MoDOT/MSHP Medical and Life Insurance Plan

2021 Formulary

(List of Covered Drugs)

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

This formulary was updated on 08/25/2020. For more recent information or other questions, please contact MedImpact Customer Service at (844) 513-6006, 24 hours/day, 7 days/week. TTY users should call 711. Or visit https://www.modot.org/medicare.

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

When this drug list (formulary) refers to "we," "us", or "our," it means MoDOT/MSHP Medical and Life Insurance Plan. When it refers to "plan" or "our plan," it means MoDOT/MSHP Medical and Life Insurance Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of August 25, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the MoDOT/MSHP Medical and Life Insurance Plan Formulary?

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

Can the Formulary (drug list) change?

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the MoDOT/MSHP Medical and Life Insurance Plan's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 08/25/2020. To get updated information about the drugs covered by MoDOT/MSHP Medical and Life Insurance Plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents.". If you know what your drug is used for, look for the category name in the list that begins on page number 3. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

MoDOT/MSHP Medical and Life Insurance Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** MoDOT/MSHP Medical and Life Insurance Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from MoDOT/MSHP Medical and Life Insurance Plan before you fill your prescriptions. If you don't get approval, MoDOT/MSHP Medical and Life Insurance Plan may not cover the drug.

- **Quantity Limits:** For certain drugs, MoDOT/MSHP Medical and Life Insurance Plan limits the amount of the drug that MoDOT/MSHP Medical and Life Insurance Plan will cover. For example, MoDOT/MSHP Medical and Life Insurance Plan provides 30 tablets per prescription for Zolpidem. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, MoDOT/MSHP Medical and Life Insurance 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, MoDOT/MSHP Medical and Life Insurance Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MoDOT/MSHP Medical and Life Insurance Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask MoDOT/MSHP Medical and Life Insurance Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the MoDOT/MSHP Medical and Life Insurance Plan's formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that MoDOT/MSHP Medical and Life Insurance Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by MoDOT/MSHP Medical and Life Insurance Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by MoDOT/MSHP Medical and Life Insurance Plan.

- You can ask MoDOT/MSHP Medical and Life Insurance Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the MoDOT/MSHP Medical and Life Insurance Plan's Formulary?

You can ask MoDOT/MSHP Medical and Life Insurance Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, MoDOT/MSHP Medical and Life Insurance Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Note: Members with levels-of-care changes may contact MedImpact Customer Service (844) 513-6006 (or have their doctor or prescriber contact us) to request transitional supplies of medication during their transitions of care. MoDOT/MSHP Medical and Life Insurance Plan will not supply a transition fill for any drugs that are not Part D-approved drugs.

For more information

For more detailed information about your MoDOT/MSHP Medical and Life Insurance Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about MoDOT/MSHP Medical and Life Insurance Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

MoDOT/MSHP Medical and Life Insurance Plan's Formulary

The formulary below provides coverage information about the drugs covered by MoDOT/MSHP Medical and Life Insurance Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the Requirements/Limits column tells you if MoDOT/MSHP Medical and Life Insurance Plan has any special requirements for coverage of your drug.

Formulary Key

The first column of the drug list contains the drug name:

Brand name drugs are Capitalized (e.g., LOPRESSOR)

Generic drugs are listed in lower-case italics (e.g., *metoprolol tartrate*)

The second column shows the drug coverage tier. Each tier is described below.

Tier 1 = Generics. These drugs offer the most cost savings.

Tier 2 = Brand Name drugs with no generic equivalent. These drugs offer the most cost savings among brand-name drugs.

Tier 3 = Brand Name drugs with a generic equivalent. These drugs cost more because less expensive alternatives may exist.

A drug may display one or more of the following abbreviations:

Symbol	Definition
PA	**Prior Authorization.** There may be restrictions on this medication. See *"Are there any restrictions on my coverage?"*.
PA BvD	**Prior Authorization (PA) is required for Part B versus Part D Determinations (BvD).** This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from MoDOT/MSHP Medical and Life Insurance Plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, MoDOT/MSHP Medical and Life Insurance Plan may not cover this drug.
PA NSO	**Prior Authorization (PA) is required for New Starts Only (NSO).** If this medication is new for you, you (or your physician) are required to get prior authorization from MoDOT/MSHP Medical and Life Insurance Plan before you fill your prescription for this drug. Without prior approval, MoDOT/MSHP Medical and Life Insurance Plan may not cover this drug.
QL	**Quantity Limit Restriction.** There may be restrictions on this medication. See *"Are there any restrictions on my coverage?"*.
ST	**Step Therapy Restriction.** There may be restrictions on this medication. See *"Are there any restrictions on my coverage?"*.
LA	**Limited Access Drug.** Due to limited manufacturers, this medication may be only available through limited pharmacies. See the *Pharmacy Directory* or call MedImpact Customer Service (844) 513-6006.
NM	**Non-Mail Order.** Drugs marked "NM" cannot be filled by mail order, though are available at retail/local pharmacies.
GC	**Gap Coverage.** We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

The right-hand column of the Requirements/Limits section includes information about dosage forms (such as tablet, capsule, or spray) or dosage strengths.

- If no information is displayed in this column, it means that all dosage forms and strengths are covered on the same drug tier.
- If information is displayed, it means that only those dosage forms

Strengths are covered on that tier.

Table of Contents

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	GC; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	GC; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	GC; QL (180 per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; GC; QL (120 per 30 days)
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG	2	GC; QL (90 per 30 days)
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 60 MG	2	GC; QL (60 per 30 days)
ascomp with codeine oral capsule 30-50-325-40 mg	1	GC; QL (180 per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	GC; QL (60 per 30 days)
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	2	GC
buprenorphine hcl injection solution 0.3 mg/ml (Buprenex)	1	GC
buprenorphine hcl injection syringe 0.3 mg/ml	1	GC
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)	1	GC; QL (4 per 28 days)
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1	GC; QL (180 per 30 days)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg (Fioricet with Codeine)	1	GC; QL (180 per 30 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	1	GC; QL (180 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen oral tablet 50-300 mg (Bupap)	1	GC; QL (180 per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg (Tencon)	1	GC; QL (180 per 30 days)
butalbital-acetaminophen-caff oral capsule 50-300-40 mg (Fioricet)	1	GC
butalbital-acetaminophen-caff oral capsule 50-325-40 mg (Zebutal)	1	GC; QL (180 per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)	1	GC; QL (180 per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg (Fiorinal)	1	GC; QL (180 per 30 days)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	GC; QL (180 per 30 days)
butorphanol injection solution 1 mg/ml	1	GC
butorphanol nasal spray,non-aerosol 10 mg/ml	1	GC; QL (5 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	3	GC; QL (4 per 28 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	GC; QL (180 per 30 days)
DEMEROL (PF) INJECTION SOLUTION 100 MG/ML, 75 MG/1.5 ML	2	PA; GC; AGE (Max 64 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	2	PA; GC; AGE (Max 64 Years)
DEMEROL INJECTION SOLUTION 100 MG/ML, 50 MG/ML	3	PA; GC; AGE (Max 64 Years)
DEMEROL ORAL TABLET 100 MG	3	PA; GC; QL (180 per 30 days); AGE (Max 64 Years)
DILAUDID (PF) INJECTION SYRINGE 2 MG/ML, 4 MG/ML	3	GC
DILAUDID ORAL LIQUID 1 MG/ML	3	GC; QL (1200 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	GC; QL (180 per 30 days)
DISKETS ORAL TABLET,SOLUBLE 40 MG	3	GC; QL (30 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	GC; QL (120 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	3	GC; QL (180 per 30 days)
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR	3	GC; QL (10 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	3	GC
endocet oral tablet 10-325 mg	1	GC; QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	GC; QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	1	GC; QL (240 per 30 days)
ESGIC ORAL CAPSULE 50-325-40 MG	3	GC; QL (180 per 30 days)
ESGIC ORAL TABLET 50-325-40 MG	3	GC; QL (180 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (Actiq)	1	PA; GC; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr (Duragesic)	1	GC; QL (10 per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	1	GC; QL (10 per 30 days)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	GC; QL (180 per 30 days)
FIORINAL ORAL CAPSULE 50-325-40 MG	3	GC; QL (180 per 30 days)
FIORINAL-CODEINE #3 ORAL CAPSULE 30-50-325-40 MG	3	GC; QL (180 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	(Zohydro ER)	1	GC; QL (60 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		1	GC; QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg	(Vicodin HP)	1	GC; QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg	(Lorcet HD)	1	GC; QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg		1	GC; QL (240 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	(Lorcet (hydrocodone))	1	GC; QL (240 per 30 days)
hydrocodone-acetaminophen oral tablet 7.5-300 mg		1	GC; QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 7.5-325 mg	(Norco)	1	GC; QL (180 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg	(Ibudone)	1	GC; QL (150 per 30 days)
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg		1	GC; QL (150 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml		1	GC
hydromorphone injection solution 1 mg/ml		1	GC
hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml		1	GC
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	1	GC; QL (1200 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	1	GC; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg		1	PA; GC; QL (30 per 30 days)
hydromorphone oral tablet extended release 24 hr 32 mg		1	PA; GC; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		2	GC; QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ibuprofen-oxycodone oral tablet 400-5 mg	1	GC; QL (28 per 30 days)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	2	GC
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	2	PA; GC; QL (30 per 30 days)
levorphanol tartrate oral tablet 2 mg	1	GC; QL (150 per 30 days)
lorcet (hydrocodone) oral tablet 5-325 mg	1	GC; QL (240 per 30 days)
lorcet hd oral tablet 10-325 mg	1	GC; QL (180 per 30 days)
lorcet plus oral tablet 7.5-325 mg	1	GC; QL (180 per 30 days)
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1	PA; GC; AGE (Max 64 Years)
meperidine injection cartridge 10 mg/ml	1	PA; GC; AGE (Max 64 Years)
meperidine oral solution 50 mg/5 ml	1	PA; GC; QL (900 per 30 days); AGE (Max 64 Years)
meperidine oral tablet 100 mg (Demerol)	1	PA; GC; QL (180 per 30 days); AGE (Max 64 Years)
meperidine oral tablet 50 mg	1	PA; GC; QL (180 per 30 days); AGE (Max 64 Years)
methadone injection solution 10 mg/ml	1	GC
methadone intensol oral concentrate 10 mg/ml	1	GC; QL (120 per 30 days)
methadone oral solution 10 mg/5 ml	1	GC; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	GC; QL (1200 per 30 days)
methadone oral tablet 10 mg (Dolophine)	1	GC; QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
methadone oral tablet 5 mg	(Dolophine)	1	GC; QL (180 per 30 days)
methadone oral tablet,soluble 40 mg	(Methadose)	3	GC; QL (30 per 30 days)
METHADOSE ORAL CONCENTRATE 10 MG/ML		3	GC; QL (120 per 30 days)
methadose oral tablet,soluble 40 mg		1	GC; QL (30 per 30 days)
mitigo (pf) injection solution 10 mg/ml, 25 mg/ml		1	GC
MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 100 MG, 15 MG, 30 MG, 60 MG		2	GC; QL (60 per 30 days)
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	(Duramorph (PF))	1	GC
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		1	GC
MORPHINE INJECTION SOLUTION 2 MG/ML		1	GC
morphine injection solution 5 mg/ml		1	PA BvD; GC
MORPHINE INJECTION SYRINGE 10 MG/ML		1	GC
morphine intravenous solution 10 mg/ml		1	GC
morphine intravenous syringe 10 mg/ml		1	GC
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg		1	GC; QL (30 per 30 days)
morphine oral solution 10 mg/5 ml		1	GC; QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		1	GC; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG		2	GC; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG		2	GC; QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	(MS Contin)	1	GC; QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
morphine oral tablet extended release 15 mg, 30 mg (MS Contin)	1	GC; QL (90 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	3	GC; QL (60 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	GC; QL (90 per 30 days)
nalbuphine injection solution 10 mg/ml, 20 mg/ml	1	GC
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	GC; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	2	GC; QL (181 per 30 days)
OPANA ORAL TABLET 10 MG	3	GC; QL (120 per 30 days)
OPANA ORAL TABLET 5 MG	3	GC; QL (180 per 30 days)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG	2	GC; QL (180 per 30 days)
OXAYDO ORAL TABLET, ORAL ONLY 7.5 MG	2	GC; QL (120 per 30 days)
oxycodone oral capsule 5 mg	1	GC; QL (180 per 30 days)
oxycodone oral concentrate 20 mg/ml	1	GC
oxycodone oral solution 5 mg/5 ml	1	GC; QL (1300 per 30 days)
oxycodone oral tablet 10 mg	1	GC; QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg (Roxicodone)	1	GC; QL (120 per 30 days)
oxycodone oral tablet 20 mg	1	GC; QL (120 per 30 days)
oxycodone oral tablet 5 mg (Roxicodone)	1	GC; QL (180 per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg (OxyContin)	1	GC; QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 10-325 mg (Endocet)	1	GC; QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg (Endocet)	1	GC; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg (Endocet)	1	GC; QL (240 per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg	1	GC; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	3	GC; QL (60 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG	2	GC; QL (60 per 30 days)
oxymorphone oral tablet 10 mg	1	GC; QL (120 per 30 days)
oxymorphone oral tablet 5 mg	1	GC; QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	GC; QL (60 per 30 days)
pentazocine-naloxone oral tablet 50-0.5 mg	1	GC; QL (360 per 30 days)
PERCOCET ORAL TABLET 10-325 MG	3	GC; QL (180 per 30 days)
PERCOCET ORAL TABLET 2.5-325 MG, 5-325 MG	3	GC; QL (360 per 30 days)
PERCOCET ORAL TABLET 7.5-325 MG	3	GC; QL (240 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	GC; QL (120 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	GC; QL (180 per 30 days)
tencon oral tablet 50-325 mg	1	GC; QL (180 per 30 days)
tramadol oral tablet 100 mg	1	GC; QL (120 per 30 days)
tramadol oral tablet 50 mg (Ultram)	1	GC; QL (240 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1	GC; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1	GC; QL (30 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg (Ultracet)	1	GC; QL (240 per 30 days)
ULTRACET ORAL TABLET 37.5-325 MG	3	GC; QL (240 per 30 days)
ULTRAM ORAL TABLET 50 MG	3	GC; QL (240 per 30 days)
vicodin hp oral tablet 10-300 mg	1	GC; QL (180 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	2	GC; QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	2	GC; QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	2	GC; QL (240 per 30 days)
zebutal oral capsule 50-325-40 mg	1	GC; QL (180 per 30 days)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	2	GC; QL (60 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
ANAPROX DS ORAL TABLET 550 MG	3	GC
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	3	GC
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	3	GC
CAMBIA ORAL POWDER IN PACKET 50 MG	2	GC

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Drug Name		Drug Tier	Requirements/Limits
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG		3	GC; QL (60 per 30 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	1	GC; QL (60 per 30 days)
DAYPRO ORAL TABLET 600 MG		3	GC
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	1	PA; GC
diclofenac potassium oral tablet 50 mg		1	GC
diclofenac sodium oral tablet extended release 24 hr 100 mg	(Voltaren-XR)	1	GC
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		1	GC
diclofenac sodium topical drops 1.5 %		1	GC; QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Voltaren)	1	GC
diclofenac sodium topical gel 3 %	(Solaraze)	1	PA; GC; QL (100 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	1	GC
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	1	GC
diflunisal oral tablet 500 mg		1	GC
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG		3	GC
etodolac oral capsule 200 mg, 300 mg		1	GC
etodolac oral tablet 400 mg	(Lodine)	1	GC
etodolac oral tablet 500 mg		1	GC
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		1	GC
FELDENE ORAL CAPSULE 10 MG, 20 MG		3	GC
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %		3	PA; GC

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Drug Name	Drug Tier	Requirements/Limits
flurbiprofen oral tablet 100 mg	1	GC
ibu oral tablet 400 mg, 600 mg, 800 mg	1	GC
ibuprofen oral suspension 100 mg/5 ml (Children's Advil)	1	GC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg (IBU)	1	GC
INDOCIN ORAL SUSPENSION 25 MG/5 ML	2	GC
indomethacin oral capsule 25 mg	1	GC; QL (240 per 30 days)
indomethacin oral capsule 50 mg	1	GC; QL (120 per 30 days)
indomethacin oral capsule, extended release 75 mg	1	GC; QL (60 per 30 days)
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	1	GC
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	GC
ketorolac injection cartridge 15 mg/ml	1	GC; QL (40 per 30 days)
ketorolac injection cartridge 30 mg/ml	1	GC; QL (20 per 30 days)
ketorolac injection solution 15 mg/ml	1	GC; QL (40 per 30 days)
ketorolac injection solution 30 mg/ml (1 ml)	1	GC; QL (20 per 30 days)
ketorolac injection syringe 15 mg/ml	1	GC; QL (40 per 30 days)
ketorolac injection syringe 30 mg/ml	1	GC; QL (20 per 30 days)
ketorolac intramuscular cartridge 60 mg/2 ml	1	GC; QL (20 per 30 days)
ketorolac intramuscular solution 60 mg/2 ml	1	GC; QL (20 per 30 days)
ketorolac intramuscular syringe 60 mg/2 ml	1	GC; QL (20 per 30 days)
ketorolac oral tablet 10 mg	1	GC; QL (20 per 30 days)
meclofenamate oral capsule 100 mg, 50 mg	1	GC

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Drug Name		Drug Tier	Requirements/Limits
mefenamic acid oral capsule 250 mg		1	GC
meloxicam oral tablet 15 mg, 7.5 mg	(Mobic)	1	GC
MOBIC ORAL TABLET 15 MG, 7.5 MG		3	GC
nabumetone oral tablet 500 mg, 750 mg		1	GC
NAPROSYN ORAL TABLET 500 MG		3	GC
naproxen oral tablet 250 mg, 375 mg		1	GC
naproxen oral tablet 500 mg	(Naprosyn)	1	GC
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	1	GC
naproxen sodium oral tablet 275 mg		1	GC
naproxen sodium oral tablet 550 mg	(Anaprox DS)	1	GC
oxaprozin oral tablet 600 mg	(Daypro)	1	GC
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	1	GC
SOLARAZE TOPICAL GEL 3 %		3	PA; GC; QL (100 per 28 days)
sulindac oral tablet 150 mg, 200 mg		1	GC
tolmetin oral capsule 400 mg		1	GC
tolmetin oral tablet 200 mg, 600 mg		1	GC
VOLTAREN TOPICAL GEL 1 %		3	GC
VOLTAREN-XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG		3	GC
Anesthetics			
Local Anesthetics			
glydo mucous membrane jelly in applicator 2 %		1	GC
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine-MPF)	1	GC
lidocaine (pf) injection solution 40 mg/ml (4 %)		1	GC
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine)	1	GC

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl mucous membrane jelly 2 %	1	GC
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	GC
lidocaine topical adhesive patch,medicated 5 % (Lidoderm)	1	PA; GC; QL (90 per 30 days)
lidocaine topical ointment 5 %	1	PA; GC
lidocaine viscous mucous membrane solution 2 %	1	GC
lidocaine-prilocaine topical cream 2.5-2.5 %	1	PA; GC; QL (30 per 30 days)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	3	PA; GC; QL (90 per 30 days)
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	2	GC
XYLOCAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	3	GC
XYLOCAINE-MPF 2% VIAL 25'S,SDV, LATEX-FREE 20 MG/ML (2 %)	3	GC
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	3	GC
XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %)	2	GC
xylocaine-mpf injection solution 20 mg/ml (2 %)	3	GC
xylocaine-mpf injection solution 5 mg/ml (0.5 %)	2	GC
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	GC
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	2	GC; QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	2	GC; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	GC; QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg (Suboxone)	1	GC; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg (Suboxone)	1	GC; QL (30 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	GC; QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	GC
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	GC; QL (168 per 84 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	GC; QL (168 per 84 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	2	GC
disulfiram oral tablet 250 mg, 500 mg (Antabuse)	1	GC
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	2	GC; QL (1.6 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	2	GC; QL (228 per 14 days)
naloxone injection auto-injector 2 mg/0.4 ml (Evzio)	1	GC; QL (1.6 per 30 days)
naloxone injection solution 0.4 mg/ml	1	GC
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	GC
naltrexone oral tablet 50 mg	1	GC
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	GC; QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	2	GC; QL (1008 per 90 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	2	GC; QL (240 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	2	GC
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	3	GC; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	3	GC; QL (30 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	2	GC
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	GC; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	GC; QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax)	1	GC; QL (120 per 30 days)
alprazolam oral tablet 2 mg (Xanax)	1	GC; QL (150 per 30 days)
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg (Xanax XR)	1	GC; QL (120 per 30 days)
alprazolam oral tablet extended release 24 hr 3 mg (Xanax XR)	1	GC; QL (90 per 30 days)
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	GC; QL (120 per 30 days)
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	3	GC; QL (2 per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	GC; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	3	GC; QL (150 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	GC
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	GC; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clonazepam oral tablet 0.5 mg, 1 mg (Klonopin)	1	GC; QL (90 per 30 days)
clonazepam oral tablet 2 mg (Klonopin)	1	GC; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	GC; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	GC; QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	1	GC; QL (180 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg (Tranxene T-Tab)	1	GC; QL (180 per 30 days)
diazepam 10 mg/2 ml syringe 15's,single use 5 mg/ml	1	GC
diazepam 5 mg/ml oral conc 5 mg/ml	1	GC; QL (1200 per 30 days)
diazepam injection solution 5 mg/ml	1	GC; QL (10 per 28 days)
diazepam injection syringe 5 mg/ml	1	GC; QL (10 per 28 days)
diazepam oral concentrate 5 mg/ml (Diazepam Intensol)	1	GC; QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	GC; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)	1	GC; QL (120 per 30 days)
estazolam oral tablet 1 mg	1	GC; QL (60 per 30 days)
estazolam oral tablet 2 mg	1	GC; QL (30 per 30 days)
flurazepam oral capsule 15 mg	1	GC; QL (60 per 30 days)
flurazepam oral capsule 30 mg	1	GC; QL (30 per 30 days)
HALCION ORAL TABLET 0.25 MG	3	GC; QL (60 per 30 days)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	GC; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	GC; QL (300 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
lorazepam 2 mg/ml oral concent 2 mg/ml	(Lorazepam Intensol)	1	GC; QL (150 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	1	GC; QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml, 4 mg/ml		1	GC; QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml		1	GC; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	GC; QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	GC; QL (150 per 30 days)
meprobamate oral tablet 200 mg, 400 mg		1	GC
midazolam (pf) injection cartridge 2 mg/2 ml (1 mg/ml), 5 mg/ml		1	GC
midazolam (pf) injection solution 1 mg/ml, 5 mg/ml		1	GC
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml		1	GC
midazolam injection solution 1 mg/ml, 5 mg/ml		1	GC
midazolam oral syrup 2 mg/ml		1	GC; QL (10 per 30 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg		1	GC; QL (120 per 30 days)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG		3	GC; QL (30 per 30 days)
RESTORIL ORAL CAPSULE 7.5 MG		3	GC; QL (120 per 30 days)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	(Restoril)	1	GC; QL (30 per 30 days)
temazepam oral capsule 7.5 mg	(Restoril)	1	GC; QL (120 per 30 days)
TRANXENE T-TAB ORAL TABLET 7.5 MG		3	GC; QL (360 per 30 days)
triazolam oral tablet 0.125 mg		1	GC; QL (120 per 30 days)
triazolam oral tablet 0.25 mg	(Halcion)	1	GC; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	3	GC; QL (120 per 30 days)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	3	GC; QL (120 per 30 days)
XANAX ORAL TABLET 2 MG	3	GC; QL (150 per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG	3	GC; QL (120 per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 3 MG	3	GC; QL (90 per 30 days)
Antibacterials		
Aminoglycosides		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	GC
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	2	PA; GC; QL (235.2 per 28 days)
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	2	PA BvD; GC
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml	1	GC
gentamicin injection solution 20 mg/2 ml, 40 mg/ml	1	GC
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	1	GC
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml	1	GC
neomycin oral tablet 500 mg	1	GC
streptomycin intramuscular recon soln 1 gram	1	GC

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Drug Name	Drug Tier	Requirements/Limits
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA BvD; GC
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	GC; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml (Tobi)	1	PA BvD; GC
tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml	1	GC
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	1	GC
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	2	GC
Antibacterials, Miscellaneous		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	2	GC; QL (12 per 3 days)
bacitracin intramuscular recon soln 50,000 unit	1	GC
chloramphenicol sod succinate intravenous recon soln 1 gram	1	GC
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	GC
CLEOCIN INJECTION SOLUTION 150 MG/ML	3	GC
CLINDAMYCIN 600 MG/50 ML-NS OUTER,SINGLE-USE,L/F 600 MG/50 ML	1	GC
clindamycin 75 mg/5 ml soln 75 mg/5 ml (Clindamycin Pediatric)	1	GC
CLINDAMYCIN 900 MG/50 ML-NS OUTER,SINGLE-USE,L/F 900 MG/50 ML	1	GC
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)	1	GC
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml	1	GC

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Drug Name		Drug Tier	Requirements/Limits
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML, 900 MG/50 ML		1	GC
clindamycin pediatric oral recon soln 75 mg/5 ml		1	GC
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)		1	GC
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	1	GC
clindamycin phosphate intravenous solution 600 mg/4 ml		1	GC
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	1	PA BvD; GC
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG		3	PA BvD; GC
CUBICIN INTRAVENOUS RECON SOLN 500 MG		3	GC
CUBICIN RF 500 MG VIAL 500 MG		3	GC
DALVANCE INTRAVENOUS SOLUTION 500 MG		2	GC
daptomycin intravenous recon soln 350 mg		1	GC
daptomycin intravenous recon soln 500 mg	(Cubicin)	1	GC
FIRVANQ ORAL RECON SOLN 25 MG/ML		2	GC
FIRVANQ ORAL RECON SOLN 50 MG/ML		3	GC
FLAGYL ORAL CAPSULE 375 MG		3	GC
FLAGYL ORAL TABLET 250 MG, 500 MG		3	GC
FURADANTIN ORAL SUSPENSION 25 MG/5 ML		3	GC
HELIDAC ORAL COMBO PACK 250-500-262.4 MG		2	GC
HIPREX ORAL TABLET 1 GRAM		3	GC

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Drug Name		Drug Tier	Requirements/Limits
LINCOCIN INJECTION SOLUTION 300 MG/ML		3	GC
lincomycin injection solution 300 mg/ml	(Lincocin)	1	GC
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	1	GC
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	1	GC
linezolid oral tablet 600 mg	(Zyvox)	1	GC
MACROBID ORAL CAPSULE 100 MG		3	GC; QL (60 per 30 days)
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG		3	GC; QL (120 per 30 days)
methenamine hippurate oral tablet 1 gram	(Hiprex)	1	GC
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	1	GC
metronidazole oral capsule 375 mg	(Flagyl)	1	GC
metronidazole oral tablet 250 mg, 500 mg	(Flagyl)	1	GC
MONUROL ORAL PACKET 3 GRAM		2	GC
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	(Macrodantin)	1	GC; QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	1	GC; QL (60 per 30 days)
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	1	GC
ORBACTIV INTRAVENOUS RECON SOLN 400 MG		2	GC
polymyxin b sulfate injection recon soln 500,000 unit		1	GC
PRIMSOL ORAL SOLUTION 50 MG/5 ML		2	GC
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG		2	GC
SIVEXTRO ORAL TABLET 200 MG		2	GC

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Drug Name	Drug Tier	Requirements/Limits
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	GC
SYNERCID INTRAVENOUS RECON SOLN 500 MG	2	GC
trimethoprim oral tablet 100 mg	1	GC
TRIMPEX ORAL SOLUTION 50 MG/5 ML	2	GC
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	GC
vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml, 750 mg/150 ml	1	PA BvD; GC
vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg	1	GC
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	1	GC
vancomycin oral capsule 125 mg, 250 mg (Vancocin)	1	GC
vancomycin oral recon soln 50 mg/ml (Firvanq)	1	GC
vancomycin-water inject (peg) intravenous piggyback 500 mg/100 ml	1	PA BvD; GC
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	GC
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML	2	GC; QL (210 per 7 days)
XENLETA ORAL TABLET 600 MG	2	PA; GC; QL (10 per 5 days)
XIFAXAN ORAL TABLET 200 MG	2	PA; GC; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; GC
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML, 600 MG/300 ML	3	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	GC
ZYVOX ORAL TABLET 600 MG	3	GC
Cephalosporins		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	2	GC
cefaclor oral capsule 250 mg, 500 mg	1	GC
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	GC
cefaclor oral tablet extended release 12 hr 500 mg	1	GC
cefadroxil oral capsule 500 mg	1	GC
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	GC
cefadroxil oral tablet 1 gram	1	GC
cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml	1	GC
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	1	GC
cefdinir oral capsule 300 mg	1	GC
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	GC
cefditoren pivoxil oral tablet 200 mg	1	GC
cefditoren pivoxil oral tablet 400 mg (Spectracef)	1	GC
cefepime injection recon soln 1 gram, 2 gram	1	GC
cefixime oral capsule 400 mg (Suprax)	1	GC
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)	1	GC
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	3	GC
cefotaxime injection recon soln 1 gram	1	GC
cefotetan injection recon soln 1 gram, 2 gram (Cefotan)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
cefotetan intravenous recon soln 10 gram	1	GC
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	1	GC
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	GC
cefpodoxime oral tablet 100 mg, 200 mg	1	GC
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	GC
cefprozil oral tablet 250 mg, 500 mg	1	GC
ceftazidime injection recon soln 1 gram (Tazicef)	2	GC
ceftazidime injection recon soln 2 gram, 6 gram (Tazicef)	1	GC
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	GC
cefuroxime axetil oral tablet 250 mg, 500 mg	1	GC
cefuroxime sodium injection recon soln 750 mg	1	GC
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	1	GC
cephalexin oral capsule 250 mg, 500 mg, 750 mg (Keflex)	1	GC
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	GC
cephalexin oral tablet 250 mg, 500 mg	1	GC
CLAFORAN INJECTION RECON SOLN 10 GRAM, 2 GRAM	3	GC
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG	3	GC
MAXIPIME INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM	3	GC

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Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL CAPSULE 400 MG	3	GC
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	2	GC
tazicef injection recon soln 1 gram, 2 gram, 6 gram	1	GC
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	GC
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	GC
Macrolides		
azithromycin intravenous recon soln 500 mg (Zithromax)	1	GC
azithromycin oral packet 1 gram (Zithromax)	1	GC
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	1	GC
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg	1	GC
azithromycin oral tablet 250 mg, 500 mg (Zithromax)	1	GC
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	GC
clarithromycin oral tablet 250 mg, 500 mg	1	GC
clarithromycin oral tablet extended release 24 hr 500 mg	1	GC
DIFICID ORAL TABLET 200 MG	2	ST; GC; QL (20 per 10 days)
e.e.s. 400 oral tablet 400 mg	1	GC
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 500 mg	2	GC
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	3	GC
erythrocin (as stearate) oral tablet 250 mg	2	GC

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Drug Name		Drug Tier	Requirements/Limits
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG		2	PA BvD; GC
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	1	GC
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	1	GC
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	1	GC
erythromycin oral capsule,delayed release(dr/ec) 250 mg		1	GC
erythromycin oral tablet 250 mg, 500 mg		1	GC
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	1	GC
ZITHROMAX INTRAVENOUS RECON SOLN 500 MG		3	GC
ZITHROMAX ORAL PACKET 1 GRAM		3	GC
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML		3	GC
ZITHROMAX ORAL TABLET 250 MG, 500 MG		3	GC
ZITHROMAX TRI-PAK ORAL TABLET 500 MG		3	GC
ZITHROMAX Z-PAK ORAL TABLET 250 MG		3	GC
Miscellaneous B-Lactam Antibiotics			
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM		3	GC
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	1	GC
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		2	GC

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Drug Name		Drug Tier	Requirements/Limits
ertapenem injection recon soln 1 gram	(Invanz)	1	GC
imipenem-cilastatin intravenous recon soln 250 mg		1	GC
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	1	GC
INVANZ INJECTION RECON SOLN 1 GRAM		3	GC
meropenem intravenous recon soln 1 gram, 500 mg	(Merrem)	1	GC
MERREM INTRAVENOUS RECON SOLN 1 GRAM, 500 MG		3	GC
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG		3	GC
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM		2	GC
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		1	GC
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	GC
amoxicillin oral tablet 500 mg, 875 mg		1	GC
amoxicillin oral tablet,chewable 125 mg, 250 mg		1	GC
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		1	GC
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	1	GC
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	1	GC
amoxicillin-pot clavulanate oral tablet 250-125 mg		1	GC
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	(Augmentin)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg (Augmentin XR)	1	GC
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1	GC
ampicillin oral capsule 250 mg, 500 mg	1	GC
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	1	GC
ampicillin-sulbactam injection recon soln 15 gram, 3 gram (Unasyn)	1	GC
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	3	GC
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	GC
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	3	GC
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	3	GC
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	GC
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	GC
dicloxacillin oral capsule 250 mg, 500 mg	1	GC
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	GC
nafcillin 1 gm/ 50 ml inj 1 gram/50 ml	1	GC
nafcillin injection recon soln 1 gram	1	GC

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Drug Name	Drug Tier	Requirements/Limits
nafcillin injection recon soln 10 gram, 2 gram	1	GC
oxacillin 1 gm add-vantage vl add-vantage, inner 1 gram	1	GC
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	GC
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	1	GC
penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml	1	GC
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	1	GC
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	1	GC
penicillin g sodium injection recon soln 5 million unit	1	GC
penicillin gk 5 million unit p/f,latex-free 5 million unit (Pfizerpen-G)	1	GC
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	GC
penicillin v potassium oral tablet 250 mg, 500 mg	1	GC
pfizerpen-g injection recon soln 20 million unit	1	GC
piperacillin-tazobactam intravenous recon soln 2.25 gram	1	GC
piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram	1	GC
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	3	GC
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	GC

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Drug Name	Drug Tier	Requirements/Limits
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	2	GC
ZOSYN INTRAVENOUS RECON SOLN 40.5 GRAM	3	GC
Quinolones		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	3	GC
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	GC
BAXDELA ORAL TABLET 450 MG	2	PA; GC; QL (28 per 14 days)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	GC
CIPRO ORAL TABLET 250 MG, 500 MG	3	GC
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG	3	GC
ciprofloxacin hcl oral tablet 100 mg, 750 mg	1	GC
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	GC
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	GC
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)	1	GC
LEVAQUIN ORAL TABLET 500 MG, 750 MG	3	GC
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	1	GC
levofloxacin intravenous solution 25 mg/ml	1	GC

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Drug Name		Drug Tier	Requirements/Limits
levofloxacin oral solution 250 mg/10 ml		1	GC
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		1	GC
moxifloxacin oral tablet 400 mg		1	GC
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	(Avelox in NaCl (iso-osmotic))	1	GC
ofloxacin oral tablet 300 mg, 400 mg		1	GC
Sulfonamides			
BACTRIM DS ORAL TABLET 800-160 MG		3	GC
BACTRIM ORAL TABLET 400-80 MG		3	GC
sulfadiazine oral tablet 500 mg		1	GC
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml		1	GC
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	1	GC
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	GC
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	GC
sulfatrim oral suspension 200-40 mg/5 ml		1	GC
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg		1	GC
doxy-100 intravenous recon soln 100 mg		1	GC
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	1	GC
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	1	GC
doxycycline hyclate oral tablet 100 mg, 20 mg		1	GC
doxycycline hyclate oral tablet 150 mg, 75 mg	(Acticlate)	1	GC
doxycycline hyclate oral tablet 50 mg	(Targadox)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 75 mg		1	GC
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg, 50 mg	(Doryx)	1	GC
doxycycline monohydrate oral capsule 100 mg, 75 mg	(Mondoxyne NL)	1	GC
doxycycline monohydrate oral capsule 150 mg		1	GC
doxycycline monohydrate oral capsule 50 mg	(Monodox)	1	GC
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	(Oracea)	1	GC
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin)	1	GC
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	1	GC
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg		1	GC
MINOCIN ORAL CAPSULE 50 MG		3	GC
minocycline oral capsule 100 mg, 50 mg, 75 mg		1	GC
minocycline oral tablet 100 mg, 50 mg, 75 mg		1	GC
NUZYRA INTRAVENOUS RECON SOLN 100 MG		2	GC; QL (15 per 14 days)
NUZYRA ORAL TABLET 150 MG		2	GC; QL (30 per 14 days)
okebo oral capsule 75 mg		1	GC
tetracycline oral capsule 250 mg, 500 mg		1	GC
tigecycline intravenous recon soln 50 mg	(Tygacil)	1	GC
TYGACIL INTRAVENOUS RECON SOLN 50 MG		3	GC

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Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML	3	GC
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	2	GC
Anticancer Agents		
Anticancer Agents		
abiraterone oral tablet 250 mg (Zytiga)	1	PA NSO; GC; QL (120 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	2	GC
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	2	PA NSO; GC
adriamycin intravenous recon soln 10 mg, 50 mg	1	PA BvD; GC
adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	1	PA BvD; GC
adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml	1	PA BvD; GC
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	2	PA NSO; GC; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	2	PA NSO; GC; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	3	PA NSO; GC; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	2	PA NSO; GC; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	2	GC
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	2	PA NSO; GC; QL (3 per 28 days)
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	3	GC
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA NSO; GC; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 30 MG	2	PA NSO; GC; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	2	PA NSO; GC
anastrozole oral tablet 1 mg (Arimidex)	1	GC
ARIMIDEX ORAL TABLET 1 MG	3	GC
AROMASIN ORAL TABLET 25 MG	3	GC
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	2	GC
arsenic trioxide intravenous solution 1 mg/ml	1	PA BvD; GC
arsenic trioxide intravenous solution 2 mg/ml (Trisenox)	1	GC
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	2	PA NSO; GC
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	2	PA NSO; GC
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	2	PA NSO; GC; QL (30 per 30 days)
azacitidine injection recon soln 100 mg (Vidaza)	1	GC
BALVERSA ORAL TABLET 3 MG	2	PA NSO; GC; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	2	PA NSO; GC; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	2	PA NSO; GC; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	2	PA NSO; GC
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	2	PA NSO; GC
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	2	PA NSO; GC
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	2	PA NSO; GC

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Drug Name	Drug Tier	Requirements/Limits
bexarotene oral capsule 75 mg (Targretin)	1	PA NSO; GC; QL (420 per 30 days)
bicalutamide oral tablet 50 mg (Casodex)	1	GC
BICNU INTRAVENOUS RECON SOLN 100 MG	3	GC
bleomycin injection recon soln 15 unit, 30 unit	1	PA BvD; GC
BLINCYTO INTRAVENOUS KIT 35 MCG	2	PA NSO; GC; QL (140 per 365 days)
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	1	PA NSO; GC
BOSULIF ORAL TABLET 100 MG	2	PA NSO; GC; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA NSO; GC; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	2	PA NSO; GC; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	2	PA NSO; GC; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	2	PA NSO; GC
busulfan intravenous solution 60 mg/10 ml (Busulfex)	1	GC
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	3	GC
CABOMETYX ORAL TABLET 20 MG, 60 MG	2	PA NSO; GC; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	2	PA NSO; GC; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	2	PA NSO; GC; QL (60 per 30 days)
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	3	GC
CAPRELSA ORAL TABLET 100 MG	2	PA NSO; GC; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA NSO; GC; QL (30 per 30 days)
carboplatin intravenous solution 10 mg/ml (Paraplatin)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
carmustine intravenous recon soln 100 mg (BiCNU)	1	GC
CASODEX ORAL TABLET 50 MG	3	GC
cisplatin intravenous recon soln 50 mg	1	PA BvD; GC
cisplatin intravenous solution 1 mg/ml	1	PA BvD; GC
cladribine intravenous solution 10 mg/10 ml	1	PA BvD; GC
clofarabine intravenous solution 20 mg/20 ml (Clolar)	1	GC
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML	3	GC
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	PA NSO; GC; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	PA NSO; GC; QL (56 per 28 days)
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	3	GC
COTELLIC ORAL TABLET 20 MG	2	PA NSO; GC; LA; QL (63 per 28 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	3	PA BvD; ST; GC
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	2	PA NSO; GC
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	1	PA BvD; GC
cytarabine injection solution 20 mg/ml	1	PA BvD; GC
dacarbazine intravenous recon soln 100 mg, 200 mg	1	GC
DACOGEN INTRAVENOUS RECON SOLN 50 MG	3	GC
dactinomycin intravenous recon soln 0.5 mg (Cosmegen)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
DARZALEX 100 MG/5 ML VIAL 20 MG/ML	2	PA NSO; GC; LA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	2	PA NSO; GC
daunorubicin intravenous recon soln 20 mg	1	PA BvD; GC
daunorubicin intravenous solution 5 mg/ml	1	GC
DAURISMO ORAL TABLET 100 MG	2	PA NSO; GC; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	2	PA NSO; GC; QL (90 per 30 days)
decitabine intravenous recon soln 50 mg (Dacogen)	1	GC
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG	2	GC
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml, 80 mg/8 ml (10 mg/ml)	1	GC
docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml) (Taxotere)	1	GC
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	3	PA BvD; GC
doxorubicin intravenous recon soln 50 mg (Adriamycin)	1	PA BvD; GC
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml (Adriamycin)	1	PA BvD; GC
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Doxil)	1	PA BvD; GC
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	GC
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	GC
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	GC
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	GC
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	3	GC
EMCYT ORAL CAPSULE 140 MG	2	GC
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	2	PA NSO; GC
ENHERTU INTRAVENOUS RECON SOLN 100 MG	2	PA NSO; GC
epirubicin intravenous recon soln 200 mg, 50 mg	1	GC
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml (Ellence)	1	GC
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	2	PA NSO; GC
ERIVEDGE ORAL CAPSULE 150 MG	2	PA NSO; GC; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	2	PA NSO; GC; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 25 mg (Tarceva)	1	PA NSO; GC; QL (60 per 30 days)
erlotinib oral tablet 150 mg (Tarceva)	1	PA NSO; GC; QL (90 per 30 days)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	2	PA BvD; GC; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	2	GC
etoposide intravenous solution 20 mg/ml (Toposar)	1	GC
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg (Afinitor)	1	PA NSO; GC; QL (28 per 28 days)
EVOMELA INTRAVENOUS RECON SOLN 50 MG	3	GC
exemestane oral tablet 25 mg (Aromasin)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
FARESTON ORAL TABLET 60 MG	3	GC
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	2	PA NSO; GC
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	2	GC
FEMARA ORAL TABLET 2.5 MG	3	GC
FIRMAGON 120 MG VIAL INNER,SUV 120 MG	2	GC
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	2	GC
floxuridine injection recon soln 0.5 gram	1	PA BvD; GC
fludarabine intravenous recon soln 50 mg	1	GC
fludarabine intravenous solution 50 mg/2 ml	1	GC
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml	1	PA BvD; GC
flutamide oral capsule 125 mg	1	GC
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	2	PA NSO; GC
fulvestrant intramuscular syringe (Faslodex) *250 mg/5 ml*	1	GC
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	2	PA NSO; GC
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	1	GC
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	1	GC
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA NSO; GC; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	3	PA NSO; GC; QL (90 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
GLEEVEC ORAL TABLET 400 MG	3	PA NSO; GC; QL (60 per 30 days)
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	2	PA NSO; GC
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	2	PA NSO; GC; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	2	PA NSO; GC
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	PA NSO; GC
HYCAMTIN INTRAVENOUS RECON SOLN 4 MG	3	GC
HYDREA ORAL CAPSULE 500 MG	3	GC
hydroxyurea oral capsule 500 mg (Hydrea)	1	GC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA NSO; GC; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA NSO; GC; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	2	PA NSO; GC; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	2	PA NSO; GC; QL (30 per 30 days)
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	3	GC
idarubicin intravenous solution 1 mg/ml (Idamycin PFS)	1	GC
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA NSO; GC; QL (30 per 30 days)
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	3	PA BvD; GC
ifosfamide intravenous recon soln 1 gram, 3 gram (Ifex)	1	PA BvD; GC
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	1	PA BvD; GC
imatinib oral tablet 100 mg (Gleevec)	1	PA NSO; GC; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
imatinib oral tablet 400 mg (Gleevec)	1	PA NSO; GC; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	PA NSO; GC; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA NSO; GC; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	PA NSO; GC; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	2	PA NSO; GC
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	2	PA NSO; GC; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	2	PA NSO; GC; QL (8 per 28 days)
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	2	PA BvD; GC
INLYTA ORAL TABLET 1 MG	2	PA NSO; GC; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	2	PA NSO; GC; QL (60 per 30 days)
INREBIC ORAL CAPSULE 100 MG	2	PA NSO; GC; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	2	PA NSO; GC; QL (60 per 30 days)
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml (Camptosar)	1	GC
irinotecan intravenous solution 500 mg/25 ml	1	GC

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Drug Name	Drug Tier	Requirements/Limits
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	3	PA NSO; GC
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	2	GC
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	PA NSO; GC; QL (60 per 30 days)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	2	GC
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	2	PA NSO; GC
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	PA NSO; GC
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	2	PA NSO; GC; QL (8 per 21 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	2	PA NSO; GC; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	2	PA NSO; GC; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA NSO; GC; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA NSO; GC; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA NSO; GC; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA NSO; GC; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	2	PA NSO; GC; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	2	PA NSO; GC; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	2	PA NSO; GC

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	2	PA NSO; GC
letrozole oral tablet 2.5 mg (Femara)	1	GC
LEUKERAN ORAL TABLET 2 MG	2	GC
leuprolide subcutaneous kit 1 mg/0.2 ml	1	GC
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	2	PA NSO; GC; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	2	PA NSO; GC; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	2	PA NSO; GC; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	2	PA NSO; GC; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	2	PA NSO; GC; QL (90 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	2	PA NSO; GC
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	2	GC
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	GC
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	GC
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	GC
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA NSO; GC; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	2	GC

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Drug Name	Drug Tier	Requirements/Limits
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	2	PA BvD; GC; QL (4 per 28 days)
MATULANE ORAL CAPSULE 50 MG	2	GC
megestrol oral tablet 20 mg, 40 mg	1	PA NSO; GC; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	2	PA NSO; GC; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA NSO; GC; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	2	PA NSO; GC; QL (180 per 30 days)
melphalan hcl intravenous recon soln (Alkeran (as HCl)) *50 mg*	1	GC
mercaptopurine oral tablet 50 mg	1	GC
methotrexate sodium (pf) injection recon soln 1 gram	1	PA BvD; GC
methotrexate sodium (pf) injection solution 25 mg/ml	1	PA BvD; GC
methotrexate sodium injection solution 25 mg/ml	1	PA BvD; GC
methotrexate sodium oral tablet 2.5 mg	1	PA BvD; ST; GC
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg (Mutamycin)	1	PA BvD; GC
mitoxantrone intravenous concentrate 2 mg/ml	1	GC
mutamycin intravenous recon soln 20 mg, 40 mg, 5 mg	1	PA BvD; GC
MVASI INTRAVENOUS SOLUTION 25 MG/ML	2	PA NSO; GC
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	2	PA NSO; GC
NERLYNX ORAL TABLET 40 MG	2	PA NSO; GC; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	2	PA NSO; GC; QL (120 per 30 days)
NILANDRON ORAL TABLET 150 MG	3	GC

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Drug Name	Drug Tier	Requirements/Limits
nilutamide oral tablet 150 mg (Nilandron)	1	GC
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA NSO; GC; QL (3 per 28 days)
NIPENT INTRAVENOUS RECON SOLN 10 MG	2	GC
NUBEQA ORAL TABLET 300 MG	2	PA NSO; GC; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	2	PA NSO; GC
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	PA NSO; GC
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	2	PA NSO; GC
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	2	PA BvD; GC
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	PA NSO; GC
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	2	PA NSO; GC
oxaliplatin intravenous recon soln 100 mg, 50 mg	1	GC
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	1	GC
paclitaxel intravenous concentrate 6 mg/ml	1	PA BvD; GC
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	2	PA NSO; GC
PARAPLATIN INTRAVENOUS SOLUTION 10 MG/ML	3	GC
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	2	PA NSO; GC; QL (14 per 21 days)
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	2	PA NSO; GC
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML	2	PA NSO; GC; QL (15 per 21 days)
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML	2	PA NSO; GC; QL (10 per 21 days)

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Drug Name	Drug Tier	Requirements/Limits
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA NSO; GC; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	PA NSO; GC; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG	2	PA NSO; GC
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA NSO; GC; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	2	PA NSO; GC; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	2	GC
PURIXAN ORAL SUSPENSION 20 MG/ML	2	GC
QINLOCK ORAL TABLET 50 MG	2	PA NSO; GC; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	2	PA NSO; GC; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	2	PA NSO; GC; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA NSO; GC; QL (28 per 28 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	2	PA NSO; GC
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	2	PA NSO; GC
romidepsin intravenous recon soln 10 mg/2 ml (Istodax)	1	PA NSO; GC
romidepsin intravenous solution 5 mg/ml	1	PA NSO; GC
ROZLYTREK ORAL CAPSULE 100 MG	2	PA NSO; GC; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	2	PA NSO; GC; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	PA NSO; GC; QL (120 per 30 days)
RUXIENCE INTRAVENOUS CONCENTRATE 10 MG/ML	2	PA NSO; GC
RYDAPT ORAL CAPSULE 25 MG	2	PA NSO; GC; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	2	PA NSO; GC
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	2	GC
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	2	PA NSO; GC; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	2	PA NSO; GC; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	2	PA NSO; GC; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA NSO; GC; QL (30 per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	2	PA NSO; GC; QL (4 per 28 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	2	PA NSO; GC
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	PA NSO; GC
TABLOID ORAL TABLET 40 MG	2	GC
TABRECTA ORAL TABLET 150 MG, 200 MG	2	PA NSO; GC; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA NSO; GC; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	PA NSO; GC; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	2	PA NSO; GC; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	2	PA NSO; GC; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	1	GC
TARCEVA ORAL TABLET 100 MG, 25 MG	3	PA NSO; GC; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TARCEVA ORAL TABLET 150 MG	3	PA NSO; GC; QL (90 per 30 days)
TARGRETIN ORAL CAPSULE 75 MG	3	PA NSO; GC; QL (420 per 30 days)
TARGRETIN TOPICAL GEL 1 %	2	PA NSO; GC; QL (60 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA NSO; GC; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	2	PA NSO; GC; QL (120 per 30 days)
TAXOTERE INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 80 MG/4 ML (20 MG/ML)	3	GC
TAZVERIK ORAL TABLET 200 MG	2	PA NSO; GC; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	2	PA NSO; GC
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first) (Torisel)	1	PA BvD; GC; QL (4 per 28 days)
thiotepa injection recon soln 100 mg, 15 mg (Tepadina)	1	GC
TIBSOVO ORAL TABLET 250 MG	2	PA NSO; GC; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	2	GC
toposar intravenous solution 20 mg/ml	1	GC
topotecan intravenous recon soln 4 mg (Hycamtin)	1	GC
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	1	GC
toremifene oral tablet 60 mg (Fareston)	1	GC
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	3	PA BvD; GC; QL (4 per 28 days)
TRAZIMERA INTRAVENOUS RECON SOLN 420 MG	2	PA NSO; GC

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Drug Name	Drug Tier	Requirements/Limits
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	2	GC
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	2	GC; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	2	GC; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	2	GC
tretinoin (antineoplastic) oral capsule 10 mg	1	GC
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	2	GC
TRUXIMA INTRAVENOUS CONCENTRATE 10 MG/ML	2	PA NSO; GC
TUKYSA ORAL TABLET 150 MG	2	PA NSO; GC; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	2	PA NSO; GC; QL (360 per 30 days)
TURALIO ORAL CAPSULE 200 MG	2	PA NSO; GC; QL (120 per 30 days)
TYKERB ORAL TABLET 250 MG	2	GC
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	2	PA NSO; GC
valrubicin intravesical solution 40 mg/ml (Valstar)	1	GC
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	2	GC
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	2	PA NSO; GC
VELCADE INJECTION RECON SOLN 3.5 MG	2	PA NSO; GC

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG	2	PA NSO; GC; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA NSO; GC; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA NSO; GC; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	PA NSO; GC
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA NSO; GC; QL (56 per 28 days)
VIDAZA INJECTION RECON SOLN 100 MG	3	GC
vinblastine intravenous solution 1 mg/ml	1	PA BvD; GC
vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml	1	PA BvD; GC
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml (Vincasar PFS)	1	PA BvD; GC
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml (Navelbine)	1	GC
VITRAKVI ORAL CAPSULE 100 MG	2	PA NSO; GC; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	2	PA NSO; GC; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA NSO; GC; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA NSO; GC; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	2	PA NSO; GC; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	2	PA BvD; GC
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA NSO; GC; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	2	PA BvD; ST; GC
XOSPATA ORAL TABLET 40 MG	2	PA NSO; GC; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	2	PA NSO; GC; QL (20 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2)	2	PA NSO; GC; QL (8 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	2	PA NSO; GC; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	2	PA NSO; GC; QL (24 per 28 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	2	PA NSO; GC; QL (16 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	2	PA NSO; GC; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	2	PA NSO; GC; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	2	PA NSO; GC
YONDELIS INTRAVENOUS RECON SOLN 1 MG	2	PA NSO; GC
YONSA ORAL TABLET 125 MG	2	PA NSO; GC; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	2	PA NSO; GC
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	2	GC
ZEJULA ORAL CAPSULE 100 MG	2	PA NSO; GC; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	2	PA NSO; GC; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	2	PA NSO; GC
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	2	PA NSO; GC
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	2	GC; QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	2	GC; QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	2	GC

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Drug Name		Drug Tier	Requirements/Limits
ZYDELIG ORAL TABLET 100 MG, 150 MG		2	PA NSO; GC; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG		2	PA NSO; GC; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG		3	PA NSO; GC; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG		2	PA NSO; GC; QL (120 per 30 days)
Anticholinergic Agents			
Antimuscarinics/Antispasmodics			
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml		1	GC
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	1	GC
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG		3	GC
Anticonvulsants			
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG		2	GC
BANZEL ORAL SUSPENSION 40 MG/ML		2	GC
BANZEL ORAL TABLET 200 MG, 400 MG		2	GC
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		2	GC; QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		2	GC; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		2	GC; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	1	GC
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	1	GC
carbamazepine oral tablet 200 mg	(Epitol)	1	GC
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
carbamazepine oral tablet,chewable 100 mg	1	GC
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	GC
CELONTIN ORAL CAPSULE 300 MG	2	GC
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	3	GC
clobazam oral suspension 2.5 mg/ml (Onfi)	1	PA NSO; GC; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg (Onfi)	1	PA NSO; GC; QL (60 per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	GC
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	GC
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	GC
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	3	GC
DIASTAT RECTAL KIT 2.5 MG	3	GC
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg (Diastat AcuDial)	1	GC
diazepam rectal kit 2.5 mg (Diastat)	1	GC
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	GC
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	3	GC
DILANTIN ORAL CAPSULE 30 MG	2	GC
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	GC
divalproex oral capsule, delayed rel sprinkle 125 mg (Depakote Sprinkles)	1	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	1	GC
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	GC
EPIDIOLEX ORAL SOLUTION 100 MG/ML		2	PA NSO; GC
epitol oral tablet 200 mg		1	GC
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG		2	GC
ethosuximide oral capsule 250 mg	(Zarontin)	1	GC
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	1	GC
felbamate oral suspension 600 mg/5 ml	(Felbatol)	1	GC
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	GC
FELBATOL ORAL SUSPENSION 600 MG/5 ML		3	GC
FELBATOL ORAL TABLET 400 MG, 600 MG		3	GC
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	1	GC
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		2	GC
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		2	GC
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	1	GC
gabapentin oral solution 250 mg/5 ml	(Neurontin)	1	GC
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	1	GC
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG		3	GC
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML		3	GC
KEPPRA ORAL SOLUTION 100 MG/ML		3	GC

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Drug Name	Drug Tier	Requirements/Limits
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	3	GC
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	GC
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	3	GC
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	3	GC
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	3	GC
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	3	GC
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3	GC
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	GC
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	3	GC
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	3	GC
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	3	GC
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3	GC

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Drug Name		Drug Tier	Requirements/Limits
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		2	GC
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		2	GC
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)		2	GC
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	GC
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	1	GC
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	1	GC
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	1	GC
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	1	GC
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	1	GC
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	1	GC
lamotrigine oral tablets,dose pack 25 mg (35)	(Subvenite Starter (Blue) Kit)	1	GC
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Subvenite Starter (Orange) Kit)	1	GC
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Subvenite Starter (Green) Kit)	1	GC
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml		1	GC

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Drug Name	Drug Tier	Requirements/Limits
levetiracetam intravenous solution 500 mg/5 ml (Keppra)	1	GC
levetiracetam oral solution 100 mg/ml (Keppra)	1	GC
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)	1	GC
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg (Keppra XR)	1	GC
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	GC; QL (90 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	3	GC; QL (900 per 30 days)
MYSOLINE ORAL TABLET 250 MG, 50 MG	3	GC
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	GC; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	3	GC
NEURONTIN ORAL SOLUTION 250 MG/5 ML	3	GC
NEURONTIN ORAL TABLET 600 MG, 800 MG	3	GC
ONFI ORAL SUSPENSION 2.5 MG/ML	3	PA NSO; GC; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	3	PA NSO; GC; QL (60 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml) (Trileptal)	1	GC
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg (Trileptal)	1	GC
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	2	GC
PEGANONE ORAL TABLET 250 MG	2	GC
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	GC
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		3	GC
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	GC
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	1	GC
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	GC
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	GC
phenytoin sodium intravenous solution 50 mg/ml		1	GC
phenytoin sodium intravenous syringe 50 mg/ml		1	GC
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	1	GC; QL (90 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	1	GC; QL (900 per 30 days)
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	GC
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG		3	GC
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG		3	GC
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG		3	GC
SABRIL ORAL POWDER IN PACKET 500 MG		3	GC
SABRIL ORAL TABLET 500 MG		2	GC
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG		2	ST; GC; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	2	ST; GC; QL (120 per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	GC
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	1	GC
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)	1	GC
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)	1	GC
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	2	PA NSO; GC; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	GC
TEGRETOL ORAL TABLET 200 MG	3	GC
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	GC
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg (Gabitril)	1	GC
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	3	GC
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	GC
topiramate oral capsule, sprinkle 15 mg, 25 mg (Topamax)	1	GC
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg (Qudexy XR)	1	GC
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Topamax)	1	GC
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	3	GC
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	3	GC

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Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	2	GC; QL (30 per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	2	GC; QL (60 per 30 days)
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	1	GC
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	GC
valproic acid oral capsule 250 mg	1	GC
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	2	GC
vigabatrin oral powder in packet 500 mg (Vigadrone)	1	GC
vigabatrin oral tablet 500 mg (Sabril)	1	GC
vigadrone oral powder in packet 500 mg	1	GC
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	2	GC; QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	2	GC; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	GC; QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	2	PA NSO; GC; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	2	PA NSO; GC; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	2	PA NSO; GC; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		2	PA NSO; GC
ZARONTIN ORAL CAPSULE 250 MG		3	GC
ZARONTIN ORAL SOLUTION 250 MG/5 ML		3	GC
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG		3	GC
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	GC
zonisamide oral capsule 50 mg		1	GC
Antidementia Agents			
Antidementia Agents			
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG		3	GC; QL (30 per 30 days)
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	1	GC; QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg		1	GC; QL (30 per 30 days)
ergoloid oral tablet 1 mg		1	GC
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR		3	GC; QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	1	GC; QL (30 per 30 days)
galantamine oral solution 4 mg/ml		1	GC; QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	(Razadyne)	1	GC; QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	1	GC; QL (30 per 30 days)
memantine oral solution 2 mg/ml		1	GC; QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg	(Namenda)	1	GC; QL (60 per 30 days)
memantine oral tablets,dose pack 5-10 mg	(Namenda Titration Pak)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
NAMENDA ORAL TABLET 10 MG, 5 MG	3	GC; QL (60 per 30 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	2	GC
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	GC; QL (30 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	GC
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	GC; QL (30 per 30 days)
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	3	GC; QL (30 per 30 days)
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG	3	GC; QL (60 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	GC; QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr (Exelon)	1	GC; QL (30 per 30 days)
Antidepressants		
Antidepressants		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	GC
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	GC
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	GC
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	GC
bupropion hcl oral tablet 100 mg, 75 mg	1	GC
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
bupropion hcl oral tablet extended release 24 hr 450 mg (Forfivo XL)	1	GC
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR)	1	GC
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	3	GC; QL (30 per 30 days)
citalopram oral solution 10 mg/5 ml	1	GC; QL (600 per 30 days)
citalopram oral tablet 10 mg, 20 mg, 40 mg (Celexa)	1	GC; QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	1	GC
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 60 MG	3	GC; QL (60 per 30 days)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	GC; QL (30 per 30 days)
desipramine oral tablet 10 mg, 25 mg (Norpramin)	1	GC
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	GC
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	2	GC
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	1	GC; QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	GC
doxepin oral concentrate 10 mg/ml	1	GC
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG	2	GC; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG	2	GC; QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	(Cymbalta)	1	GC; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	(Cymbalta)	1	GC; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg		1	GC; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG		3	GC; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 37.5 MG, 75 MG		3	GC; QL (90 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		2	GC; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml		1	GC
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	1	GC
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		2	ST; GC
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		2	ST; GC; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	1	GC
fluoxetine oral capsule,delayed release(dr/ec) 90 mg		1	GC
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		1	GC
fluoxetine oral tablet 10 mg, 20 mg	(Sarafem)	1	GC
fluoxetine oral tablet 60 mg		3	GC
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg		1	GC
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		1	GC

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Drug Name	Drug Tier	Requirements/Limits
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	GC
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	GC
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	GC
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	3	GC
maprotiline oral tablet 25 mg, 50 mg, 75 mg	1	GC
MARPLAN ORAL TABLET 10 MG	2	GC
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	1	GC
mirtazapine oral tablet 45 mg, 7.5 mg	1	GC
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	1	GC
NARDIL ORAL TABLET 15 MG	3	GC
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	GC
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	GC
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1	GC
nortriptyline oral solution 10 mg/5 ml	1	GC
olanzapine-fluoxetine oral capsule 12-25 mg	1	GC
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg (Symbyax)	1	GC
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	GC
PARNATE ORAL TABLET 10 MG	3	GC
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	1	GC
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	GC
PAXIL ORAL SUSPENSION 10 MG/5 ML	2	GC
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	GC
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	GC
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	2	GC
phenelzine oral tablet 15 mg (Nardil)	1	GC
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	3	ST; GC; QL (30 per 30 days)
protriptyline oral tablet 10 mg, 5 mg	1	GC
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	GC
REMERON ORAL TABLET 15 MG, 30 MG	3	GC
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	3	GC
sertraline oral concentrate 20 mg/ml (Zoloft)	1	GC
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	1	GC
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	2	PA NSO; GC
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	GC
tranylcypromine oral tablet 10 mg (Parnate)	1	GC
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	GC
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	ST; GC; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg (Effexor XR)	1	GC; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg (Effexor XR)	1	GC; QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	GC
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	1	GC
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST; GC; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	2	ST; GC
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	3	GC
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	GC
ZOLOFT ORAL CONCENTRATE 20 MG/ML	3	GC
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	3	GC
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	2	GC
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	1	GC; QL (90 per 30 days)
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG	3	GC; QL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	2	GC; QL (60 per 30 days)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML	2	ST; GC
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	2	ST; GC; QL (6 per 28 days)
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg (Nesina)	2	GC; QL (30 per 30 days)
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg (Kazano)	2	GC; QL (60 per 30 days)
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg (Oseni)	2	GC; QL (30 per 30 days)
AVANDIA ORAL TABLET 2 MG	2	GC; QL (30 per 30 days)
AVANDIA ORAL TABLET 4 MG	2	GC; QL (60 per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	ST; GC; QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	2	ST; GC; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	ST; GC; QL (2.4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	ST; GC; QL (1.2 per 28 days)
CYCLOSET ORAL TABLET 0.8 MG	2	GC; QL (180 per 30 days)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	GC; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	2	GC; QL (30 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	GC; QL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	GC; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GLUCOPHAGE ORAL TABLET 1,000 MG	3	GC; QL (75 per 30 days)
GLUCOPHAGE ORAL TABLET 500 MG	3	GC; QL (150 per 30 days)
GLUCOPHAGE ORAL TABLET 850 MG	3	GC; QL (90 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	3	GC; QL (120 per 30 days)
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HR 750 MG	3	GC; QL (60 per 30 days)
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG	3	GC; QL (90 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; GC; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	2	ST; GC; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	2	ST; GC; QL (120 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	ST; GC; QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG	2	ST; GC; QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	2	ST; GC; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	GC; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	GC; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	GC; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	GC; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	GC; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	GC; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	GC; QL (30 per 30 days)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	3	GC; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	GC; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	2	PA; GC; QL (112 per 28 days)
metformin oral solution 500 mg/5 ml (Riomet)	1	GC; QL (765 per 30 days)
metformin oral tablet 1,000 mg (Glucophage)	1	GC; QL (75 per 30 days)
metformin oral tablet 500 mg (Glucophage)	1	GC; QL (150 per 30 days)
metformin oral tablet 850 mg (Glucophage)	1	GC; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg (Glucophage XR)	1	GC; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg (Glucophage XR)	1	GC; QL (60 per 30 days)
metformin oral tablet extended release 24hr 1,000 mg (Fortamet)	1	GC; QL (60 per 30 days)
metformin oral tablet extended release 24hr 500 mg (Fortamet)	1	GC; QL (150 per 30 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg (Glyset)	1	GC; QL (90 per 30 days)
nateglinide oral tablet 120 mg, 60 mg (Starlix)	1	GC; QL (90 per 30 days)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	GC; QL (30 per 30 days)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	2	GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	GC; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	2	GC; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	GC; QL (30 per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg (DUETACT)	1	GC; QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg (Actoplus MET)	1	GC; QL (90 per 30 days)
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	GC; QL (90 per 30 days)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	2	ST; GC; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	GC; QL (240 per 30 days)
repaglinide oral tablet 1 mg, 2 mg (Prandin)	1	GC; QL (240 per 30 days)
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	1	GC; QL (150 per 30 days)
RIOMET ORAL SOLUTION 500 MG/5 ML	2	GC; QL (765 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	GC; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; GC; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	ST; GC; QL (120 per 30 days)
STARLIX ORAL TABLET 120 MG, 60 MG	3	GC; QL (90 per 30 days)
STEGLATRO ORAL TABLET 15 MG	2	ST; GC; QL (30 per 30 days)
STEGLATRO ORAL TABLET 5 MG	2	ST; GC; QL (60 per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	ST; GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA; GC; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA; GC; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; GC; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	ST; GC; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	ST; GC; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	2	GC; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	GC; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	GC; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	ST; GC; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; GC; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	GC; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	GC; QL (60 per 30 days)
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	GC; QL (30 per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	GC; QL (40 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	2	PA; GC
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	GC; QL (30 per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	GC; QL (40 per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	GC; QL (30 per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	GC; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	GC; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	GC; QL (40 per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	GC; QL (30 per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	GC; QL (30 per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	GC; QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	GC; QL (40 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	GC; QL (30 per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	GC; QL (30 per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	GC; QL (40 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	GC; QL (30 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	GC; QL (40 per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	GC; QL (40 per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	GC; QL (30 per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	GC; QL (30 per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	GC; QL (40 per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	GC; QL (40 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		2	GC; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		2	GC; QL (24 per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	(Novolog Mix 70-30FlexPen U-100)	1	GC; QL (30 per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	(Novolog Mix 70-30 U-100 Insuln)	1	GC; QL (40 per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	(Novolog PenFill U-100 Insulin)	1	GC; QL (30 per 28 days)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	(Novolog Flexpen U-100 Insulin)	1	GC; QL (30 per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	(Novolog U-100 Insulin aspart)	1	GC; QL (40 per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	(Humalog Mix 75-25 KwikPen)	1	GC; QL (30 per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	(Admelog SoloStar U-100 Insulin)	1	GC; QL (30 per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	(Humalog Junior KwikPen U-100)	1	GC; QL (30 per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	1	GC; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	GC; QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	GC; QL (40 per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	GC; QL (30 per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	GC; QL (40 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	GC; QL (30 per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	GC; QL (30 per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	GC; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	GC; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	GC; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	GC; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	GC; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	GC; QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	GC; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	GC; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	GC; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	GC; QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	GC; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	GC; QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	ST; GC; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	GC; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	GC; QL (13.5 per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	GC; QL (30 per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	GC; QL (18 per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	GC; QL (40 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	ST; GC; QL (15 per 28 days)
Sulfonylureas		
AMARYL ORAL TABLET 1 MG, 2 MG	3	GC; QL (30 per 30 days)
AMARYL ORAL TABLET 4 MG	3	GC; QL (60 per 30 days)
glimepiride oral tablet 1 mg, 2 mg (Amaryl)	1	GC; QL (30 per 30 days)
glimepiride oral tablet 4 mg (Amaryl)	1	GC; QL (60 per 30 days)
glipizide oral tablet 10 mg (Glucotrol)	1	GC; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
glipizide oral tablet 5 mg (Glucotrol)	1	GC; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 10 mg (Glucotrol XL)	1	GC; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg (Glucotrol XL)	1	GC; QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	GC; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	GC; QL (120 per 30 days)
GLUCOTROL ORAL TABLET 10 MG	3	GC; QL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	GC; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	GC; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG, 5 MG	3	GC; QL (30 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg (Glynase)	1	GC
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	GC
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	GC
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	3	GC
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	PA BvD; GC
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	PA BvD; GC
amphotericin b injection recon soln 50 mg	1	PA BvD; GC
ANCOBON ORAL CAPSULE 250 MG, 500 MG	3	GC
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	3	GC

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Drug Name		Drug Tier	Requirements/Limits
caspofungin intravenous recon soln 50 mg, 70 mg	(Cancidas)	1	GC
ciclopirox topical cream 0.77 %	(Ciclodan)	1	GC
ciclopirox topical gel 0.77 %		1	GC
ciclopirox topical shampoo 1 %	(Loprox)	1	GC
ciclopirox topical solution 8 %	(Ciclodan)	1	GC
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	1	GC
clotrimazole mucous membrane troche 10 mg		1	GC
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	1	GC
clotrimazole topical solution 1 %		1	GC
clotrimazole-betamethasone topical cream 1-0.05 %		1	GC
clotrimazole-betamethasone topical lotion 1-0.05 %		1	GC
CRESEMBA INTRAVENOUS RECON SOLN 372 MG		2	GC
CRESEMBA ORAL CAPSULE 186 MG		2	GC
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML		3	GC
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		3	GC
econazole topical cream 1 %		1	GC
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG		2	GC
EXELDERM TOPICAL CREAM 1 %		2	GC
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml		1	GC
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml		1	PA BvD; GC
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Diflucan)	1	GC
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	GC
griseofulvin microsize oral suspension 125 mg/5 ml		1	GC
griseofulvin microsize oral tablet 500 mg		1	GC
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		1	GC
itraconazole oral capsule 100 mg	(Sporanox)	1	GC
itraconazole oral solution 10 mg/ml	(Sporanox)	1	GC
ketoconazole oral tablet 200 mg		1	GC
ketoconazole topical cream 2 %		1	GC
ketoconazole topical shampoo 2 %	(Nizoral)	1	GC
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %		3	GC
LOPROX TOPICAL SHAMPOO 1 %		3	GC
LOTRISONE TOPICAL CREAM 1-0.05 %		3	GC
luliconazole topical cream 1 %	(Luzu)	1	GC
LUZU TOPICAL CREAM 1 %		3	GC
MENTAX TOPICAL CREAM 1 %		3	GC
micafungin intravenous recon soln 100 mg, 50 mg	(Mycamine)	1	GC
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	(Vusion)	1	GC
miconazole-3 vaginal suppository 200 mg		1	GC
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG		3	GC
naftifine topical cream 1 %		1	GC
naftifine topical cream 2 %	(Naftin)	1	GC
naftifine topical gel 1 %	(Naftin)	1	GC
NAFTIN TOPICAL CREAM 2 %		3	GC
NAFTIN TOPICAL GEL 1 %		3	GC
NAFTIN TOPICAL GEL 2 %		2	GC

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Drug Name	Drug Tier	Requirements/Limits
NIZORAL TOPICAL SHAMPOO 2 %	3	GC
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	2	GC
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	GC
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	3	GC
nyamyc topical powder 100,000 unit/gram	1	GC
nystatin oral suspension 100,000 unit/ml	1	GC
nystatin oral tablet 500,000 unit	1	GC
nystatin topical cream 100,000 unit/gram	1	GC
nystatin topical ointment 100,000 unit/gram	1	GC
nystatin topical powder 100,000 unit/gram (Nyamyc)	1	GC
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	GC
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	GC
nystop topical powder 100,000 unit/gram	1	GC
ONMEL ORAL TABLET 200 MG	2	PA; GC
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	2	GC
oxiconazole topical cream 1 % (Oxistat)	1	GC
OXISTAT TOPICAL CREAM 1 %	3	GC
OXISTAT TOPICAL LOTION 1 %	2	GC
posaconazole oral tablet,delayed release (dr/ec) 100 mg (Noxafil)	1	GC
SPORANOX ORAL CAPSULE 100 MG	3	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
SPORANOX ORAL SOLUTION 10 MG/ML		3	GC
sulconazole topical cream 1 %	(Exelderm)	1	GC
sulconazole topical solution 1 %	(Exelderm)	1	GC
terbinafine hcl oral tablet 250 mg		1	GC
VFEND IV INTRAVENOUS RECON SOLN 200 MG		3	PA BvD; GC
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)		3	GC
VFEND ORAL TABLET 200 MG, 50 MG		3	GC
voriconazole intravenous recon soln 200 mg	(Vfend IV)	1	PA BvD; GC
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	1	GC
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	1	GC
VUSION TOPICAL OINTMENT 0.25-15-81.35 %		3	GC
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg, 300 mg	(Zyloprim)	1	GC
ALOPRIM INTRAVENOUS RECON SOLN 500 MG		3	GC
colchicine oral capsule 0.6 mg	(Mitigare)	1	GC
colchicine oral tablet 0.6 mg	(Colcrys)	1	GC
COLCRYS ORAL TABLET 0.6 MG		3	GC
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG		2	ST; GC; QL (30 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	1	GC; QL (30 per 30 days)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML		2	GC; QL (300 per 30 days)
probenecid oral tablet 500 mg		1	GC
probenecid-colchicine oral tablet 500-0.5 mg		1	GC

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Drug Name		Drug Tier	Requirements/Limits
ULORIC ORAL TABLET 40 MG, 80 MG		3	ST; GC; QL (30 per 30 days)
ZYLOPRIM ORAL TABLET 100 MG, 300 MG		3	GC
Antihistamines			
Antihistamines			
carbinoxamine maleate oral liquid 4 mg/5 ml		1	GC
carbinoxamine maleate oral tablet 4 mg		1	GC
cetirizine oral solution 1 mg/ml	(All Day Allergy (cetirizine))	1	GC
CLARINEX ORAL TABLET 5 MG		3	GC
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG		2	GC
clemastine oral tablet 2.68 mg		1	GC
cyproheptadine oral syrup 2 mg/5 ml		1	GC
cyproheptadine oral tablet 4 mg		1	GC
desloratadine oral tablet 5 mg	(Clarinex)	1	GC
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg		1	GC
diphenhydramine hcl injection solution 50 mg/ml		1	GC
diphenhydramine hcl injection syringe 50 mg/ml		1	GC
diphenhydramine hcl oral elixir 12.5 mg/5 ml	(Diphen)	1	GC
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		1	GC
hydroxyzine hcl oral solution 10 mg/5 ml		1	GC
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	GC
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML		2	GC
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	1	GC
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
promethazine oral syrup 6.25 mg/5 ml	1	GC
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml (Promethazine VC)	1	GC
SEMPREX-D ORAL CAPSULE 8-60 MG	2	GC
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
CLEOCIN VAGINAL CREAM 2 %	3	GC
CLEOCIN VAGINAL SUPPOSITORY 100 MG	2	GC
clindamycin phosphate vaginal cream 2 % (Cleocin)	1	GC
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	2	GC
METROGEL VAGINAL VAGINAL GEL 0.75 %	3	GC
metronidazole vaginal gel 0.75 % (Vandazole)	1	GC
NUVESSA VAGINAL GEL 1.3 %	2	GC
terconazole vaginal cream 0.4 %, 0.8 %	1	GC
terconazole vaginal suppository 80 mg	1	GC
VANDAZOLE VAGINAL GEL 0.75 %	2	GC
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; GC; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; GC; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; GC; QL (1.5 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	GC; QL (12 per 28 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG	3	ST; GC; QL (18 per 28 days)
D.H.E.45 INJECTION SOLUTION 1 MG/ML	3	GC; QL (24 per 28 days)
dihydroergotamine injection solution 1 mg/ml (D.H.E.45)	1	GC; QL (24 per 28 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml) (Migranal)	1	GC; QL (8 per 28 days)
eletriptan oral tablet 20 mg, 40 mg (Relpax)	1	GC; QL (12 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; GC; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; GC; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; GC; QL (3 per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	2	GC; QL (20 per 28 days)
ergotamine-caffeine oral tablet 1-100 mg (Cafergot)	1	GC; QL (40 per 28 days)
FROVA ORAL TABLET 2.5 MG	3	ST; GC; QL (18 per 28 days)
frovatriptan oral tablet 2.5 mg (Frova)	1	GC; QL (18 per 28 days)
IMITREX 6 MG/0.5 ML PEN INJECT 2 STAT DOSE SYR,SDV 6 MG/0.5 ML	3	ST; GC; QL (4 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION	3	ST; GC; QL (12 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION	3	ST; GC; QL (18 per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; GC; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	ST; GC; QL (4 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	ST; GC; QL (4 per 28 days)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML	3	ST; GC; QL (4 per 28 days)
MAXALT ORAL TABLET 10 MG	3	ST; GC; QL (18 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	ST; GC; QL (18 per 28 days)
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	GC; QL (8 per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg (Amerge)	1	GC; QL (18 per 28 days)
RELPAX ORAL TABLET 20 MG, 40 MG	3	ST; GC; QL (12 per 28 days)
rizatriptan oral tablet 10 mg (Maxalt)	1	GC; QL (18 per 28 days)
rizatriptan oral tablet 5 mg	1	GC; QL (18 per 28 days)
rizatriptan oral tablet,disintegrating 10 mg (Maxalt-MLT)	1	GC; QL (18 per 28 days)
rizatriptan oral tablet,disintegrating 5 mg	1	GC; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation (Imitrex)	1	GC; QL (12 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation (Imitrex)	1	GC; QL (18 per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg (Imitrex)	1	GC; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml (Imitrex STATdose Refill)	1	GC; QL (4 per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml (Imitrex STATdose Refill)	1	GC; QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)	1	GC; QL (4 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	1	GC; QL (4 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		1	GC; QL (4 per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	1	GC; QL (12 per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	(Zomig ZMT)	1	GC; QL (12 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG		2	ST; GC; QL (12 per 28 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG		3	ST; GC; QL (12 per 28 days)
ZOMIG ZMT ORAL TABLET,DISINTEGRATING 2.5 MG, 5 MG		3	ST; GC; QL (12 per 28 days)
Antimycobacterials			
Antimycobacterials			
CAPASTAT INJECTION RECON SOLN 1 GRAM		2	GC
cycloserine oral capsule 250 mg		1	GC
dapsone oral tablet 100 mg, 25 mg		1	GC
ethambutol oral tablet 100 mg		1	GC
ethambutol oral tablet 400 mg	(Myambutol)	1	GC
isoniazid injection solution 100 mg/ml		1	GC
isoniazid oral solution 50 mg/5 ml		1	GC
isoniazid oral tablet 100 mg, 300 mg		1	GC
MYAMBUTOL ORAL TABLET 400 MG		3	GC
MYCOBUTIN ORAL CAPSULE 150 MG		3	GC
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		2	GC
PRETOMANID ORAL TABLET 200 MG		2	GC; QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG		2	GC
pyrazinamide oral tablet 500 mg		1	GC
rifabutin oral capsule 150 mg	(Mycobutin)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
RIFADIN INTRAVENOUS RECON SOLN 600 MG	3	GC
RIFADIN ORAL CAPSULE 150 MG, 300 MG	3	GC
rifampin intravenous recon soln 600 mg (Rifadin)	1	GC
rifampin oral capsule 150 mg, 300 mg (Rifadin)	1	GC
RIFATER ORAL TABLET 50-120-300 MG	2	GC
SIRTURO ORAL TABLET 100 MG, 20 MG	2	PA; GC; QL (188 per 168 days)
TRECATOR ORAL TABLET 250 MG	2	GC
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	2	GC
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	2	PA BvD; GC
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5 ML	3	GC
aprepitant oral capsule 125 mg	1	PA BvD; GC; QL (2 per 28 days)
aprepitant oral capsule 40 mg (Emend)	1	PA BvD; GC; QL (1 per 28 days)
aprepitant oral capsule 80 mg (Emend)	1	PA BvD; GC; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2) (Emend)	1	PA BvD; GC; QL (6 per 28 days)
CESAMET ORAL CAPSULE 1 MG	2	PA BvD; GC; QL (180 per 30 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	2	GC; QL (36 per 28 days)
compro rectal suppository 25 mg	1	GC
dimenhydrinate injection solution 50 mg/ml	1	GC
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)	1	PA; GC

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Drug Name		Drug Tier	Requirements/Limits
droperidol injection solution 2.5 mg/ml		1	GC
EMEND ORAL CAPSULE 40 MG		3	PA BvD; GC; QL (1 per 28 days)
EMEND ORAL CAPSULE 80 MG		3	PA BvD; GC; QL (4 per 28 days)
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)		3	PA BvD; GC; QL (6 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		2	PA BvD; GC; QL (6 per 28 days)
granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml		1	GC
granisetron hcl intravenous solution 1 mg/ml		1	GC
granisetron hcl oral tablet 1 mg		1	PA BvD; GC
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG		3	PA; GC
meclizine oral tablet 12.5 mg		1	GC
meclizine oral tablet 25 mg	(Dramamine Less Drowsy)	1	GC
ondansetron hcl (pf) injection solution 4 mg/2 ml		1	GC
ondansetron hcl (pf) injection syringe 4 mg/2 ml		1	GC
ondansetron hcl intravenous solution 2 mg/ml		1	GC
ondansetron hcl oral solution 4 mg/5 ml		1	PA BvD; GC
ondansetron hcl oral tablet 24 mg		1	PA BvD; GC
ondansetron hcl oral tablet 4 mg, 8 mg	(Zofran)	1	PA BvD; GC
ondansetron oral tablet,disintegrating 4 mg, 8 mg		1	PA BvD; GC
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML		1	GC
palonosetron intravenous solution 0.25 mg/5 ml	(Aloxi)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
palonosetron intravenous syringe 0.25 mg/5 ml	1	GC
phenadoz rectal suppository 12.5 mg, 25 mg	1	GC
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml	1	GC
prochlorperazine maleate oral tablet 10 mg, 5 mg (Compazine)	1	GC
prochlorperazine rectal suppository 25 mg (Compro)	1	GC
promethazine injection solution 25 mg/ml, 50 mg/ml (Phenergan)	1	GC
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	GC
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg (Promethegan)	1	GC
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	GC
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	2	GC; QL (4 per 28 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days (Transderm-Scop)	1	GC; QL (10 per 30 days)
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	2	GC
SYNDROS ORAL SOLUTION 5 MG/ML	2	PA; GC
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	2	GC
TIGAN ORAL CAPSULE 300 MG	3	GC
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	3	GC; QL (10 per 30 days)
trimethobenzamide oral capsule 300 mg (Tigan)	1	GC
VARUBI INTRAVENOUS EMULSION 166.5 MG/92.5 ML	2	GC
VARUBI ORAL TABLET 90 MG	2	PA BvD; GC

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Drug Name		Drug Tier	Requirements/Limits
ZOFRAN ORAL TABLET 4 MG, 8 MG		3	PA BvD; GC
Antiparasite Agents			
Antiparasite Agents			
albendazole oral tablet 200 mg	(Albenza)	1	GC
ALBENZA ORAL TABLET 200 MG		3	GC
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		2	GC
ALINIA ORAL TABLET 500 MG		2	GC
atovaquone oral suspension 750 mg/5 ml	(Mepron)	1	GC
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	1	GC
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	1	GC
benznidazole oral tablet 100 mg, 12.5 mg		1	GC
BILTRICIDE ORAL TABLET 600 MG		3	GC
chloroquine phosphate oral tablet 250 mg, 500 mg		1	GC
COARTEM ORAL TABLET 20-120 MG		2	GC
DARAPRIM ORAL TABLET 25 MG		2	GC
EMVERM ORAL TABLET,CHEWABLE 100 MG		2	GC
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	1	GC
IMPAVIDO ORAL CAPSULE 50 MG		2	PA; GC; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	1	GC
KRINTAFEL ORAL TABLET 150 MG		2	GC
MALARONE ORAL TABLET 250-100 MG		3	GC
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG		3	GC

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Drug Name	Drug Tier	Requirements/Limits
mefloquine oral tablet 250 mg	1	GC
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	GC
NEBUPENT INHALATION RECON SOLN 300 MG	3	PA BvD; GC
paromomycin oral capsule 250 mg	1	GC
PENTAM INJECTION RECON SOLN 300 MG	3	GC
pentamidine inhalation recon soln 300 mg (Nebupent)	1	PA BvD; GC
pentamidine injection recon soln 300 mg (Pentam)	1	GC
PLAQUENIL ORAL TABLET 200 MG	3	GC
praziquantel oral tablet 600 mg (Biltricide)	1	GC
PRIMAQUINE ORAL TABLET 26.3 MG	2	GC
pyrimethamine oral tablet 25 mg (Daraprim)	1	GC
QUALAQUIN ORAL CAPSULE 324 MG	3	PA; GC; QL (42 per 7 days)
quinine sulfate oral capsule 324 mg (Qualaquin)	1	PA; GC; QL (42 per 7 days)
STROMECTOL ORAL TABLET 3 MG	3	GC
tinidazole oral tablet 250 mg, 500 mg	1	GC
Antiparkinsonian Agents		
Antiparkinsonian Agents		
amantadine hcl oral capsule 100 mg	1	GC
amantadine hcl oral solution 50 mg/5 ml	1	GC
amantadine hcl oral tablet 100 mg	1	GC
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	2	GC; QL (60 per 30 days)
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	GC
benztropine injection solution 1 mg/ml (Cogentin)	1	GC
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	GC

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Drug Name		Drug Tier	Requirements/Limits
bromocriptine oral capsule 5 mg	(Parlodel)	1	GC
bromocriptine oral tablet 2.5 mg	(Parlodel)	1	GC
cabergoline oral tablet 0.5 mg		1	GC
carbidopa oral tablet 25 mg	(Lodosyn)	1	GC
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	(Sinemet)	1	GC
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		1	GC
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		1	GC
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	(Stalevo 50)	1	GC
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	(Stalevo 75)	1	GC
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	(Stalevo 100)	1	GC
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	(Stalevo 125)	1	GC
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	(Stalevo 150)	1	GC
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	(Stalevo 200)	1	GC
COGENTIN INJECTION SOLUTION 1 MG/ML		3	GC
COMTAN ORAL TABLET 200 MG		3	GC
ELDEPRYL ORAL CAPSULE 5 MG		3	GC
entacapone oral tablet 200 mg	(Comtan)	1	GC
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG		2	PA; GC; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG		2	PA; GC; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG		2	PA; GC; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; GC; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	2	PA; GC
LODOSYN ORAL TABLET 25 MG	3	GC
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	3	GC
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	3	GC
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	2	GC; QL (30 per 30 days)
NOURIANZ ORAL TABLET 20 MG	2	PA; GC; QL (60 per 30 days)
NOURIANZ ORAL TABLET 40 MG	2	PA; GC; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	2	ST; GC; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	2	ST; GC; QL (60 per 30 days)
PARLODEL ORAL CAPSULE 5 MG	3	GC
PARLODEL ORAL TABLET 2.5 MG	3	GC
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	1	GC
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg (Mirapex ER)	1	GC
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
REQUIP ORAL TABLET 0.25 MG, 3 MG, 5 MG	3	GC
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 2 MG, 6 MG	3	GC
ropinirole oral tablet 0.25 mg, 3 mg, 5 mg (Requip)	1	GC
ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg	1	GC
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg (Requip XL)	1	GC
ropinirole oral tablet extended release 24 hr 4 mg, 8 mg	1	GC
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	2	GC; QL (300 per 30 days)
selegiline hcl oral capsule 5 mg	1	GC
selegiline hcl oral tablet 5 mg	1	GC
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG	3	GC
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG	3	GC
STALEVO 100 ORAL TABLET 25-100-200 MG	3	GC
STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	GC
TASMAR ORAL TABLET 100 MG	3	GC
tolcapone oral tablet 100 mg (Tasmar)	1	GC
trihexyphenidyl oral elixir 0.4 mg/ml	1	GC
trihexyphenidyl oral tablet 2 mg, 5 mg	1	GC
XADAGO ORAL TABLET 100 MG, 50 MG	2	PA; GC; QL (30 per 30 days)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	2	GC

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Drug Name	Drug Tier	Requirements/Limits
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	ST; GC; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	ST; GC; QL (1 per 28 days)
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	2	PA NSO; GC; QL (30 per 30 days)
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 2 MG	2	PA NSO; GC; QL (60 per 30 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	ST; GC; QL (30 per 30 days)
ABILIFY ORAL TABLET 2 MG	3	ST; GC; QL (60 per 30 days)
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	2	GC
aripiprazole oral solution 1 mg/ml	1	GC; QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	GC; QL (30 per 30 days)
aripiprazole oral tablet 2 mg (Abilify)	1	GC; QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	1	GC; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	1	GC; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	GC; QL (4.8 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	GC; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	GC; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	GC; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	GC; QL (3.2 per 28 days)
CAPLYTA ORAL CAPSULE 42 MG	2	GC; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	1	GC
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	GC
clozapine oral tablet 100 mg (Clozaril)	1	GC; QL (270 per 30 days)
clozapine oral tablet 200 mg (Clozaril)	1	GC; QL (135 per 30 days)
clozapine oral tablet 25 mg, 50 mg (Clozaril)	1	GC; QL (90 per 30 days)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	GC; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	1	GC; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	1	GC; QL (120 per 30 days)
CLOZARIL ORAL TABLET 100 MG	3	GC; QL (270 per 30 days)
CLOZARIL ORAL TABLET 200 MG	3	GC; QL (135 per 30 days)
CLOZARIL ORAL TABLET 25 MG, 50 MG	3	GC; QL (90 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST; GC; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	2	ST; GC
fluphenazine decanoate injection solution 25 mg/ml	1	GC
fluphenazine hcl injection solution 2.5 mg/ml	1	GC
fluphenazine hcl oral concentrate 5 mg/ml	1	GC
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	GC
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	GC
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	GC; QL (6 per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	3	ST; GC; QL (60 per 30 days)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	3	GC
HALDOL INJECTION SOLUTION 5 MG/ML	3	GC
haloperidol decanoate intramuscular solution 100 mg/ml (Haldol Decanoate)	1	GC
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)	1	GC
haloperidol decanoate intramuscular solution 50 mg/ml (Haldol Decanoate)	1	GC
haloperidol decanoate intramuscular solution 50 mg/ml(1ml)	1	GC
haloperidol lactate injection solution 5 mg/ml (Haldol)	1	GC
haloperidol lactate intramuscular syringe 5 mg/ml	1	GC
haloperidol lactate oral concentrate 2 mg/ml	1	GC

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Drug Name	Drug Tier	Requirements/Limits
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	GC
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	3	ST; GC; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	ST; GC; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	ST; GC; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	ST; GC; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	ST; GC; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	ST; GC; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	ST; GC; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	2	GC; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	2	GC; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	GC; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	2	GC; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	ST; GC; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	2	ST; GC; QL (60 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
molindone oral tablet 10 mg	1	GC; QL (240 per 30 days)
molindone oral tablet 25 mg	1	GC; QL (270 per 30 days)
molindone oral tablet 5 mg	1	GC; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	2	GC; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	2	PA NSO; GC; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg (Zyprexa)	1	GC; QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)	1	GC; QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg (Zyprexa Zydis)	1	GC; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg (Invega)	1	GC; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg (Invega)	1	GC; QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	GC
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	2	GC; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg	1	GC
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)	1	GC; QL (90 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg (Seroquel XR)	1	GC; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg (Seroquel XR)	1	GC; QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	2	ST; GC; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	2	ST; GC; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	2	ST; GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	GC; QL (4 per 28 days)
RISPERDAL ORAL SOLUTION 1 MG/ML	3	ST; GC; QL (480 per 30 days)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; GC; QL (60 per 30 days)
risperidone oral solution 1 mg/ml (Risperdal)	1	GC; QL (480 per 30 days)
risperidone oral tablet 0.25 mg	1	GC; QL (60 per 30 days)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	1	GC; QL (60 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	GC; QL (60 per 30 days)
risperidone oral tablet,disintegrating 3 mg, 4 mg	1	GC; QL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	2	ST; GC; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	2	ST; GC
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	3	ST; GC; QL (90 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 50 MG	3	ST; GC; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG	3	ST; GC; QL (60 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	GC
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	GC
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
VERSACLOZ ORAL SUSPENSION 50 MG/ML	2	ST; GC; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	ST; GC; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	2	ST; GC
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	GC; QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	1	GC; QL (6 per 28 days)
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	3	GC; QL (30 per 30 days)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	ST; GC; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	GC; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	GC; QL (1 per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	ST; GC; QL (30 per 30 days)
Antivirals (Systemic)		
Antiretrovirals		
abacavir oral solution 20 mg/ml (Ziagen)	1	GC
abacavir oral tablet 300 mg (Ziagen)	1	GC
abacavir-lamivudine oral tablet 600-300 mg (Epzicom)	1	GC
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg (Trizivir)	1	GC
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	2	GC
APTIVUS ORAL CAPSULE 250 MG	2	GC

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Drug Name	Drug Tier	Requirements/Limits
atazanavir oral capsule 150 mg, 200 mg, 300 mg (Reyataz)	1	GC
ATRIPLA ORAL TABLET 600-200-300 MG	2	GC
BIKTARVY ORAL TABLET 50-200-25 MG	2	GC
CIMDUO ORAL TABLET 300-300 MG	2	GC
COMBIVIR ORAL TABLET 150-300 MG	3	GC
COMPLERA ORAL TABLET 200-25-300 MG	2	GC
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	GC
DELSTRIGO ORAL TABLET 100-300-300 MG	2	GC
DESCOVY ORAL TABLET 200-25 MG	2	GC
didanosine oral capsule,delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg	1	GC
DOVATO ORAL TABLET 50-300 MG	2	GC
EDURANT ORAL TABLET 25 MG	2	GC
efavirenz oral capsule 200 mg, 50 mg (Sustiva)	1	GC
efavirenz oral tablet 600 mg (Sustiva)	1	GC
EMTRIVA ORAL CAPSULE 200 MG	2	GC
EMTRIVA ORAL SOLUTION 10 MG/ML	2	GC
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	GC
EPIVIR HBV ORAL TABLET 100 MG	3	GC
EPIVIR ORAL SOLUTION 10 MG/ML	3	GC
EPIVIR ORAL TABLET 150 MG, 300 MG	3	GC

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Drug Name	Drug Tier	Requirements/Limits
EPZICOM ORAL TABLET 600-300 MG	3	GC
EVOTAZ ORAL TABLET 300-150 MG	2	GC
fosamprenavir oral tablet 700 mg (Lexiva)	1	GC
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	GC
GENVOYA ORAL TABLET 150-150-200-10 MG	2	GC
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	2	GC
INVIRASE ORAL TABLET 500 MG	2	GC
ISENTRESS HD ORAL TABLET 600 MG	2	GC
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	GC
ISENTRESS ORAL TABLET 400 MG	2	GC
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	GC
JULUCA ORAL TABLET 50-25 MG	2	GC
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3	GC
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	2	GC
lamivudine oral solution 10 mg/ml (Epivir)	1	GC
lamivudine oral tablet 100 mg (Epivir HBV)	1	GC
lamivudine oral tablet 150 mg, 300 mg (Epivir)	1	GC
lamivudine-zidovudine oral tablet 150-300 mg (Combivir)	1	GC
LEXIVA ORAL SUSPENSION 50 MG/ML	2	GC
LEXIVA ORAL TABLET 700 MG	3	GC
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
nevirapine oral suspension 50 mg/5 ml	(Viramune)	1	GC
nevirapine oral tablet 200 mg	(Viramune)	1	GC
nevirapine oral tablet extended release 24 hr 100 mg		1	GC
nevirapine oral tablet extended release 24 hr 400 mg	(Viramune XR)	1	GC
NORVIR ORAL POWDER IN PACKET 100 MG		2	GC
NORVIR ORAL SOLUTION 80 MG/ML		2	GC
NORVIR ORAL TABLET 100 MG		3	GC
ODEFSEY ORAL TABLET 200-25-25 MG		2	GC
PIFELTRO ORAL TABLET 100 MG		2	GC
PREZCOBIX ORAL TABLET 800-150 MG-MG		2	GC
PREZISTA ORAL SUSPENSION 100 MG/ML		2	GC
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG		2	GC
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML		2	GC
RETROVIR ORAL CAPSULE 100 MG		3	GC
RETROVIR ORAL SYRUP 10 MG/ML		3	GC
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG		3	GC
REYATAZ ORAL POWDER IN PACKET 50 MG		2	GC
ritonavir oral tablet 100 mg	(Norvir)	1	GC
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG		2	GC
SELZENTRY ORAL SOLUTION 20 MG/ML		2	GC
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG		2	GC

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Drug Name	Drug Tier	Requirements/Limits
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	GC
STRIBILD ORAL TABLET 150-150-200-300 MG	2	GC
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3	GC
SUSTIVA ORAL TABLET 600 MG	3	GC
SYMFI LO ORAL TABLET 400-300-300 MG	2	GC
SYMFI ORAL TABLET 600-300-300 MG	2	GC
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	GC
TEMIXYS ORAL TABLET 300-300 MG	2	GC
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	1	GC
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	GC
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	GC
TRIUMEQ ORAL TABLET 600-50-300 MG	2	GC
TRIZIVIR ORAL TABLET 300-150-300 MG	3	GC
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	2	GC
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	GC
VEMLIDY ORAL TABLET 25 MG	2	GC; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	2	GC
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG, 250 MG	3	GC

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Drug Name		Drug Tier	Requirements/Limits
VIRACEPT ORAL TABLET 250 MG, 625 MG		2	GC
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML		3	GC
VIRAMUNE ORAL TABLET 200 MG		3	GC
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG		3	GC
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		2	GC
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		2	GC
VIREAD ORAL TABLET 300 MG		3	GC
ZIAGEN ORAL SOLUTION 20 MG/ML		3	GC
ZIAGEN ORAL TABLET 300 MG		3	GC
zidovudine oral capsule 100 mg	(Retrovir)	1	GC
zidovudine oral syrup 10 mg/ml	(Retrovir)	1	GC
zidovudine oral tablet 300 mg		1	GC
Antivirals, Miscellaneous			
FLUMADINE ORAL TABLET 100 MG		3	GC
foscarnet intravenous solution 24 mg/ml	(Foscavir)	1	PA BvD; GC
oseltamivir oral capsule 30 mg	(Tamiflu)	1	GC; QL (84 per 180 days)
oseltamivir oral capsule 45 mg	(Tamiflu)	1	GC; QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	1	GC; QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	1	GC; QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML		2	PA; GC; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML		2	PA; GC; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		2	PA; GC; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	GC
rimantadine oral tablet 100 mg (Flumadine)	1	GC
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	2	PA; GC
TAMIFLU ORAL CAPSULE 30 MG	3	GC; QL (84 per 180 days)
TAMIFLU ORAL CAPSULE 45 MG	3	GC; QL (48 per 180 days)
TAMIFLU ORAL CAPSULE 75 MG	3	GC; QL (42 per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	GC; QL (540 per 180 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	2	GC; QL (4 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL TABLET 400-100 MG	3	PA; GC; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	PA; GC; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	PA; GC; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	2	PA; GC; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	3	PA; GC; QL (30 per 30 days)
ledipasvir-sofosbuvir oral tablet 90-400 mg (Harvoni)	1	PA; GC; QL (30 per 30 days)
MAVYRET ORAL TABLET 100-40 MG	2	PA; GC; QL (84 per 28 days)
sofosbuvir-velpatasvir oral tablet 400-100 mg (Epclusa)	1	PA; GC; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	2	PA; GC; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	2	PA; GC; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG	2	PA; GC; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	2	PA; GC
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; GC; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	2	PA; GC; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	PA NSO; GC
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	PA NSO; GC
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	GC
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	GC
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	2	GC
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	GC
acyclovir oral suspension 200 mg/5 ml (Zovirax)	1	GC
acyclovir oral tablet 400 mg, 800 mg	1	GC
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	1	PA BvD; GC
acyclovir sodium intravenous solution 50 mg/ml	1	PA BvD; GC
adefovir oral tablet 10 mg (Hepsera)	1	GC
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	GC
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	3	GC
cidofovir intravenous solution 75 mg/ml	1	GC

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Drug Name		Drug Tier	Requirements/Limits
CYTOVENE INTRAVENOUS RECON SOLN 500 MG		3	PA BvD; GC
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	1	GC
famciclovir oral tablet 125 mg, 250 mg, 500 mg		1	GC
ganciclovir sodium intravenous recon soln 500 mg	(Cytovene)	1	PA BvD; GC
ganciclovir sodium intravenous solution 50 mg/ml		1	PA BvD; GC
HEPSERA ORAL TABLET 10 MG		3	GC
ribavirin inhalation recon soln 6 gram	(Virazole)	1	PA BvD; GC
ribavirin oral capsule 200 mg		1	GC
ribavirin oral tablet 200 mg		1	GC
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		2	GC
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	1	GC
VALCYTE ORAL RECON SOLN 50 MG/ML		3	GC
VALCYTE ORAL TABLET 450 MG		3	GC
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	1	GC
valganciclovir oral tablet 450 mg	(Valcyte)	1	GC
VALTREX ORAL TABLET 1 GRAM, 500 MG		3	GC
VIRAZOLE INHALATION RECON SOLN 6 GRAM		3	PA BvD; GC
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML		3	GC
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML		3	GC

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Drug Name	Drug Tier	Requirements/Limits
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	2	GC; QL (43 per 42 days)
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	3	GC
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	GC
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	GC
enoxaparin subcutaneous solution 300 mg/3 ml (Lovenox)	1	GC
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml (Lovenox)	1	GC
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml (Arixtra)	1	GC
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	GC; QL (15.2 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	2	GC; QL (17 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	2	GC; QL (8.5 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	2	GC; QL (10.2 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	2	GC; QL (21.6 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML	2	GC; QL (12 per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 5,000 ANTI-XA UNIT/0.2 ML	2	GC; QL (6 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	2	GC; QL (5.1 per 30 days)
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)	1	PA BvD; GC
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	1	GC
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	GC
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	GC
heparin (porcine) injection syringe 5,000 unit/ml	1	GC
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	1	GC
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	GC
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	1	GC
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	GC
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	3	GC
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	3	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	2	GC; QL (60 per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	2	GC
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	GC
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	GC
Blood Formation Modifiers		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; GC
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	2	PA; GC
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	2	PA; GC
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	PA; GC
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	2	PA; GC
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	2	PA; GC
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	2	PA; GC
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; GC
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	GC
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	GC
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	GC

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Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	2	PA; GC
LEUKINE INJECTION RECON SOLN 250 MCG	2	GC
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	2	PA; GC; QL (0.6 per 28 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	2	GC
MULPLETA ORAL TABLET 3 MG	2	PA; GC
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; GC
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	GC
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	GC
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	GC
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	GC
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG	2	PA; GC
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	2	PA; GC; QL (8 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; GC; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML	2	PA; GC
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; GC; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL POWDER IN PACKET 12.5 MG	2	PA; GC; QL (360 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	2	PA; GC; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	2	PA; GC; QL (30 per 30 days)
PROMACTA ORAL TABLET 25 MG	2	PA; GC; QL (120 per 30 days)
PROMACTA ORAL TABLET 50 MG	2	PA; GC; QL (90 per 30 days)
PROMACTA ORAL TABLET 75 MG	2	PA; GC; QL (60 per 30 days)
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	2	PA; GC
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; GC; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; GC; QL (6 per 28 days)
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	2	PA; GC
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	GC
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	GC
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	GC
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	2	PA; GC
AGRYLIN ORAL CAPSULE 0.5 MG	3	GC
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	3	GC
AMICAR ORAL TABLET 1,000 MG, 500 MG	3	GC
aminocaproic acid oral solution 250 mg/ml (25 %) (Amicar)	1	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
aminocaproic acid oral tablet 1,000 mg, 500 mg (Amicar)	1	GC
anagrelide oral capsule 0.5 mg (Agrylin)	1	GC
anagrelide oral capsule 1 mg	1	GC
CABLIVI INJECTION KIT 11 MG	2	PA; GC
CYKLOKAPRON INTRAVENOUS SOLUTION 1,000 MG/10 ML (100 MG/ML)	3	GC
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	2	PA; GC
LYSTEDA ORAL TABLET 650 MG	3	GC; QL (30 per 30 days)
OXBRYTA ORAL TABLET 500 MG	2	PA; GC
SIKLOS ORAL TABLET 1,000 MG, 100 MG	2	PA NSO; GC
TAVALISSE ORAL TABLET 100 MG, 150 MG	2	PA; GC; QL (60 per 30 days)
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml) (Cyklokapron)	1	GC
tranexamic acid oral tablet 650 mg (Lysteda)	1	GC; QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG	3	GC; QL (60 per 30 days)
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg (Aggrenox)	1	GC; QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	2	GC
cilostazol oral tablet 100 mg, 50 mg	1	GC
clopidogrel oral tablet 300 mg	1	GC
clopidogrel oral tablet 75 mg (Plavix)	1	GC
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	GC
EFFIENT ORAL TABLET 10 MG, 5 MG	3	GC; QL (30 per 30 days)
pentoxifylline oral tablet extended release 400 mg	1	GC
PLAVIX ORAL TABLET 75 MG	3	GC

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Drug Name	Drug Tier	Requirements/Limits
prasugrel oral tablet 10 mg, 5 mg (Effient)	1	GC; QL (30 per 30 days)
ZONTIVITY ORAL TABLET 2.08 MG	2	GC
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	PA BvD; GC
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	2	PA BvD; GC
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	PA BvD; GC
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	PA BvD; GC
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	PA BvD; GC
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	PA BvD; GC
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	2	PA BvD; GC
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	PA BvD; GC

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	PA BvD; GC
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	2	PA BvD; GC
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	2	PA BvD; GC
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	PA BvD; GC
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	2	PA BvD; GC
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	2	PA BvD; GC
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD; GC
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD; GC
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	PA BvD; GC
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	PA BvD; GC
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD; GC
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	2	PA BvD; GC
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	PA BvD; GC
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	PA BvD; GC
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD; GC
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	PA BvD; GC
CLINOLIPID INTRAVENOUS EMULSION 20 %	2	PA BvD; GC
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	1	PA BvD; GC
dextrose 25 % in water (d25w) intravenous syringe	1	PA BvD; GC
dextrose 30 % in water (d30w) intravenous parenteral solution	1	PA BvD; GC
dextrose 40 % in water (d40w) intravenous parenteral solution 40 %	1	PA BvD; GC
dextrose 5 % in ringer's intravenous parenteral solution 5 %	1	GC
dextrose 5 % in water (d5w) intravenous parenteral solution	1	GC
dextrose 5 % in water (d5w) intravenous piggyback 5 %	1	GC
dextrose 50 % in water (d50w) intravenous parenteral solution	1	PA BvD; GC
dextrose 50 % in water (d50w) intravenous syringe	1	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
dextrose 70 % in water (d70w) intravenous parenteral solution	1	PA BvD; GC
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	2	PA BvD; GC
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	PA BvD; GC
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	2	PA BvD; GC
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	2	PA BvD; GC
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	2	PA BvD; GC
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	2	PA BvD; GC
NUTRILIPID INTRAVENOUS EMULSION 20 %	2	PA BvD; GC
OMEGAVEN INTRAVENOUS EMULSION 10 %	2	PA BvD; GC
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	2	PA BvD; GC
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	2	PA BvD; GC
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	2	PA BvD; GC
smoflipid intravenous emulsion 20 %	1	PA BvD; GC
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	PA BvD; GC
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	2	PA BvD; GC
Cardiovascular Agents		
Alpha-Adrenergic Agents		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	GC
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	2	GC
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG	3	GC
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	GC; QL (4 per 28 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	GC; QL (4 per 28 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	GC; QL (8 per 28 days)
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg (Catapres)	1	GC
clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)	1	GC; QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)	1	GC; QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)	1	GC; QL (8 per 28 days)
DIBENZYLINE ORAL CAPSULE 10 MG	3	GC
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	1	GC
guanfacine oral tablet 1 mg, 2 mg	1	GC
methyldopa oral tablet 250 mg, 500 mg	1	GC
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	GC
methyldopate intravenous solution 250 mg/5 ml	1	GC

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Drug Name	Drug Tier	Requirements/Limits
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	GC
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	GC
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	2	PA; GC; QL (180 per 30 days)
phenoxybenzamine oral capsule 10 mg (Dibenzyline)	1	GC
phentolamine injection recon soln 5 mg	1	GC
phenylephrine hcl injection solution 10 mg/ml (Vazculep)	1	GC
prazosin oral capsule 1 mg, 2 mg, 5 mg (Minipress)	1	GC
VAZCULEP INJECTION SOLUTION 10 MG/ML	3	GC
Angiotensin Ii Receptor Antagonists		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	3	GC
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	GC
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	3	GC
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	3	GC
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	3	GC
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	3	GC
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)	1	GC
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg (Atacand HCT)	1	GC
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	3	GC
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	3	GC

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Drug Name	Drug Tier	Requirements/Limits
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	3	GC
EDARBI ORAL TABLET 40 MG, 80 MG	2	GC
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	GC
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	GC; QL (60 per 30 days)
eprosartan oral tablet 600 mg	1	GC
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	3	GC
irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro)	1	GC
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg (Avalide)	1	GC
losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)	1	GC
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg (Hyzaar)	1	GC
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	3	GC
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	3	GC
olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)	1	GC
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg (Tribenzor)	1	GC
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar HCT)	1	GC
telmisartan oral tablet 20 mg, 40 mg, 80 mg (Micardis)	1	GC
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg (Twynsta)	1	GC; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	GC
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG		3	GC
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG		3	GC; QL (30 per 30 days)
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	GC
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	GC
Angiotensin-Converting Enzyme Inhibitors			
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		3	GC
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		3	GC
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG		3	GC
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	GC
benazepril oral tablet 5 mg		1	GC
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	GC
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	GC
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	GC
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		1	GC
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	GC
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	GC

Drug Name		Drug Tier	Requirements/Limits
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	GC
EPANED ORAL SOLUTION 1 MG/ML		2	ST; GC
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	GC
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		1	GC
lisinopril oral tablet 10 mg, 20 mg	(Prinivil)	1	GC
lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	GC
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	GC
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		3	GC
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG		3	GC
moexipril oral tablet 15 mg, 7.5 mg		1	GC
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	GC
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG		3	GC
QBRELIS ORAL SOLUTION 1 MG/ML		2	ST; GC
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	GC
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	1	GC
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	GC
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG		3	GC
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	GC
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg		1	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg (Tarka)	1	GC
VASERETIC ORAL TABLET 10-25 MG	3	GC
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	GC
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	GC
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3	GC
Antiarrhythmic Agents		
amiodarone 900 mg/18 ml vial latex-free, mdv 50 mg/ml	1	PA BvD; GC
amiodarone intravenous solution 50 mg/ml	1	GC
amiodarone oral tablet 100 mg, 200 mg, 400 mg (Pacerone)	1	GC
disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)	1	GC
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	1	GC
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	GC
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	GC
MULTAQ ORAL TABLET 400 MG	2	GC
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	2	GC
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	GC
pacerone oral tablet 100 mg, 400 mg	3	GC
pacerone oral tablet 200 mg	1	GC
procainamide injection solution 100 mg/ml, 500 mg/ml	1	GC
procainamide intravenous syringe 100 mg/ml	1	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	(Rythmol SR)	1	GC
propafenone oral tablet 150 mg, 225 mg, 300 mg		1	GC
quinidine gluconate oral tablet extended release 324 mg		1	GC
quinidine sulfate oral tablet 200 mg, 300 mg		1	GC
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG		3	GC
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG		3	GC
XYLOCAINE-MPF 2% VIAL L/F, SUV, INNER 20 MG/ML (2 %)		3	GC
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		1	GC
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	GC
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	GC
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	GC
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG		3	GC
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG		3	GC
betaxolol oral tablet 10 mg, 20 mg		1	GC
bisoprolol fumarate oral tablet 10 mg, 5 mg		1	GC
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	1	GC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		2	GC
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg (Coreg CR)	1	GC
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	GC
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	3	GC
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	3	GC
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 160 MG, 60 MG	3	GC
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	2	GC
labetalol intravenous solution 5 mg/ml	1	GC
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	GC
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	GC
LEVATOL ORAL TABLET 20 MG	2	GC
LOPRESSOR HCT ORAL TABLET 50-25 MG	3	GC
LOPRESSOR INTRAVENOUS SOLUTION 5 MG/5 ML	3	GC
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	GC
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	1	GC
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg	1	GC
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg (Lopressor HCT)	1	GC
metoprolol tartrate intravenous solution 5 mg/5 ml (Lopressor)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate intravenous syringe 5 mg/5 ml	1	GC
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	1	GC
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	1	GC
nadolol oral tablet 20 mg, 40 mg, 80 mg (Corgard)	1	GC
nadolol-bendroflumethiazide oral tablet 80-5 mg	1	GC
pindolol oral tablet 10 mg, 5 mg	1	GC
propranolol intravenous solution 1 mg/ml	1	GC
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)	1	GC
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	GC
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	GC
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1	GC
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	GC
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	GC
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	2	GC
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg (Sorine)	1	GC
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	GC
TENORETIC 100 ORAL TABLET 100-25 MG	3	GC
TENORETIC 50 ORAL TABLET 50-25 MG	3	GC
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	GC
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	3	GC
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	GC
Calcium-Channel Blocking Agents		
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	GC
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	GC
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	2	GC
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	GC
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	GC
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	GC
diltiazem hcl intravenous recon soln 100 mg	1	GC
diltiazem hcl intravenous solution 5 mg/ml	1	GC
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	GC
diltiazem hcl oral capsule,extended release 24 hr 360 mg (Taztia XT)	1	GC
diltiazem hcl oral capsule,extended release 24 hr 420 mg (Tiadylt ER)	1	GC
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT)	1	GC
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	1	GC
diltiazem hcl oral tablet 90 mg	1	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	1	GC
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg		1	GC
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg		1	GC
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg		1	GC
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg		1	GC
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG		3	GC
verapamil 10 mg/4 ml vial p/f, l/f, suv, outer 2.5 mg/ml		1	GC
verapamil intravenous solution 2.5 mg/ml		1	PA BvD; GC
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	1	GC
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	(Verelan)	1	GC
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	GC
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	(Calan SR)	1	GC
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG		3	GC
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG		3	GC

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Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents, Miscellaneous		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 1 MG/ML (1 ML)	3	GC
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML	3	GC
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	GC; QL (560 per 28 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	GC; QL (60 per 30 days)
DEMSER ORAL CAPSULE 250 MG	2	GC
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	GC
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	GC
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)	1	GC
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	2	GC
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Digitek)	1	GC
epinephrine injection auto-injector 0.15 mg/0.15 ml (Auvi-Q)	1	GC; QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml (EpiPen Jr 2-Pak)	1	GC; QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml (EpiPen 2-Pak)	1	GC; QL (4 per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	GC; QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	GC; QL (4 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	3	GC; QL (18 per 30 days)
hydralazine injection solution 20 mg/ml	1	GC
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
icatibant subcutaneous syringe 30 mg/3 ml (Firazyr)	1	GC; QL (18 per 30 days)
LANOXIN INJECTION SOLUTION 250 MCG/ML (0.25 MG/ML)	3	GC
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	GC
LANOXIN ORAL TABLET 187.5 MCG (0.1875 MG)	2	GC; QL (30 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	2	GC
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)	2	GC
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	GC
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg (Ranexa)	1	GC
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	GC; QL (4 per 30 days)
VECAMYL ORAL TABLET 2.5 MG	2	GC
VYNDAMAX ORAL CAPSULE 61 MG	2	PA; GC; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	2	PA; GC; QL (120 per 30 days)
Dihydropyridines		
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG, 90 MG	3	GC
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	1	GC
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg (Lotrel)	1	GC
amlodipine-benazepril oral capsule 2.5-10 mg	1	GC

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Drug Name		Drug Tier	Requirements/Limits
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	1	GC
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	GC
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	1	GC
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG		3	GC
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML)		3	GC
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 40 MG/200 ML (0.2 MG/ML)		2	GC
CARDENE IV INTRAVENOUS SOLUTION 25 MG/10 ML		3	GC
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG		3	GC
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG		3	GC
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		1	GC
isradipine oral capsule 2.5 mg, 5 mg		1	GC
KATERZIA ORAL SUSPENSION 1 MG/ML		2	ST; GC; QL (300 per 30 days)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG, 5-40 MG		3	GC
nicardipine in nacl (iso-os) intravenous piggyback 20 mg/200 ml (0.1 mg/ml), 40 mg/200 ml (0.2 mg/ml)	(Cardene IV in sodium chloride)	1	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
nicardipine intravenous solution 25 mg/10 ml	(Cardene IV)	1	GC
nicardipine oral capsule 20 mg, 30 mg		1	GC
nifedipine oral capsule 10 mg	(Procardia)	1	GC
nifedipine oral capsule 20 mg		1	GC
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	1	GC
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	(Adalat CC)	1	GC
nimodipine oral capsule 30 mg		1	GC
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	1	GC
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg		1	GC
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG		3	GC
NYMALIZE 30 MG/5 ML ORAL SYRNG INNER 30 MG/5 ML		2	GC
NYMALIZE ORAL SOLUTION 60 MG/20 ML		2	GC
NYMALIZE ORAL SYRINGE 60 MG/10 ML		2	GC
PROCARDIA ORAL CAPSULE 10 MG		3	GC
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG		3	GC
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG		3	GC
Diuretics			
ALDACTAZIDE ORAL TABLET 25-25 MG		3	GC
ALDACTAZIDE ORAL TABLET 50-50 MG		2	GC
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG		3	GC
amiloride oral tablet 5 mg		1	GC

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Drug Name	Drug Tier	Requirements/Limits
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	GC
bumetanide injection solution 0.25 mg/ml	1	GC
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	GC
chlorothiazide oral tablet 500 mg	1	GC
chlorothiazide sodium intravenous recon soln 500 mg (Diuril IV)	1	GC
chlorthalidone oral tablet 25 mg, 50 mg	1	GC
DIURIL IV INTRAVENOUS RECON SOLN 500 MG	3	GC
DIURIL ORAL SUSPENSION 250 MG/5 ML	2	GC
DYAZIDE ORAL CAPSULE 37.5-25 MG	3	GC
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	3	GC
EDECRIN ORAL TABLET 25 MG	3	GC
ethacrynic acid oral tablet 25 mg (Edecrin)	1	GC
furosemide injection solution 10 mg/ml	1	GC
furosemide injection syringe 10 mg/ml	1	GC
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	GC
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	1	GC
hydrochlorothiazide oral capsule 12.5 mg	1	GC
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	GC
indapamide oral tablet 1.25 mg, 2.5 mg	1	GC
JYNARQUE ORAL TABLET 15 MG, 30 MG	2	PA; GC; QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	2	PA; GC
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	GC
MAXZIDE ORAL TABLET 75-50 MG	3	GC
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	3	GC
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	GC
SAMSCA ORAL TABLET 15 MG	2	GC; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG	2	GC; QL (60 per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	1	GC
spironolacton-hydrochlorothiaz oral tablet 25-25 mg (Aldactazide)	1	GC
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	GC
triamterene oral capsule 100 mg, 50 mg (Dyrenium)	1	GC
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg (Dyazide)	1	GC
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg (Maxzide-25mg)	1	GC
triamterene-hydrochlorothiazid oral tablet 75-50 mg (Maxzide)	1	GC
Dyslipidemics		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	2	GC
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)	1	GC

Drug Name		Drug Tier	Requirements/Limits
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		1	GC
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	GC
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG		3	GC
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	1	GC
cholestyramine light oral powder 4 gram		1	GC
cholestyramine light packet 4 gram		1	GC
colesevelam oral powder in packet 3.75 gram	(WelChol)	1	GC
colesevelam oral tablet 625 mg	(WelChol)	1	GC
COLESTID ORAL PACKET 5 GRAM		3	GC
COLESTID ORAL TABLET 1 GRAM		3	GC
colestipol oral packet 5 gram	(Colestid)	1	GC
colestipol oral tablet 1 gram	(Colestid)	1	GC
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		3	GC
ezetimibe oral tablet 10 mg	(Zetia)	1	GC
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	1	GC
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	1	GC
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	1	GC
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	1	GC
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		1	GC
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	1	GC
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	1	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
fenofibrate oral tablet 120 mg, 40 mg	(Fenoglide)	1	GC
fenofibrate oral tablet 160 mg, 54 mg		1	GC
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	1	GC
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	1	GC
FENOGLIDE ORAL TABLET 120 MG, 40 MG		3	GC
FIBRICOR ORAL TABLET 105 MG, 35 MG		3	GC
fluvastatin oral capsule 20 mg, 40 mg	(Lescol)	1	GC
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	1	GC
gemfibrozil oral tablet 600 mg	(Lopid)	1	GC
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG		2	PA; GC; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG		2	PA; GC; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG		2	PA; GC; QL (45 per 30 days)
LESCOL ORAL CAPSULE 20 MG, 40 MG		3	GC
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG		3	GC
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		3	GC
LIPOFEN ORAL CAPSULE 150 MG, 50 MG		3	GC
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		2	GC; QL (30 per 30 days)
LOPID ORAL TABLET 600 MG		3	GC
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	GC
LOVAZA ORAL CAPSULE 1 GRAM		3	GC; QL (120 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
NEXLIZET ORAL TABLET 180-10 MG		2	PA; GC; QL (30 per 30 days)
niacin oral tablet 500 mg	(Niacor)	1	GC
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	(Niaspan Extended-Release)	1	GC
niacor oral tablet 500 mg		1	GC
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG		3	GC
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	1	GC; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		2	PA; GC; QL (2 per 28 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG		3	GC
pravastatin oral tablet 10 mg, 80 mg		1	GC
pravastatin oral tablet 20 mg, 40 mg	(Pravachol)	1	GC
prevalite oral powder in packet 4 gram		1	GC
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		2	PA; GC; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		2	PA; GC; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		2	PA; GC; QL (3 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	GC
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Zocor)	1	GC; QL (30 per 30 days)
simvastatin oral tablet 5 mg		1	GC
TRICOR ORAL TABLET 145 MG, 48 MG		3	GC
TRIGLIDE ORAL TABLET 160 MG		2	GC

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Drug Name	Drug Tier	Requirements/Limits
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG	3	GC
VASCEPA ORAL CAPSULE 0.5 GRAM	2	GC; QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	2	GC; QL (120 per 30 days)
VYTORIN 10-10 ORAL TABLET 10-10 MG	3	GC
VYTORIN 10-20 ORAL TABLET 10-20 MG	3	GC
VYTORIN 10-40 ORAL TABLET 10-40 MG	3	GC
VYTORIN 10-80 ORAL TABLET 10-80 MG	3	PA NSO; GC
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	GC
WELCHOL ORAL TABLET 625 MG	3	GC
ZETIA ORAL TABLET 10 MG	3	GC
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	GC; QL (30 per 30 days)
ZOCOR ORAL TABLET 80 MG	3	PA NSO; GC; QL (30 per 30 days)
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG	2	GC; QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	1	GC
eplerenone oral tablet 25 mg, 50 mg (Inspra)	1	GC
INSPRA ORAL TABLET 25 MG, 50 MG	3	GC
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	GC
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	GC
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG		2	GC
ISORDIL ORAL TABLET 40 MG		3	GC
ISORDIL TITRADOSE ORAL TABLET 5 MG		3	GC
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	GC
isosorbide dinitrate oral tablet 40 mg	(Isordil)	1	GC
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	1	GC
isosorbide dinitrate oral tablet extended release 40 mg	(ISOCHRON)	1	GC
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	GC
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	GC
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr		1	GC
minoxidil oral tablet 10 mg, 2.5 mg		1	GC
NITRO-BID TRANSDERMAL OINTMENT 2 %		2	GC
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR		3	GC
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		2	GC
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)		1	GC
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	GC
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Minitran)	1	GC
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitrolingual)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	GC
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	GC
Central Nervous System Agents		
Central Nervous System Agents		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	3	ST; GC; QL (30 per 30 days)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	3	ST; GC; QL (60 per 30 days)
amphetamine sulfate oral tablet 10 mg, 5 mg (Evekeo)	1	GC; QL (180 per 30 days)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	3	PA; GC; QL (60 per 30 days)
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST; GC; QL (30 per 30 days)
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg (Strattera)	1	GC
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA; GC; QL (28 per 28 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	2	PA; GC; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	2	PA; GC; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; GC
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; GC

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Drug Name	Drug Tier	Requirements/Limits
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; GC
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1	GC
clonidine hcl oral tablet extended release 12 hr 0.1 mg (Kapvay)	1	GC
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	3	ST; GC; QL (30 per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	3	ST; GC; QL (60 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; GC; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	3	PA; GC; QL (12 per 28 days)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG	2	ST; GC; QL (60 per 30 days)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 8.6 MG	2	ST; GC; QL (30 per 30 days)
dalfampridine oral tablet extended release 12 hr 10 mg (Ampyra)	1	PA; GC; QL (60 per 30 days)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	2	ST; GC; QL (30 per 30 days)
DESOXYN ORAL TABLET 5 MG	3	PA; GC; QL (150 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG	3	GC; QL (120 per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg (Focalin XR)	1	GC; QL (30 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg (Focalin)	1	GC; QL (60 per 30 days)
dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg (Dexedrine Spansule)	1	GC; QL (120 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
dextroamphetamine oral solution 5 mg/5 ml	(ProCentra)	1	GC; QL (1800 per 30 days)
dextroamphetamine oral tablet 10 mg, 5 mg	(Zenzedi)	1	GC; QL (180 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	1	GC; QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	1	GC; QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	GC; QL (60 per 30 days)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML		2	GC; QL (240 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		2	PA; GC
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG		3	ST; GC; QL (60 per 30 days)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG		3	ST; GC; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		2	PA; GC; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	1	PA; GC; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	1	PA; GC; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml		1	PA; GC; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml		1	PA; GC; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	1	GC; QL (30 per 30 days)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)		2	PA; GC
INGREZZA ORAL CAPSULE 40 MG, 80 MG		2	PA; GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	3	GC; QL (30 per 30 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	3	GC
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	2	PA; GC
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	GC
lithium carbonate oral tablet 300 mg	1	GC
lithium carbonate oral tablet extended release 300 mg (Lithobid)	1	GC
lithium carbonate oral tablet extended release 450 mg	1	GC
lithium citrate oral solution 8 meq/5 ml	1	GC
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	GC
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	2	PA; GC
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	2	PA; GC
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	2	PA; GC
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	2	PA; GC
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	2	PA; GC
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	2	PA; GC
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	2	PA; GC
MAYZENT ORAL TABLET 0.25 MG	2	PA; GC; QL (112 per 28 days)
MAYZENT ORAL TABLET 2 MG	2	PA; GC; QL (30 per 30 days)
metadate er oral tablet extended release 20 mg	3	GC; QL (90 per 30 days)
methamphetamine oral tablet 5 mg (Desoxyn)	1	PA; GC; QL (150 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML		3	ST; GC; QL (900 per 30 days)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Aptensio XR)	1	GC; QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg		1	GC; QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg		1	GC; QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	1	GC; QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	1	GC; QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		1	GC; QL (30 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	1	GC; QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	1	GC; QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		1	GC; QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	1	GC; QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)		1	GC; QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	1	GC; QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	1	GC; QL (60 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)		1	GC; QL (60 per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg		1	GC; QL (180 per 30 days)
methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg		1	GC; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	ST; GC; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA; GC; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	2	PA; GC; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; GC
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; GC
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	2	ST; GC; QL (30 per 30 days)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	ST; GC
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	2	PA; GC; QL (2800 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; GC
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; GC
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; GC
RILUTEK ORAL TABLET 50 MG	3	GC
riluzole oral tablet 50 mg (Rilutek)	1	GC
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 40 MG	3	ST; GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 30 MG	3	ST; GC; QL (60 per 30 days)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; GC; QL (90 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	GC; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	GC
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	GC
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	2	PA; GC; QL (14 per 7 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)-240 MG (46)	2	PA; GC
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	2	PA; GC; QL (60 per 30 days)
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	1	GC; QL (112 per 28 days)
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	2	GC
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	2	PA; GC
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	PA; GC; QL (30 per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	PA; GC; QL (30 per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG	3	GC; QL (112 per 28 days)
zenzedi oral tablet 10 mg, 5 mg	1	GC; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA; GC; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	2	PA; GC
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	2	PA; GC
Contraceptives		
Contraceptives		
afirmelle oral tablet 0.1-20 mg-mcg	1	GC
altavera (28) oral tablet 0.15-0.03 mg	1	GC
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	GC
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	GC
amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1	GC; QL (91 per 84 days)
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	GC; QL (91 per 84 days)
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	2	GC
apri oral tablet 0.15-0.03 mg	1	GC
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	GC
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	GC; QL (91 per 84 days)
aubra eq oral tablet 0.1-20 mg-mcg	1	GC
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	GC
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	1	GC
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	GC
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	GC

Drug Name	Drug Tier	Requirements/Limits
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	GC
aviane oral tablet 0.1-20 mg-mcg	1	GC
ayuna oral tablet 0.15-0.03 mg	1	GC
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	GC
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	2	GC
balziva (28) oral tablet 0.4-35 mg-mcg	1	GC
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	GC
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	GC
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	GC
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	GC
briellyn oral tablet 0.4-35 mg-mcg	1	GC
camila oral tablet 0.35 mg	1	GC
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1	GC; QL (91 per 84 days)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	GC; QL (91 per 84 days)
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	GC
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	GC
chateal eq (28) oral tablet 0.15-0.03 mg	1	GC
cryselle (28) oral tablet 0.3-30 mg-mcg	1	GC
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	1	GC
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	GC
cyred eq oral tablet 0.15-0.03 mg	1	GC
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	GC

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Drug Name		Drug Tier	Requirements/Limits
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	GC
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)		1	GC; QL (91 per 84 days)
deblitane oral tablet 0.35 mg		1	GC
desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	1	GC
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	1	GC
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	1	GC
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Tydemy)	1	GC
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Gianvi (28))	1	GC
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	1	GC
elinest oral tablet 0.3-30 mg-mcg		1	GC
ELLA ORAL TABLET 30 MG		2	GC; QL (6 per 365 days)
eluryng vaginal ring 0.12-0.015 mg/24 hr		1	GC; QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg		1	GC
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)		1	GC
enskyce oral tablet 0.15-0.03 mg		1	GC
errin oral tablet 0.35 mg		1	GC
estarylla oral tablet 0.25-35 mg-mcg		1	GC
ESTROSTEP FE-28 ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)		3	GC
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	1	GC
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1-50)	1	GC
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	1	GC; QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg		1	GC

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Drug Name	Drug Tier	Requirements/Limits
fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	GC; QL (91 per 84 days)
femynor oral tablet 0.25-35 mg-mcg	1	GC
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	3	GC
gianvi (28) oral tablet 3-0.02 mg	1	GC
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	GC
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	GC
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	GC
hailey oral tablet 1.5-30 mg-mcg	1	GC
heather oral tablet 0.35 mg	1	GC
incassia oral tablet 0.35 mg	1	GC
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	GC; QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	1	GC
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	GC; QL (91 per 84 days)
jasmiel (28) oral tablet 3-0.02 mg	1	GC
jencycla oral tablet 0.35 mg	1	GC
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	GC; QL (91 per 84 days)
juleber oral tablet 0.15-0.03 mg	1	GC
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	GC
junel 1/20 (21) oral tablet 1-20 mg-mcg	1	GC
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	GC
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	GC
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	GC
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	GC
kalliga oral tablet 0.15-0.03 mg	1	GC

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Drug Name		Drug Tier	Requirements/Limits
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5		1	GC
kelnor 1/35 (28) oral tablet 1-35 mg-mcg		1	GC
kelnor 1-50 oral tablet 1-50 mg-mcg		1	GC
kurvelo (28) oral tablet 0.15-0.03 mg		1	GC
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(Amethia Lo)	1	GC; QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Fayosim)	1	GC; QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	1	GC; QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg		1	GC
larin 1/20 (21) oral tablet 1-20 mg-mcg		1	GC
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)		1	GC
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)		1	GC
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)		1	GC
larissia oral tablet 0.1-20 mg-mcg		1	GC
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)		3	GC
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg		1	GC
lessina oral tablet 0.1-20 mg-mcg		1	GC
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)		1	GC
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	GC
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	1	GC
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	1	GC

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Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) (Introvale)	1	GC; QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10) (Enpresse)	1	GC
levora-28 oral tablet 0.15-0.03 mg	1	GC
lillow (28) oral tablet 0.15-0.03 mg	1	GC
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	GC
lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1	GC; QL (91 per 84 days)
loryna (28) oral tablet 3-0.02 mg	1	GC
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	3	GC; QL (91 per 84 days)
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	GC
lo-zumandimine (28) oral tablet 3-0.02 mg	1	GC
lutera (28) oral tablet 0.1-20 mg-mcg	1	GC
lyza oral tablet 0.35 mg	1	GC
marlissa (28) oral tablet 0.15-0.03 mg	1	GC
melodetta 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	GC
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	GC
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	GC
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	GC
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	GC
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
mili oral tablet 0.25-35 mg-mcg		1	GC
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)		3	GC
mono-linyah oral tablet 0.25-35 mg-mcg		1	GC
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		2	GC
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		1	GC
nikki (28) oral tablet 3-0.02 mg		1	GC
nora-be oral tablet 0.35 mg		1	GC
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	1	GC
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Kaitlib Fe)	1	GC
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	GC
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	1	GC
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	1	GC
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	1	GC
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	1	GC
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	1	GC
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	GC
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri Femynor)	1	GC
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	1	GC
norlyda oral tablet 0.35 mg		1	GC

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Drug Name	Drug Tier	Requirements/Limits
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	GC
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	GC
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	GC
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	GC
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	GC; QL (1 per 28 days)
ocella oral tablet 3-0.03 mg	1	GC
ogestrel (28) oral tablet 0.5-50 mg-mcg	1	GC
orsythia oral tablet 0.1-20 mg-mcg	1	GC
ORTHO MICRONOR ORAL TABLET 0.35 MG	3	GC
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	3	GC
ORTHO-NOVUM 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	GC
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	3	GC
philith oral tablet 0.4-35 mg-mcg	1	GC
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	GC
pirmella oral tablet 0.5/0.75/1 mg-35 mcg, 1-35 mg-mcg	1	GC
portia 28 oral tablet 0.15-0.03 mg	1	GC
previfem oral tablet 0.25-35 mg-mcg	1	GC
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	3	GC; QL (91 per 84 days)
reclipsen (28) oral tablet 0.15-0.03 mg	1	GC
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	GC; QL (91 per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	3	GC
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	3	GC; QL (91 per 84 days)
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	GC; QL (91 per 84 days)
sharobel oral tablet 0.35 mg	1	GC
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	GC
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	GC; QL (91 per 84 days)
SLYND ORAL TABLET 4 MG (28)	2	GC
sprintec (28) oral tablet 0.25-35 mg-mcg	1	GC
sronyx oral tablet 0.1-20 mg-mcg	1	GC
syeda oral tablet 3-0.03 mg	1	GC
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	GC
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	GC
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	2	GC
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	GC
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	GC
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	GC
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	GC
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	GC
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	GC
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	GC
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	GC
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	GC
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	GC
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	GC
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	GC
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	GC
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	GC
tulana oral tablet 0.35 mg	1	GC
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	1	GC
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	GC
vienva oral tablet 0.1-20 mg-mcg	1	GC
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	GC
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	GC
vyfemla (28) oral tablet 0.4-35 mg-mcg	1	GC
vylibra oral tablet 0.25-35 mg-mcg	1	GC
wera (28) oral tablet 0.5-35 mg-mcg	1	GC
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1	GC
xulane transdermal patch weekly 150-35 mcg/24 hr	1	GC; QL (3 per 28 days)
YASMIN (28) ORAL TABLET 3-0.03 MG	3	GC
YAZ (28) ORAL TABLET 3-0.02 MG	3	GC
zarah oral tablet 3-0.03 mg	1	GC

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Drug Name		Drug Tier	Requirements/Limits
zovia 1/35e (28) oral tablet 1-35 mg-mcg		1	GC
zumandimine (28) oral tablet 3-0.03 mg		1	GC
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	1	GC
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	1	GC
denta 5000 plus dental cream 1.1 %		1	GC
dentagel dental gel 1.1 %		1	GC
EVOXAC ORAL CAPSULE 30 MG		3	GC
oralone dental paste 0.1 %		3	GC
paroex oral rinse mucous membrane mouthwash 0.12 %		1	GC
periogard mucous membrane mouthwash 0.12 %		1	GC
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	1	GC
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG		3	GC
sf 5000 plus dental cream 1.1 %		1	GC
triamcinolone acetonide dental paste 0.1 %	(Oralone)	1	GC
Dermatological Agents			
Dermatological Agents, Other			
acitretin oral capsule 10 mg, 25 mg	(Soriatane)	1	GC
acitretin oral capsule 17.5 mg		1	GC
acyclovir topical ointment 5 %	(Zovirax)	1	GC; QL (30 per 30 days)
ACZONE TOPICAL GEL 5 %		3	GC
ACZONE TOPICAL GEL WITH PUMP 7.5 %		2	GC
ALCOHOL PADS TOPICAL PADS, MEDICATED		1	GC
ALDARA TOPICAL CREAM IN PACKET 5 %		3	PA NSO; GC; QL (24 per 30 days)
ammonium lactate topical cream 12 %	(Geri-Hydrolac)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
ammonium lactate topical lotion 12 %	(Geri-Hydrolac)	1	GC
amnesteem oral capsule 10 mg, 20 mg, 40 mg		1	GC
azelaic acid topical gel 15 %	(Finacea)	1	GC
AZELEX TOPICAL CREAM 20 %		2	GC
calcipotriene scalp solution 0.005 %		1	GC
calcipotriene topical cream 0.005 %	(Dovonex)	1	GC
calcipotriene topical ointment 0.005 %		1	GC
calcipotriene-betamethasone topical ointment 0.005-0.064 %	(Taclonex)	1	GC
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	1	GC
calcitriol topical ointment 3 mcg/gram	(Vectical)	1	GC
CARAC TOPICAL CREAM 0.5 %		3	GC
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg		1	GC
CONDYLOX TOPICAL GEL 0.5 %		2	GC
dapsone topical gel 5 %	(Aczone)	1	GC
dapsone topical gel with pump 7.5 %	(Aczone)	1	GC
DOVONEX TOPICAL CREAM 0.005 %		3	GC
EFUDEX TOPICAL CREAM 5 %		3	GC
ENSTILAR TOPICAL FOAM 0.005-0.064 %		3	GC
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 %		2	GC
FINACEA TOPICAL FOAM 15 %		2	GC
FINACEA TOPICAL GEL 15 %		3	GC
fluorouracil topical cream 0.5 %	(Carac)	1	GC
fluorouracil topical cream 5 %	(Efudex)	1	GC
fluorouracil topical solution 2 %, 5 %		1	GC

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Drug Name		Drug Tier	Requirements/Limits
imiquimod topical cream in packet 5 %	(Aldara)	1	PA NSO; GC; QL (24 per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 40 mg	(Amnesteem)	1	GC
isotretinoin oral capsule 30 mg	(Claravis)	1	GC
LEVULAN TOPICAL SOLUTION 20 %		2	GC
mafenide acetate topical packet 50 gram	(Sulfamylon)	1	GC
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	(Oxsoralen Ultra)	1	GC
MIRVASO TOPICAL GEL WITH PUMP 0.33 %		2	GC
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg		1	GC
OXSORALEN ULTRA ORAL CAPSULE,LIQD-FILLED,RAPID REL 10 MG		3	GC
PANRETIN TOPICAL GEL 0.1 %		2	GC
PICATO TOPICAL GEL 0.015 %		2	GC; QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %		2	GC; QL (2 per 56 days)
podofilox topical solution 0.5 %		1	GC
QBREXZA TOPICAL TOWELETTE 2.4 %		2	GC; QL (30 per 30 days)
REGRANEX TOPICAL GEL 0.01 %		2	PA; GC; QL (30 per 30 days)
RHOFADE TOPICAL CREAM 1 %		2	GC
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		2	GC
SORIATANE ORAL CAPSULE 10 MG, 25 MG		3	GC
SORILUX TOPICAL FOAM 0.005 %		2	GC
SULFAMYLON TOPICAL CREAM 85 MG/G		2	GC
SULFAMYLON TOPICAL PACKET 50 GRAM		3	GC
TACLONEX TOPICAL OINTMENT 0.005-0.064 %		3	GC

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Drug Name	Drug Tier	Requirements/Limits
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	3	ST; GC
TOLAK TOPICAL CREAM 4 %	2	GC
UVADEX INJECTION SOLUTION 20 MCG/ML	2	GC
VALCHLOR TOPICAL GEL 0.016 %	2	GC
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	GC
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	GC
ZOVIRAX TOPICAL CREAM 5 %	3	GC; QL (5 per 4 days)
ZOVIRAX TOPICAL OINTMENT 5 %	3	GC; QL (30 per 30 days)
Dermatological Antibacterials		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	3	GC
ALTABAX TOPICAL OINTMENT 1 %	2	GC
BENZAMYCIN TOPICAL GEL 3-5 %	3	GC
CENTANY TOPICAL OINTMENT 2 %	3	GC
CLEOCIN T TOPICAL GEL 1 %	3	GC
CLEOCIN T TOPICAL LOTION 1 %	3	GC
CLEOCIN T TOPICAL SOLUTION 1 %	3	GC
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	3	GC
clindamycin phosphate topical foam 1 % (Evoclin)	1	GC
clindamycin phosphate topical gel 1 % (Cleocin T)	1	GC
clindamycin phosphate topical lotion 1 % (Cleocin T)	1	GC
clindamycin phosphate topical solution 1 % (Cleocin T)	1	GC
clindamycin phosphate topical swab 1 % (Clindacin ETZ)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	1	GC
clindamycin-benzoyl peroxide topical gel 1-5 %	(Benzaclin)	1	GC
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	(Acanya)	1	GC
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%		2	GC
CORTISPORIN TOPICAL OINTMENT 1 %		2	GC
ery pads topical swab 2 %		1	GC
ERYGEL TOPICAL GEL 2 %		3	GC
erythromycin with ethanol topical gel 2 %	(Erygel)	1	GC
erythromycin with ethanol topical solution 2 %		1	GC
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	1	GC
EVOCLIN TOPICAL FOAM 1 %		3	GC
gentamicin topical cream 0.1 %		1	GC
gentamicin topical ointment 0.1 %		1	GC
KLARON TOPICAL SUSPENSION 10 %		3	GC
METROCREAM TOPICAL CREAM 0.75 %		3	GC
METROGEL TOPICAL GEL 1 %		3	GC
METROLOTION TOPICAL LOTION 0.75 %		3	GC
metronidazole topical cream 0.75 %	(Rosadan)	1	GC
metronidazole topical gel 0.75 %	(Rosadan)	1	GC
metronidazole topical gel 1 %	(Metrogel)	1	GC
metronidazole topical lotion 0.75 %	(MetroLotion)	1	GC
mupirocin calcium topical cream 2 %		1	GC
mupirocin topical ointment 2 %	(Centany)	1	GC
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		1	GC
neuac topical gel 1.2 %(1 % base) -5 %		1	GC

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Drug Name	Drug Tier	Requirements/Limits
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) - 3.75 %	2	GC
rosadan topical cream 0.75 %	1	GC
selenium sulfide topical lotion 2.5 %	1	GC
silver sulfadiazine topical cream 1 % (SSD)	1	GC
ssd topical cream 1 %	1	GC
sulfacetamide sodium (acne) topical suspension 10 % (Klaron)	1	GC
XEPI TOPICAL CREAM 1 %	2	GC
Dermatological Anti-Inflammatory Agents		
ala-cort topical cream 1 %	1	GC
ala-scalp topical lotion 2 %	1	GC
alclometasone topical cream 0.05 %	1	GC
alclometasone topical ointment 0.05 %	1	GC
amcinonide topical cream 0.1 %	1	GC
amcinonide topical lotion 0.1 %	1	GC
amcinonide topical ointment 0.1 %	1	GC
betamethasone dipropionate topical cream 0.05 %	1	GC
betamethasone dipropionate topical lotion 0.05 %	1	GC
betamethasone dipropionate topical ointment 0.05 %	1	GC
betamethasone valerate topical cream 0.1 %	1	GC
betamethasone valerate topical foam 0.12 % (Luxiq)	1	GC
betamethasone valerate topical lotion 0.1 %	1	GC
betamethasone valerate topical ointment 0.1 %	1	GC
betamethasone, augmented topical cream 0.05 %	1	GC
betamethasone, augmented topical gel 0.05 %	1	GC
betamethasone, augmented topical lotion 0.05 %	1	GC

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Drug Name		Drug Tier	Requirements/Limits
betamethasone, augmented topical ointment 0.05 %	(Diprolene)	1	GC
CAPEX TOPICAL SHAMPOO 0.01 %		2	ST; GC
clobetasol scalp solution 0.05 %		1	GC
clobetasol topical cream 0.05 %	(Temovate)	1	GC
clobetasol topical foam 0.05 %	(Olux)	1	GC
clobetasol topical gel 0.05 %		1	GC
clobetasol topical lotion 0.05 %	(Clobex)	1	GC
clobetasol topical ointment 0.05 %	(Temovate)	1	GC
clobetasol topical shampoo 0.05 %	(Clobex)	1	GC
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	1	GC
clobetasol-emollient topical cream 0.05 %		1	GC
clobetasol-emollient topical foam 0.05 %	(Olux-E)	1	GC
CLOBEX TOPICAL LOTION 0.05 %		3	GC
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %		3	GC
clocortolone pivalate topical cream 0.1 %	(Cloderm)	1	GC
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2		2	ST; GC
CUTIVATE TOPICAL CREAM 0.05 %		3	GC
CUTIVATE TOPICAL LOTION 0.05 %		3	GC
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 %		3	GC
DESONATE TOPICAL GEL 0.05 %		2	ST; GC
desonide topical cream 0.05 %	(Tridesilon)	1	GC
desonide topical gel 0.05 %	(Desonate)	1	GC
desonide topical lotion 0.05 %	(DesOwen)	1	GC
desonide topical ointment 0.05 %		1	GC
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
desoximetasone topical gel 0.05 %	(Topicort)	1	GC
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	1	GC
desoximetasone topical spray,non-aerosol 0.25 %	(Topicort)	1	GC
DIPROLENE TOPICAL OINTMENT 0.05 %		3	GC
ELIDEL TOPICAL CREAM 1 %		3	ST; GC
ELOCON TOPICAL CREAM 0.1 %		3	GC
EPIFOAM TOPICAL FOAM 1-1 %		2	GC
EUCRISA TOPICAL OINTMENT 2 %		2	GC
fluocinolone 0.01% body oil 0.01 %	(Derma-Smoothe/FS Body Oil)	1	GC
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	1	GC
fluocinolone topical cream 0.01 %		1	GC
fluocinolone topical cream 0.025 %	(Synalar)	1	GC
fluocinolone topical ointment 0.025 %	(Synalar)	1	GC
fluocinolone topical solution 0.01 %	(Synalar)	1	GC
fluocinonide topical cream 0.05 %		1	GC
fluocinonide topical cream 0.1 %	(Vanos)	1	GC
fluocinonide topical gel 0.05 %		1	GC
fluocinonide topical ointment 0.05 %		1	GC
fluocinonide topical solution 0.05 %		1	GC
fluocinonide-e topical cream 0.05 %		1	GC
flurandrenolide topical cream 0.05 %	(Nolix)	1	GC
flurandrenolide topical lotion 0.05 %	(Nolix)	1	GC
flurandrenolide topical ointment 0.05 %	(Cordran)	1	GC
fluticasone propionate topical cream 0.05 %	(Cutivate)	1	GC
fluticasone propionate topical lotion 0.05 %	(Cutivate)	1	GC
fluticasone propionate topical ointment 0.005 %		1	GC

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Drug Name	Drug Tier	Requirements/Limits
halcinonide topical cream 0.1 % (Halog)	1	GC
halobetasol propionate topical cream 0.05 %	1	GC
halobetasol propionate topical ointment 0.05 %	1	GC
HALOG TOPICAL CREAM 0.1 %	3	ST; GC
HALOG TOPICAL OINTMENT 0.1 %	2	ST; GC
HALOG TOPICAL SOLUTION 0.1 %	2	ST; GC
hydrocortisone butyrate topical cream 0.1 %	1	GC
hydrocortisone butyrate topical lotion 0.1 % (Locoid)	1	GC
hydrocortisone butyrate topical ointment 0.1 %	1	GC
hydrocortisone butyrate topical solution 0.1 %	1	GC
hydrocortisone topical cream 1 % (Ala-Cort)	1	GC
hydrocortisone topical cream 2.5 %	1	GC
hydrocortisone topical lotion 2.5 %	1	GC
hydrocortisone topical ointment 1 % (Anti-Itch (HC))	1	GC
hydrocortisone topical ointment 2.5 %	1	GC
hydrocortisone valerate topical cream 0.2 %	1	GC
hydrocortisone valerate topical ointment 0.2 %	1	GC
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST; GC
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	3	GC
LOCOID TOPICAL LOTION 0.1 %	3	ST; GC
LOCOID TOPICAL SOLUTION 0.1 %	3	GC
LUXIQ TOPICAL FOAM 0.12 %	3	GC
mometasone topical cream 0.1 %	1	GC
mometasone topical ointment 0.1 %	1	GC
mometasone topical solution 0.1 %	1	GC

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Drug Name	Drug Tier	Requirements/Limits
NOLIX TOPICAL CREAM 0.05 %	3	GC
NOLIX TOPICAL LOTION 0.05 %	3	ST; GC
OLUX TOPICAL FOAM 0.05 %	3	GC
OLUX-E TOPICAL FOAM 0.05 %	3	GC
PANDEL TOPICAL CREAM 0.1 %	2	ST; GC
pimecrolimus topical cream 1 % (Elidel)	1	GC
prednicarbate topical cream 0.1 %	1	GC
prednicarbate topical ointment 0.1 %	1	GC
procto-med hc topical cream with perineal applicator 2.5 %	1	GC
procto-pak topical cream with perineal applicator 1 %	1	GC
proctosol hc topical cream with perineal applicator 2.5 %	1	GC
proctozone-hc topical cream with perineal applicator 2.5 %	1	GC
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 %	3	ST; GC
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	2	GC
SYNALAR TOPICAL OINTMENT 0.025 %	3	GC
SYNALAR TOPICAL SOLUTION 0.01 %	3	GC
tacrolimus topical ointment 0.03 %, 0.1 % (Protopic)	1	GC
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 %	3	ST; GC
triamcinolone acetonide topical aerosol 0.147 mg/gram (Kenalog)	1	GC
triamcinolone acetonide topical cream 0.025 %	1	GC
triamcinolone acetonide topical cream 0.1 %, 0.5 % (Triderm)	1	GC
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	GC

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Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	GC
triamcinolone acetonide topical ointment 0.05 % (Trianex)	1	GC
triderm topical cream 0.1 %, 0.5 %	1	GC
TRIDESILON TOPICAL CREAM 0.05 %	3	GC
VANOS TOPICAL CREAM 0.1 %	3	GC
Dermatological Retinoids		
adapalene topical cream 0.1 % (Differin)	1	GC
adapalene topical gel 0.1 %, 0.3 % (Differin)	1	GC
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 % (Epiduo)	1	GC
ALTRENO TOPICAL LOTION 0.05 %	2	PA; GC
ATRALIN TOPICAL GEL 0.05 %	3	PA; GC
avita topical cream 0.025 %	1	PA; GC
avita topical gel 0.025 %	1	PA; GC
DIFFERIN TOPICAL CREAM 0.1 %	3	GC
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	GC
DIFFERIN TOPICAL LOTION 0.1 %	3	GC
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	2	GC
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	3	GC
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	2	PA; GC
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; GC
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	3	PA; GC
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	PA; GC
tazarotene topical cream 0.1 % (Tazorac)	1	GC

Drug Name		Drug Tier	Requirements/Limits
TAZORAC TOPICAL CREAM 0.05 %		2	GC
TAZORAC TOPICAL CREAM 0.1 %		3	GC
TAZORAC TOPICAL GEL 0.05 %, 0.1 %		2	GC
tretinoin microspheres topical gel 0.04 %, 0.1 %	(Retin-A Micro)	1	PA; GC
tretinoin topical cream 0.025 %	(Avita)	1	PA; GC
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	1	PA; GC
tretinoin topical gel 0.01 %	(Retin-A)	1	PA; GC
tretinoin topical gel 0.025 %	(Avita)	1	PA; GC
tretinoin topical gel 0.05 %	(Atralin)	1	PA; GC
Scabicides And Pediculicides			
ELIMITE TOPICAL CREAM 5 %		3	GC
ivermectin topical cream 1 %	(Soolantra)	1	GC
lindane topical shampoo 1 %		1	GC
malathion topical lotion 0.5 %	(Ovide)	1	GC
permethrin topical cream 5 %	(Elimite)	1	GC
SKLICE TOPICAL LOTION 0.5 %		2	GC
Devices			
Devices			
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		2	GC
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"		2	GC
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		2	GC
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		2	GC
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"		2	GC
GAUZE PAD TOPICAL BANDAGE 2 X 2 "		1	GC

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Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	2	GC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Advocate Syringes)	2	GC
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe)	2	GC
OMNIPOD DASH 5 PACK POD		2	GC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips)	2	GC
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "		1	GC
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		2	PA; GC
CERDELGA ORAL CAPSULE 84 MG		2	PA; GC
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT		2	GC
CHENODAL ORAL TABLET 250 MG		2	PA; GC
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		2	GC
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML		2	GC
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG		2	GC
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG		2	GC
GALAFOLD ORAL CAPSULE 123 MG		2	PA; GC; QL (14 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	2	PA; GC
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	2	GC
KUVAN ORAL TABLET,SOLUBLE 100 MG	2	GC
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	2	GC
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	2	PA; GC
miglustat oral capsule 100 mg (Zavesca)	1	GC; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	2	GC
nitisinone oral capsule 10 mg, 2 mg, 5 mg (Orfadin)	1	PA; GC
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA; GC
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	3	PA; GC
ORFADIN ORAL CAPSULE 20 MG	2	PA; GC
ORFADIN ORAL SUSPENSION 4 MG/ML	2	PA; GC
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	2	PA; GC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	2	GC
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250-90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	2	GC

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Drug Name	Drug Tier	Requirements/Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA; GC
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	2	PA; GC
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	PA; GC
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	GC
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	2	PA; GC
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	GC
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	2	GC
XIAFLEX INJECTION RECON SOLN 0.9 MG	2	PA; GC; QL (2 per 28 days)
ZAVESCA ORAL CAPSULE 100 MG	3	GC; QL (90 per 30 days)
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	2	GC
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	2	GC
alcaine ophthalmic (eye) drops 0.5 %	1	GC

Drug Name	Drug Tier	Requirements/Limits
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	2	GC
apraclonidine ophthalmic (eye) drops 0.5 %	1	GC
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	1	GC
azelastine nasal aerosol,spray 137 mcg (0.1 %)	1	GC; QL (30 per 25 days)
azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)	1	GC; QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %	1	GC
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray (Dymista)	1	GC; QL (23 per 30 days)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	2	GC
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml) (Otovel)	1	GC
cromolyn ophthalmic (eye) drops 4 %	1	GC
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 % (Cyclogyl)	1	GC
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	GC
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	3	GC; QL (23 per 30 days)
epinastine ophthalmic (eye) drops 0.05 %	1	GC
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	2	GC
ipratropium bromide nasal spray,non-aerosol 0.03 %	1	GC; QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	GC; QL (15 per 10 days)
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	3	GC
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	2	GC

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Drug Name	Drug Tier	Requirements/Limits
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	2	GC
olopatadine nasal spray,non-aerosol 0.6 % (Patanase)	1	GC; QL (30.5 per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %, 0.2 % (Pataday)	1	GC
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	2	GC
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	2	PA; GC; QL (56 per 28 days)
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %	3	GC; QL (30.5 per 30 days)
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	2	GC
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1	GC
proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)	1	GC
tropicamide ophthalmic (eye) drops 0.5 %	1	GC
tropicamide ophthalmic (eye) drops 1 % (Mydriacyl)	1	GC
Eye, Ear, Nose, Throat Anti-Infectives Agents		
acetic acid otic (ear) solution 2 %	1	GC
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	GC
bacitracin ophthalmic (eye) ointment 500 unit/gram (Baciguent)	1	GC
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (Polycin)	1	GC
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	2	ST; GC
bleph-10 ophthalmic (eye) drops 10 %	1	GC
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	2	GC

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Drug Name	Drug Tier	Requirements/Limits
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	3	GC
CILOXAN OPHTHALMIC (EYE) DROPS 0.3 %	3	GC
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	2	GC
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	2	GC
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	GC
ciprofloxacin hcl ophthalmic (eye) drops 0.3 % (Ciloxan)	1	GC
ciprofloxacin hcl otic (ear) dropperette 0.2 % (Cetraxal)	1	GC
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	2	GC
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	2	GC
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	GC
gatifloxacin ophthalmic (eye) drops 0.5 % (Zymaxid)	1	GC
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	GC
gentamicin ophthalmic (eye) drops 0.3 %	1	GC
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	GC
levofloxacin ophthalmic (eye) drops 0.5 %	1	GC
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3	GC
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3	GC
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	2	GC

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Drug Name		Drug Tier	Requirements/Limits
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	1	GC
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		2	GC
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	1	GC
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	1	GC
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	GC
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	1	GC
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		1	GC
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		1	GC
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		1	GC
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		1	GC
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%		1	GC
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g		1	GC
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %		3	GC
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	1	GC
ofloxacin otic (ear) drops 0.3 %		1	GC

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Drug Name		Drug Tier	Requirements/Limits
polycin ophthalmic (eye) ointment 500-10,000 unit/gram		1	GC
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml	(Polytrim)	1	GC
POLYTRIM OPHTHALMIC (EYE) DROPS 10,000 UNIT- 1 MG/ML		3	GC
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %		2	GC
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %		2	GC
sulfacetamide sodium ophthalmic (eye) drops 10 %	(Bleph-10)	1	GC
sulfacetamide sodium ophthalmic (eye) ointment 10 %		1	GC
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		1	GC
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 %		3	GC
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		2	GC
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %		2	GC
tobramycin ophthalmic (eye) drops 0.3 %	(Tobrex)	1	GC
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	(TobraDex)	1	GC
TOBREX OPHTHALMIC (EYE) DROPS 0.3 %		3	GC
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %		2	GC
trifluridine ophthalmic (eye) drops 1 %		1	GC
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %		3	GC

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Drug Name	Drug Tier	Requirements/Limits
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	GC
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	GC
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	3	GC
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	GC
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	GC
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	2	GC
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	2	GC
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	2	GC
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %)	2	GC; QL (50 per 28 days)
bromfenac ophthalmic (eye) drops 0.09 %	1	GC
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	2	GC
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	2	GC; QL (60 per 30 days)
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	GC
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	GC
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	GC
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	GC
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	3	GC
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	GC; QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 % (DermOtic Oil)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	1	GC
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		1	GC
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	GC; QL (16 per 30 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		2	GC
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %		2	GC
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		2	GC
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		2	GC
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	1	GC
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	1	GC
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %		2	GC
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %		3	GC
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		2	GC
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		2	GC
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	(Lotemax)	1	GC
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		2	GC
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Nasonex)	1	GC; QL (34 per 28 days)
NASONEX NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION		3	GC; QL (34 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	GC
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	2	GC; QL (13 per 30 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	2	GC
prednisolone acetate ophthalmic (eye) drops,suspension 1 % (Pred Forte)	1	GC
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	GC
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	GC
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	GC; QL (9.8 per 28 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	GC; QL (8.7 per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	GC
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	GC; QL (60 per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	2	GC; QL (6.1 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	ST; GC; QL (30 per 30 days)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	2	ST; GC; QL (30 per 30 days)
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	GC
CARAFATE ORAL SUSPENSION 100 MG/ML	3	GC

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Drug Name		Drug Tier	Requirements/Limits
CARAFATE ORAL TABLET 1 GRAM		3	GC
cimetidine hcl oral solution 300 mg/5 ml		1	GC
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	1	GC
cimetidine oral tablet 300 mg, 400 mg, 800 mg		1	GC
CYTOTEC ORAL TABLET 100 MCG, 200 MCG		3	GC
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG		2	ST; GC
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	(Nexium)	1	GC
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg	(Nexium Packet)	1	GC
esomeprazole sodium intravenous recon soln 20 mg		1	GC
esomeprazole sodium intravenous recon soln 40 mg	(Nexium IV)	1	GC
famotidine (pf) intravenous solution 20 mg/2 ml		1	GC
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml		1	GC
famotidine intravenous solution 10 mg/ml		1	GC
famotidine oral suspension 40 mg/5 ml (8 mg/ml)		1	GC
famotidine oral tablet 20 mg	(Acid Controller)	1	GC
famotidine oral tablet 40 mg	(Pepcid)	1	GC
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	(Prevacid)	1	GC
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	(Prevacid SoluTab)	1	GC
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	GC
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG		3	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	3	ST; GC
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG	3	ST; GC
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	2	ST; GC
nizatidine oral capsule 150 mg, 300 mg	1	GC
nizatidine oral solution 150 mg/10 ml	1	GC
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40)	2	GC
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	GC
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram (Zegerid)	1	GC; QL (30 per 30 days)
pantoprazole intravenous recon soln 40 mg (Protonix)	1	GC
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg (Protonix)	1	GC; QL (30 per 30 days)
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG, 30 MG	3	ST; GC
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	3	ST; GC
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	2	GC
PROTONIX INTRAVENOUS RECON SOLN 40 MG	3	GC
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	2	ST; GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	3	ST; GC; QL (30 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg (AcipHex)	1	GC; QL (30 per 30 days)
ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)	1	GC
ranitidine hcl oral capsule 150 mg, 300 mg	1	GC
ranitidine hcl oral syrup 15 mg/ml	1	GC
ranitidine hcl oral tablet 150 mg, 300 mg	1	GC
sucralfate oral suspension 100 mg/ml (Carafate)	1	GC
sucralfate oral tablet 1 gram (Carafate)	1	GC
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	2	GC; QL (168 per 14 days)
ZANTAC INJECTION SOLUTION 25 MG/ML, 50 MG/2 ML (25 MG/ML)	3	GC
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM	3	GC; QL (30 per 30 days)
Gastrointestinal Agents, Other		
ACTIGALL ORAL CAPSULE 300 MG	3	GC
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	GC; QL (60 per 30 days)
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	2	GC
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	3	GC
BUPHENYL ORAL TABLET 500 MG	3	GC
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	2	GC
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	2	GC
constulose oral solution 10 gram/15 ml	1	GC

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Drug Name		Drug Tier	Requirements/Limits
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	1	GC
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)		2	GC
dicyclomine intramuscular solution 10 mg/ml	(Bentyl)	1	GC
dicyclomine oral capsule 10 mg		1	GC
dicyclomine oral solution 10 mg/5 ml		1	GC
dicyclomine oral tablet 20 mg		1	GC
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		1	GC
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	GC
enulose oral solution 10 gram/15 ml		1	GC
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML		3	GC
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		2	PA; GC
generlac oral solution 10 gram/15 ml		1	GC
glycopyrrolate (pf) in water injection syringe 0.2 mg/ml		1	GC
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)		1	GC
glycopyrrolate injection solution 0.2 mg/ml		1	GC
glycopyrrolate oral tablet 1 mg, 2 mg		1	GC
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml		1	GC
lactulose oral solution 10 gram/15 ml	(Constulose)	1	GC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		2	GC; QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		2	GC; QL (90 per 30 days)
LOMOTIL ORAL TABLET 2.5-0.025 MG		3	GC
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	1	GC

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Drug Name	Drug Tier	Requirements/Limits
methscopolamine oral tablet 2.5 mg, 5 mg	1	GC
metoclopramide hcl injection solution 5 mg/ml	1	GC
metoclopramide hcl injection syringe 5 mg/ml	1	GC
metoclopramide hcl oral solution 5 mg/5 ml	1	GC
metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)	1	GC
metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg	1	GC
MOTEGRITY ORAL TABLET 1 MG, 2 MG	2	GC; QL (30 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	GC; QL (30 per 30 days)
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	2	GC; QL (60 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	2	PA; GC; QL (30 per 30 days)
propantheline oral tablet 15 mg	1	GC
PYLERA ORAL CAPSULE 140-125-125 MG	2	GC
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	PA; GC
REGLAN ORAL TABLET 10 MG, 5 MG	3	GC
RELISTOR ORAL TABLET 150 MG	2	PA; GC; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA; GC; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	2	PA; GC; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	2	PA; GC; QL (11.2 per 28 days)
sodium phenylbutyrate oral powder 0.94 gram/gram (Buphenyl)	1	GC
sodium phenylbutyrate oral tablet 500 mg (Buphenyl)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml		1	GC
sodium polystyrene sulfonate oral powder		1	GC
sps (with sorbitol) oral suspension 15-20 gram/60 ml		1	GC
SYMPROIC ORAL TABLET 0.2 MG		2	GC; QL (30 per 30 days)
TRULANCE ORAL TABLET 3 MG		2	GC
URSO 250 ORAL TABLET 250 MG		3	GC
URSO FORTE ORAL TABLET 500 MG		3	GC
ursodiol oral capsule 300 mg	(Actigall)	1	GC
ursodiol oral tablet 250 mg	(URSO 250)	1	GC
ursodiol oral tablet 500 mg	(URSO Forte)	1	GC
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		2	GC; QL (30 per 30 days)
VIBERZI ORAL TABLET 100 MG, 75 MG		2	PA; GC; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG		2	PA; GC; QL (90 per 30 days)
ZELNORM ORAL TABLET 6 MG		2	GC; QL (60 per 30 days)
Laxatives			
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML		2	GC
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram		1	GC
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram		1	GC
gavilyte-n oral recon soln 420 gram		1	GC
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM		2	GC
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM		3	GC

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Drug Name	Drug Tier	Requirements/Limits
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	2	GC
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM	3	GC
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM	3	GC
OSMOPREP ORAL TABLET 1.5 GRAM	2	GC
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram (GaviLyte-G)	1	GC
peg-electrolyte soln oral recon soln 420 gram (GaviLyte-N)	1	GC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	2	GC
POLYETHYLENE GLYCOL 3350(BULK) POWDER	1	GC
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	2	GC
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	GC
trilyte with flavor packets oral recon soln 420 gram	1	GC
Phosphate Binders		
AURYXIA ORAL TABLET 210 MG IRON	2	PA; GC
calcium acetate(phosphat bind) oral capsule 667 mg	1	GC
calcium acetate(phosphat bind) oral tablet 667 mg	1	GC
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	2	GC
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	3	GC
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg (Fosrenol)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	GC
RENAGEL ORAL TABLET 800 MG	3	GC
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	GC
RENVELA ORAL TABLET 800 MG	3	GC
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	1	GC
sevelamer carbonate oral tablet 800 mg (Renvela)	1	GC
sevelamer hcl oral tablet 400 mg	1	GC
sevelamer hcl oral tablet 800 mg (Renagel)	1	GC
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	GC
Genitourinary Agents		
Antispasmodics, Urinary		
bethanechol chloride oral tablet 10 mg, 5 mg	1	GC
bethanechol chloride oral tablet 25 mg, 50 mg (Urecholine)	1	GC
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1	GC
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG	3	GC
DETROL ORAL TABLET 1 MG, 2 MG	3	GC
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	GC
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR 7.5 MG	3	GC
flavoxate oral tablet 100 mg	1	GC
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	GC; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		2	GC
oxybutynin chloride oral syrup 5 mg/5 ml		1	GC
oxybutynin chloride oral tablet 5 mg		1	GC
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg	(Ditropan XL)	1	GC
oxybutynin chloride oral tablet extended release 24hr 15 mg		1	GC
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR		2	GC; QL (8 per 28 days)
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	1	GC
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	1	GC
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	1	GC
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		2	GC
trospium oral capsule,extended release 24hr 60 mg		1	GC
trospium oral tablet 20 mg		1	GC
VESICARE ORAL TABLET 10 MG, 5 MG		3	GC
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	GC
AVODART ORAL CAPSULE 0.5 MG		3	GC
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		2	GC
dutasteride oral capsule 0.5 mg	(Avodart)	1	GC
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	1	GC; QL (30 per 30 days)
finasteride oral tablet 5 mg	(Proscar)	1	GC
FLOMAX ORAL CAPSULE 0.4 MG		3	GC
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG		3	GC; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
LITHOSTAT ORAL TABLET 250 MG		2	GC
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG		2	GC
RAPAFLO ORAL CAPSULE 4 MG, 8 MG		3	GC
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	1	GC
tamsulosin oral capsule 0.4 mg	(Flomax)	1	GC
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	GC
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG		2	PA; GC
THIOLA ORAL TABLET 100 MG		2	GC
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG		3	GC
Heavy Metal Antagonists			
Heavy Metal Antagonists			
CHEMET ORAL CAPSULE 100 MG		2	GC
clovique oral capsule 250 mg		1	PA; GC; QL (240 per 30 days)
CUPRIMINE ORAL CAPSULE 250 MG		3	PA; GC
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	1	PA; GC
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	1	PA; GC
deferoxamine injection recon soln 2 gram, 500 mg	(Desferal)	1	PA NSO; GC
DEPEN TITRATABS ORAL TABLET 250 MG		3	PA; GC
DESFERAL INJECTION RECON SOLN 2 GRAM, 500 MG		3	PA NSO; GC
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG		3	PA; GC

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Drug Name		Drug Tier	Requirements/Limits
FERRIPROX ORAL SOLUTION 100 MG/ML		2	PA; GC
FERRIPROX ORAL TABLET 1,000 MG, 500 MG		2	PA; GC
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG		3	PA; GC
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG		2	PA; GC
penicillamine oral capsule 250 mg	(Cuprimine)	1	PA; GC
penicillamine oral tablet 250 mg	(Depen Titratabs)	1	PA; GC
SYPRINE ORAL CAPSULE 250 MG		3	PA; GC; QL (240 per 30 days)
trientine oral capsule 250 mg	(Clovique)	1	PA; GC; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
ANADROL-50 ORAL TABLET 50 MG		2	PA; GC
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR		2	PA; GC; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)		3	PA; GC; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)		3	PA; GC; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)		3	PA; GC; QL (150 per 30 days)
ANDROID ORAL CAPSULE 10 MG		3	GC

Drug Name		Drug Tier	Requirements/Limits
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)		2	PA; GC
danazol oral capsule 100 mg, 200 mg, 50 mg		1	GC
methyltestosterone oral capsule 10 mg	(Android)	1	GC
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION		2	PA; GC
oxandrolone oral tablet 10 mg, 2.5 mg	(Oxandrin)	1	GC
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR 30 MG		2	PA; GC; QL (60 per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)		3	PA; GC; QL (300 per 30 days)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	PA; GC
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		1	PA; GC
testosterone enanthate intramuscular oil 200 mg/ml		1	PA; GC; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	(Fortesta)	1	PA; GC; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	1	PA; GC; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	1	PA; GC; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	1	PA; GC; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	(AndroGel)	1	PA; GC; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	PA; GC; QL (180 per 28 days)
TESTRED ORAL CAPSULE 10 MG	3	GC
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	3	PA; GC; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; GC; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	2	PA; GC; QL (2 per 28 days)
Estrogens And Antiestrogens		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	3	GC
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	2	GC; QL (8 per 28 days)
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	GC
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	2	GC
BIJUVA ORAL CAPSULE 1-100 MG	2	GC
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	2	GC; QL (4 per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	GC; QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	GC; QL (8 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML		2	GC
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML		3	GC
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML		2	GC
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)		2	GC
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr		1	GC; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG		2	GC
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		2	GC
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)		3	GC
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	GC
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	1	GC; QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	1	GC; QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	1	GC
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	GC; QL (18 per 28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	(Delestrogen)	1	GC
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	(Amabelz)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	GC; QL (1 per 84 days)
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	2	GC
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	2	GC
EVISTA ORAL TABLET 60 MG	3	GC
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG	3	GC
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	2	GC; QL (1 per 84 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	GC
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	2	GC; QL (18 per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	2	GC
INTRAROSA VAGINAL INSERT 6.5 MG	2	GC; QL (28 per 28 days)
jinteli oral tablet 1-5 mg-mcg	1	GC
lopreeza oral tablet 1-0.5 mg	1	GC
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	GC
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	2	GC; QL (4 per 28 days)
mimvey oral tablet 1-0.5 mg	1	GC
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	GC; QL (8 per 28 days)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg (Fyavolv)	1	GC
OSPHENA ORAL TABLET 60 MG	2	GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN INJECTION RECON SOLN 25 MG	2	GC
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	GC
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	GC
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	GC
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	GC
raloxifene oral tablet 60 mg (Evista)	1	GC
VAGIFEM VAGINAL TABLET 10 MCG	3	GC; QL (18 per 28 days)
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	GC; QL (8 per 28 days)
yuvafem vaginal tablet 10 mcg	1	GC; QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
a-hydrocort injection recon soln 100 mg	1	GC
ARISTOSPAN INTRA-ARTICULAR INJECTION SUSPENSION 20 MG/ML	2	GC
ARISTOSPAN INTRALESIONAL INJECTION SUSPENSION 5 MG/ML	2	GC
betamethasone acet,sod phos injection suspension 6 mg/ml (Celestone Soluspan)	1	GC
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 MG/ML	3	GC
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	GC
cortisone oral tablet 25 mg	1	GC

Drug Name	Drug Tier	Requirements/Limits
decadron oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	3	GC
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	2	GC
DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	3	GC
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	GC
dexamethasone oral elixir 0.5 mg/5 ml	1	GC
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg (Decadron)	1	GC
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg	1	GC
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	GC
dexamethasone sodium phos (pf) injection syringe 10 mg/ml	1	GC
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	1	GC
dexamethasone sodium phosphate injection syringe 4 mg/ml	1	GC
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	2	PA; GC; QL (104 per 30 days)
EMFLAZA ORAL TABLET 18 MG	2	PA; GC; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	2	PA; GC; QL (60 per 30 days)
fludrocortisone oral tablet 0.1 mg	1	GC
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)	1	GC
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	GC
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	2	GC
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	3	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		3	GC
MEDROL ORAL TABLET 2 MG		2	GC
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	(Depo-Medrol)	1	GC
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	1	GC
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	GC
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg		1	GC
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	(Solu-Medrol)	1	GC
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG		3	PA BvD; GC
prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)		1	PA BvD; GC
prednisolone oral solution 15 mg/5 ml		1	PA BvD; GC
prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)		1	PA BvD; GC
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	1	PA BvD; GC
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	1	PA BvD; GC
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	1	PA BvD; GC
prednisone oral solution 5 mg/5 ml		1	PA BvD; GC
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	PA BvD; GC
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		1	GC

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Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	2	GC
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	2	GC
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML	2	GC
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	3	GC
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	2	GC
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)	1	GC
Pituitary		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	2	GC
DDAVP INJECTION SOLUTION 4 MCG/ML	3	GC
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	3	GC
DDAVP NASAL SPRAY WITH PUMP 10 MCG/SPRAY (0.1 ML)	3	GC
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3	GC
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	1	GC
desmopressin injection solution 4 mcg/ml (DDAVP)	1	GC
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	GC
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	1	GC
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	2	PA; GC

Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	2	PA; GC
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; GC
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; GC
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	2	PA; GC
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	2	PA; GC
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; GC
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	2	GC; QL (1 per 30 days)
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	2	GC; QL (1 per 84 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	GC
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	2	GC
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	GC
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	GC

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Drug Name	Drug Tier	Requirements/Limits
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	2	GC; QL (30 per 30 days)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	2	GC; QL (30 per 30 days)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	2	GC; QL (3.8 per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; GC
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	2	PA; GC
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	1	GC
octreotide acetate injection solution (Sandostatin) *100 mcg/ml, 50 mcg/ml, 500 mcg/ml*	1	GC
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1	GC
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; GC
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA; GC

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Drug Name	Drug Tier	Requirements/Limits
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA; GC; QL (56 per 28 days)
ORILISSA ORAL TABLET 150 MG	2	PA; GC; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	2	PA; GC; QL (56 per 28 days)
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	2	PA; GC
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	2	PA; GC
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	GC
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	2	GC
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; GC
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	GC
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	GC; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	GC; QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	GC
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	2	GC; QL (1 per 360 days)
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	2	GC
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	2	GC; QL (1 per 168 days)
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	2	GC; QL (1 per 360 days)
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	2	GC
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	2	PA; GC
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	2	PA; GC
Progestins		
CRINONE VAGINAL GEL 4 %	2	PA; GC
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	GC; QL (1 per 84 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	GC; QL (10 per 28 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	GC; QL (1 per 84 days)
hydroxyprogest(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml) (Makena)	1	PA; GC
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml (Makena)	1	PA NSO; GC
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	2	GC
MAKENA INTRAMUSCULAR OIL 250 MG/ML	3	PA; GC; QL (25 per 140 days)
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	3	PA; GC
medroxyprogesterone intramuscular suspension 150 mg/ml (Depo-Provera)	1	GC; QL (1 per 84 days)

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Drug Name		Drug Tier	Requirements/Limits
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	1	GC; QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	GC
MEGACE ES ORAL SUSPENSION 625 MG/5 ML (125 MG/ML)		3	GC
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		1	PA NSO; GC; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Aygestin)	1	GC
progesterone intramuscular oil 50 mg/ml		1	GC
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	1	GC
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG		3	GC
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG		3	GC
Thyroid And Antithyroid Agents			
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG		3	GC
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg		1	GC
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG		3	GC
levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg		1	GC
levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml		1	GC
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	1	GC
levothyroxine oral tablet 300 mcg	(Synthroid)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
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	3	GC
liothyronine intravenous solution 10 mcg/ml (Triostat)	1	GC
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg (Cytomel)	1	GC
methimazole oral tablet 10 mg, 5 mg (Tapazole)	1	GC
propylthiouracil oral tablet 50 mg	1	GC
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	GC
THYROLAR-1 ORAL TABLET 12.5-50 MCG	2	GC
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	2	GC
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	2	GC
THYROLAR-2 ORAL TABLET 25-100 MCG	2	GC
THYROLAR-3 ORAL TABLET 37.5-150 MCG	2	GC
TRIOSTAT INTRAVENOUS SOLUTION 10 MCG/ML	3	GC
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	GC
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; GC

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	2	PA; GC
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; GC
ARAVA ORAL TABLET 10 MG, 20 MG	3	GC
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	2	GC
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	2	PA BvD; GC
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	PA BvD; GC
AVSOLA INTRAVENOUS RECON SOLN 100 MG	2	PA; GC
azathioprine oral tablet 50 mg (Imuran)	1	PA BvD; GC
azathioprine sodium injection recon soln 100 mg	1	PA BvD; GC
BIVIGAM INTRAVENOUS SOLUTION 10 %	2	PA BvD; GC
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	3	PA BvD; GC
CELLCEPT ORAL CAPSULE 250 MG	3	PA BvD; GC
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3	PA BvD; GC
CELLCEPT ORAL TABLET 500 MG	3	PA BvD; GC
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	2	PA; GC

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA; GC
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; GC
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; GC
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	2	PA BvD; GC
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	2	PA BvD; GC
cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)	1	PA BvD; GC
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	1	PA BvD; GC
cyclosporine modified oral capsule 50 mg	1	PA BvD; GC
cyclosporine modified oral solution 100 mg/ml (Gengraf)	1	PA BvD; GC
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	1	PA BvD; GC
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; GC
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA; GC
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; GC
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA; GC
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	PA; GC

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; GC
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	2	PA; GC
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	2	PA BvD; GC
everolimus (immunosuppressive) (Zortress) *oral tablet 0.25 mg, 0.5 mg, 0.75 mg*	1	PA BvD; GC
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	2	PA BvD; GC
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	PA BvD; GC
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA BvD; GC
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	PA BvD; GC
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	2	PA BvD; GC
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	2	PA BvD; GC
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	2	PA BvD; GC
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	PA BvD; GC
gengraf oral capsule 100 mg, 25 mg	1	PA BvD; GC
gengraf oral solution 100 mg/ml	1	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	PA BvD; GC
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	PA BvD; GC
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; GC
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; GC
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; GC
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; GC
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; GC
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; GC
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; GC
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; GC
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; GC

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Drug Name	Drug Tier	Requirements/Limits
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	GC
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	2	GC
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	GC
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG)	2	GC
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	2	PA BvD; GC
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	PA; GC
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; GC
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	GC
IMURAN ORAL TABLET 50 MG	3	PA BvD; GC
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	2	PA; GC
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	GC
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	2	PA; GC; QL (2.28 per 30 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	2	PA; GC; QL (2.28 per 30 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA; GC; QL (18.76 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
leflunomide oral tablet 10 mg, 20 mg (Arava)	1	GC
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	2	GC
mycophenolate mofetil (hcl) intravenous recon soln 500 mg (CellCept Intravenous)	1	PA BvD; GC
mycophenolate mofetil oral capsule 250 mg (CellCept)	1	PA BvD; GC
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	1	PA BvD; GC
mycophenolate mofetil oral tablet 500 mg (CellCept)	1	PA BvD; GC
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg (Myfortic)	1	PA BvD; GC
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3	PA BvD; GC
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	2	GC
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	PA BvD; GC
NEORAL ORAL SOLUTION 100 MG/ML	3	PA BvD; GC
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	PA BvD; GC
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	2	PA BvD; GC
OLUMIANT ORAL TABLET 1 MG, 2 MG	2	PA; GC; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	2	PA; GC
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	2	PA; GC

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	2	PA; GC
OTEZLA ORAL TABLET 30 MG	2	PA; GC; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	2	PA; GC
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	2	GC
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	2	PA BvD; GC
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	PA BvD; GC
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	PA BvD; GC
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	PA BvD; GC
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	PA BvD; ST; GC
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	PA BvD; GC
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	PA BvD; GC
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	GC
REMICADE INTRAVENOUS RECON SOLN 100 MG	2	PA; GC
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	2	PA; GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	2	GC
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML	2	GC
RIDAURA ORAL CAPSULE 3 MG	2	GC
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	2	PA; GC; QL (30 per 30 days)
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	3	PA BvD; GC
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	PA BvD; GC
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	PA BvD; GC
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	2	PA; GC
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	2	PA; GC
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	2	PA; GC
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	PA; GC
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	2	PA BvD; GC
sirolimus oral solution 1 mg/ml (Rapamune)	1	PA BvD; GC
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg (Rapamune)	1	PA BvD; GC
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	2	PA; GC
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	2	PA; GC

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Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; GC
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; GC
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	1	PA BvD; GC
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; GC
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	2	PA; GC
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	PA BvD; GC
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; GC
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; GC
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	2	PA; GC; QL (15 per 28 days)
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (10 MG/ML)	2	PA; GC
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML	2	GC
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; GC; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; GC; QL (30 per 30 days)
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	2	GC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	PA BvD; GC
ZORTRESS ORAL TABLET 1 MG	2	PA BvD; GC
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	GC
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	GC
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	GC
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	GC
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	GC
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	GC
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	GC
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	GC
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	PA BvD; GC
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	PA BvD; GC
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	GC; QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	GC; QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	GC
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	GC
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	GC
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	PA BvD; GC
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	2	GC
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	GC
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	GC
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	GC
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	2	GC

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Drug Name	Drug Tier	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	GC
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	GC
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	GC
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	GC
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	GC
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	GC
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	2	GC
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG-62 DU/0.5 ML	2	GC
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	GC
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	GC
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	PA BvD; GC
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	PA BvD; GC
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	GC
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	GC
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	GC; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	GC
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	GC
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	GC
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	GC
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	GC
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	GC
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	GC

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Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	GC
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	GC
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	GC
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	GC; QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	GC
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	2	GC; QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
alosetron oral tablet 0.5 mg, 1 mg (Lotronex)	1	GC
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	GC
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	GC
AZULFIDINE ORAL TABLET 500 MG	3	GC
balsalazide oral capsule 750 mg (Colazal)	1	GC
budesonide oral capsule,delayed,extend.release 3 mg (Entocort EC)	1	GC
budesonide oral tablet,delayed and ext.release 9 mg (Uceris)	1	GC

Drug Name	Drug Tier	Requirements/Limits
CANASA RECTAL SUPPOSITORY 1,000 MG	3	GC
COLAZAL ORAL CAPSULE 750 MG	3	GC
colocort rectal enema 100 mg/60 ml	1	GC
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3	GC
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	3	GC
DIPENTUM ORAL CAPSULE 250 MG	2	GC
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND .RELEASE 3 MG	3	GC
hydrocortisone rectal enema 100 mg/60 ml (Cortenema)	1	GC
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	3	GC
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	3	GC
mesalamine oral capsule (with del rel tablets) 400 mg (Delzicol)	1	GC
mesalamine oral capsule,extended release 24hr 0.375 gram (Apriso)	1	GC
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram (Lialda)	1	GC
mesalamine oral tablet,delayed release (dr/ec) 800 mg (Asacol HD)	1	GC
mesalamine rectal enema 4 gram/60 ml (Rowasa)	1	GC
mesalamine rectal suppository 1,000 mg (Canasa)	1	GC
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	GC
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	GC
sulfasalazine oral tablet 500 mg (Azulfidine)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	1	GC
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG		3	GC
UCERIS RECTAL FOAM 2 MG/ACTUATION		2	GC
Irrigating Solutions			
Irrigating Solutions			
acetic acid irrigation solution 0.25 %		1	GC
glycine urologic solution irrigation solution 1.5 %	(Glycine Urologic)	3	GC
LACTATED RINGERS IRRIGATION SOLUTION		2	GC
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		3	GC
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		3	GC
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML		2	GC
RESECTISOL TRANSURETHRAL SOLUTION 5 %		2	GC
ringer's irrigation solution		1	GC
sorbitol irrigation solution 3 %, 3.3 %		1	GC
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		1	GC
water for irrigation, sterile irrigation solution	(Aqua Care Sterile Water)	1	GC
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
ACTONEL 35 MG TABLET F/C,DOSEPACK 35 MG		3	GC; QL (4 per 28 days)
ACTONEL ORAL TABLET 150 MG		3	GC; QL (1 per 28 days)
ACTONEL ORAL TABLET 35 MG		3	GC; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ACTONEL ORAL TABLET 5 MG	3	GC; QL (30 per 30 days)
alendronate oral solution 70 mg/75 ml	1	GC; QL (300 per 28 days)
alendronate oral tablet 10 mg, 5 mg	1	GC
alendronate oral tablet 35 mg	1	GC; QL (4 per 28 days)
alendronate oral tablet 70 mg (Fosamax)	1	GC; QL (4 per 28 days)
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	3	GC; QL (4 per 28 days)
BONIVA INTRAVENOUS SYRINGE 3 MG/3 ML	3	GC; QL (3 per 84 days)
BONIVA ORAL TABLET 150 MG	3	GC; QL (1 per 28 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	GC; QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml	1	GC
calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)	1	GC
calcitriol oral solution 1 mcg/ml (Rocaltrol)	1	GC
cinacalcet oral tablet 30 mg, 60 mg (Sensipar)	1	GC; QL (60 per 30 days)
cinacalcet oral tablet 90 mg (Sensipar)	1	GC; QL (120 per 30 days)
doxercalciferol intravenous solution 4 mcg/2 ml (Hectorol)	1	GC
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	GC
etidronate disodium oral tablet 200 mg	1	GC
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	2	PA; GC; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	2	PA; GC; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	GC; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	2	GC; QL (4 per 28 days)
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML, 4 MCG/2 ML	3	GC
ibandronate intravenous solution 3 mg/3 ml	1	GC; QL (3 per 84 days)
ibandronate intravenous syringe 3 mg/3 ml (Boniva)	1	GC; QL (3 per 84 days)
ibandronate oral tablet 150 mg (Boniva)	1	GC; QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	2	GC
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	PA; GC; QL (2 per 28 days)
pamidronate intravenous recon soln 30 mg, 90 mg	1	GC
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	1	GC
paricalcitol hemodialysis port injection solution 2 mcg/ml	2	GC
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	2	GC
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	1	GC
paricalcitol oral capsule 4 mcg	1	GC
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	2	GC; QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	2	GC; QL (60 per 30 days)
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	3	GC; QL (100 per 300 days)
risedronate oral tablet 150 mg (Actonel)	1	GC; QL (1 per 28 days)
risedronate oral tablet 30 mg	1	GC; QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
risedronate oral tablet 35 mg	(Actonel)	1	GC; QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		1	GC; QL (4 per 28 days)
risedronate oral tablet 5 mg	(Actonel)	1	GC; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	1	GC; QL (4 per 28 days)
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG		3	GC
ROCALTROL ORAL SOLUTION 1 MCG/ML		3	GC
SENSIPAR ORAL TABLET 30 MG, 60 MG		3	GC; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG		3	GC; QL (120 per 30 days)
teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml		1	PA; GC; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		2	PA; GC; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		2	PA; GC
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML		3	GC
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG		3	GC
zoledronic acid intravenous recon soln 4 mg		1	GC
zoledronic acid intravenous solution 4 mg/5 ml		1	GC
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	(Reclast)	1	GC; QL (100 per 300 days)
zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml		1	GC; QL (100 per 300 days)

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Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTHAR INJECTION GEL 80 UNIT/ML	2	PA; GC; QL (35 per 28 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	GC
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	2	GC
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	2	PA; GC
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	PA; GC; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA; GC; QL (4 per 28 days)
BRISDELLE ORAL CAPSULE 7.5 MG	3	GC
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	3	GC
CARNITOR ORAL SOLUTION 100 MG/ML	3	GC
CARNITOR ORAL TABLET 330 MG	3	GC
CARNITOR SF 100 MG/ML ORAL SOL 100 MG/ML	3	GC
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	2	PA; GC
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	2	GC
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	1	GC
diazoxide oral suspension 50 mg/ml (Proglycem)	1	GC
ELMIRON ORAL CAPSULE 100 MG	2	GC
ENDARI ORAL POWDER IN PACKET 5 GRAM	2	GC; QL (180 per 30 days)
ETHYOL INTRAVENOUS RECON SOLN 500 MG	3	GC

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Drug Name	Drug Tier	Requirements/Limits
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	2	PA NSO; GC
FIRDAPSE ORAL TABLET 10 MG	2	PA; GC; QL (240 per 30 days)
fomepizole intravenous solution 1 gram/ml	1	GC
FUSILEV INTRAVENOUS RECON SOLN 50 MG	3	GC
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	GC
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	GC
GRASTEK SUBLINGUAL TABLET 2,800 BAU	2	PA; GC; QL (30 per 30 days)
guanidine oral tablet 125 mg	1	GC
GVOKE HYPOPEN 1PK 0.5 MG/0.1 ML 0.5 MG/0.1 ML	2	GC
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML 1 MG/0.2 ML	2	GC
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	GC
GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML	2	GC
GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML	2	GC
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	GC
hydroxyzine pamoate oral capsule 100 mg	1	GC
hydroxyzine pamoate oral capsule 25 mg, 50 mg (Vistaril)	1	GC
ISTURISA ORAL TABLET 1 MG	2	PA; GC; QL (1800 per 30 days)
ISTURISA ORAL TABLET 10 MG	2	PA; GC; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ISTURISA ORAL TABLET 5 MG	2	PA; GC; QL (360 per 30 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	2	GC
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	2	GC
KEVEYIS ORAL TABLET 50 MG	2	PA; GC; QL (120 per 30 days)
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG	2	GC
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	1	GC
leucovorin calcium injection solution 10 mg/ml	1	GC
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	GC
levocarnitine (with sugar) oral solution 100 mg/ml (Carnitor)	1	GC
levocarnitine oral tablet 330 mg (Carnitor)	1	GC
levoleucovorin calcium intravenous recon soln 50 mg (Fusilev)	1	GC
levoleucovorin calcium intravenous solution 10 mg/ml	1	GC
mesna intravenous solution 100 mg/ml (Mesnex)	1	GC
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	3	GC
MESNEX ORAL TABLET 400 MG	2	GC
MESTINON ORAL SYRUP 60 MG/5 ML	3	GC
MESTINON ORAL TABLET 60 MG	3	GC
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	3	GC
METHERGINE ORAL TABLET 0.2 MG	3	GC
methylergonovine injection solution 0.2 mg/ml (1 ml)	1	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
methylergonovine oral tablet 0.2 mg (Methergine)	1	GC
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	GC
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	2	PA; GC
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	2	PA; GC
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	2	PA; GC
paroxetine mesylate(menop.sym) oral capsule 7.5 mg (Brisdelle)	1	GC
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	2	GC
PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	GC
pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)	1	GC
pyridostigmine bromide oral tablet 30 mg	1	GC
pyridostigmine bromide oral tablet 60 mg (Mestinon)	1	GC
pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)	1	GC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	GC; QL (30 per 30 days)
REGONOL INJECTION SOLUTION 5 MG/ML	2	GC
RUZURGI ORAL TABLET 10 MG	2	PA; GC; QL (300 per 30 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	3	GC
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	2	PA; GC
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	2	PA; GC; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	PA NSO; GC; QL (60 per 30 days)
TYBOST ORAL TABLET 150 MG	2	GC; QL (30 per 30 days)
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3	GC
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	GC; QL (24 per 14 days)
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	2	PA; GC
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	2	PA; GC; QL (2 per 90 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA; GC; QL (120 per 30 days)
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG, 500 MG	3	GC
Ophthalmic Agents		
Antiglaucoma Agents		
acetazolamide oral capsule, extended release 500 mg	1	GC
acetazolamide oral tablet 125 mg, 250 mg	1	GC
acetazolamide sodium injection recon soln 500 mg	1	GC
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	GC
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	GC
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	GC
betaxolol ophthalmic (eye) drops 0.5 %	1	GC
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	GC
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	GC

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Drug Name		Drug Tier	Requirements/Limits
bimatoprost ophthalmic (eye) drops 0.03 %		1	GC
brimonidine ophthalmic (eye) drops 0.15 %	(Alphagan P)	1	GC
brimonidine ophthalmic (eye) drops 0.2 %		1	GC
carteolol ophthalmic (eye) drops 1 %		1	GC
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %		2	GC
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %		3	GC
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML		3	GC
dorzolamide ophthalmic (eye) drops 2 %	(Trusopt)	1	GC
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	(Cosopt (PF))	1	GC
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	1	GC
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %, 4 %		3	GC
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %		3	GC
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	GC; QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		1	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		2	ST; GC; QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		1	GC
metipranolol ophthalmic (eye) drops 0.3 %		1	GC
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %		2	GC
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	(Isopto Carpine)	1	GC

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Drug Name		Drug Tier	Requirements/Limits
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		2	GC; QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		2	ST; GC; QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		2	GC
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	(Timoptic)	1	GC
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	1	GC
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	(Timoptic-XE)	1	GC
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %		2	GC
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %		3	GC
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %		3	GC
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 %		3	GC
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %		3	ST; GC; QL (2.5 per 25 days)
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	1	GC; QL (2.5 per 25 days)
TRUSOPT OPHTHALMIC (EYE) DROPS 2 %		3	GC
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		2	ST; GC; QL (5 per 30 days)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %		3	GC; QL (2.5 per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %		2	ST; GC; QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %		2	ST; GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Replacement Preparations		
Replacement Preparations		
d10 %-0.45 % sodium chloride intravenous parenteral solution	1	GC
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1	GC
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	GC
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	GC
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1	GC
dextrose 5 %-lactated ringers intravenous parenteral solution	1	GC
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1	GC
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	1	GC
dextrose with sodium chloride intravenous parenteral solution 5-0.2 %	1	GC
electrolyte-48 in d5w intravenous parenteral solution	1	GC
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	2	GC
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	2	GC
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	GC
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	GC
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	3	GC
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	3	GC
klor-con m10 oral tablet,er particles/crystals 10 meq	1	GC

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Drug Name	Drug Tier	Requirements/Limits
klor-con m15 oral tablet,er particles/crystals 15 meq	1	GC
klor-con m20 oral tablet,er particles/crystals 20 meq	1	GC
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ	3	GC
LACTATED RINGERS INTRAVENOUS PARENTERAL SOLUTION	3	GC
magnesium sulfate injection solution 4 meq/ml (50 %)	1	PA BvD; GC
magnesium sulfate injection syringe 4 meq/ml	1	PA BvD; GC
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	2	GC
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	GC
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	2	GC
NORMOSOL-R PH 7.4 IV SOLUTION SINGLE-USE, L/F	2	GC
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	2	GC
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	GC
potassium acetate intravenous solution 2 meq/ml	1	GC
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	1	PA BvD; GC
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	1	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	PA BvD; GC
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	1	PA BvD; GC
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l	1	GC
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml	1	PA BvD; GC
potassium chloride intravenous solution 2 meq/ml	1	PA BvD; GC
potassium chloride intravenous solution 2 meq/ml (20 ml)	1	PA BvD; GC
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	GC
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	GC
potassium chloride oral packet 20 meq (Klor-Con)	1	GC
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq (K-Tab)	1	GC
potassium chloride oral tablet,er particles/crystals 10 meq (Klor-Con M10)	1	GC
potassium chloride oral tablet,er particles/crystals 20 meq (Klor-Con M20)	1	GC
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	1	GC
potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	1	GC
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	1	GC

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	GC
potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)	1	GC
potassium citrate oral tablet extended release 15 meq (Urocit-K 15)	1	GC
potassium citrate oral tablet extended release 5 meq (540 mg) (Urocit-K 5)	1	GC
ringer's intravenous parenteral solution	1	GC
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1	GC
sodium chloride 0.9 % intravenous parenteral solution	1	GC
sodium chloride 3 % intravenous parenteral solution 3 %	1	GC
sodium chloride 5 % intravenous parenteral solution 5 %	1	GC
sodium chloride intravenous parenteral solution 2.5 meq/ml	1	GC
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	2	GC
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	3	GC
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	GC
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	GC
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	GC; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	GC; QL (12 per 28 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	3	GC
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	2	GC; QL (12.2 per 25 days)
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION	2	GC; QL (1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	GC; QL (30 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	GC; QL (13 per 25 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120)	2	GC; QL (1 per 25 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (30)	2	GC; QL (1 per 7 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (60)	2	GC; QL (1 per 14 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	GC; QL (60 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)	1	PA BvD; GC
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation (Symbicort)	1	GC; QL (11 per 25 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	2	GC; QL (13 per 28 days)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	2	GC; QL (13 per 28 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	2	GC; QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	2	GC; QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	GC; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	GC; QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	GC; QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	GC; QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	GC; QL (21.2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation (AirDuo RespiClick)	1	GC
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose (Wixela Inhub)	1	GC; QL (60 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	GC; QL (1 per 25 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	PA BvD; GC
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	GC; QL (21.2 per 30 days)
SYMBICORT 160-4.5 MCG INHALER 160-4.5 MCG/ACTUATION	3	GC; QL (12 per 25 days)
SYMBICORT 80-4.5 MCG INHALER 80-4.5 MCG/ACTUATION	3	GC; QL (13.8 per 25 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	GC; QL (11 per 25 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	GC; QL (60 per 30 days)
Antileukotrienes		
ACCOLATE ORAL TABLET 10 MG, 20 MG	3	GC
montelukast oral granules in packet 4 mg (Singulair)	1	GC
montelukast oral tablet 10 mg (Singulair)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
montelukast oral tablet,chewable 4 mg, 5 mg (Singulair)	1	GC
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	GC
SINGULAIR ORAL TABLET 10 MG	3	GC
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	3	GC
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	1	GC
Bronchodilators		
albuterol 5 mg/ml solution 5 mg/ml	1	PA BvD; GC
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (ProAir HFA)	1	GC; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	GC; QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	1	GC; QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	PA BvD; GC
albuterol sulfate oral syrup 2 mg/5 ml	1	GC
albuterol sulfate oral tablet 2 mg, 4 mg	1	GC
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1	GC
aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml	1	GC
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	GC; QL (60 per 30 days)
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	2	GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	GC; QL (25.8 per 28 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	GC; QL (10.7 per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	2	PA BvD; GC
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	GC; QL (8 per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	2	GC; QL (1 per 30 days)
elixophyllin oral elixir 80 mg/15 ml	2	GC
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	GC
ipratropium bromide inhalation solution 0.02 %	1	PA BvD; GC
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	PA BvD; GC
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml (Xopenex)	1	PA BvD; GC
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml (Xopenex Concentrate)	1	PA BvD; GC
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation (Xopenex HFA)	1	GC; QL (30 per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	2	GC
metaproterenol oral syrup 10 mg/5 ml	1	GC
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	GC; QL (17 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	GC
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	GC; QL (13.4 per 30 days)
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 15.6 MCG	2	GC; QL (60 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	GC; QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	GC
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	GC
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	GC; QL (4 per 28 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	GC; QL (4 per 28 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	GC
terbutaline subcutaneous solution 1 mg/ml	1	GC
theophylline oral solution 80 mg/15 ml	1	GC
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	GC
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	GC

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Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	GC
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	2	GC; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	2	GC; QL (2 per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG	2	GC; QL (60 per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	GC; QL (36 per 30 days)
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	3	PA BvD; GC
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	3	PA BvD; GC
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	PA BvD; GC; QL (90 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	PA BvD; GC
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	2	PA BvD; GC
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	2	PA; GC
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
DALIRESP ORAL TABLET 250 MCG, 500 MCG	2	GC; QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	2	PA; GC; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	2	PA; GC; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	2	PA; GC; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	PA; GC; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; GC; QL (1 per 28 days)
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	2	PA BvD; GC
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	2	PA; GC; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	2	PA; GC; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; GC; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA; GC; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; GC; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; GC; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	PA; GC; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA; GC; QL (120 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,L/F,SUV 1,000 MG (+/-)/20 ML	2	PA BvD; GC
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	2	PA BvD; GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	PA; GC; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	2	PA; GC; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA; GC
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA; GC
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	PA BvD; GC
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	GC
carisoprodol oral tablet 250 mg, 350 mg (Soma)	1	PA NSO; GC; QL (120 per 30 days); AGE (Max 64 Years)
carisoprodol-aspirin oral tablet 200-325 mg	1	PA NSO; GC; QL (240 per 30 days); AGE (Max 64 Years)
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1	PA NSO; GC; QL (240 per 30 days); AGE (Max 64 Years)
chlorzoxazone oral tablet 500 mg	1	PA NSO; GC; AGE (Max 64 Years)
cyclobenzaprine oral tablet 10 mg, 5 mg	1	PA NSO; GC; AGE (Max 64 Years)
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	GC
dantrolene oral capsule 100 mg	1	GC
dantrolene oral capsule 25 mg, 50 mg (Dantrium)	1	GC
metaxall oral tablet 800 mg	1	PA NSO; GC; AGE (Max 64 Years)
metaxalone oral tablet 400 mg	1	PA NSO; GC; AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
metaxalone oral tablet 800 mg (Metaxall)	1	PA NSO; GC; AGE (Max 64 Years)
methocarbamol oral tablet 500 mg	1	PA NSO; GC; AGE (Max 64 Years)
methocarbamol oral tablet 750 mg (Robaxin-750)	1	PA NSO; GC; AGE (Max 64 Years)
orphenadrine citrate injection solution 30 mg/ml	1	PA NSO; GC; AGE (Max 64 Years)
orphenadrine citrate oral tablet extended release 100 mg	1	PA NSO; GC; AGE (Max 64 Years)
ROBAXIN-750 ORAL TABLET 750 MG	3	PA NSO; GC; AGE (Max 64 Years)
SKELAXIN ORAL TABLET 800 MG	3	PA NSO; GC; AGE (Max 64 Years)
SOMA ORAL TABLET 250 MG, 350 MG	3	PA NSO; GC; QL (120 per 30 days); AGE (Max 64 Years)
tizanidine oral capsule 2 mg, 4 mg, 6 mg (Zanaflex)	1	GC
tizanidine oral tablet 2 mg	1	GC
tizanidine oral tablet 4 mg (Zanaflex)	1	GC
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	GC
ZANAFLEX ORAL TABLET 4 MG	3	GC
Sleep Disorder Agents		
Sleep Disorder Agents		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	3	GC; QL (30 per 30 days)
AMBIEN ORAL TABLET 10 MG, 5 MG	3	GC; QL (30 per 30 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)	1	PA; GC
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	GC; QL (30 per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG	2	GC; QL (30 per 30 days)
doxepin oral tablet 3 mg, 6 mg (Silenor)	1	GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)	1	GC; QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	2	PA; GC; QL (30 per 30 days)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	3	GC; QL (30 per 30 days)
modafinil oral tablet 100 mg, 200 mg (Provigil)	1	PA; GC; QL (60 per 30 days)
NEMBUTAL SODIUM INJECTION SOLUTION 50 MG/ML	3	GC; QL (2 per 30 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	3	PA; GC
pentobarbital sodium injection solution 50 mg/ml (Nembutal Sodium)	1	GC; QL (2 per 30 days)
PROVIGIL ORAL TABLET 100 MG, 200 MG	3	PA; GC; QL (60 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	3	GC; QL (30 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; GC; QL (30 per 30 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	2	GC; QL (60 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	2	PA; GC; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg	1	GC; QL (60 per 30 days)
zolpidem oral tablet 10 mg, 5 mg (Ambien)	1	GC; QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)	1	GC; QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG	3	PA; GC; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA; GC; QL (90 per 30 days)
alyq oral tablet 20 mg	2	PA; GC; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ambrisentan oral tablet 10 mg, 5 mg (Letairis)	1	PA; GC; QL (30 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg (Tracleer)	1	PA; GC; QL (60 per 30 days)
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; GC; QL (30 per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	2	PA; GC; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	2	PA; GC; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	2	PA; GC
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	2	PA; GC
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	3	PA; GC; QL (37.5 per 1 day)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	3	PA; GC; QL (224 per 30 days)
REVATIO ORAL TABLET 20 MG	3	PA; GC; QL (90 per 30 days)
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml (Revatio)	1	PA; GC; QL (37.5 per 1 day)
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml (Revatio)	1	PA; GC; QL (224 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg (Revatio)	1	PA; GC; QL (90 per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg (Alyq)	1	PA; GC; QL (60 per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg (Cialis)	1	PA; GC; QL (30 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	3	PA; GC; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; GC; QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
treprostinil sodium injection solution (Remodulin) *1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml*	1	PA; GC
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; GC
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; GC; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	2	PA; GC; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA; GC
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	2	PA; GC
Vitamins And Minerals		
Vitamins And Minerals		
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	1	GC
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	1	GC
preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg	1	GC
sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml	1	GC

INDEX

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