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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine 120-12 mg/5 ml cup inner 120 mg-12 mg /5 ml (5 ml)</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 per 30 days)
<i>buprenorphine transdermal patch (Butrans) weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg (Fioricet)</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg (oxycodone-acetaminophen)</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg (oxycodone-acetaminophen)</i>	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg (oxycodone-acetaminophen)</i>	2	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 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
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (240 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	QL (180 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (180 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	QL (90 per 30 days)
<i>morphine oral tablet extended release 60 mg</i> (MS Contin)	2	QL (60 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 7.5-325 mg	2	QL (240 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg	1	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	1	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	4	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	1	QL (1000 per 30 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	5	QL (224 per 28 days)
<i>ibu oral tablet 400 mg</i> (ibuprofen)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)
Anesthetics		
Local Anesthetics		
<i>dermacinrx lidocan 5% patch outer</i> (lidocaine)	2	QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	1	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	1	QL (30 per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i> (DermacinRx Lidocan)	2	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine topical ointment 5 %</i>	2	QL (240 per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL (30 per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i> (lidocaine)	2	QL (90 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (4 per 30 days)
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	2	QL (4 per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	2	QL (336 per 365 days)
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	2	QL (336 per 365 days)
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	1	QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	4	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	2	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	2	QL (120 per 30 days)
Antibacterials		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	QL (235.2 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	QL (224 per 28 days)
Antibacterials, Miscellaneous		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	QL (60 per 30 days)
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	2	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	QL (90 per 30 days)
Macrolides		
DIFICID ORAL TABLET 200 MG (fidaxomicin)	5	QL (20 per 10 days)
<i>fidaxomicin oral tablet 200 mg</i> (Difcid)	5	QL (20 per 10 days)
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg</i> (Abirtega)	5	QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	5	QL (120 per 30 days)
<i>abirtega oral tablet 250 mg</i> (abiraterone)	2	QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	QL (120 per 30 days)
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	5	QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	5	QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	QL (240 per 30 days)
AVMAPKI ORAL CAPSULE 0.8 MG	5	QL (24 per 28 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	5	QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BALVERSA ORAL TABLET 3 MG	5	QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	QL (28 per 28 days)
BIZENGRI INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	5	QL (75 per 28 days)
BOSULIF ORAL CAPSULE 100 MG	5	QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 (vandetanib) MG	5	QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 (vandetanib) MG	5	QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	QL (56 per 28 days)
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	QL (120 per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	5	QL (112 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	5	QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	5	QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	5	QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	QL (60 per 30 days)
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	5	QL (9.5 per 28 days)
ERIVEDGE ORAL CAPSULE 150 MG	5	QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	QL (90 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i>	5	QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	5	QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	5	QL (56 per 28 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i> (Torpenz)	5	QL (28 per 28 days)
<i>everolimus (antineoplastic) oral tablet 5 mg, 7.5 mg</i> (Torpenz)	5	QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	5	QL (112 per 28 days)
FAKZYNJA ORAL TABLET 200 MG	5	QL (42 per 28 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	5	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
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	5	QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	QL (112 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	5	QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	QL (5 per 21 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	5	QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	QL (28 per 28 days)
IMKELDI ORAL SOLUTION 80 MG/ML	5	QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	QL (5 per 28 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
INREBIC ORAL CAPSULE 100 MG	5	QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	QL (90 per 30 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	5	QL (2 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5	QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	5	QL (28 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	5	QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	QL (90 per 30 days)
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML	5	QL (15 per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML	5	QL (40 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	QL (120 per 30 days)
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	QL (140 per 28 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	QL (180 per 30 days)
NERLYNX ORAL TABLET 40 MG	5	QL (180 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	5	QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	QL (14 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	QL (90 per 30 days)
<i>pazopanib oral tablet 200 mg</i> (Votrient)	5	QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	QL (30 per 30 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	QL (21 per 28 days)
QINLOCK ORAL TABLET 50 MG	5	QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REVUFORJ ORAL TABLET 110 MG	5	QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	QL (60 per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	QL (224 per 28 days)
SCEMBLIX ORAL TABLET 100 MG	5	QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	QL (300 per 30 days)
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	5	QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	5	QL (28 per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	QL (900 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
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	QL (30 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG (nilotinib hcl)	5	QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG (nilotinib hcl)	5	QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	QL (240 per 30 days)
TEPMETKO ORAL TABLET 225 MG	5	QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	QL (60 per 30 days)
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	QL (5 per 21 days)
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	5	QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	5	QL (30 per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	5	QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	QL (120 per 30 days)
VENCLEXTA ORAL TABLET 10 MG	3	QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	QL (30 per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	5	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 25 MG	5	QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	QL (120 per 30 days)
WELIREG ORAL TABLET 40 MG	5	QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	QL (120 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG	5	QL (240 per 30 days)
XALKORI ORAL PELLETT 50 MG	5	QL (120 per 30 days)
XOSPATA ORAL TABLET 40 MG	5	QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	5	QL (16 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	QL (60 per 30 days)
YONSA ORAL TABLET 125 MG	5	QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZELBORAF ORAL TABLET 240 MG	5	QL (240 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	QL (84 per 28 days)
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	5	QL (20 per 28 days)
Anticonvulsants		
Anticonvulsants		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	5	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	QL (60 per 30 days)
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	2	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	QL (180 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	5	QL (90 per 30 days)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	5	QL (60 per 30 days)
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i> (Aptiom)	5	QL (30 per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i> (Aptiom)	5	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	5	QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG (perampanel)	4	QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	5	QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	1	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	2	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	QL (60 per 30 days)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i> (Fycompa)	5	QL (30 per 30 days)
<i>perampanel oral tablet 2 mg</i> (Fycompa)	2	QL (30 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	5	QL (60 per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	2	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	2	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	QL (900 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1 ML X 2), 20 MG/2 SPRAY (10 MG/0.1 ML X 2), 5 MG/SPRAY (0.1 ML)	5	QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	5	QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	5	QL (180 per 30 days)
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	5	QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	5	QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	5	QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (150 MG X1-100 MG X1), 350 MG/DAY (200 MG X1-150 MG X1)	5	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 per 30 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	QL (1080 per 30 days)
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 5 mg</i>	1	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine oral capsule, sprinkle, er</i> 24hr 14 mg, 21 mg, 28 mg	2	QL (30 per 30 days)
<i>memantine oral capsule, sprinkle, er</i> (Namenda XR) 24hr 7 mg	2	QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24</i> (Exelon Patch) <i>hour 13.3 mg/24 hour, 4.6 mg/24</i> <i>hour, 9.5 mg/24 hour</i>	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet</i> (Pristiq) <i>extended release 24 hr 100 mg, 25</i> <i>mg, 50 mg</i>	2	QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed</i> <i>release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	QL (30 per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	QL (30 per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	5	QL (1200 per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	1	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	1	QL (90 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	2	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	QL (14 per 14 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga)	3	QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	3	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	2	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	QL (150 per 30 days)
<i>metformin oral tablet 750 mg, 850 mg</i>	6	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	5	QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	6	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	6	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	6	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	3	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
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	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	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
<i>insulin asp prt-insulin aspart</i> (Novolog Mix 70- <i>subcutaneous insulin pen 100 unit/ml</i> 30FlexPen U-100) (70-30)	3	QL (30 per 28 days)
<i>insulin asp prt-insulin aspart</i> (Novolog Mix 70-30 U- <i>subcutaneous solution 100 unit/ml</i> 100 Insuln) (70-30)	3	QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> (Novolog PenFill U-100 <i>cartridge 100 unit/ml</i> Insulin)	3	QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> (Novolog FlexPen U- <i>insulin pen 100 unit/ml (3 ml)</i> 100 Insulin)	3	QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous</i> (Novolog U-100 Insulin <i>solution 100 unit/ml</i> aspart)	3	QL (40 per 28 days)
<i>insulin glargine-yfgn subcutaneous</i> (Semglee(insulin glarg- <i>insulin pen 100 unit/ml (3 ml)</i> yfgn)Pen)	3	QL (30 per 28 days)
<i>insulin glargine-yfgn subcutaneous</i> (Semglee(insulin <i>solution 100 unit/ml</i> glargine-yfgn))	3	QL (40 per 28 days)
<i>insulin lispro subcutaneous solution</i> (Admelog U-100 Insulin <i>100 unit/ml</i> lispro)	3	QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 (insulin asp prt-insulin INSULN SUBCUTANEOUS aspart) SOLUTION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN (insulin asp prt-insulin U-100 SUBCUTANEOUS INSULIN aspart) PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLOG PENFILL U-100 (insulin aspart u-100) INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	QL (30 per 28 days)
NOVOLOG U-100 INSULIN (insulin aspart u-100) ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 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
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc) 3	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc) 3	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	6	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	6	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 250 mg</i>	6	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5- 500 mg, 5-500 mg</i>	6	QL (120 per 30 days)
Antifungals		
Antifungals		
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	2	QL (180 per 30 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (90 per 30 days)
<i>econazole nitrate topical cream 1 %</i>	2	QL (170 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole topical cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (360 per 30 days)
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	2	QL (60 per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nystop)	1	QL (60 per 30 days)
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	QL (60 per 30 days)
Antigout Agents		
Antigout Agents, Other		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	2	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	QL (30 per 30 days)
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	QL (1 per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	QL (3 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating</i> (Maxalt-MLT) <i>10 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating</i> <i>5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer,</i> (Imitrex STATdose Pen) <i>suv</i>	2	QL (4 per 28 days)
<i>sumatriptan nasal spray,non-aerosol</i> <i>20 mg/actuation, 5 mg/actuation</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100</i> (Imitrex) <i>mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25</i> (Imitrex) <i>mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose <i>cartridge 6 mg/0.5 ml</i> Refill)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose Pen) <i>pen injector 4 mg/0.5 ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> (Imitrex STATdose Pen) <i>pen injector 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous</i> <i>solution 6 mg/0.5 ml</i>	2	QL (5 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	QL (16 per 30 days)
Antinausea Agents		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	2	QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	QL (4 per 28 days)
<i>dronabinol oral capsule 10 mg, 2.5</i> (Marinol) <i>mg, 5 mg</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine base transdermal patch</i> (Transderm-Scop) <i>3 day 1 mg over 3 days</i>	2	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>hydroxychloroquine oral tablet 100 mg</i>	2	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	2	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	2	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	QL (84 per 28 days)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	5	QL (60 per 30 days)
Antiparkinsonian Agents		
Antiparkinsonian Agents		
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	QL (150 per 30 days)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	5	QL (600 per 30 days)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	5	QL (560 per 28 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2 per 42 days)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	QL (2 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	QL (2 per 28 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet</i> (Saphris) <i>10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	QL (30 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	2	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i>	2	QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet, disintegrating 200 mg</i>	2	QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	QL (60 per 30 days)
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	5	QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	5	QL (0.25 per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	QL (60 per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 per 21 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63 per 70 days)
<i>lurasidone oral tablet 120 mg, 20 mg, (Latuda) 40 mg, 60 mg</i>	2	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg (Latuda)</i>	2	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	QL (30 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	5	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended (Invega) release 24hr 3 mg, 9 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended (Invega) release 24hr 6 mg</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	5	QL (1 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	1	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	QL (30 per 30 days)
<i>risperidone microspheres</i> (Risperdal Consta) <i>intramuscular suspension,extended</i> <i>rel recon 12.5 mg/2 ml</i>	2	QL (2 per 28 days)
<i>risperidone microspheres</i> (Rykindo) <i>intramuscular suspension,extended</i> <i>rel recon 25 mg/2 ml</i>	2	QL (2 per 28 days)
<i>risperidone microspheres</i> (Rykindo) <i>intramuscular suspension,extended</i> <i>rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	QL (2 per 28 days)
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	5	QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	QL (0.56 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	QL (30 per 30 days)
<i>ziprasidone mesylate intramuscular</i> (Geodon) <i>recon soln 20 mg/ml (final conc.)</i>	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
BIKTARVY ORAL TABLET 30- 120-15 MG, 50-200-25 MG	5	QL (30 per 30 days)
<i>cabotegravir intramuscular</i> <i>suspension,extended release 400</i> <i>mg/2 ml (200 mg/ml)</i>	5	QL (24 per 365 days)
<i>cabotegravir intramuscular</i> (Apretude) <i>suspension,extended release 600</i> <i>mg/3 ml (200 mg/ml)</i>	5	QL (24 per 365 days)
KALETRA ORAL SOLUTION 400- 100 MG/5 ML (lopinavir-ritonavir)	4	QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	QL (30 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 per 30 days)
VEMLIDY ORAL TABLET 25 MG	5	QL (30 per 30 days)
Antivirals, Miscellaneous		
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	2	QL (11 per 28 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	5	QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	5	QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	QL (28 per 28 days)
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	2	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	2	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	QL (24 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	5	QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	5	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	5	QL (18 per 30 days)
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i> (Xarelto)	2	QL (600 per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG (rivaroxaban)	3	QL (60 per 30 days)
XARELTO ORAL TABLET 2.5 MG (rivaroxaban)	3	QL (60 per 30 days)
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	QL (60 per 30 days)
<i>eltrombopag olamine oral powder in packet 12.5 mg</i> (Promacta)	5	QL (90 per 30 days)
<i>eltrombopag olamine oral powder in packet 25 mg</i> (Promacta)	5	QL (180 per 30 days)
<i>eltrombopag olamine oral tablet 12.5 mg</i> (Promacta)	5	QL (90 per 30 days)
<i>eltrombopag olamine oral tablet 25 mg</i> (Promacta)	5	QL (30 per 30 days)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i> (Promacta)	5	QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	QL (20 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RETACRIT 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	3	QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	QL (4 per 28 days)
Platelet-Aggregation Inhibitors		
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>droxidopa oral capsule 100 mg</i> (Northera)	2	QL (180 per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i> (Northera)	5	QL (180 per 30 days)
Angiotensin II Receptor Antagonists		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	3	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETS 15-16 MG, 6-6 MG	3	QL (240 per 30 days)
Cardiovascular Agents, Miscellaneous		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	QL (600 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	2	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	3	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	2	QL (4 per 30 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	QL (18 per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	QL (30 per 30 days)
Diuretics		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan (polycys kidney dis))	5	QL (120 per 30 days)
<i>tolvaptan (polycys kidney dis) 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)</i> (Jynarque)	5	QL (56 per 28 days)
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	6	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	6	QL (30 per 30 days)
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	6	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	6	QL (30 per 30 days)
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	6	QL (60 per 30 days)
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	2	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	2	QL (120 per 30 days)
NEXLETOL ORAL TABLET 180 MG	3	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	2	QL (30 per 30 days)
<i>pravastatin oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	6	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	6	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 per 30 days)
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	5	QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	5	QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	QL (210 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	QL (15 per 30 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i> (Tecfidera)	2	QL (14 per 7 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i> (Tecfidera)	5	QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	5	QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	5	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	5	QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	5	QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	5	QL (12 per 28 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	5	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	QL (1.2 per 28 days)
MAYZENT ORAL TABLET 0.25 MG	5	QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	QL (1 per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	2	QL (112 per 28 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	5	QL (112 per 28 days)
VUMERITY ORAL CAPSULE, DELAYED RELEASE (DR/EC) 231 MG	5	QL (120 per 30 days)
Contraceptives		
Contraceptives		
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	2	QL (1 per 28 days)
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	2	QL (1 per 28 days)
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	4	QL (91 per 84 days)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	1	QL (91 per 84 days)
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	2	QL (3 per 28 days)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	2	QL (3 per 28 days)
Dermatological Agents			
Dermatological Agents, Other			
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	2	QL (30 per 30 days)
<i>calcipotriene scalp solution 0.005 %</i>		2	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>		2	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>		2	QL (120 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>		2	QL (24 per 30 days)
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %		5	QL (5 per 5 days)
PANRETIN TOPICAL GEL 0.1 %		5	QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	QL (180 per 30 days)
Dermatological Antibacterials		
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (180 per 30 days)
<i>gentamicin topical cream 0.1 %</i>	2	QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	QL (120 per 30 days)
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (220 per 30 days)
Dermatological Anti-Inflammatory Agents		
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	QL (100 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
Scabicides And Pediculicides		
<i>permethrin topical cream 5 %</i> (Elimite)	2	QL (60 per 30 days)
Devices		
Devices		
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (10 per 30 days)
V-GO 20 DEVICE	3	QL (30 per 30 days)
V-GO 30 DEVICE	3	QL (30 per 30 days)
V-GO 40 DEVICE	3	QL (30 per 30 days)
Enzyme Cofactors/Chaperones		
Enzyme Cofactors/Chaperones		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	5	QL (90 per 30 days)
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i> (Astepro Allergy) <i>205.5 mcg (0.15 %)</i>	1	QL (30 per 25 days)
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	3	QL (12 per 28 days)
Eye, Ear, Nose, Throat Anti- Infectives Agents		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	QL (7.5 per 7 days)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	QL (3.5 per 4 days)
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	5	QL (10 per 42 days)
Eye, Ear, Nose, Throat Anti- Inflammatory Agents		
<i>cyclosporine ophthalmic (eye)</i> (Restasis) <i>dropperette 0.05 %</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal spray,non-aerosol</i> 25 mcg (0.025 %)	2	QL (50 per 25 days)
<i>fluticasone propionate nasal</i> (24 Hour Allergy Relief) <i>spray,suspension 50 mcg/actuation</i>	1	QL (16 per 30 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5</i> (Acular) %	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic</i> (Lotemax) <i>(eye) drops,gel 0.5 %</i>	2	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic</i> <i>(eye) drops,suspension 0.5 %</i>	2	QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol</i> (Allergy Nasal 50 mcg/actuation (mometasone))	2	QL (34 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>esomeprazole magnesium oral</i> (Acid Reducer <i>capsule,delayed release(dr/ec) 20 mg</i> (esomeprazole))	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium) <i>capsule,delayed release(dr/ec) 40 mg</i>	2	QL (60 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium Packet) <i>granules dr for susp in packet 10 mg,</i> 20 mg	2	QL (30 per 30 days)
<i>esomeprazole magnesium oral</i> (Nexium Packet) <i>granules dr for susp in packet 40 mg</i>	2	QL (60 per 30 days)
<i>lansoprazole oral capsule,delayed</i> (Acid Reducer <i>release(dr/ec) 15 mg</i> (lansoprazole))	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral capsule, delayed release (dr/ec) 30 mg</i> (Prevacid)	1	QL (60 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	1	QL (30 per 30 days)
Gastrointestinal Agents, Other		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	2	QL (60 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
XERMELO ORAL TABLET 250 MG	5	QL (84 per 28 days)
Genitourinary Agents		
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>trientine oral capsule 250 mg</i> (Syprine)	5	QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	2	QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	QL (300 per 30 days)
Estrogens And Antiestrogens		
<i>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</i> (Dotti)	2	QL (8 per 28 days)
<i>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</i> (Climara)	2	QL (4 per 28 days)
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	2	QL (18 per 28 days)
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	2	QL (18 per 28 days)
Pituitary		
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	QL (35 per 28 days)
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	5	QL (0.5 per 28 days)
ORILISSA ORAL TABLET 150 MG	5	QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	QL (56 per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML (lanreotide)	5	QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide)	5	QL (0.3 per 28 days)
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
Immunological Agents		
Immunological Agents		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	QL (8 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	QL (2 per 28 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	QL (360 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	5	QL (180 per 30 days)
Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	2	QL (120 per 30 days)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	2	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	2	QL (120 per 30 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	QL (2 per 28 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	5	QL (60 per 30 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity)	5	QL (2.24 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	QL (1.56 per 30 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	5	QL (180 per 30 days)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	2	QL (30 per 30 days)
THALOMID ORAL CAPSULE 100 MG	5	QL (120 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	QL (224 per 28 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	QL (30 per 30 days)
VOWST ORAL CAPSULE	5	QL (12 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	QL (2.5 per 25 days)

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Drug Name	Drug Tier	Requirements/Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) 0.004 %	2	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	QL (5 per 30 days)
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA (fluticasone propion- AEROSOL INHALER 115-21 salmeterol) MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
ARNUITY ELLIPTA (fluticasone furoate) INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION (fluticasone furoate- BLISTER WITH DEVICE 100-25 vilanterol) MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	QL (60 per 30 days)
<i>breynd inhalation hfa aerosol inhaler</i> (budesonide-formoterol) <i>160-4.5 mcg/actuation, 80-4.5</i> <i>mcg/actuation</i>	2	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for</i> (Pulmicort) <i>nebulization 0.25 mg/2 ml, 0.5 mg/2</i> <i>ml, 1 mg/2 ml</i>	2	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol inhalation hfa (Breyna) aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL (30.6 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	2	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	2	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	2	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol (Wixela Inhub) inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 per 30 days)
<i>wixela inhub inhalation blister with (fluticasone propion- device 100-50 mcg/dose, 250-50 salmeterol) mcg/dose, 500-50 mcg/dose</i>	1	QL (60 per 30 days)
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa (Ventolin HFA) aerosol inhaler 90 mcg/actuation</i>	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	4	QL (36 per 30 days)
ANORO ELLIPTA INHALATION (umeclidinium- BLISTER WITH DEVICE 62.5-25 vilanterol) MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	QL (25.8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL (540 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>tiotropium bromide inhalation</i> (Spiriva with <i>capsule, w/inhalation device 18 mcg</i> HandiHaler)	2	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
ALYFTREK ORAL TABLET 10- 50-125 MG	5	QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20- 50 MG	5	QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	QL (560 per 28 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	5	QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	5	QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	5	QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	5	QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	5	QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	2	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	2	QL (30 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	QL (56 per 28 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
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	QL (84 per 28 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	5	QL (1 per 21 days)
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	2	QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	2	QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	5	QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	5	QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	2	QL (30 per 30 days)
<i>tadalafil oral tablet 5 mg</i> (Cialis)	2	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
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	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.

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