63 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML         | 2         | PA for Age less than or equal to 17 year(s); QL (2.63 per 63 days) |
| <i>lisdexamfetamine</i>                                    | 2         | PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)   |
| <i>lithium carbonate</i>                                   | 1         |                                                                    |
| <i>lorazepam oral tablet</i>                               | 1         |                                                                    |
| <i>loxapine succinate oral capsule 10 mg</i>               | 2         | PA for Age less than or equal to 17 year(s); QL (8 per 1 day)      |
| <i>loxapine succinate oral capsule 25 mg, 5 mg</i>         | 2         | PA for Age less than or equal to 17 year(s); QL (4 per 1 day)      |
| <i>loxapine succinate oral capsule 50 mg</i>               | 2         | PA for Age less than or equal to 17 year(s); QL (5 per 1 day)      |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>  | 2         | ST; PA for Age less than or equal to 17 year(s); QL (1 per 1 day)  |
| <i>lurasidone oral tablet 80 mg</i>                        | 2         | ST; PA for Age less than or equal to 17 year(s); QL (2 per 1 day)  |
| MARPLAN                                                    | 3         | PA                                                                 |
| <i>methamphetamine</i>                                     | 2         | PA for Age greater than or equal to 19 year(s); QL (5 per 1 day)   |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70</i> | 2         | PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)   |

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

| <b>Drug Name</b>                                                                     | <b>Drug Tier</b> | <b>Requirements / Limits</b>                                      |
|--------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------|
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i> | 2                | PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)  |
| <i>methylphenidate hcl oral solution 10 mg/5 ml</i>                                  | 2                | PA for Age greater than or equal to 19 year(s); QL (30 per 1 day) |
| <i>methylphenidate hcl oral solution 5 mg/5 ml</i>                                   | 2                | PA for Age greater than or equal to 19 year(s); QL (60 per 1 day) |
| <i>methylphenidate hcl oral tablet</i>                                               | 1                | PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)  |
| <i>methylphenidate hcl oral tablet extended release</i>                              | 1                | PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)  |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>     | 2                | PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)  |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>                   | 2                | PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)  |
| <i>midazolam oral</i>                                                                | 1                |                                                                   |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>                                   | 1                | QL (1 per 1 day)                                                  |
| <i>mirtazapine oral tablet 7.5 mg</i>                                                | 2                | QL (1 per 1 day)                                                  |
| <i>mirtazapine oral tablet,disintegrating</i>                                        | 2                | QL (1 per 1 day)                                                  |
| <i>modafinil</i>                                                                     | 2                | QL (1 per 1 day)                                                  |
| <i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>                          | 2                | QL (2 per 1 day)                                                  |
| <i>nefazodone oral tablet 200 mg</i>                                                 | 2                | QL (3 per 1 day)                                                  |
| <i>nortriptyline oral capsule</i>                                                    | 1                |                                                                   |
| <i>nortriptyline oral solution</i>                                                   | 2                |                                                                   |
| <i>olanzapine oral tablet</i>                                                        | 1                | PA for Age less than or equal to 17 year(s); QL (1 per 1 day)     |
| <i>olanzapine-fluoxetine</i>                                                         | 2                | PA for Age less than or equal to 17 year(s)                       |
| <i>oxazepam</i>                                                                      | 2                |                                                                   |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>             | 2                | PA; PA for Age less than or equal to 17 year(s); QL (1 per 1 day) |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i>                           | 2                | PA; PA for Age less than or equal to 17 year(s); QL (2 per 1 day) |
| <i>paroxetine hcl oral tablet 10 mg, 40 mg</i>                                       | 1                | QL (1.5 per 1 day)                                                |
| <i>paroxetine hcl oral tablet 20 mg</i>                                              | 1                | QL (1 per 1 day)                                                  |
| <i>paroxetine hcl oral tablet 30 mg</i>                                              | 1                | QL (2 per 1 day)                                                  |
| <i>perphenazine oral tablet 16 mg</i>                                                | 2                | PA for Age less than or equal to 17 year(s); QL (2 per 1 day)     |

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

| Drug Name                                                                  | Drug Tier | Requirements / Limits                                             |
|----------------------------------------------------------------------------|-----------|-------------------------------------------------------------------|
| <i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>                           | 2         | PA for Age less than or equal to 17 year(s); QL (4 per 1 day)     |
| <i>perphenazine-amitriptyline</i>                                          | 2         | PA for Age less than or equal to 17 year(s)                       |
| <i>phenelzine</i>                                                          | 1         |                                                                   |
| <i>pimozide oral tablet 1 mg</i>                                           | 2         | QL (10 per 1 day)                                                 |
| <i>pimozide oral tablet 2 mg</i>                                           | 2         | QL (5 per 1 day)                                                  |
| <i>protriptyline</i>                                                       | 2         |                                                                   |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG                  | 3         | PA; QL (1 per 1 day)                                              |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG                          | 3         | PA; QL (2 per 1 day)                                              |
| QUAZEPAM                                                                   | 3         | ST; QL (1 per 1 day)                                              |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                 | 1         | PA for Age less than or equal to 17 year(s); QL (3 per 1 day)     |
| <i>quetiapine oral tablet 300 mg, 400 mg</i>                               | 1         | PA for Age less than or equal to 17 year(s); QL (2 per 1 day)     |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>        | 2         | PA for Age less than or equal to 17 year(s); QL (1 per 1 day)     |
| <i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i> | 2         | PA for Age less than or equal to 17 year(s); QL (2 per 1 day)     |
| <i>ramelteon</i>                                                           | 2         | ST; QL (1 per 1 day)                                              |
| REXULTI ORAL TABLET                                                        | 3         | PA; PA for Age less than or equal to 17 year(s); QL (1 per 1 day) |
| <i>risperidone microspheres</i>                                            | 2         | PA for Age less than or equal to 17 year(s); QL (2 per 28 days)   |
| <i>risperidone oral solution</i>                                           | 1         | PA for Age less than or equal to 17 year(s); QL (8 per 1 day)     |
| <i>risperidone oral tablet</i>                                             | 1         | PA for Age less than or equal to 17 year(s); QL (2 per 1 day)     |
| RYKINDO                                                                    | 2         | PA for Age less than or equal to 17 year(s); QL (2 per 28 days)   |
| <i>sertraline oral concentrate</i>                                         | 2         | QL (10 per 1 day)                                                 |
| <i>sertraline oral tablet 100 mg</i>                                       | 1         | QL (2 per 1 day)                                                  |
| <i>sertraline oral tablet 25 mg, 50 mg</i>                                 | 1         | QL (1.5 per 1 day)                                                |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)                        | 4         | PA; QL (8 per 28 days)                                            |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)                        | 4         | PA; QL (12 per 28 days)                                           |

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

| Drug Name                                                                   | Drug Tier | Requirements / Limits                                            |
|-----------------------------------------------------------------------------|-----------|------------------------------------------------------------------|
| <i>tasimelteon</i>                                                          | 4         | PA; QL (1 per 1 day)                                             |
| <i>temazepam oral capsule 15 mg, 30 mg</i>                                  | 1         | QL (1 per 1 day)                                                 |
| <i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>                         | 2         | PA for Age less than or equal to 17 year(s); QL (4 per 1 day)    |
| <i>thioridazine oral tablet 100 mg</i>                                      | 2         | PA for Age less than or equal to 17 year(s); QL (8 per 1 day)    |
| <i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>                            | 2         | PA for Age less than or equal to 17 year(s); QL (3 per 1 day)    |
| <i>thiothixene oral capsule 10 mg</i>                                       | 2         | PA for Age less than or equal to 17 year(s); QL (6 per 1 day)    |
| <i>tranylcypromine</i>                                                      | 2         | QL (6 per 1 day)                                                 |
| <i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>                          | 1         | QL (3 per 1 day)                                                 |
| <i>trazodone oral tablet 300 mg</i>                                         | 2         | QL (2 per 1 day)                                                 |
| <i>triazolam</i>                                                            | 1         | QL (1 per 1 day)                                                 |
| <i>trifluoperazine</i>                                                      | 2         | PA for Age less than or equal to 17 year(s); QL (4 per 1 day)    |
| <i>trimipramine</i>                                                         | 2         | PA                                                               |
| TRINTELLIX                                                                  | 3         | PA; QL (1 per 1 day)                                             |
| <i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>       | 1         | QL (1 per 1 day)                                                 |
| <i>venlafaxine oral capsule,extended release 24hr 75 mg</i>                 | 1         | QL (3 per 1 day)                                                 |
| <i>venlafaxine oral tablet</i>                                              | 1         | QL (3 per 1 day)                                                 |
| <i>vilazodone</i>                                                           | 2         | PA; QL (1 per 1 day)                                             |
| <i>zaleplon</i>                                                             | 1         | QL (1 per 1 day)                                                 |
| <i>zenzedi oral tablet 10 mg, 5 mg</i>                                      | 1         | PA for Age greater than or equal to 19 year(s); QL (3 per 1 day) |
| <i>ziprasidone hcl</i>                                                      | 2         | PA for Age less than or equal to 17 year(s); QL (2 per 1 day)    |
| <i>zolpidem oral tablet</i>                                                 | 1         | QL (1 per 1 day)                                                 |
| <i>zolpidem oral tablet,ext release multiphase</i>                          | 2         | QL (1 per 1 day)                                                 |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG                                          | 4         | PA; QL (28 per 14 days)                                          |
| ZURZUVAE ORAL CAPSULE 30 MG                                                 | 4         | PA; QL (14 per 14 days)                                          |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG | 2         | PA for Age less than or equal to 17 year(s); QL (2 per 28 days)  |

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

| Drug Name                                                           | Drug Tier | Requirements / Limits                                           |
|---------------------------------------------------------------------|-----------|-----------------------------------------------------------------|
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | 2         | PA for Age less than or equal to 17 year(s); QL (1 per 28 days) |

## AUTONOMIC & CNS DRUGS, NEUROLOGY

### MULTIPLE SCLEROSIS AGENTS

|                                                                                        |   |                          |
|----------------------------------------------------------------------------------------|---|--------------------------|
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT                                                  | 4 | PA; QL (1 per 28 days)   |
| AVONEX INTRAMUSCULAR SYRINGE KIT                                                       | 4 | PA; QL (1 per 28 days)   |
| BETASERON SUBCUTANEOUS KIT                                                             | 4 | PA; QL (14 per 28 days)  |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> | 2 | QL (60 per 365 days)     |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>           | 2 | QL (2 per 1 day)         |
| <i>fingolimod</i>                                                                      | 4 | QL (1 per 1 day)         |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i>                                        | 4 | QL (1 per 1 day)         |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i>                                        | 4 | QL (12 per 28 days)      |
| <i>glatopa subcutaneous syringe 20 mg/ml</i>                                           | 4 | QL (1 per 1 day)         |
| <i>glatopa subcutaneous syringe 40 mg/ml</i>                                           | 4 | QL (12 per 28 days)      |
| KESIMPTA PEN                                                                           | 4 | PA; QL (0.4 per 28 days) |
| PLEGRIDY INTRAMUSCULAR                                                                 | 4 | PA; QL (1 per 28 days)   |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML                                      | 4 | PA; QL (1 per 28 days)   |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML                        | 4 | PA; QL (1 per 365 days)  |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML                                           | 4 | PA; QL (1 per 28 days)   |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML                             | 4 | PA; QL (1 per 365 days)  |
| <i>teriflunomide</i>                                                                   | 4 | QL (1 per 1 day)         |
| VUMERITY                                                                               | 4 | PA; QL (4 per 1 day)     |

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

|                                              |   |                  |
|----------------------------------------------|---|------------------|
| <i>amiodarone oral tablet 100 mg, 400 mg</i> | 2 |                  |
| <i>amiodarone oral tablet 200 mg</i>         | 1 |                  |
| <i>disopyramide phosphate oral capsule</i>   | 2 |                  |
| <i>dofetilide</i>                            | 2 | QL (2 per 1 day) |

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

| Drug Name                                                                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>flecainide</i>                                                                               | 1         |                       |
| <i>mexiletine</i>                                                                               | 2         |                       |
| MULTAQ                                                                                          | 2         |                       |
| <i>pacerone oral tablet 100 mg</i>                                                              | 2         |                       |
| <i>pacerone oral tablet 200 mg</i>                                                              | 1         |                       |
| <i>propafenone oral tablet</i>                                                                  | 1         |                       |
| <i>quinidine sulfate oral tablet 200 mg</i>                                                     | 2         | PA; QL (8 per 1 day)  |
| <i>sotalol oral</i>                                                                             | 1         |                       |
| <b>ANTIHYPERTENSIVE THERAPY</b>                                                                 |           |                       |
| <i>acebutolol</i>                                                                               | 2         |                       |
| <i>amiloride</i>                                                                                | 1         |                       |
| <i>amiloride-hydrochlorothiazide</i>                                                            | 1         |                       |
| <i>amlodipine</i>                                                                               | 1         |                       |
| <i>amlodipine-benazepril</i>                                                                    | 1         |                       |
| <i>amlodipine-valsartan</i>                                                                     | 2         |                       |
| <i>atenolol</i>                                                                                 | 1         |                       |
| <i>atenolol-chlorthalidone</i>                                                                  | 1         |                       |
| <i>benazepril</i>                                                                               | 1         |                       |
| <i>benazepril-hydrochlorothiazide</i>                                                           | 1         |                       |
| <i>betaxolol oral</i>                                                                           | 1         |                       |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                              | 1         |                       |
| <i>bisoprolol-hydrochlorothiazide</i>                                                           | 1         |                       |
| <i>bumetanide oral</i>                                                                          | 1         |                       |
| <i>candesartan</i>                                                                              | 2         | ST; QL (1 per 1 day)  |
| <i>captopril</i>                                                                                | 2         |                       |
| <i>cartia xt</i>                                                                                | 1         |                       |
| <i>carvedilol</i>                                                                               | 1         |                       |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                                  | 1         |                       |
| <i>clonidine</i>                                                                                | 2         | QL (4 per 28 days)    |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                                         | 1         |                       |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>                                        | 1         |                       |
| <i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1         |                       |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>          | 1         |                       |

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

| Drug Name                                                                                      | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>                                 | 2         |                       |
| <i>diltiazem hcl oral tablet</i>                                                               | 1         |                       |
| <i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | 2         |                       |
| <i>dilt-xr</i>                                                                                 | 1         |                       |
| <i>doxazosin</i>                                                                               | 1         |                       |
| <i>enalapril maleate oral tablet</i>                                                           | 1         |                       |
| <i>enalapril-hydrochlorothiazide</i>                                                           | 1         |                       |
| <i>eplerenone</i>                                                                              | 2         |                       |
| <i>ethacrynic acid</i>                                                                         | 2         | PA                    |
| <i>felodipine</i>                                                                              | 1         |                       |
| <i>fosinopril</i>                                                                              | 1         |                       |
| <i>fosinopril-hydrochlorothiazide</i>                                                          | 2         |                       |
| <i>furosemide oral</i>                                                                         | 1         |                       |
| <i>guanfacine oral tablet</i>                                                                  | 1         |                       |
| <i>hydralazine oral</i>                                                                        | 1         |                       |
| <i>hydrochlorothiazide</i>                                                                     | 1         |                       |
| <i>indapamide</i>                                                                              | 1         |                       |
| <i>irbesartan</i>                                                                              | 1         |                       |
| <i>irbesartan-hydrochlorothiazide</i>                                                          | 1         |                       |
| <i>isosorbide-hydralazine</i>                                                                  | 2         | PA; QL (6 per 1 day)  |
| <i>isradipine</i>                                                                              | 2         |                       |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>                                            | 1         |                       |
| <i>lisinopril</i>                                                                              | 1         |                       |
| <i>lisinopril-hydrochlorothiazide</i>                                                          | 1         |                       |
| <i>losartan</i>                                                                                | 1         |                       |
| <i>losartan-hydrochlorothiazide</i>                                                            | 1         |                       |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>             | 2         |                       |
| <i>methyldopa</i>                                                                              | 1         |                       |
| <i>metolazone</i>                                                                              | 1         |                       |
| <i>metoprolol succinate</i>                                                                    | 1         |                       |
| <i>metoprolol ta-hydrochlorothiaz</i>                                                          | 2         |                       |

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

| <b>Drug Name</b>                                                            | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|-----------------------------------------------------------------------------|------------------|------------------------------|
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 1                |                              |
| <i>metyrosine</i>                                                           | 2                | PA; QL (16 per 1 day)        |
| <i>minoxidil oral</i>                                                       | 1                |                              |
| <i>moexipril</i>                                                            | 2                |                              |
| <i>nadolol</i>                                                              | 1                |                              |
| <i>nebivolol</i>                                                            | 2                |                              |
| <i>nifedipine oral capsule</i>                                              | 2                |                              |
| <i>nifedipine oral tablet extended release</i>                              | 1                |                              |
| <i>nifedipine oral tablet extended release 24hr</i>                         | 1                |                              |
| <i>olmesartan</i>                                                           | 1                |                              |
| <i>olmesartan-hydrochlorothiazide</i>                                       | 1                |                              |
| <i>perindopril erbumine</i>                                                 | 1                |                              |
| <i>phenoxybenzamine</i>                                                     | 2                | PA; QL (24 per 1 day)        |
| <i>pindolol</i>                                                             | 2                |                              |
| <i>prazosin</i>                                                             | 1                |                              |
| <i>propranolol oral</i>                                                     | 1                |                              |
| <i>quinapril</i>                                                            | 1                |                              |
| <i>quinapril-hydrochlorothiazide</i>                                        | 1                |                              |
| <i>ramipril</i>                                                             | 1                |                              |
| <i>spironolactone oral tablet</i>                                           | 1                |                              |
| <i>spironolacton-hydrochlorothiaz</i>                                       | 1                |                              |
| <i>telmisartan</i>                                                          | 1                |                              |
| <i>telmisartan-hydrochlorothiazid</i>                                       | 2                |                              |
| <i>terazosin</i>                                                            | 1                |                              |
| <i>tiadylt er</i>                                                           | 1                |                              |
| <i>timolol maleate oral</i>                                                 | 2                |                              |
| <i>torse mide oral</i>                                                      | 1                |                              |
| <i>trandolapril</i>                                                         | 1                |                              |
| <i>trandolapril-verapamil</i>                                               | 2                |                              |
| <i>triamterene-hydrochlorothiazid</i>                                       | 1                |                              |
| <i>valsartan oral tablet</i>                                                | 1                |                              |
| <i>valsartan-hydrochlorothiazide</i>                                        | 1                |                              |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> | 2                |                              |

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

| Drug Name                                                        | Drug Tier | Requirements / Limits  |
|------------------------------------------------------------------|-----------|------------------------|
| <i>verapamil oral tablet</i>                                     | 1         |                        |
| <i>verapamil oral tablet extended release</i>                    | 1         |                        |
| <b>CARDIAC GLYCOSIDES</b>                                        |           |                        |
| <i>digoxin oral solution</i>                                     | 1         |                        |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> | 1         |                        |
| <b>COAGULATION THERAPY</b>                                       |           |                        |
| ALHEMO PEN                                                       | 4         | PA                     |
| ALVAIZ ORAL TABLET 18 MG, 9 MG                                   | 4         | PA; QL (1 per 1 day)   |
| ALVAIZ ORAL TABLET 36 MG, 54 MG                                  | 4         | PA; QL (2 per 1 day)   |
| <i>aspirin-dipyridamole</i>                                      | 2         |                        |
| <i>cilostazol</i>                                                | 1         |                        |
| <i>clopidogrel</i>                                               | 1         |                        |
| <i>dabigatran etexilate</i>                                      | 2         |                        |
| <i>dipyridamole oral</i>                                         | 1         |                        |
| ELIQUIS DVT-PE TREAT 30D START                                   | 2         |                        |
| ELIQUIS ORAL TABLET                                              | 2         |                        |
| <i>eltrombopag olamine oral powder in packet 12.5 mg</i>         | 4         | PA; QL (1 per 1 day)   |
| <i>eltrombopag olamine oral powder in packet 25 mg</i>           | 4         | PA; QL (3 per 1 day)   |
| <i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>            | 4         | PA; QL (1 per 1 day)   |
| <i>eltrombopag olamine oral tablet 50 mg</i>                     | 4         | PA; QL (3 per 1 day)   |
| <i>eltrombopag olamine oral tablet 75 mg</i>                     | 4         | PA; QL (2 per 1 day)   |
| <i>enoxaparin</i>                                                | 4         |                        |
| <i>fondaparinux</i>                                              | 4         |                        |
| FRAGMIN SUBCUTANEOUS SOLUTION                                    | 4         |                        |
| FRAGMIN SUBCUTANEOUS SYRINGE                                     | 4         |                        |
| <i>heparin (porcine) injection solution</i>                      | 2         |                        |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i>         | 2         |                        |
| <i>heparin, porcine (pf) injection</i>                           | 2         |                        |
| HYMPAVZI PEN                                                     | 4         | PA; QL (4 per 28 days) |
| <i>pentoxifylline</i>                                            | 1         |                        |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>     | 2         |                        |
| <i>prasugrel hcl</i>                                             | 1         |                        |

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

| Drug Name                                                        | Drug Tier | Requirements / Limits    |
|------------------------------------------------------------------|-----------|--------------------------|
| QFITLIA                                                          | 4         | PA; QL (0.2 per 28 days) |
| QFITLIA PEN                                                      | 4         | PA; QL (0.5 per 28 days) |
| <i>rivaroxaban oral suspension for reconstitution</i>            | 2         | QL (20 per 1 day)        |
| <i>rivaroxaban oral tablet</i>                                   | 2         |                          |
| <i>ticagrelor</i>                                                | 2         |                          |
| <i>vitamin k1 injection</i>                                      | 2         |                          |
| <i>warfarin</i>                                                  | 1         |                          |
| XARELTO DVT-PE TREAT 30D START                                   | 2         |                          |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION                       | 2         | QL (20 per 1 day)        |
| XARELTO ORAL TABLET                                              | 2         |                          |
| ZONTIVITY                                                        | 3         | PA                       |
| <b>LIPID/CHOLESTEROL LOWERING AGENTS</b>                         |           |                          |
| <i>amlodipine-atorvastatin</i>                                   | 2         | QL (1 per 1 day)         |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i>                     | 1         | ACA                      |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i>                     | 1         |                          |
| <i>cholestyramine (with sugar) oral powder</i>                   | 1         |                          |
| <i>cholestyramine (with sugar) oral powder in packet</i>         | 2         |                          |
| <i>cholestyramine light</i>                                      | 2         |                          |
| <i>colesevelam</i>                                               | 2         |                          |
| <i>colestipol</i>                                                | 2         |                          |
| <i>ezetimibe</i>                                                 | 1         |                          |
| <i>ezetimibe-simvastatin</i>                                     | 2         | PA; QL (1 per 1 day)     |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> | 1         |                          |
| <i>fenofibrate nanocrystallized</i>                              | 1         |                          |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i>                     | 1         |                          |
| <i>fenofibric acid (choline)</i>                                 | 1         |                          |
| <i>gemfibrozil</i>                                               | 1         |                          |
| <i>icosapent ethyl</i>                                           | 2         | PA; QL (4 per 1 day)     |
| <i>lovastatin</i>                                                | 1         | ACA                      |
| <i>niacin oral tablet extended release 24 hr</i>                 | 2         |                          |
| <i>omega-3 acid ethyl esters</i>                                 | 2         | QL (4 per 1 day)         |
| <i>pravastatin</i>                                               | 1         | ACA                      |
| <i>prevalite</i>                                                 | 2         |                          |

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

| Drug Name                                                         | Drug Tier | Requirements / Limits        |
|-------------------------------------------------------------------|-----------|------------------------------|
| REDEMPLO                                                          | 4         | PA; LA; QL (0.5 per 68 days) |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i>                       | 1         | ACA                          |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i>                      | 1         |                              |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>          | 1         | ACA                          |
| <i>simvastatin oral tablet 80 mg</i>                              | 1         |                              |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML                 | 4         | PA; LA; QL (0.8 per 30 days) |
| <b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>                        |           |                              |
| ATTRUBY                                                           | 4         | PA; QL (4 per 1 day)         |
| LODOCO                                                            | 3         | PA; QL (1 per 1 day)         |
| <i>ranolazine</i>                                                 | 2         |                              |
| <i>sacubitril-valsartan</i>                                       | 2         | QL (2 per 1 day)             |
| VANRAFIA                                                          | 4         | PA; QL (1 per 1 day)         |
| VERQUVO                                                           | 3         | PA; QL (1 per 1 day)         |
| <b>NITRATES</b>                                                   |           |                              |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | 1         |                              |
| <i>isosorbide mononitrate</i>                                     | 1         |                              |
| <i>nitro-bid</i>                                                  | 2         |                              |
| <i>nitroglycerin sublingual</i>                                   | 1         |                              |
| <i>nitroglycerin transdermal ointment</i>                         | 2         |                              |
| <i>nitroglycerin transdermal patch 24 hour</i>                    | 1         |                              |
| <b>DERMATOLOGICALS/TOPICAL THERAPY</b>                            |           |                              |
| <b>ANTIPSORIATIC / ANTISEBORRHEIC</b>                             |           |                              |
| <i>acitretin</i>                                                  | 2         |                              |
| <i>calcipotriene scalp</i>                                        | 2         |                              |
| <i>calcipotriene topical cream</i>                                | 2         |                              |
| <i>calcipotriene topical ointment</i>                             | 2         |                              |
| COSENTYX (2 SYRINGES)                                             | 4         | PA; QL (2 per 28 days)       |
| COSENTYX PEN                                                      | 4         | PA; QL (1 per 28 days)       |
| COSENTYX PEN (2 PENS)                                             | 4         | PA; QL (2 per 28 days)       |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML                           | 4         | PA; QL (1 per 28 days)       |
| COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML                        | 4         | PA; QL (0.5 per 28 days)     |

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| Drug Name                                         | Drug Tier | Requirements / Limits     |
|---------------------------------------------------|-----------|---------------------------|
| COSENTYX UNOREADY PEN                             | 4         | PA; QL (2 per 28 days)    |
| <i>pellix</i>                                     | 2         |                           |
| SELARSDI SUBCUTANEOUS SOLUTION                    | 4         | PA; QL (0.5 per 63 days)  |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML        | 4         | PA; QL (0.5 per 63 days)  |
| SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML            | 4         | PA; QL (1 per 42 days)    |
| <i>selenium sulfide topical lotion</i>            | 1         |                           |
| <i>selenium sulfide topical shampoo 2.25 %</i>    | 2         |                           |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR                 | 4         | PA; QL (1 per 63 days)    |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML            | 4         | PA; QL (1 per 63 days)    |
| SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML        | 4         | PA; QL (0.37 per 63 days) |
| TREMFYA ONE-PRESS                                 | 4         | PA; QL (1 per 42 days)    |
| TREMFYA PEN INDUCTION PK(2PEN)                    | 4         | PA; QL (12 per 365 days)  |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML   | 4         | PA; QL (1 per 42 days)    |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 4         | PA; QL (2 per 28 days)    |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML            | 4         | PA; QL (1 per 42 days)    |
| TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML          | 4         | PA; QL (2 per 28 days)    |
| YESINTEK SUBCUTANEOUS SOLUTION                    | 4         | PA; QL (0.5 per 63 days)  |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML        | 4         | PA; QL (0.5 per 63 days)  |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML            | 4         | PA; QL (1 per 42 days)    |
| <b>BURN THERAPY</b>                               |           |                           |
| <i>silver sulfadiazine</i>                        | 1         |                           |
| <i>ssd</i>                                        | 1         |                           |
| <b>MISCELLANEOUS DERMATOLOGICALS</b>              |           |                           |
| <i>ammonium lactate</i>                           | 1         |                           |
| <i>diclofenac sodium topical gel 3 %</i>          | 2         | QL (100 per 365 days)     |
| DRYSOL DAB-O-MATIC                                | 1         |                           |

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| Drug Name                                                         | Drug Tier | Requirements / Limits                        |
|-------------------------------------------------------------------|-----------|----------------------------------------------|
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML             | 4         | PA; QL (2.28 per 28 days)                    |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML                | 4         | PA; QL (4 per 28 days)                       |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML              | 4         | PA; QL (2.28 per 28 days)                    |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML                 | 4         | PA; QL (4 per 28 days)                       |
| EBGLYSS PEN                                                       | 4         | PA; QL (2 per 28 days)                       |
| EBGLYSS SYRINGE                                                   | 4         | PA; QL (2 per 28 days)                       |
| EUCRISA                                                           | 3         | ST; QL (1 per 30 days)                       |
| FILSUEVZ                                                          | 4         | PA                                           |
| <i>fluorouracil topical cream 5 %</i>                             | 1         | QL (40 per 365 days)                         |
| <i>fluorouracil topical solution</i>                              | 1         | QL (10 per 365 days)                         |
| <i>imiquimod topical cream in packet 5 %</i>                      | 1         | QL (36 per 365 days)                         |
| <i>methoxsalen</i>                                                | 4         |                                              |
| <i>pimecrolimus</i>                                               | 2         | ST                                           |
| <i>podofilox topical solution</i>                                 | 1         |                                              |
| <i>tacrolimus topical</i>                                         | 1         |                                              |
| ZELSUVMI                                                          | 4         | PA; QL (31 per 28 days)                      |
| <b>THERAPY FOR ACNE</b>                                           |           |                                              |
| <i>adapalene topical cream</i>                                    | 2         | PA for age 29 and older; QL (45 per 30 days) |
| <i>adapalene topical gel 0.3 %</i>                                | 2         | PA for age 29 and older; QL (45 per 30 days) |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> | 2         |                                              |
| <i>amnesteem</i>                                                  | 2         |                                              |
| <i>azelaic acid</i>                                               | 2         |                                              |
| <i>brimonidine topical</i>                                        | 2         | PA; QL (30 per 30 days)                      |
| <i>claravis</i>                                                   | 2         |                                              |
| <i>clindacin etz topical swab</i>                                 | 1         |                                              |
| <i>clindacin p</i>                                                | 1         |                                              |
| <i>clindamycin phosphate topical gel</i>                          | 2         |                                              |
| <i>clindamycin phosphate topical lotion</i>                       | 2         |                                              |
| <i>clindamycin phosphate topical solution</i>                     | 1         |                                              |

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

| Drug Name                                                            | Drug Tier | Requirements / Limits                                              |
|----------------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| <i>clindamycin phosphate topical swab</i>                            | 1         |                                                                    |
| <i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> | 1         |                                                                    |
| <i>dapsone topical gel 5 %</i>                                       | 2         | ST                                                                 |
| <i>ery pads</i>                                                      | 2         |                                                                    |
| <i>erythromycin with ethanol topical gel</i>                         | 2         |                                                                    |
| <i>erythromycin with ethanol topical solution</i>                    | 1         |                                                                    |
| <i>erythromycin-benzoyl peroxide</i>                                 | 2         | ST                                                                 |
| <i>ivermectin topical cream</i>                                      | 2         | PA                                                                 |
| <i>metronidazole topical cream</i>                                   | 1         |                                                                    |
| <i>metronidazole topical gel 0.75 %</i>                              | 1         | QL (45 per 30 days)                                                |
| <i>metronidazole topical gel 1 %</i>                                 | 2         | QL (60 per 30 days)                                                |
| <i>metronidazole topical gel with pump</i>                           | 2         | QL (60 per 30 days)                                                |
| <i>neuac</i>                                                         | 1         |                                                                    |
| <i>rosadan topical cream</i>                                         | 1         |                                                                    |
| <i>rosadan topical gel</i>                                           | 1         | QL (45 per 30 days)                                                |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>     | 1         |                                                                    |
| <i>tazarotene topical cream 0.1 %</i>                                | 2         |                                                                    |
| <i>tretinoin topical cream 0.025 %, 0.05 %</i>                       | 1         | PA for Age greater than or equal to 29 year(s); QL (1 per 30 days) |
| <i>tretinoin topical cream 0.1 %</i>                                 | 2         | PA for Age greater than or equal to 29 year(s); QL (1 per 30 days) |
| <i>zenatane</i>                                                      | 2         |                                                                    |
| <b>TOPICAL ANESTHETICS</b>                                           |           |                                                                    |
| <i>dermacinrx lidocan</i>                                            | 2         | QL (3 per 1 day)                                                   |
| <i>lidocaine hcl mucous membrane solution 2 %</i>                    | 1         | PA for Age less than or equal to 2 year(s)                         |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>         | 2         |                                                                    |
| <i>lidocaine topical adhesive patch,medicated 5 %</i>                | 2         | QL (3 per 1 day)                                                   |
| <i>lidocaine topical ointment</i>                                    | 1         |                                                                    |
| <i>lidocaine-prilocaine topical cream</i>                            | 1         |                                                                    |
| <i>lidocan iii</i>                                                   | 2         | QL (3 per 1 day)                                                   |
| <i>lidocan iv</i>                                                    | 2         | QL (3 per 1 day)                                                   |
| <i>lidocan v</i>                                                     | 2         | QL (3 per 1 day)                                                   |

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

| Drug Name                                       | Drug Tier | Requirements / Limits   |
|-------------------------------------------------|-----------|-------------------------|
| <b>TOPICAL ANTIBACTERIALS</b>                   |           |                         |
| <i>gentamicin topical</i>                       | 1         |                         |
| <i>mupirocin</i>                                | 1         |                         |
| <i>sulfacetamide sodium (acne)</i>              | 2         |                         |
| SULFAMYLON TOPICAL CREAM                        | 3         | PA                      |
| XEPI                                            | 3         | PA; QL (30 per 30 days) |
| <b>TOPICAL ANTIFUNGALS</b>                      |           |                         |
| <i>ciclodan</i>                                 | 1         |                         |
| <i>ciclopirox topical cream</i>                 | 1         |                         |
| <i>ciclopirox topical gel</i>                   | 2         |                         |
| <i>ciclopirox topical shampoo</i>               | 2         |                         |
| <i>ciclopirox topical solution</i>              | 1         |                         |
| <i>ciclopirox topical suspension</i>            | 2         |                         |
| <i>clotrimazole-betamethasone topical cream</i> | 1         |                         |
| <i>econazole nitrate topical cream</i>          | 2         |                         |
| EXELDERM TOPICAL SOLUTION                       | 3         | PA                      |
| <i>ketoconazole topical cream</i>               | 1         |                         |
| <i>ketoconazole topical shampoo</i>             | 1         |                         |
| <i>klayesta</i>                                 | 1         |                         |
| LULICONAZOLE                                    | 3         | PA                      |
| <i>nystatin topical</i>                         | 1         |                         |
| <i>nystatin-triamcinolone</i>                   | 1         |                         |
| <i>nystop</i>                                   | 1         |                         |
| <i>oxiconazole</i>                              | 2         | PA                      |
| <i>tavaborole</i>                               | 2         | PA                      |
| <b>TOPICAL ANTIVIRALS</b>                       |           |                         |
| <i>acyclovir topical ointment</i>               | 1         |                         |
| <i>penciclovir</i>                              | 2         | PA; QL (5 per 30 days)  |
| <b>TOPICAL CORTICOSTEROIDS</b>                  |           |                         |
| <i>alclometasone</i>                            | 2         |                         |
| <i>amcinonide topical ointment</i>              | 2         | ST                      |
| <i>betamethasone dipropionate</i>               | 2         |                         |
| <i>betamethasone valerate topical cream</i>     | 2         |                         |
| <i>betamethasone valerate topical lotion</i>    | 2         |                         |

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

| Drug Name                                        | Drug Tier | Requirements / Limits |
|--------------------------------------------------|-----------|-----------------------|
| <i>betamethasone valerate topical ointment</i>   | 2         |                       |
| <i>betamethasone, augmented topical cream</i>    | 1         |                       |
| <i>betamethasone, augmented topical ointment</i> | 2         |                       |
| <i>clobetasol scalp</i>                          | 1         |                       |
| <i>clobetasol topical cream 0.05 %</i>           | 1         |                       |
| <i>clobetasol topical gel</i>                    | 2         |                       |
| <i>clobetasol topical ointment</i>               | 1         |                       |
| <i>clobetasol topical shampoo</i>                | 2         |                       |
| <i>clobetasol topical spray,non-aerosol</i>      | 2         |                       |
| <i>clobetasol-emollient topical cream</i>        | 2         |                       |
| <i>clocortolone pivalate</i>                     | 2         |                       |
| <i>desonide topical cream</i>                    | 2         |                       |
| <i>desonide topical lotion</i>                   | 2         |                       |
| <i>desonide topical ointment</i>                 | 2         |                       |
| <i>desoximetasone topical cream 0.25 %</i>       | 2         |                       |
| <i>desoximetasone topical ointment 0.25 %</i>    | 2         |                       |
| <i>diflorasone topical cream</i>                 | 2         | ST                    |
| <i>fluocinolone and shower cap</i>               | 2         |                       |
| <i>fluocinolone topical cream 0.01 %</i>         | 2         |                       |
| <i>fluocinolone topical cream 0.025 %</i>        | 1         |                       |
| <i>fluocinolone topical oil</i>                  | 2         |                       |
| <i>fluocinolone topical ointment</i>             | 2         |                       |
| <i>fluocinolone topical solution</i>             | 2         |                       |
| <i>fluocinonide topical cream 0.05 %</i>         | 2         |                       |
| <i>fluocinonide topical ointment</i>             | 2         |                       |
| <i>fluocinonide topical solution</i>             | 2         |                       |
| <i>flurandrenolide topical cream</i>             | 2         | ST                    |
| <i>fluticasone propionate topical cream</i>      | 1         |                       |
| <i>fluticasone propionate topical ointment</i>   | 1         |                       |
| <i>halobetasol propionate topical cream</i>      | 2         |                       |
| <i>hydrocortisone butyrate topical cream</i>     | 2         |                       |
| <i>hydrocortisone butyrate topical ointment</i>  | 2         |                       |
| <i>hydrocortisone butyrate topical solution</i>  | 2         |                       |
| <i>hydrocortisone topical cream 2.5 %</i>        | 1         |                       |

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

| Drug Name                                                             | Drug Tier | Requirements / Limits                          |
|-----------------------------------------------------------------------|-----------|------------------------------------------------|
| <i>hydrocortisone topical lotion 2.5 %</i>                            | 1         |                                                |
| <i>hydrocortisone topical ointment 2.5 %</i>                          | 1         |                                                |
| <i>hydrocortisone valerate topical cream</i>                          | 2         |                                                |
| <i>mometasone topical</i>                                             | 1         |                                                |
| <i>triamcinolone acetonide topical cream</i>                          | 1         |                                                |
| <i>triamcinolone acetonide topical lotion</i>                         | 1         |                                                |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | 1         |                                                |
| <i>triderm topical cream 0.5 %</i>                                    | 1         |                                                |
| <b>TOPICAL ENZYMES</b>                                                |           |                                                |
| SANTYL                                                                | 3         | QL (2 per 720 days)                            |
| <b>TOPICAL SCABICIDES / PEDICULICIDES</b>                             |           |                                                |
| <i>malathion</i>                                                      | 1         | QL (120 per 30 days)                           |
| <i>permethrin</i>                                                     | 1         | QL (120 per 30 days)                           |
| <i>spinosad</i>                                                       | 2         | QL (120 per 30 days)                           |
| <b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>                         |           |                                                |
| <b>MISCELLANEOUS AGENTS</b>                                           |           |                                                |
| <i>acamprosate</i>                                                    | 2         |                                                |
| <i>anagrelide</i>                                                     | 1         |                                                |
| <i>caffeine citrate oral</i>                                          | 1         |                                                |
| <i>carglumic acid</i>                                                 | 4         | PA                                             |
| <i>cevimeline</i>                                                     | 2         |                                                |
| CHEMET                                                                | 3         | PA for Age greater than or equal to 18 year(s) |
| <i>deferiprone</i>                                                    | 4         | PA                                             |
| <i>disulfiram</i>                                                     | 2         |                                                |
| FORZINITY                                                             | 4         | PA; LA; QL (4 per 28 days)                     |
| HARLIKU                                                               | 4         | PA; LA; QL (1 per 1 day)                       |
| <i>levocarnitine (with sugar)</i>                                     | 2         |                                                |
| <i>levocarnitine oral solution 100 mg/ml</i>                          | 2         |                                                |
| <i>levocarnitine oral tablet</i>                                      | 2         |                                                |
| <i>midodrine</i>                                                      | 1         |                                                |
| <i>nitisinone</i>                                                     | 4         | PA; LA                                         |
| RHAPSIDO                                                              | 4         | PA; QL (2 per 1 day)                           |

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

| Drug Name                                                 | Drug Tier | Requirements / Limits                          |
|-----------------------------------------------------------|-----------|------------------------------------------------|
| <i>riluzole</i>                                           | 2         |                                                |
| <i>risedronate oral tablet 30 mg</i>                      | 2         | QL (1 per 1 day)                               |
| <i>sodium chloride irrigation</i>                         | 1         |                                                |
| <i>sodium phenylbutyrate</i>                              | 4         | PA                                             |
| <i>tiopronin</i>                                          | 4         | PA                                             |
| <i>trientine oral capsule 250 mg</i>                      | 4         | PA; QL (8 per 1 day)                           |
| <i>venxxiva</i>                                           | 4         | PA                                             |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG        | 4         | PA; QL (3 per 1 day)                           |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG         | 4         | PA; QL (4 per 1 day)                           |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG         | 4         | PA; QL (7 per 1 day)                           |
| XURIDEN                                                   | 4         |                                                |
| <b>SMOKING DETERRENTS</b>                                 |           |                                                |
| <i>bupropion hcl (smoking deter)</i>                      | 1         | ACA; QL (2 per 1 day)                          |
| <i>nicorette buccal gum 4 mg</i>                          | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| <i>nicotine</i>                                           | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| <i>nicotine (polacrilex)</i>                              | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| NICOTROL NS                                               | 3         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA      |
| <i>quit 2</i>                                             | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| <i>quit 4</i>                                             | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| <i>stop smoking aid</i>                                   | 9         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC |
| <i>varenicline tartrate</i>                               | 2         | 183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA      |
| <b>EAR, NOSE &amp; THROAT MEDICATIONS</b>                 |           |                                                |
| <b>MISCELLANEOUS AGENTS</b>                               |           |                                                |
| <i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i> | 1         |                                                |
| <i>chlorhexidine gluconate mucous membrane</i>            | 1         |                                                |

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

| Drug Name                                                          | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------|-----------|-----------------------|
| <i>denta 5000 plus</i>                                             | 1         |                       |
| <i>denta 5000 plus sensitive</i>                                   | 1         |                       |
| <i>dentagel</i>                                                    | 1         |                       |
| <i>fluoride (sodium) dental cream</i>                              | 1         |                       |
| <i>fluoride (sodium) dental gel</i>                                | 1         |                       |
| <i>fluoride (sodium) dental paste</i>                              | 1         |                       |
| GELCLAIR                                                           | 3         | QL (225 per 30 days)  |
| <i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i> | 1         | QL (1 per 28 days)    |
| <i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i> | 1         | QL (3 per 30 days)    |
| <i>kourzeq</i>                                                     | 1         |                       |
| <i>olopatadine nasal</i>                                           | 2         | QL (1 per 30 days)    |
| <i>paroex oral rinse</i>                                           | 1         |                       |
| <i>periogard</i>                                                   | 1         |                       |
| <i>pilocarpine hcl oral</i>                                        | 2         |                       |
| <i>sf</i>                                                          | 1         |                       |
| <i>sf 5000 plus</i>                                                | 1         |                       |
| <i>sodium fluoride 5000 plus</i>                                   | 1         |                       |
| <i>sodium fluoride-pot nitrate</i>                                 | 1         |                       |
| <i>triamcinolone acetanide dental</i>                              | 1         |                       |

#### MISCELLANEOUS OTIC PREPARATIONS

|                                     |   |  |
|-------------------------------------|---|--|
| <i>acetic acid otic (ear)</i>       | 1 |  |
| <i>ciprofloxacin hcl otic (ear)</i> | 2 |  |
| <i>flac otic oil</i>                | 2 |  |
| <i>fluocinolone acetanide oil</i>   | 2 |  |
| <i>hydrocortisone-acetic acid</i>   | 1 |  |
| <i>ofloxacin otic (ear)</i>         | 1 |  |

#### OTIC STEROID / ANTIBIOTIC

|                                         |   |  |
|-----------------------------------------|---|--|
| <i>ciprofloxacin-dexamethasone</i>      | 2 |  |
| <i>ciprofloxacin-hydrocortisone</i>     | 2 |  |
| CORTISPORIN-TC                          | 3 |  |
| <i>neomycin-polymyxin-hc otic (ear)</i> | 1 |  |

#### ENDOCRINE/DIABETES

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

| Drug Name                                                                                             | Drug Tier | Requirements / Limits        |
|-------------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <b>ADRENAL HORMONES</b>                                                                               |           |                              |
| <i>dexamethasone oral elixir</i>                                                                      | 1         |                              |
| <i>dexamethasone oral solution</i>                                                                    | 1         |                              |
| <i>dexamethasone oral tablet</i>                                                                      | 1         |                              |
| <i>fludrocortisone</i>                                                                                | 1         |                              |
| <i>hydrocortisone oral</i>                                                                            | 1         |                              |
| <i>hydrocortisone sod succinate</i>                                                                   | 2         | QL (2 per 28 days)           |
| <i>jaythari</i>                                                                                       | 4         | PA                           |
| <i>kymbee</i>                                                                                         | 4         | PA                           |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>                                              | 2         |                              |
| <i>methylprednisolone oral tablet 4 mg</i>                                                            | 1         |                              |
| <i>methylprednisolone oral tablets,dose pack</i>                                                      | 1         |                              |
| <i>prednisolone oral solution</i>                                                                     | 1         |                              |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 1         |                              |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>                               | 2         |                              |
| <i>prednisone oral solution</i>                                                                       | 1         |                              |
| <i>prednisone oral tablet</i>                                                                         | 1         |                              |
| <i>prednisone oral tablets,dose pack</i>                                                              | 1         |                              |
| <i>pyquvi</i>                                                                                         | 4         | PA                           |
| SOLU-CORTEF                                                                                           | 3         | QL (2 per 28 days)           |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML              | 3         | QL (2 per 28 days)           |
| TARPEYO                                                                                               | 4         | PA; QL (4 per 1 day)         |
| <b>ANTITHYROID AGENTS</b>                                                                             |           |                              |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                            | 1         |                              |
| <i>propylthiouracil</i>                                                                               | 1         |                              |
| <b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>                                                |           |                              |
| DEXCOM G6 RECEIVER                                                                                    | 3         | PA; CGM; QL (1 per 365 days) |
| DEXCOM G6 SENSOR                                                                                      | 3         | PA; CGM; QL (3 per 30 days)  |
| DEXCOM G6 TRANSMITTER                                                                                 | 3         | PA; CGM; QL (1 per 68 days)  |
| DEXCOM G7 15 DAY SENSOR                                                                               | 3         | PA; CGM; QL (2 per 30 days)  |
| DEXCOM G7 RECEIVER                                                                                    | 3         | PA; CGM; QL (1 per 365 days) |

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

| Drug Name                                                                           | Drug Tier | Requirements / Limits        |
|-------------------------------------------------------------------------------------|-----------|------------------------------|
| DEXCOM G7 SENSOR                                                                    | 3         | PA; CGM; QL (3 per 30 days)  |
| FREESTYLE CONTROL                                                                   | 1         | OTC                          |
| FREESTYLE FREEDOM                                                                   | 9         | OTC; QL (1 per 365 days)     |
| FREESTYLE FREEDOM LITE                                                              | 9         | OTC; QL (1 per 365 days)     |
| FREESTYLE INSULINX                                                                  | 9         | OTC; QL (1 per 365 days)     |
| FREESTYLE INSULINX TEST STRIPS                                                      | 1         | 100 units per 30 days; OTC   |
| FREESTYLE LIBRE 14 DAY READER                                                       | 2         | PA; CGM; QL (1 per 365 days) |
| FREESTYLE LIBRE 14 DAY SENSOR                                                       | 2         | PA; CGM; QL (2 per 28 days)  |
| FREESTYLE LIBRE 2 PLUS SENSOR                                                       | 2         | PA; CGM; QL (2 per 30 days)  |
| FREESTYLE LIBRE 2 READER                                                            | 2         | PA; CGM; QL (1 per 365 days) |
| FREESTYLE LIBRE 2 SENSOR                                                            | 2         | PA; CGM; QL (2 per 28 days)  |
| FREESTYLE LIBRE 3 PLUS SENSOR                                                       | 2         | PA; CGM; QL (2 per 30 days)  |
| FREESTYLE LIBRE 3 READER                                                            | 2         | PA; CGM; QL (1 per 365 days) |
| FREESTYLE LIBRE 3 SENSOR                                                            | 2         | PA; CGM; QL (2 per 28 days)  |
| FREESTYLE TEST                                                                      | 1         | 100 units per 30 days; OTC   |
| PRECISION XTRA MONITOR                                                              | 9         | OTC; QL (1 per 365 days)     |
| <b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>                          |           |                              |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | 1         |                              |
| OMNIPOD 5 (LIBRE 2/3 PLUS)                                                          | 2         | QL (10 per 30 days)          |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS)                                                      | 2         | QL (1 per 720 days)          |
| <b>GLUCOSE ELEVATING AGENTS</b>                                                     |           |                              |
| BAQSIMI                                                                             | 2         |                              |
| <i>glucagon emergency kit (human)</i>                                               | 2         |                              |
| GVOKE                                                                               | 2         |                              |
| GVOKE HYPOPEN 2-PACK                                                                | 2         |                              |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML                           | 2         |                              |
| <b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>                           |           |                              |
| BD MICROTAINER LANCET 30 GAUGE                                                      | 1         | OTC; QL (210 per 30 days)    |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"                                     | 1         |                              |
| GENTEEL VACUUM LANCING DEVICE                                                       | 1         | OTC; QL (2 per 365 days)     |
| LANCETS 33 GAUGE                                                                    | 1         | OTC; QL (210 per 30 days)    |

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

| Drug Name                                                          | Drug Tier | Requirements / Limits     |
|--------------------------------------------------------------------|-----------|---------------------------|
| LANCING DEVICE                                                     | 1         | OTC; QL (2 per 365 days)  |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5)                                     | 2         | QL (1 per 720 days)       |
| OMNIPOD 5 G6-G7 PODS (GEN 5)                                       | 2         | QL (10 per 30 days)       |
| OMNIPOD DASH INTRO KIT (GEN 4)                                     | 2         | QL (1 per 720 days)       |
| OMNIPOD DASH PODS (GEN 4)                                          | 2         | QL (10 per 30 days)       |
| V-GO 20                                                            | 2         | QL (30 per 30 days)       |
| V-GO 30                                                            | 2         | QL (30 per 30 days)       |
| V-GO 40                                                            | 2         | QL (30 per 30 days)       |
| <b>INSULIN THERAPY</b>                                             |           |                           |
| HUMALOG JUNIOR KWIKPEN U-100                                       | 2         | 100 units per 30 days     |
| HUMALOG KWIKPEN INSULIN<br>SUBCUTANEOUS INSULIN PEN 100<br>UNIT/ML | 2         | 100 units per 30 days     |
| HUMALOG MIX 50-50 KWIKPEN                                          | 2         | 100 units per 30 days     |
| HUMALOG MIX 75-25 KWIKPEN                                          | 2         | 100 units per 30 days     |
| HUMALOG MIX 75-25(U-100)INSULN                                     | 2         | 100 units per 30 days     |
| HUMALOG U-100 INSULIN                                              | 2         | 100 units per 30 days     |
| HUMULIN 70/30 U-100 INSULIN                                        | 2         | 100 units per 30 days     |
| HUMULIN 70/30 U-100 KWIKPEN                                        | 2         | 100 units per 30 days     |
| HUMULIN N NPH INSULIN KWIKPEN                                      | 2         | 100 units per 30 days     |
| HUMULIN N NPH U-100 INSULIN                                        | 2         | 100 units per 30 days     |
| HUMULIN R REGULAR U-100 INSULN                                     | 2         | 100 units per 30 days     |
| HUMULIN R U-500 (CONC) KWIKPEN                                     | 2         | 100 units per 30 days     |
| INSULIN GLARGINE-YFGN                                              | 2         | 100 units per 30 days     |
| INSULIN LISPRO                                                     | 2         | 100 units per 30 days     |
| INSULIN LISPRO PROTAMIN-LISPRO                                     | 2         | 100 units per 30 days     |
| LANTUS SOLOSTAR U-100 INSULIN                                      | 2         | 100 units per 30 days     |
| LANTUS U-100 INSULIN                                               | 2         | 100 units per 30 days     |
| NOVOLOG MIX 70-30 U-100 INSULN                                     | 3         | PA; 100 units per 30 days |
| SOLIQUA 100/33                                                     | 3         | ST; QL (18 per 28 days)   |
| TOUJEO MAX U-300 SOLOSTAR                                          | 2         | 100 units per 30 days     |
| TOUJEO SOLOSTAR U-300 INSULIN                                      | 2         | 100 units per 30 days     |
| XULTOPHY 100/3.6                                                   | 3         | ST; QL (15 per 28 days)   |
| <b>MISCELLANEOUS HORMONES</b>                                      |           |                           |
| <i>cabergoline</i>                                                 | 1         |                           |

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

| Drug Name                                                                            | Drug Tier | Requirements / Limits    |
|--------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>calcitonin (salmon) nasal</i>                                                     | 1         |                          |
| <i>calcitriol oral</i>                                                               | 1         |                          |
| CHORIONIC GONADOTROPIN, HUMAN                                                        | 4         | PA                       |
| <i>cinacalcet oral tablet 30 mg, 60 mg</i>                                           | 2         | PA; QL (2 per 1 day)     |
| <i>cinacalcet oral tablet 90 mg</i>                                                  | 2         | PA; QL (4 per 1 day)     |
| <i>clomiphene citrate</i>                                                            | 2         | QL (10 per 30 days)      |
| CRENESSITY ORAL CAPSULE                                                              | 4         | PA; LA; QL (2 per 1 day) |
| CRENESSITY ORAL SOLUTION                                                             | 4         | PA; LA; QL (4 per 1 day) |
| <i>danazol</i>                                                                       | 2         |                          |
| <i>desmopressin nasal spray with pump</i>                                            | 2         |                          |
| <i>desmopressin oral</i>                                                             | 2         |                          |
| <i>doxercalciferol oral</i>                                                          | 2         |                          |
| <i>methyltestosterone oral capsule</i>                                               | 2         | QL (5 per 1 day)         |
| <i>miglustat</i>                                                                     | 4         | PA; LA; QL (3 per 1 day) |
| <i>paricalcitol oral</i>                                                             | 2         |                          |
| <i>sapropterin</i>                                                                   | 4         | PA                       |
| SEPHIENCE ORAL POWDER IN PACKET 1,000 MG                                             | 4         | PA; QL (6 per 1 day)     |
| SEPHIENCE ORAL POWDER IN PACKET 250 MG                                               | 4         | PA; QL (3 per 1 day)     |
| SYNAREL                                                                              | 4         | PA; QL (8 per 28 days)   |
| <i>testosterone cypionate</i>                                                        | 1         | PA                       |
| <i>testosterone enanthate</i>                                                        | 1         | PA                       |
| <i>testosterone transdermal gel</i>                                                  | 2         | PA; QL (2 per 1 day)     |
| <i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>   | 2         | PA; QL (60 per 30 days)  |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>    | 2         | PA; QL (300 per 30 days) |
| <i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> | 2         | PA; QL (150 per 30 days) |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>                    | 2         | PA; QL (5 per 1 day)     |
| <i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>                     | 2         | PA; QL (10 per 1 day)    |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>            | 2         | PA; QL (1 per 1 day)     |

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

| Drug Name                                                                                           | Drug Tier | Requirements / Limits        |
|-----------------------------------------------------------------------------------------------------|-----------|------------------------------|
| <i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>                             | 2         | PA; QL (2 per 1 day)         |
| <i>testosterone transdermal solution in metered pump w/app</i>                                      | 2         | PA; QL (180 per 30 days)     |
| <i>tolvaptan oral tablet 15 mg</i>                                                                  | 4         | PA; LA; QL (30 per 365 days) |
| <i>tolvaptan oral tablet 30 mg</i>                                                                  | 4         | PA; LA; QL (60 per 365 days) |
| <i>vasopressin</i>                                                                                  | 3         |                              |
| <i>zelvysia</i>                                                                                     | 4         | PA                           |
| <b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>                                                              |           |                              |
| <i>acarbose</i>                                                                                     | 1         |                              |
| CYCLOSET                                                                                            | 3         |                              |
| <i>dapagliflozin</i>                                                                                | 2         | QL (1 per 1 day)             |
| <i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg</i> | 2         | QL (1 per 1 day)             |
| <i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>                       | 2         | QL (2 per 1 day)             |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                                                     | 1         |                              |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                                            | 1         |                              |
| <i>glipizide oral tablet extended release 24hr</i>                                                  | 1         |                              |
| <i>glipizide-metformin</i>                                                                          | 1         |                              |
| <i>glyburide</i>                                                                                    | 1         |                              |
| <i>glyburide-metformin</i>                                                                          | 1         |                              |
| GLYXAMBI                                                                                            | 2         | PA; QL (1 per 1 day)         |
| JANUMET                                                                                             | 2         | QL (2 per 1 day)             |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG                                            | 2         | QL (1 per 1 day)             |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG                                  | 2         | QL (2 per 1 day)             |
| JANUVIA                                                                                             | 2         | QL (1 per 1 day)             |
| JARDIANCE                                                                                           | 2         | PA; QL (1 per 1 day)         |
| JENTADUETO                                                                                          | 2         | QL (2 per 1 day)             |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG                                      | 2         | QL (2 per 1 day)             |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG                                        | 2         | QL (1 per 1 day)             |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>                                               | 1         |                              |

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

| Drug Name                                                                                 | Drug Tier | Requirements / Limits    |
|-------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>metformin oral tablet extended release 24 hr</i>                                       | 1         |                          |
| <i>miglitol</i>                                                                           | 2         |                          |
| MOUNJARO                                                                                  | 2         | PA; QL (2 per 28 days)   |
| <i>nateglinide</i>                                                                        | 2         |                          |
| OZEMPIC ORAL TABLET 1.5 MG                                                                | 2         | PA; QL (30 per 365 days) |
| OZEMPIC ORAL TABLET 4 MG, 9 MG                                                            | 2         | PA; QL (1 per 1 day)     |
| OZEMPIC SUBCUTANEOUS                                                                      | 2         | PA; QL (3 per 28 days)   |
| <i>pioglitazone</i>                                                                       | 1         |                          |
| <i>pioglitazone-metformin</i>                                                             | 1         | QL (2 per 1 day)         |
| <i>repaglinide</i>                                                                        | 2         |                          |
| RYBELSUS ORAL TABLET 14 MG, 7 MG                                                          | 2         | PA; QL (1 per 1 day)     |
| RYBELSUS ORAL TABLET 3 MG                                                                 | 2         | PA; QL (30 per 365 days) |
| <i>sitagliptin phos-metformin oral tablet</i>                                             | 2         | QL (2 per 1 day)         |
| <i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg</i>           | 2         | QL (1 per 1 day)         |
| <i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg</i> | 2         | QL (2 per 1 day)         |
| <i>sitagliptin phosphate</i>                                                              | 2         | QL (1 per 1 day)         |
| SYNJARDY                                                                                  | 2         | PA; QL (2 per 1 day)     |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG                  | 2         | PA; QL (1 per 1 day)     |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG                 | 2         | PA; QL (2 per 1 day)     |
| TRADJENTA                                                                                 | 2         | QL (1 per 1 day)         |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG              | 2         | PA; QL (1 per 1 day)     |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG         | 2         | PA; QL (2 per 1 day)     |
| TRULICITY                                                                                 | 2         | PA; QL (2 per 28 days)   |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG                                | 3         | PA; QL (2 per 1 day)     |
| <b>THYROID HORMONES</b>                                                                   |           |                          |
| <i>levo-t</i>                                                                             | 1         |                          |
| <i>levothyroxine oral tablet</i>                                                          | 1         |                          |

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

| Drug Name                                                                                                                | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| <i>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</i> | 1         |                       |
| <i>liomny</i>                                                                                                            | 1         |                       |
| <i>liothyronine oral</i>                                                                                                 | 1         |                       |
| <i>np thyroid</i>                                                                                                        | 1         |                       |
| SYNTHROID                                                                                                                | 3         |                       |
| <i>unithroid</i>                                                                                                         | 1         |                       |

## GASTROENTEROLOGY

### ANTIDIARRHEALS & ANTISPASMODICS

|                                                               |   |                   |
|---------------------------------------------------------------|---|-------------------|
| <i>chlordiazepoxide-clidinium</i>                             | 2 |                   |
| <i>dicyclomine oral capsule</i>                               | 1 |                   |
| <i>dicyclomine oral solution</i>                              | 2 | QL (40 per 1 day) |
| <i>dicyclomine oral tablet 20 mg</i>                          | 1 |                   |
| <i>diphenoxylate-atropine oral tablet</i>                     | 1 |                   |
| <i>ed-spaz</i>                                                | 1 |                   |
| <i>glycopyrrolate oral solution</i>                           | 2 | PA                |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                  | 1 |                   |
| <i>hyoscyamine sulfate oral elixir</i>                        | 1 |                   |
| <i>hyoscyamine sulfate oral tablet</i>                        | 1 |                   |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr</i> | 1 |                   |
| <i>hyoscyamine sulfate oral tablet, disintegrating</i>        | 1 |                   |
| <i>hyoscyamine sulfate sublingual</i>                         | 1 |                   |
| <i>hyosyne oral elixir</i>                                    | 1 |                   |
| <i>methscopolamine</i>                                        | 1 |                   |
| MOTOFEN                                                       | 3 |                   |
| <i>oscimin</i>                                                | 1 |                   |
| <i>oscimin sl</i>                                             | 1 |                   |

### MISCELLANEOUS GASTROINTESTINAL AGENTS

|                                       |   |                      |
|---------------------------------------|---|----------------------|
| AKYNZEO (NETUPITANT)                  | 3 | QL (1 per 28 days)   |
| <i>alosetron</i>                      | 2 | PA; QL (2 per 1 day) |
| <i>alvimopan</i>                      | 2 |                      |
| <i>anucort-hc</i>                     | 1 |                      |
| <i>aprepitant oral capsule 125 mg</i> | 2 | QL (5 per 28 days)   |

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

| Drug Name                                             | Drug Tier | Requirements / Limits     |
|-------------------------------------------------------|-----------|---------------------------|
| <i>aprepitant oral capsule 40 mg</i>                  | 2         | 1 capsule per fill        |
| <i>aprepitant oral capsule 80 mg</i>                  | 2         | QL (10 per 28 days)       |
| <i>aprepitant oral capsule,dose pack</i>              | 2         | QL (15 per 28 days)       |
| <i>balsalazide</i>                                    | 1         |                           |
| <i>betaine</i>                                        | 4         |                           |
| <i>bisacodyl oral</i>                                 | 9         | ACA; OTC                  |
| <i>budesonide oral capsule,delayed,extend.release</i> | 1         |                           |
| <i>budesonide oral tablet,delayed and ext.release</i> | 2         | PA                        |
| <i>budesonide rectal</i>                              | 2         |                           |
| CIMZIA                                                | 4         | PA; QL (2 per 28 days)    |
| CIMZIA POWDER FOR RECONST                             | 4         | PA; QL (2 per 28 days)    |
| <i>citroma</i>                                        | 9         | ACA; OTC                  |
| <i>clearlax oral powder</i>                           | 9         | ACA; OTC                  |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML  | 3         |                           |
| <i>compro</i>                                         | 1         |                           |
| <i>constulose</i>                                     | 1         |                           |
| CREON                                                 | 2         |                           |
| CTEXLI                                                | 4         | PA; QL (3 per 1 day)      |
| DIPENTUM                                              | 3         | ST                        |
| <i>doxylamine-pyridoxine (vit b6)</i>                 | 2         | ST; QL (4 per 1 day)      |
| <i>dronabinol oral capsule</i>                        | 1         |                           |
| <i>dulcolax (magnesium hydroxide) oral suspension</i> | 9         | ACA; OTC                  |
| ENTYVIO PEN                                           | 4         | PA; QL (1.36 per 28 days) |
| <i>enulose</i>                                        | 1         |                           |
| EOHILIA                                               | 4         | PA; QL (600 per 30 days)  |
| <i>gavilax oral powder</i>                            | 9         | ACA; OTC                  |
| <i>gavilyte-c</i>                                     | 1         | ACA                       |
| <i>gavilyte-g</i>                                     | 1         | ACA                       |
| <i>gavilyte-n</i>                                     | 1         | ACA                       |
| <i>generlac</i>                                       | 1         |                           |
| <i>gentle laxative (bisacodyl) oral</i>               | 9         | ACA; OTC                  |
| <i>gentle laxative (mag hydrox)</i>                   | 9         | ACA; OTC                  |
| <i>gentlelax</i>                                      | 9         | ACA; OTC                  |

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

| Drug Name                                                          | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------|-----------|-----------------------|
| <i>granisetron hcl oral</i>                                        | 1         | QL (10 per 30 days)   |
| <i>hemmorex-hc rectal suppository 25 mg</i>                        | 1         |                       |
| <i>hydrocortisone acetate rectal suppository 25 mg</i>             | 1         |                       |
| <i>hydrocortisone rectal</i>                                       | 1         |                       |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | 1         |                       |
| <i>hydrocortisone-pramoxine rectal cream</i>                       | 2         |                       |
| IBSRELA                                                            | 3         | PA; QL (2 per 1 day)  |
| <i>lactulose oral solution</i>                                     | 1         |                       |
| <i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>   | 9         | ACA; OTC              |
| <i>laxative peg 3350</i>                                           | 9         | ACA; OTC              |
| LINZESS                                                            | 2         | QL (1 per 1 day)      |
| <i>lubiprostone</i>                                                | 2         | QL (2 per 1 day)      |
| <i>magnesium citrate oral solution</i>                             | 9         | ACA; OTC              |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i>                        | 1         |                       |
| <i>mesalamine oral capsule (with del rel tablets)</i>              | 2         |                       |
| <i>mesalamine oral capsule, extended release</i>                   | 2         |                       |
| <i>mesalamine oral capsule, extended release 24hr</i>              | 2         |                       |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>    | 2         |                       |
| <i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>      | 2         | ST                    |
| <i>mesalamine rectal enema</i>                                     | 1         |                       |
| <i>mesalamine rectal suppository</i>                               | 1         | QL (1 per 1 day)      |
| <i>metoclopramide hcl injection solution</i>                       | 2         |                       |
| <i>metoclopramide hcl oral solution</i>                            | 1         |                       |
| <i>metoclopramide hcl oral tablet</i>                              | 1         |                       |
| <i>milk of magnesia</i>                                            | 9         | ACA; OTC              |
| <i>milk of magnesia concentrated</i>                               | 9         | ACA; OTC              |
| MOVANTIK                                                           | 2         | QL (1 per 1 day)      |
| <i>ondansetron hcl oral solution</i>                               | 1         |                       |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i>                      | 1         |                       |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>          | 1         |                       |
| <i>onelax magnesium citrate</i>                                    | 9         | ACA; OTC              |

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

| Drug Name                                                                                                                                                                                                            | Drug Tier | Requirements / Limits    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>oral saline laxative</i>                                                                                                                                                                                          | 9         | ACA; OTC                 |
| PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT | 3         | ST                       |
| <i>peg 3350-electrolytes</i>                                                                                                                                                                                         | 1         | ACA                      |
| <i>peg-electrolyte soln</i>                                                                                                                                                                                          | 1         | ACA                      |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG                                                                                                                                                                        | 2         |                          |
| PERTZYE                                                                                                                                                                                                              | 3         | ST                       |
| <i>phosphate laxative</i>                                                                                                                                                                                            | 9         | ACA; OTC                 |
| <i>polyethylene glycol 3350 oral powder</i>                                                                                                                                                                          | 9         | ACA; OTC                 |
| <i>powderlax oral powder</i>                                                                                                                                                                                         | 9         | ACA; OTC                 |
| <i>prochlorperazine</i>                                                                                                                                                                                              | 1         |                          |
| <i>prochlorperazine maleate</i>                                                                                                                                                                                      | 1         |                          |
| PROCTOFOAM HC                                                                                                                                                                                                        | 2         |                          |
| <i>procto-med hc</i>                                                                                                                                                                                                 | 1         |                          |
| <i>proctosol hc topical</i>                                                                                                                                                                                          | 1         |                          |
| <i>proctozone-hc</i>                                                                                                                                                                                                 | 1         |                          |
| <i>prucalopride</i>                                                                                                                                                                                                  | 2         | ST; QL (1 per 1 day)     |
| <i>purelax oral powder</i>                                                                                                                                                                                           | 9         | ACA; OTC                 |
| RELISTOR ORAL                                                                                                                                                                                                        | 3         | PA; QL (3 per 1 day)     |
| RELISTOR SUBCUTANEOUS SOLUTION                                                                                                                                                                                       | 3         | PA; QL (0.6 per 1 day)   |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML                                                                                                                                                                           | 3         | PA; QL (0.6 per 1 day)   |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML                                                                                                                                                                            | 3         | PA; QL (0.4 per 1 day)   |
| <i>scopolamine base</i>                                                                                                                                                                                              | 1         | QL (10 per 30 days)      |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)                                                                                                                                                     | 4         | PA; QL (1.2 per 42 days) |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)                                                                                                                                                     | 4         | PA; QL (2.4 per 42 days) |
| <i>smoothlax oral powder</i>                                                                                                                                                                                         | 9         | ACA; OTC                 |
| <i>sodium, potassium, magnesium sulfates</i>                                                                                                                                                                         | 2         | ACA                      |
| <i>sulfasalazine</i>                                                                                                                                                                                                 | 1         |                          |

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

| Drug Name                                                                                                                                                                                                                                                                  | Drug Tier | Requirements / Limits                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------|
| SYMPROIC                                                                                                                                                                                                                                                                   | 2         | QL (1 per 1 day)                                                |
| <i>trimethobenzamide oral</i>                                                                                                                                                                                                                                              | 1         |                                                                 |
| TRULANCE                                                                                                                                                                                                                                                                   | 3         | PA; QL (1 per 1 day)                                            |
| <i>ursodiol oral capsule 300 mg</i>                                                                                                                                                                                                                                        | 2         |                                                                 |
| <i>ursodiol oral tablet</i>                                                                                                                                                                                                                                                | 2         |                                                                 |
| VARUBI                                                                                                                                                                                                                                                                     | 3         | QL (4 per 28 days)                                              |
| VIOKACE                                                                                                                                                                                                                                                                    | 3         | ST                                                              |
| <i>women's gentle laxative(bisac)</i>                                                                                                                                                                                                                                      | 9         | ACA; OTC                                                        |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 2         |                                                                 |
| ZYMFENTRA                                                                                                                                                                                                                                                                  | 4         | PA; QL (2 per 28 days)                                          |
| <b>ULCER THERAPY</b>                                                                                                                                                                                                                                                       |           |                                                                 |
| <i>amoxicil-clarithromy-lansopraz</i>                                                                                                                                                                                                                                      | 2         | QL (224 per 365 days)                                           |
| <i>cimetidine hcl oral</i>                                                                                                                                                                                                                                                 | 1         |                                                                 |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>                                                                                                                                                                                                                       | 1         |                                                                 |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>                                                                                                                                                                                                    | 1         | QL (2 per 1 day)                                                |
| <i>esomeprazole magnesium oral granules dr for susp in packet</i>                                                                                                                                                                                                          | 2         | PA for Age greater than or equal to 9 year(s); QL (2 per 1 day) |
| <i>famotidine oral suspension for reconstitution</i>                                                                                                                                                                                                                       | 2         |                                                                 |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                                                                                                                                                                                                                 | 1         |                                                                 |
| <i>lansoprazole oral capsule,delayed release(dr/ec)</i>                                                                                                                                                                                                                    | 1         | QL (2 per 1 day)                                                |
| <i>lansoprazole oral tablet,disintegrat, delay rel</i>                                                                                                                                                                                                                     | 2         | PA for Age greater than or equal to 9 year(s); QL (1 per 1 day) |
| <i>misoprostol</i>                                                                                                                                                                                                                                                         | 1         |                                                                 |
| <i>nizatidine oral capsule</i>                                                                                                                                                                                                                                             | 2         |                                                                 |
| <i>omeprazole oral capsule,delayed release(dr/ec)</i>                                                                                                                                                                                                                      | 1         | QL (2 per 1 day)                                                |
| <i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>                                                                                                                                                                                                           | 2         | PA; QL (1 per 1 day)                                            |
| <i>pantoprazole oral tablet,delayed release (dr/ec)</i>                                                                                                                                                                                                                    | 1         | QL (2 per 1 day)                                                |
| <i>rabeprazole oral tablet,delayed release (dr/ec)</i>                                                                                                                                                                                                                     | 2         | QL (2 per 1 day)                                                |
| <i>ranitidine hcl oral tablet</i>                                                                                                                                                                                                                                          | 1         |                                                                 |

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

| Drug Name                         | Drug Tier | Requirements / Limits |
|-----------------------------------|-----------|-----------------------|
| <i>sucralfate oral suspension</i> | 2         |                       |
| <i>sucralfate oral tablet</i>     | 1         |                       |

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

|                                                                                                     |   |                        |
|-----------------------------------------------------------------------------------------------------|---|------------------------|
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 4 | PA                     |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE                                                          | 4 | PA                     |
| NEULASTA ONPRO                                                                                      | 4 | PA                     |
| NEULASTA SUBCUTANEOUS SYRINGE                                                                       | 4 | PA                     |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML                                                              | 4 | PA; QL (3 per 1 day)   |
| NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML                                                          | 4 | PA; QL (4.8 per 1 day) |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML                                                           | 4 | PA; QL (1.5 per 1 day) |
| NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML                                                           | 4 | PA; QL (2.4 per 1 day) |
| PROCRT                                                                                              | 4 | PA                     |
| RYZNEUTA                                                                                            | 4 | PA                     |
| XOLREMDI                                                                                            | 4 | PA; QL (4 per 1 day)   |

### GROWTH HORMONES

|                                                                                                                          |   |    |
|--------------------------------------------------------------------------------------------------------------------------|---|----|
| NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 4 | PA |
| OMNITROPE                                                                                                                | 4 | PA |

### INTERFERONS

|           |   |                    |
|-----------|---|--------------------|
| ACTIMMUNE | 4 | PA                 |
| ALFERON N | 4 |                    |
| PEGASYS   | 4 | QL (4 per 28 days) |

### VACCINES & MISCELLANEOUS IMMUNOLOGICALS

|              |   |                                                                       |
|--------------|---|-----------------------------------------------------------------------|
| ABRYSVO (PF) | 9 | PA for Age less than or equal to 49 year(s); ACA; QL (1 per 720 days) |
| AREXVY (PF)  | 9 | PA for Age less than or equal to 49 year(s); ACA; QL (1 per 720 days) |

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

| Drug Name                               | Drug Tier | Requirements / Limits                                                 |
|-----------------------------------------|-----------|-----------------------------------------------------------------------|
| AUDENZ (NATIONAL STOCKPILE)             | 9         |                                                                       |
| AUDENZ(PF)(NATIONAL STOCKPILE)          | 9         |                                                                       |
| CAPVAXIVE (PF)                          | 9         | ACA                                                                   |
| COMIRNATY 2025-2026(5-11Y)(PF)          | 9         | ACA                                                                   |
| COMIRNATY 2025-26 (12Y UP)(PF)          | 9         | ACA                                                                   |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 % | 4         | PA                                                                    |
| FLUAD 2026-2027 (65 YR UP)(PF)          | 9         | ACA                                                                   |
| FLUARIX 2026-2027 (PF)                  | 9         | ACA                                                                   |
| FLUBLOK 2026-2027 (PF)                  | 9         | ACA                                                                   |
| FLUCELVAX 2026-2027 (PF)                | 9         | ACA                                                                   |
| FLULAVAL 2026-2027 (PF)                 | 9         | ACA                                                                   |
| FLUMIST 2026-2027                       | 9         | ACA                                                                   |
| FLUMIST HOME 2026-2027                  | 9         | ACA                                                                   |
| FLUZONE 2026-2027                       | 9         | ACA                                                                   |
| FLUZONE 2026-2027 (PF)                  | 9         | ACA                                                                   |
| FLUZONE HIGH-DOSE 2026-27 (PF)          | 9         | ACA                                                                   |
| GRASTEK                                 | 3         | PA; QL (1 per 1 day)                                                  |
| MFLUSIVA 2026-2027 (PF)                 | 9         | ACA                                                                   |
| MRESVIA (PF)                            | 9         | PA for Age less than or equal to 49 year(s); ACA; QL (1 per 720 days) |
| ODACTRA                                 | 3         | PA; QL (1 per 1 day)                                                  |
| PALFORZIA (LEVEL 1)                     | 4         | PA; QL (45 per 365 days)                                              |
| PALFORZIA (LEVEL 2)                     | 4         | PA; QL (90 per 365 days)                                              |
| PALFORZIA (LEVEL 3)                     | 4         | PA; QL (45 per 365 days)                                              |
| PALFORZIA (LEVEL 4)                     | 4         | PA; QL (15 per 365 days)                                              |
| PALFORZIA (LEVEL 5)                     | 4         | PA; QL (30 per 365 days)                                              |
| PALFORZIA (LEVEL 6)                     | 4         | PA; QL (60 per 365 days)                                              |
| PALFORZIA (LEVEL 7)                     | 4         | PA; QL (30 per 365 days)                                              |
| PALFORZIA (LEVEL 8)                     | 4         | PA; QL (60 per 365 days)                                              |
| PALFORZIA (LEVEL 9)                     | 4         | PA; QL (30 per 365 days)                                              |
| PALFORZIA (LEVEL 10)                    | 4         | PA; QL (60 per 365 days)                                              |
| PALFORZIA INITIAL (4-17 YRS)            | 4         | PA; QL (13 per 365 days)                                              |
| PALFORZIA LEVEL 11 MAINTENANCE          | 4         | PA; QL (30 per 30 days)                                               |
| PNEUMOVAX-23 INJECTION SYRINGE          | 9         | ACA                                                                   |

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

| Drug Name                           | Drug Tier | Requirements / Limits |
|-------------------------------------|-----------|-----------------------|
| PREVNAR 20 (PF)                     | 9         | ACA                   |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE | 9         | ACA                   |
| VAXNEUVANCE (PF)                    | 9         | ACA                   |

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

|                                               |   |    |
|-----------------------------------------------|---|----|
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1 |    |
| <i>colchicine oral tablet</i>                 | 2 |    |
| <i>febuxostat</i>                             | 2 | ST |
| <i>probenecid</i>                             | 1 |    |
| <i>probenecid-colchicine</i>                  | 1 |    |

### OSTEOPOROSIS THERAPY

|                                                                           |   |                        |
|---------------------------------------------------------------------------|---|------------------------|
| <i>alendronate oral tablet 10 mg</i>                                      | 1 | QL (1 per 1 day)       |
| <i>alendronate oral tablet 35 mg, 70 mg</i>                               | 1 | QL (4 per 28 days)     |
| FOSAMAX PLUS D                                                            | 3 | QL (4 per 28 days)     |
| <i>ibandronate oral</i>                                                   | 1 | QL (1 per 28 days)     |
| <i>raloxifene</i>                                                         | 1 |                        |
| <i>risedronate oral tablet 150 mg</i>                                     | 2 | QL (1 per 28 days)     |
| <i>risedronate oral tablet 35 mg</i>                                      | 2 | QL (4 per 28 days)     |
| <i>risedronate oral tablet 5 mg</i>                                       | 2 | QL (1 per 1 day)       |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> | 4 | PA; QL (1 per 28 days) |

### OTHER RHEUMATOLOGICALS

|                                             |   |                            |
|---------------------------------------------|---|----------------------------|
| ADALIMUMAB-ADBIM                            | 4 | PA; QL (2 per 28 days)     |
| BENLYSTA SUBCUTANEOUS                       | 4 | PA; QL (4 per 28 days)     |
| ENBREL MINI                                 | 4 | PA; QL (4 per 28 days)     |
| ENBREL SUBCUTANEOUS SOLUTION                | 4 | PA; QL (4 per 28 days)     |
| ENBREL SUBCUTANEOUS SYRINGE                 | 4 | PA; QL (4 per 28 days)     |
| ENBREL SURECLICK                            | 4 | PA; QL (4 per 28 days)     |
| KEVZARA SUBCUTANEOUS PEN INJECTOR           | 4 | PA; QL (2.28 per 28 days)  |
| KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 4 | PA; QL (2.28 per 28 days)  |
| KINERET                                     | 4 | PA; QL (18.76 per 28 days) |
| <i>leflunomide</i>                          | 1 |                            |
| LEQSELVI                                    | 4 | PA; QL (2 per 1 day)       |

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

| Drug Name                                                        | Drug Tier | Requirements / Limits    |
|------------------------------------------------------------------|-----------|--------------------------|
| <i>milnacipran oral tablet</i>                                   | 2         | ST; QL (2 per 1 day)     |
| OLUMIANT                                                         | 4         | PA; QL (1 per 1 day)     |
| ORENCIA CLICKJECT                                                | 4         | PA; QL (4 per 28 days)   |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML                           | 4         | PA; QL (4 per 28 days)   |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML                        | 4         | PA; QL (1.6 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML                      | 4         | PA; QL (2.8 per 28 days) |
| <i>penicillamine oral tablet</i>                                 | 4         | PA; QL (16 per 1 day)    |
| RASUVO (PF)                                                      | 3         | ST                       |
| RINVOQ LQ                                                        | 4         | PA; QL (12 per 1 day)    |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG           | 4         | PA; QL (1 per 1 day)     |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG                  | 4         | PA; QL (56 per 365 days) |
| SIMLANDI(CF) AUTOINJECTOR                                        | 4         | PA; QL (2 per 28 days)   |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML | 4         | PA; QL (2 per 28 days)   |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML                      | 4         | PA; QL (1 per 28 days)   |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML                   | 4         | PA; QL (0.5 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML                           | 4         | PA; QL (1 per 28 days)   |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML                        | 4         | PA; QL (0.5 per 28 days) |
| <i>tofacitinib oral solution</i>                                 | 4         | PA; QL (10 per 1 day)    |
| <i>tofacitinib oral tablet</i>                                   | 4         | PA; QL (2 per 1 day)     |
| <i>tofacitinib oral tablet extended release 24 hr</i>            | 4         | PA; QL (1 per 1 day)     |
| TYENNE AUTOINJECTOR                                              | 4         | PA; QL (3.6 per 28 days) |
| TYENNE SUBCUTANEOUS                                              | 4         | PA; QL (3.6 per 28 days) |
| <b>OBSTETRICS &amp; GYNECOLOGY</b>                               |           |                          |
| <b>DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES</b>              |           |                          |
| CAYA CONTOURED                                                   | 9         | ACA                      |
| DUREX AVANTI BARE REAL FEEL                                      | 9         | ACA; OTC                 |
| DUREX TROPICAL CONDOM                                            | 9         | ACA; OTC                 |

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

| Drug Name                                     | Drug Tier | Requirements / Limits |
|-----------------------------------------------|-----------|-----------------------|
| FC2 FEMALE CONDOM                             | 9         | ACA; OTC              |
| FEMCAP VAGINAL DEVICE 22 MM                   | 9         | ACA                   |
| TRUSTEX-RIA NON-LUB CONDOMS                   | 9         | ACA; OTC              |
| <b>ESTROGENS &amp; PROGESTINS</b>             |           |                       |
| <i>abigale</i>                                | 2         |                       |
| <i>abigale lo</i>                             | 2         |                       |
| BIJUVA                                        | 3         | QL (1 per 1 day)      |
| <i>camila</i>                                 | 1         | ACA                   |
| COMBIPATCH                                    | 3         |                       |
| <i>conjugated estrogens</i>                   | 2         |                       |
| <i>covaryx</i>                                | 2         |                       |
| <i>covaryx h.s.</i>                           | 2         |                       |
| CRINONE                                       | 3         | PA                    |
| <i>deblitane</i>                              | 1         | ACA                   |
| <i>dotti</i>                                  | 2         | QL (8 per 28 days)    |
| DUAVEE                                        | 3         | PA                    |
| <i>eemt</i>                                   | 2         |                       |
| <i>eemt hs</i>                                | 2         |                       |
| <i>emzahh</i>                                 | 1         | ACA                   |
| <i>errin</i>                                  | 1         | ACA                   |
| <i>estradiol oral</i>                         | 1         |                       |
| <i>estradiol transdermal patch semiweekly</i> | 2         | QL (8 per 28 days)    |
| <i>estradiol transdermal patch weekly</i>     | 2         | QL (4 per 28 days)    |
| <i>estradiol vaginal</i>                      | 2         |                       |
| <i>estradiol-norethindrone acet</i>           | 2         |                       |
| <i>estrogens-methyltestosterone</i>           | 2         |                       |
| <i>fyavolv</i>                                | 2         |                       |
| <i>gallifrey</i>                              | 1         |                       |
| <i>heather</i>                                | 1         | ACA                   |
| <i>incassia</i>                               | 1         | ACA                   |
| <i>jencycla</i>                               | 1         | ACA                   |
| <i>jinteli</i>                                | 2         |                       |
| <i>lyleq</i>                                  | 1         | ACA                   |
| <i>lyllana</i>                                | 2         | QL (8 per 28 days)    |

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

| Drug Name                                                                    | Drug Tier | Requirements / Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|
| <i>lyza</i>                                                                  | 1         | ACA                   |
| <i>medroxyprogesterone intramuscular</i>                                     | 1         | ACA                   |
| <i>medroxyprogesterone oral</i>                                              | 1         |                       |
| <i>meleya</i>                                                                | 1         | ACA                   |
| <i>mimvey</i>                                                                | 2         |                       |
| <i>nora-be</i>                                                               | 1         | ACA                   |
| <i>norethindrone (contraceptive)</i>                                         | 1         | ACA                   |
| <i>norethindrone acetate</i>                                                 | 1         |                       |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 2         |                       |
| OPILL                                                                        | 9         | OTC                   |
| <i>orquidea</i>                                                              | 1         | ACA                   |
| PREMARIN VAGINAL                                                             | 2         |                       |
| PREMPHASE                                                                    | 2         |                       |
| PREMPRO                                                                      | 2         |                       |
| <i>progesterone</i>                                                          | 1         |                       |
| <i>progesterone micronized oral</i>                                          | 1         |                       |
| <i>sharobel</i>                                                              | 1         | ACA                   |
| <i>tulana</i>                                                                | 1         | ACA                   |
| <i>yuvaferm</i>                                                              | 2         |                       |
| <b>MISCELLANEOUS OB/GYN</b>                                                  |           |                       |
| CLEOCIN VAGINAL SUPPOSITORY                                                  | 3         |                       |
| <i>clindamycin phosphate vaginal</i>                                         | 1         |                       |
| CLINDESSE                                                                    | 3         |                       |
| <i>eluryng</i>                                                               | 1         | ACA                   |
| <i>enilloring</i>                                                            | 1         | ACA                   |
| <i>etonogestrel-ethinyl estradiol</i>                                        | 1         | ACA                   |
| GYNAZOLE-1                                                                   | 3         |                       |
| INTRAROSA                                                                    | 3         |                       |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>                      | 1         |                       |
| <i>miconazole-3 vaginal suppository</i>                                      | 1         |                       |
| <i>mifepristone oral tablet 200 mg</i>                                       | 2         | PA                    |
| MYFEMBREE                                                                    | 3         | PA; QL (1 per 1 day)  |
| <i>norelgestromin-ethin.estradiol</i>                                        | 1         | ACA                   |

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

| Drug Name                                       | Drug Tier | Requirements / Limits |
|-------------------------------------------------|-----------|-----------------------|
| NUVESSA                                         | 3         |                       |
| ORIAHNN                                         | 3         | PA; QL (2 per 1 day)  |
| OSPHENA                                         | 3         | PA                    |
| <i>terconazole</i>                              | 1         |                       |
| <i>tranexamic acid oral</i>                     | 2         |                       |
| <i>vandazole</i>                                | 1         |                       |
| XACIATO                                         | 3         |                       |
| <i>xulane</i>                                   | 1         | ACA                   |
| <i>zafemy</i>                                   | 1         | ACA                   |
| <b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b> |           |                       |
| <i>afirmelle</i>                                | 1         | ACA                   |
| <i>after pill</i>                               | 9         | ACA; OTC              |
| <i>altavera (28)</i>                            | 1         | ACA                   |
| <i>alyacen 1/35 (28)</i>                        | 1         | ACA                   |
| <i>alyacen 7/7/7 (28)</i>                       | 1         | ACA                   |
| <i>amethia</i>                                  | 1         | ACA                   |
| <i>amethyst (28)</i>                            | 1         | ACA                   |
| <i>apri</i>                                     | 1         | ACA                   |
| <i>aranelle (28)</i>                            | 1         | ACA                   |
| <i>ashlyna</i>                                  | 1         | ACA                   |
| <i>aubra</i>                                    | 1         | ACA                   |
| <i>aubra eq</i>                                 | 1         | ACA                   |
| <i>aurovela 1.5/30 (21)</i>                     | 1         | ACA                   |
| <i>aurovela 1/20 (21)</i>                       | 1         | ACA                   |
| <i>aurovela 24 fe</i>                           | 1         | ACA                   |
| <i>aurovela fe 1.5/30 (28)</i>                  | 1         | ACA                   |
| <i>aurovela fe 1-20 (28)</i>                    | 1         | ACA                   |
| <i>aviane</i>                                   | 1         | ACA                   |
| <i>ayuna</i>                                    | 1         | ACA                   |
| <i>azurette (28)</i>                            | 1         | ACA                   |
| <i>balziva (28)</i>                             | 1         | ACA                   |
| <i>blisovi 24 fe</i>                            | 1         | ACA                   |
| <i>blisovi fe 1.5/30 (28)</i>                   | 1         | ACA                   |
| <i>blisovi fe 1/20 (28)</i>                     | 1         | ACA                   |

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

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>briellyn</i>                       | 1         | ACA                   |
| <i>camrese</i>                        | 1         | ACA                   |
| <i>camrese lo</i>                     | 1         | ACA                   |
| <i>caziant (28)</i>                   | 1         | ACA                   |
| <i>charlotte 24 fe</i>                | 1         | ACA                   |
| <i>chateal eq (28)</i>                | 1         | ACA                   |
| <i>cryselle (28)</i>                  | 1         | ACA                   |
| <i>cyred</i>                          | 1         | ACA                   |
| <i>cyred eq</i>                       | 1         | ACA                   |
| <i>dasetta 1/35 (28)</i>              | 1         | ACA                   |
| <i>dasetta 7/7/7 (28)</i>             | 1         | ACA                   |
| <i>daysee</i>                         | 1         | ACA                   |
| <i>desog-e.estradiol/e.estradiol</i>  | 1         | ACA                   |
| <i>dolishale</i>                      | 1         | ACA                   |
| <i>drospirenone-ethinyl estradiol</i> | 1         | ACA                   |
| <i>econtra ez</i>                     | 9         | ACA; OTC              |
| <i>econtra one-step</i>               | 9         | ACA; OTC              |
| <i>elinest</i>                        | 1         | ACA                   |
| ELLA                                  | 3         | ACA                   |
| <i>enpresse</i>                       | 1         | ACA                   |
| <i>enskyce</i>                        | 1         | ACA                   |
| <i>estarylla</i>                      | 1         | ACA                   |
| <i>falmina (28)</i>                   | 1         | ACA                   |
| <i>feirza</i>                         | 1         | ACA                   |
| <i>finzala</i>                        | 1         | ACA                   |
| <i>galbriela</i>                      | 1         | ACA                   |
| <i>hailey</i>                         | 1         | ACA                   |
| <i>hailey 24 fe</i>                   | 1         | ACA                   |
| <i>hailey fe 1.5/30 (28)</i>          | 1         | ACA                   |
| <i>hailey fe 1/20 (28)</i>            | 1         | ACA                   |
| <i>iclevia</i>                        | 1         | ACA                   |
| <i>introvale</i>                      | 1         | ACA                   |
| <i>isibloom</i>                       | 1         | ACA                   |
| <i>jaimiess</i>                       | 1         | ACA                   |

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

| <b>Drug Name</b>                     | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|--------------------------------------|------------------|------------------------------|
| <i>jasmiel (28)</i>                  | 1                | ACA                          |
| <i>jolessa</i>                       | 1                | ACA                          |
| <i>juleber</i>                       | 1                | ACA                          |
| <i>junel 1.5/30 (21)</i>             | 1                | ACA                          |
| <i>junel 1/20 (21)</i>               | 1                | ACA                          |
| <i>junel fe 1.5/30 (28)</i>          | 1                | ACA                          |
| <i>junel fe 1/20 (28)</i>            | 1                | ACA                          |
| <i>junel fe 24</i>                   | 1                | ACA                          |
| <i>kaitlib fe</i>                    | 1                | ACA                          |
| <i>kalliga</i>                       | 1                | ACA                          |
| <i>kariva (28)</i>                   | 1                | ACA                          |
| <i>kelnor 1/35 (28)</i>              | 1                | ACA                          |
| <i>kurvelo (28)</i>                  | 1                | ACA                          |
| <i>larin 1.5/30 (21)</i>             | 1                | ACA                          |
| <i>larin 1/20 (21)</i>               | 1                | ACA                          |
| <i>larin 24 fe</i>                   | 1                | ACA                          |
| <i>larin fe 1.5/30 (28)</i>          | 1                | ACA                          |
| <i>larin fe 1/20 (28)</i>            | 1                | ACA                          |
| <i>lessina</i>                       | 1                | ACA                          |
| <i>levonest (28)</i>                 | 1                | ACA                          |
| <i>levonorgestrel</i>                | 9                | ACA; OTC                     |
| <i>levonorgestrel-ethinyl estrad</i> | 1                | ACA                          |
| <i>levonorg-eth estrad triphasic</i> | 1                | ACA                          |
| <i>lojaimiess</i>                    | 1                | ACA                          |
| <i>loryna (28)</i>                   | 1                | ACA                          |
| <i>low-ogestrel (28)</i>             | 1                | ACA                          |
| <i>lo-zumandimine (28)</i>           | 1                | ACA                          |
| <i>luizza</i>                        | 1                | ACA                          |
| <i>lutra (28)</i>                    | 1                | ACA                          |
| <i>marlissa (28)</i>                 | 1                | ACA                          |
| <i>mibelas 24 fe</i>                 | 1                | ACA                          |
| <i>microgestin 1.5/30 (21)</i>       | 1                | ACA                          |
| <i>microgestin 1/20 (21)</i>         | 1                | ACA                          |
| <i>microgestin fe 1.5/30 (28)</i>    | 1                | ACA                          |

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

| <b>Drug Name</b>                                              | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|---------------------------------------------------------------|------------------|------------------------------|
| <i>microgestin fe 1/20 (28)</i>                               | 1                | ACA                          |
| <i>mili</i>                                                   | 1                | ACA                          |
| <i>mono-lynyah</i>                                            | 1                | ACA                          |
| <i>my choice</i>                                              | 9                | ACA; OTC                     |
| <i>my way</i>                                                 | 9                | ACA; OTC                     |
| <i>necon 0.5/35 (28)</i>                                      | 1                | ACA                          |
| <i>new day</i>                                                | 9                | ACA; OTC                     |
| <i>nikki (28)</i>                                             | 1                | ACA                          |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> | 1                | ACA                          |
| <i>norethindrone-e.estradiol-iron oral tablet,chewable</i>    | 1                | ACA                          |
| <i>norgestimate-ethinyl estradiol</i>                         | 1                | ACA                          |
| <i>nortrel 0.5/35 (28)</i>                                    | 1                | ACA                          |
| <i>nortrel 1/35 (21)</i>                                      | 1                | ACA                          |
| <i>nortrel 1/35 (28)</i>                                      | 1                | ACA                          |
| <i>nortrel 7/7/7 (28)</i>                                     | 1                | ACA                          |
| <i>nylia 1/35 (28)</i>                                        | 1                | ACA                          |
| <i>nylia 7/7/7 (28)</i>                                       | 1                | ACA                          |
| <i>ocella</i>                                                 | 1                | ACA                          |
| <i>opcicon one-step</i>                                       | 9                | ACA; OTC                     |
| <i>option-2</i>                                               | 9                | ACA; OTC                     |
| <i>philith</i>                                                | 1                | ACA                          |
| <i>pimtrea (28)</i>                                           | 1                | ACA                          |
| <i>portia 28</i>                                              | 1                | ACA                          |
| <i>reclipsen (28)</i>                                         | 1                | ACA                          |
| <i>setlakin</i>                                               | 1                | ACA                          |
| <i>shewise</i>                                                | 9                | ACA; OTC                     |
| <i>simliya (28)</i>                                           | 1                | ACA                          |
| <i>simpesse</i>                                               | 1                | ACA                          |
| <i>sprintec (28)</i>                                          | 1                | ACA                          |
| <i>syeda</i>                                                  | 1                | ACA                          |
| <i>tarina 24 fe</i>                                           | 1                | ACA                          |
| <i>tarina fe 1/20 (28)</i>                                    | 1                | ACA                          |
| <i>tilia fe</i>                                               | 1                | ACA                          |

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

| Drug Name                             | Drug Tier | Requirements / Limits |
|---------------------------------------|-----------|-----------------------|
| <i>tri-estarylla</i>                  | 1         | ACA                   |
| <i>tri-legest fe</i>                  | 1         | ACA                   |
| <i>tri-linyah</i>                     | 1         | ACA                   |
| <i>tri-lo-estarylla</i>               | 1         | ACA                   |
| <i>tri-lo-marzia</i>                  | 1         | ACA                   |
| <i>tri-lo-mili</i>                    | 1         | ACA                   |
| <i>tri-lo-sprintec</i>                | 1         | ACA                   |
| <i>tri-mili</i>                       | 1         | ACA                   |
| <i>tri-sprintec (28)</i>              | 1         | ACA                   |
| <i>tri-vylibra</i>                    | 1         | ACA                   |
| <i>tri-vylibra lo</i>                 | 1         | ACA                   |
| <i>turqoz (28)</i>                    | 1         | ACA                   |
| <i>tydemy</i>                         | 1         | ACA                   |
| <i>valtya</i>                         | 1         | ACA                   |
| <i>velivet triphasic regimen (28)</i> | 1         | ACA                   |
| <i>vestura (28)</i>                   | 1         | ACA                   |
| <i>vienva</i>                         | 1         | ACA                   |
| <i>viorele (28)</i>                   | 1         | ACA                   |
| <i>volnea (28)</i>                    | 1         | ACA                   |
| <i>vyfemla (28)</i>                   | 1         | ACA                   |
| <i>vylibra</i>                        | 1         | ACA                   |
| <i>wera (28)</i>                      | 1         | ACA                   |
| <i>wymzya fe</i>                      | 1         | ACA                   |
| <i>xarah fe</i>                       | 1         | ACA                   |
| <i>xelria fe</i>                      | 1         | ACA                   |
| <i>zarah</i>                          | 1         | ACA                   |
| <i>zovia 1-35 (28)</i>                | 1         | ACA                   |
| <i>zumandimine (28)</i>               | 1         | ACA                   |
| <b>OXYTOCICS</b>                      |           |                       |
| <i>methylergonovine oral</i>          | 2         | QL (8 per 1 day)      |
| <b>OPHTHALMOLOGY</b>                  |           |                       |
| <b>ANTIBIOTICS</b>                    |           |                       |
| <i>bacitracin ophthalmic (eye)</i>    | 2         |                       |
| <i>bacitracin-polymyxin b</i>         | 1         |                       |

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

| Drug Name                                                   | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| BETADINE OPHTHALMIC PREP                                    | 3         |                       |
| CILOXAN OPHTHALMIC (EYE) OINTMENT                           | 3         |                       |
| <i>ciprofloxacin hcl ophthalmic (eye)</i>                   | 1         |                       |
| <i>erythromycin ophthalmic (eye)</i>                        | 1         |                       |
| <i>gatifloxacin</i>                                         | 2         |                       |
| <i>gentamicin ophthalmic (eye) drops</i>                    | 1         |                       |
| <i>levofloxacin ophthalmic (eye)</i>                        | 2         |                       |
| <i>moxifloxacin ophthalmic (eye) drops</i>                  | 1         |                       |
| NATACYN                                                     | 3         |                       |
| <i>neomycin-bacitracin-polymyxin</i>                        | 1         |                       |
| <i>neomycin-polymyxin-gramicidin</i>                        | 1         |                       |
| <i>ofloxacin ophthalmic (eye)</i>                           | 1         |                       |
| <i>polymyxin b sulf-trimethoprim</i>                        | 1         |                       |
| <i>tobramycin ophthalmic (eye)</i>                          | 1         |                       |
| <b>ANTIVIRALS</b>                                           |           |                       |
| <i>trifluridine</i>                                         | 1         |                       |
| ZIRGAN                                                      | 3         |                       |
| <b>BETA-BLOCKERS</b>                                        |           |                       |
| <i>betaxolol ophthalmic (eye)</i>                           | 2         |                       |
| <i>carteolol</i>                                            | 2         |                       |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i>             | 1         |                       |
| <i>timolol maleate ophthalmic (eye) drops</i>               | 1         |                       |
| <b>CYCLOPLEGIC MYDRIATICS</b>                               |           |                       |
| <i>atropine ophthalmic (eye) drops 1 %</i>                  | 2         |                       |
| <i>cyclopentolate</i>                                       | 1         |                       |
| <i>homatropaire</i>                                         | 1         |                       |
| <i>tropicamide</i>                                          | 1         |                       |
| <b>DIRECT ACTING MIOTICS</b>                                |           |                       |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 1         |                       |
| <b>MISCELLANEOUS OPHTHALMOLOGICS</b>                        |           |                       |
| <i>allergy eye (ketotifen)</i>                              | 1         | OTC                   |
| <i>azelastine ophthalmic (eye)</i>                          | 1         |                       |
| <i>bepotastine besilate</i>                                 | 2         | ST                    |

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

| Drug Name                                                    | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| <i>cromolyn ophthalmic (eye)</i>                             | 1         |                       |
| <i>cyclosporine ophthalmic (eye)</i>                         | 2         | QL (2 per 1 day)      |
| <i>epinastine</i>                                            | 2         |                       |
| <i>eye itch relief</i>                                       | 1         | OTC                   |
| <i>ketotifen fumarate</i>                                    | 1         | OTC                   |
| <i>proparacaine</i>                                          | 1         |                       |
| <i>tetracaine hcl</i>                                        | 1         |                       |
| XIIDRA                                                       | 2         | QL (2 per 1 day)      |
| ZERVIAE                                                      | 3         | PA                    |
| <b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>                |           |                       |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i>               | 2         |                       |
| <i>diclofenac sodium ophthalmic (eye)</i>                    | 1         |                       |
| <i>flurbiprofen sodium</i>                                   | 2         |                       |
| <i>ketorolac ophthalmic (eye)</i>                            | 1         |                       |
| <b>ORAL DRUGS FOR GLAUCOMA</b>                               |           |                       |
| <i>acetazolamide</i>                                         | 1         |                       |
| <i>methazolamide</i>                                         | 2         |                       |
| <b>OTHER GLAUCOMA DRUGS</b>                                  |           |                       |
| <i>bimatoprost ophthalmic (eye)</i>                          | 2         |                       |
| <i>brimonidine-timolol</i>                                   | 2         |                       |
| <i>brinzolamide</i>                                          | 2         |                       |
| <i>dorzolamide</i>                                           | 1         |                       |
| <i>dorzolamide-timolol</i>                                   | 1         |                       |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> | 2         |                       |
| <i>latanoprost</i>                                           | 1         |                       |
| <i>tafluprost (pf)</i>                                       | 2         | ST                    |
| <i>travoprost</i>                                            | 2         | ST                    |
| <b>STEROID-ANTIBIOTIC COMBINATIONS</b>                       |           |                       |
| <i>neomycin-bacitracin-poly-hc</i>                           | 1         |                       |
| <i>neomycin-polymyxin b-dexameth</i>                         | 1         |                       |
| <i>neomycin-polymyxin-hc ophthalmic (eye)</i>                | 1         |                       |
| <i>tobramycin-dexamethasone</i>                              | 1         |                       |
| <b>STERIODS</b>                                              |           |                       |

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

| Drug Name                                                                | Drug Tier | Requirements / Limits |
|--------------------------------------------------------------------------|-----------|-----------------------|
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i>                   | 1         |                       |
| <i>fluorometholone</i>                                                   | 1         |                       |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>     | 2         |                       |
| <i>prednisolone acetate</i>                                              | 1         |                       |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i>                    | 1         |                       |
| <b>STEROID-SULFONAMIDE COMBINATIONS</b>                                  |           |                       |
| <i>sulfacetamide-prednisolone</i>                                        | 1         |                       |
| <b>SULFONAMIDES</b>                                                      |           |                       |
| <i>sulfacetamide sodium ophthalmic (eye) drops</i>                       | 2         |                       |
| <b>SYMPATHOMIMETICS</b>                                                  |           |                       |
| <i>apraclonidine</i>                                                     | 1         |                       |
| <i>brimonidine ophthalmic (eye) drops 0.15 %</i>                         | 2         |                       |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i>                          | 1         |                       |
| <b>VASOCONSTRICTOR DECONGESTANTS</b>                                     |           |                       |
| <i>phenylephrine hcl ophthalmic (eye)</i>                                | 2         |                       |
| <b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>                            |           |                       |
| <b>ANTI HISTAMINE &amp; ANTIALLERGENIC AGENTS</b>                        |           |                       |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML                             | 3         | PA                    |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                            | 1         |                       |
| <i>cetirizine oral solution 1 mg/ml</i>                                  | 1         |                       |
| <i>clemastine oral tablet</i>                                            | 2         | QL (3 per 1 day)      |
| <i>clemsza</i>                                                           | 2         | QL (3 per 1 day)      |
| <i>cyproheptadine oral syrup</i>                                         | 1         |                       |
| <i>cyproheptadine oral tablet</i>                                        | 1         |                       |
| <i>desloratadine oral tablet</i>                                         | 1         |                       |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 2         |                       |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i>                          | 1         |                       |
| <i>hydroxyzine hcl oral tablet</i>                                       | 1         |                       |
| <i>hydroxyzine pamoate</i>                                               | 1         |                       |
| <i>levocetirizine</i>                                                    | 1         |                       |
| <i>promethazine oral</i>                                                 | 1         |                       |

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

| Drug Name                                                                                                                                                                                 | Drug Tier | Requirements / Limits    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------|
| <i>promethazine rectal</i>                                                                                                                                                                | 1         |                          |
| <i>promethegan</i>                                                                                                                                                                        | 1         |                          |
| <b>COUGH &amp; COLD THERAPY</b>                                                                                                                                                           |           |                          |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>                                                                                                                                            | 1         |                          |
| <i>benzonatate oral capsule 150 mg</i>                                                                                                                                                    | 2         |                          |
| <i>codeine-guaifenesin</i>                                                                                                                                                                | 1         |                          |
| <i>g tussin ac</i>                                                                                                                                                                        | 1         |                          |
| <i>hydrocodone-chlorpheniramine</i>                                                                                                                                                       | 1         | QL (120 per 30 days)     |
| <i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>                                                                                                                                | 1         |                          |
| <i>hydrocodone-homatropine oral tablet</i>                                                                                                                                                | 1         |                          |
| <i>maxi-tuss ac</i>                                                                                                                                                                       | 1         |                          |
| <i>promethazine-codeine</i>                                                                                                                                                               | 1         |                          |
| <i>promethazine-dm</i>                                                                                                                                                                    | 1         |                          |
| <i>promethazine-phenylephrine</i>                                                                                                                                                         | 1         |                          |
| <b>PULMONARY AGENTS</b>                                                                                                                                                                   |           |                          |
| <i>24 hour nasal allergy</i>                                                                                                                                                              | 1         | OTC                      |
| <i>acetylcysteine</i>                                                                                                                                                                     | 1         |                          |
| ADEMPAS                                                                                                                                                                                   | 4         | PA; LA; QL (3 per 1 day) |
| ADVAIR HFA                                                                                                                                                                                | 2         | QL (1 per 30 days)       |
| <i>albuterol sulfate inhalation</i>                                                                                                                                                       | 1         |                          |
| <i>albuterol sulfate oral syrup</i>                                                                                                                                                       | 1         |                          |
| <i>albuterol sulfate oral tablet</i>                                                                                                                                                      | 1         |                          |
| <i>alyq</i>                                                                                                                                                                               | 4         | PA; QL (2 per 1 day)     |
| <i>ambrisentan</i>                                                                                                                                                                        | 4         | PA; LA; QL (1 per 1 day) |
| ANDEMBRY AUTOINJECTOR                                                                                                                                                                     | 4         | PA; QL (1.2 per 30 days) |
| ANORO ELLIPTA                                                                                                                                                                             | 2         | QL (1 per 30 days)       |
| ARNUITY ELLIPTA                                                                                                                                                                           | 2         | QL (1 per 30 days)       |
| ASMANEX HFA                                                                                                                                                                               | 2         | QL (13 per 30 days)      |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 2         | QL (1 per 30 days)       |
| BERINERT INTRAVENOUS KIT                                                                                                                                                                  | 4         | PA                       |

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

| Drug Name                                                            | Drug Tier | Requirements / Limits        |
|----------------------------------------------------------------------|-----------|------------------------------|
| <i>bosentan oral tablet</i>                                          | 4         | PA; LA; QL (2 per 1 day)     |
| <i>bosentan oral tablet for suspension</i>                           | 4         | PA; LA; QL (4 per 1 day)     |
| BREO ELLIPTA                                                         | 2         | QL (1 per 30 days)           |
| <i>breyana</i>                                                       | 2         | QL (2 per 30 days)           |
| <i>budesonide inhalation</i>                                         | 1         | QL (120 per 30 days)         |
| <i>budesonide nasal</i>                                              | 1         | OTC                          |
| <i>budesonide-formoterol</i>                                         | 2         | QL (2 per 30 days)           |
| COMBIVENT RESPIMAT                                                   | 2         | QL (8 per 30 days)           |
| <i>cromolyn inhalation</i>                                           | 2         |                              |
| DAWNZERA                                                             | 4         | PA; LA; QL (0.8 per 28 days) |
| DULERA                                                               | 2         | QL (13 per 30 days)          |
| EKTERLY                                                              | 4         | PA; QL (4 per 1 day)         |
| <i>flunisolide</i>                                                   | 2         | ST                           |
| <i>fluticasone propionate nasal</i>                                  | 1         | QL (1 per 30 days)           |
| <i>fluticasone propion-salmeterol inhalation blister with device</i> | 1         | QL (1 per 30 days)           |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %                 | 3         |                              |
| <i>icatibant</i>                                                     | 4         | PA; QL (9 per 28 days)       |
| INCRUSE ELLIPTA                                                      | 2         | QL (1 per 30 days)           |
| <i>ipratropium bromide inhalation hfa aerosol inhaler</i>            | 2         | QL (2 per 30 days)           |
| <i>ipratropium bromide inhalation solution</i>                       | 1         |                              |
| <i>ipratropium-albuterol</i>                                         | 1         | QL (540 per 30 days)         |
| JASCAYD                                                              | 4         | PA; QL (2 per 1 day)         |
| <i>levalbuterol hcl</i>                                              | 2         |                              |
| <i>macitentan</i>                                                    | 4         | PA; QL (1 per 1 day)         |
| <i>mometasone nasal</i>                                              | 2         | ST; QL (17 per 30 days)      |
| <i>montelukast</i>                                                   | 1         |                              |
| <i>nasal allergy</i>                                                 | 1         | OTC                          |
| <i>nintedanib</i>                                                    | 4         | PA; QL (2 per 1 day)         |
| OHTUVAYRE                                                            | 4         | PA; QL (5 per 1 day)         |
| <i>pirfenidone oral capsule</i>                                      | 4         | PA; QL (6 per 1 day)         |
| <i>pirfenidone oral tablet 267 mg</i>                                | 4         | PA; QL (6 per 1 day)         |
| PIRFENIDONE ORAL TABLET 534 MG                                       | 4         | PA; QL (3 per 1 day)         |

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

| Drug Name                                                                     | Drug Tier | Requirements / Limits        |
|-------------------------------------------------------------------------------|-----------|------------------------------|
| <i>pirfenidone oral tablet 801 mg</i>                                         | 4         | PA; QL (3 per 1 day)         |
| PULMOZYME                                                                     | 4         | PA; QL (5 per 1 day)         |
| QVAR REDIHALER INHALATION HFA<br>AEROSOL BREATH ACTIVATED 40<br>MCG/ACTUATION | 2         | QL (10.6 per 30 days)        |
| QVAR REDIHALER INHALATION HFA<br>AEROSOL BREATH ACTIVATED 80<br>MCG/ACTUATION | 2         | QL (21.2 per 30 days)        |
| <i>roflumilast</i>                                                            | 2         | PA; QL (1 per 1 day)         |
| RUCONEST                                                                      | 4         | PA; QL (2 per 28 days)       |
| <i>sajazir</i>                                                                | 4         | PA; QL (9 per 28 days)       |
| SEREVENT DISKUS                                                               | 2         | QL (1 per 30 days)           |
| <i>sildenafil (pulm.hypertension) oral suspension for<br/>reconstitution</i>  | 4         | PA; QL (6 per 1 day)         |
| <i>sildenafil (pulm.hypertension) oral tablet</i>                             | 4         | PA; QL (3 per 1 day)         |
| <i>sodium chloride inhalation</i>                                             | 1         |                              |
| SPIRIVA RESPIMAT                                                              | 2         | QL (4 per 30 days)           |
| STIOLTO RESPIMAT                                                              | 2         | QL (4 per 30 days)           |
| STRIVERDI RESPIMAT                                                            | 2         | QL (4 per 30 days)           |
| <i>tadalafil (pulm. hypertension)</i>                                         | 4         | PA; QL (2 per 1 day)         |
| <i>terbutaline oral</i>                                                       | 1         |                              |
| <i>theophylline oral tablet extended release 12 hr</i>                        | 1         |                              |
| <i>theophylline oral tablet extended release 24 hr</i>                        | 1         |                              |
| TRELEGY ELLIPTA                                                               | 2         | QL (1 per 30 days)           |
| <i>triamcinolone acetonide nasal</i>                                          | 1         | OTC                          |
| <i>wixela inhub</i>                                                           | 1         | QL (1 per 30 days)           |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR<br>150 MG/ML                                | 4         | PA; LA; QL (1 per 28 days)   |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR<br>300 MG/2 ML                              | 4         | PA; LA; QL (2 per 28 days)   |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR<br>75 MG/0.5 ML                             | 4         | PA; LA; QL (0.5 per 28 days) |
| XOLAIR SUBCUTANEOUS RECON SOLN                                                | 4         | PA; LA; QL (1 per 28 days)   |
| XOLAIR SUBCUTANEOUS SYRINGE 150<br>MG/ML                                      | 4         | PA; LA; QL (1 per 28 days)   |
| XOLAIR SUBCUTANEOUS SYRINGE 300<br>MG/2 ML                                    | 4         | PA; LA; QL (2 per 28 days)   |

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| Drug Name                                                    | Drug Tier | Requirements / Limits        |
|--------------------------------------------------------------|-----------|------------------------------|
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML                     | 4         | PA; LA; QL (0.5 per 28 days) |
| <i>zafirlukast</i>                                           | 2         |                              |
| <i>zileuton</i>                                              | 2         | PA; QL (4 per 1 day)         |
| <b>PULMONARY DEVICES</b>                                     |           |                              |
| AEROCHAMBER MECHANICAL VENT                                  | 2         |                              |
| AEROCHAMBER MINI                                             | 2         |                              |
| AEROCHAMBER PLUS FLOW-VU                                     | 2         |                              |
| AEROCHAMBER PLUS Z STAT                                      | 2         |                              |
| AEROCHAMBER2GO                                               | 2         |                              |
| AEROVENT PLUS                                                | 2         |                              |
| COMPACT SPACE CHAMBER                                        | 2         |                              |
| EASIVENT HOLDING CHAMBER                                     | 2         |                              |
| FLEXICHAMBER                                                 | 2         |                              |
| MICROCHAMBER                                                 | 2         |                              |
| OPTICHAMBER DIAMOND VHC                                      | 2         |                              |
| POCKET CHAMBER                                               | 2         |                              |
| RITEFLO AEROCHAMBER                                          | 2         |                              |
| SPACE CHAMBER                                                | 2         |                              |
| VORTEX HOLDING CHAMBER                                       | 2         |                              |
| <b>UROLOGICALS</b>                                           |           |                              |
| <b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>                 |           |                              |
| <i>darifenacin</i>                                           | 2         |                              |
| <i>fesoterodine</i>                                          | 2         | ST; QL (1 per 1 day)         |
| <i>flavoxate</i>                                             | 1         |                              |
| <i>mirabegron oral tablet extended release 24 hr</i>         | 2         | ST; QL (1 per 1 day)         |
| <i>oxybutynin chloride oral syrup</i>                        | 1         |                              |
| <i>oxybutynin chloride oral tablet 5 mg</i>                  | 1         |                              |
| <i>oxybutynin chloride oral tablet extended release 24hr</i> | 1         |                              |
| <i>solifenacin</i>                                           | 1         |                              |
| <i>tolterodine</i>                                           | 2         |                              |
| <i>tropium oral capsule,extended release 24hr</i>            | 2         |                              |
| <i>tropium oral tablet</i>                                   | 1         |                              |

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

| Drug Name                                                               | Drug Tier | Requirements / Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| <b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>                       |           |                       |
| <i>alfuzosin</i>                                                        | 1         |                       |
| <i>dutasteride</i>                                                      | 1         |                       |
| <i>dutasteride-tamsulosin</i>                                           | 2         |                       |
| <i>finasteride oral tablet 5 mg</i>                                     | 1         |                       |
| <i>silodosin</i>                                                        | 2         |                       |
| <i>tadalafil oral tablet 5 mg</i>                                       | 1         | PA; QL (1 per 1 day)  |
| <i>tamsulosin</i>                                                       | 1         |                       |
| <b>CHOLINERGIC STIMULANTS</b>                                           |           |                       |
| <i>bethanechol chloride</i>                                             | 2         |                       |
| <b>MISCELLANEOUS UROLOGICALS</b>                                        |           |                       |
| ELMIRON                                                                 | 3         | PA                    |
| OXLUMO                                                                  | 4         | PA                    |
| <i>potassium citrate oral tablet extended release</i>                   | 1         |                       |
| PROCYSBI                                                                | 4         | PA                    |
| RENACIDIN                                                               | 4         |                       |
| <b>URINARY ANESTHETICS</b>                                              |           |                       |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i>                       | 1         |                       |
| <b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>                          |           |                       |
| <b>ELECTROLYTES</b>                                                     |           |                       |
| <i>calcium acetate(phosphat bind)</i>                                   | 1         | QL (12 per 1 day)     |
| <i>calcium gluc in nacl, iso-osm intravenous solution 2 gram/100 ml</i> | 4         |                       |
| <i>effe-r-k oral tablet, effervescent 25 meq</i>                        | 1         |                       |
| <i>ferric citrate</i>                                                   | 2         | ST; QL (12 per 1 day) |
| <i>kionex oral suspension</i>                                           | 2         |                       |
| <i>klor-con 10</i>                                                      | 1         |                       |
| <i>klor-con 8</i>                                                       | 1         |                       |
| <i>klor-con m10</i>                                                     | 1         |                       |
| <i>klor-con m15</i>                                                     | 1         |                       |
| <i>klor-con m20</i>                                                     | 1         |                       |
| <i>lanthanum</i>                                                        | 2         | ST; QL (3 per 1 day)  |
| LOKELMA                                                                 | 3         | PA; QL (3 per 1 day)  |
| <i>potassium chloride oral capsule, extended release</i>                | 1         |                       |

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

| Drug Name                                                                    | Drug Tier | Requirements / Limits    |
|------------------------------------------------------------------------------|-----------|--------------------------|
| <i>potassium chloride oral liquid</i>                                        | 1         |                          |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> | 1         |                          |
| <i>potassium chloride oral tablet,er particles/crystals</i>                  | 1         |                          |
| <i>sevelamer carbonate oral tablet</i>                                       | 1         | QL (17 per 1 day)        |
| <i>sodium polystyrene sulfonate oral powder</i>                              | 1         |                          |
| <i>sodium polystyrene sulfonate oral suspension</i>                          | 2         |                          |
| <i>sps (with sorbitol)</i>                                                   | 2         |                          |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM                                        | 3         | PA; QL (4 per 1 day)     |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM                           | 3         | PA; QL (1 per 1 day)     |
| <b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>                |           |                          |
| AQNEURSA                                                                     | 4         | PA; LA; QL (4 per 1 day) |
| <b>VITAMINS &amp; HEMATINICS</b>                                             |           |                          |
| <i>b complex 1 (with folic acid)</i>                                         | 9         | ACA; OTC                 |
| <i>b complex-vitamin c-folic acid oral tablet</i>                            | 9         | ACA; OTC                 |
| <i>bal-care dha</i>                                                          | 1         |                          |
| <i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>                   | 9         | ACA; OTC                 |
| <i>classic prenatal</i>                                                      | 9         | ACA; OTC                 |
| <i>complete natal dha</i>                                                    | 1         |                          |
| <i>cyanocobalamin (vitamin b-12) injection</i>                               | 1         |                          |
| <i>dialyvite 800 oral tablet</i>                                             | 9         | ACA; OTC                 |
| <i>elite-ob</i>                                                              | 1         |                          |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>      | 1         |                          |
| <i>flotrex</i>                                                               | 9         | ACA; OTC                 |
| <i>fluoride (sodium) oral drops</i>                                          | 9         | ACA; OTC                 |
| <i>fluoride (sodium) oral tablet,chewable</i>                                | 9         | ACA; OTC                 |
| <i>folic acid oral tablet 1 mg</i>                                           | 1         |                          |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i>                               | 9         | ACA; OTC                 |
| <i>folitab</i>                                                               | 9         | ACA; OTC                 |
| <i>folivane-ob</i>                                                           | 1         |                          |
| <i>foltabs 800</i>                                                           | 9         | ACA; OTC                 |

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

| <b>Drug Name</b>                                                           | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|----------------------------------------------------------------------------|------------------|------------------------------|
| <i>full spectrum b-vitamin c</i>                                           | 9                | ACA; OTC                     |
| <i>kobee</i>                                                               | 9                | ACA; OTC                     |
| <i>ludent fluoride</i>                                                     | 9                | ACA; OTC                     |
| <i>m-natal plus</i>                                                        | 1                |                              |
| <i>multi-vitamin with fluoride</i>                                         | 9                | ACA; OTC                     |
| <i>multivit-fluoride (metafolin) oral tablet, chewable 0.5 mg fluoride</i> | 9                | ACA; OTC                     |
| <i>mvc-fluoride</i>                                                        | 9                | ACA; OTC                     |
| <i>mynatal</i>                                                             | 1                |                              |
| <i>mynatal plus</i>                                                        | 1                |                              |
| <i>mynatal-z</i>                                                           | 1                |                              |
| <i>nephro vitamins</i>                                                     | 9                | ACA; OTC                     |
| <i>newgen</i>                                                              | 1                |                              |
| <i>pnv-dha</i>                                                             | 1                |                              |
| <i>pnv-omega</i>                                                           | 1                |                              |
| <i>pnv-select</i>                                                          | 1                |                              |
| <i>pr natal 400</i>                                                        | 1                |                              |
| <i>pr natal 400 ec</i>                                                     | 1                |                              |
| <i>pr natal 430</i>                                                        | 1                |                              |
| <i>pr natal 430 ec</i>                                                     | 1                |                              |
| <i>prenatabs fa</i>                                                        | 1                |                              |
| <i>prenatabs rx</i>                                                        | 1                |                              |
| <i>prenatal complete</i>                                                   | 9                | ACA; OTC                     |
| <i>prenatal multi-dha (algal oil)</i>                                      | 9                | ACA; OTC                     |
| <i>prenatal multivitamins</i>                                              | 9                | ACA; OTC                     |
| <i>prenatal one daily</i>                                                  | 9                | ACA; OTC                     |
| <i>prenatal oral tablet 28 mg iron- 800 mcg</i>                            | 9                | ACA; OTC                     |
| <i>prenatal plus</i>                                                       | 1                |                              |
| <i>prenatal plus (calcium carb)</i>                                        | 1                |                              |
| <i>prenatal vit no.179-iron-folic</i>                                      | 9                | ACA; OTC                     |
| <i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>                     | 9                | ACA; OTC                     |
| <i>prenatal vitamin with minerals</i>                                      | 9                | ACA; OTC                     |
| <i>prenatal-u</i>                                                          | 1                |                              |
| <i>purevita folic acid oral tablet</i>                                     | 9                | ACA; OTC                     |

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

| <b>Drug Name</b>                      | <b>Drug Tier</b> | <b>Requirements / Limits</b> |
|---------------------------------------|------------------|------------------------------|
| <i>renal vitamin</i>                  | 9                | ACA; OTC                     |
| <i>renal-vite</i>                     | 9                | ACA; OTC                     |
| <i>rena-vite</i>                      | 9                | ACA; OTC                     |
| <i>soluvita a,c,d with fluoride</i>   | 9                | ACA; OTC                     |
| <i>stress formula with iron(sulf)</i> | 9                | ACA; OTC                     |
| <i>super b-50 complex</i>             | 9                | ACA; OTC                     |
| <i>super quintis</i>                  | 9                | ACA; OTC                     |
| <i>taron-c dha</i>                    | 1                |                              |
| <i>tricon</i>                         | 9                | ACA; OTC                     |
| <i>trinatal rx 1</i>                  | 1                |                              |
| <i>trinate</i>                        | 1                |                              |
| <i>tri-vitamin with fluoride</i>      | 9                | ACA; OTC                     |
| <i>westab plus</i>                    | 1                |                              |
| <i>zatean-pn dha</i>                  | 1                |                              |
| <i>zatean-pn plus</i>                 | 1                |                              |

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| <i>methotrexate sodium (pf)</i> .....          | 13        | <i>morphine</i> .....                      | 21     | <i>new day</i> .....                                   | 67     |
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注意: 如果您讲中文普通话, 可以免费获得语言协助服务。请拨打电话 1-855-687-6260 (TTY: 711)。

**French:**

ATTENTION : Si vous parlez français, les services d'assistance linguistique sont à votre disposition sans aucun frais. Appelez le 1-855-687-6260 (TTY: 711).

**German:**

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen Sprachhilfsdienste kostenlos unter der Rufnummer 1-855-687-6260 (TTY: 711) zur Verfügung.

**Gujarati:**

ધ્યાન આપો : જો તમે ગુજરાતી બોલી છો તો ભાષા સહાયક સેવાઓ તમારા માટે વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-687-6260 (TTY: 711) પર કૉલ કરો.

**Hindi:**

ध्यान दें: यदि आप हिंदी भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। 1-855-687-6260 (TTY: 711) पर कॉल करें।

**Hmong:**

CIM CIA: Yog tias koj hais lus Hmoob, kev pab cuam txais lus tau muaj rau koj ua tsis them nqi. Hu rau 1-855-687-6260 (TTY: 711).

**Igbo:**

GEE NT I: ọbụrụ na i na-asụ Igbo, i ga-enweta enyemaka n'efu site n'aka ndị ga-enyere gi aka inweta ya. Kpọọ 1-855-687-6260 (TTY: 711)

**Japanese:**

重要: 日本語を話される場合、無料の言語支援サービスがご利用いただけます。1-855-687-6260 (TTY: 711) までお電話ください。

**Korean:**

주의: 한국어를 사용하실 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-6260 (TTY: 711) 번으로 전화해 주십시오.

**Kru/Bassa:**

YI LE: I bale u mpot Bassa, bot ba kobol mahop ngui nsaa wogui wo ba ye ha l nyuu hola we. Sebel: 1-855-687-6260 (TTY: 711).

**Laotian:**

ເຂົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ນຳໃຊ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-687-6260 (TTY: 711).

**Mon-Khmer, Cambodian:**

កំណត់សំគាល់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, សេវាកម្មផ្នែកជំនួយការភាសាមានសម្រាប់អ្នកដោយមិនគិតថ្លៃ។ ចូរហៅទូរស័ព្ទទៅកាន់ 1-855-687-6260 (TTY: 711) ។

**Navajo:**

SHOOH: Diné Bizaad bee yánílti'go doo báqáh ílínígóó t'áá nizaad k'ehjí níká a'doowołgo bee haz'á. Kojí' hólne' 1-855-687-6260 (TTY: 711).

**Persian/Farsi:**

توجه:

اگر به زبان فارسی صحبت می‌کنید، خدمات رایگان پشتیبانی زبان در دسترس شماست. با شماره 1-855-687-6260 (TTY: 711) تماس بگیرید.

**Portuguese:**

ATENÇÃO: Se você fala português, há serviços de assistência em idiomas disponíveis para você gratuitamente. Ligue para 1-855-687-6260 (TTY: 711).

**Russian:**

ВНИМАНИЕ! Если вы говорите на русском языке, позвоните по телефону 1-855-687-6260 (TTY: 711), и наша служба языковой поддержки окажет вам бесплатную помощь.

**Spanish:**

ATENCIÓN: Si habla español, existen servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al 1-855-687-6260 (TTY: 711).

**Tagalog:**

PAUNAWA: Kung nagsasalita ka ng Tagalog, may maaari kang kuning mga libreng serbisyo ng tulong sa wika. Tumawag sa 1-855-687-6260 (TTY: 711).

**Turkish:**

DİKKAT: Eğer Türk konuşuyorsanız, dil asistanı servislerini ücretsiz olarak kullanabilirsiniz. 1-855-687-6260 (TTY: 711) numaralı telefonu arayın.

**Urdu:**

توجہ دیں:

اگر آپ اردو زبان بولتے ہیں تو، زبان کی معاونتی خدمات، بغیر کسی خرچ کے، آپ کے لئے دستیاب ہیں۔ 1-855-687-6260 (TTY: 711) کال کریں۔

**Vietnamese:**

CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho quý vị. Hãy gọi 1-855-687-6260 (TTY: 711).

**Yoruba:**

KÉÉRE: Ti o bá ń sọ èdè Yorùbá, iṣẹ̀ ìrànlọ́wọ́ èdè wà fún ọ lófẹ́ẹ̀. Pe 1-855-687-6260 (TTY: 711)