2024

BCN Advantage℠ Community Value HMO-POS
BCN Advantage℠ Local HMO

2024 BCN Advantage Healthy Value Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on December 1, 2024. For more recent information or other questions, please contact **BCN Advantage** Customer Service at 1-800-450-3680 or, for TTY users, 711, 8 a.m. to 8 p.m. Monday through Friday, with weekend hours October 1 through March 31, or visit **www.bcbsm.com/medicare**.

When visiting your doctor(s), please bring your personal drug list, this 2024 BCN Advantage Drug List (formulary) and your 2024 Rx Savings Guide with you.

- **Important message about what you pay for vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.
- **Important message about what you pay for insulin** – You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Updated: 12/01/2024
Formulary 24342, Version 21

www.bcbsm.com/medicare

Medicare Advantage Plans

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 Blue Care Network. When it refers to "plan" or "our plan," it means **BCN Advantage**.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2024. 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, 2025 and from time to time during the year.

What is the BCN Advantage Formulary?

A formulary is a list of covered drugs selected by **BCN Advantage** 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. **BCN Advantage** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **BCN Advantage** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. For a complete listing of all prescription drugs covered by **BCN Advantage**, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the **BCN Advantage** Formulary?"
- **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 generic drug that is not new to the market 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, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the **BCN Advantage** Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 December 1, 2024. To get updated information about the drugs covered by **BCN Advantage**, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

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 1. 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 68. 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?

BCN Advantage 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: BCN Advantage** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **BCN Advantage** before you fill your prescriptions. If you don't get approval, **BCN Advantage** may not cover the drug.
- **Quantity Limits:** For certain drugs, **BCN Advantage** limits the amount of the drug that **BCN Advantage** will cover. For example, **BCN Advantage** provides 31 tablets per prescription for *pioglitazone*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **BCN Advantage** 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, **BCN Advantage** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **BCN Advantage** 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 website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask **BCN Advantage** 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 **BCN Advantage** Formulary?" on page iii 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 Customer Service and ask if your drug is covered.

If you learn that **BCN Advantage** does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by **BCN Advantage**. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by **BCN Advantage**.
- You can ask **BCN Advantage** 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 BCN Advantage Formulary?

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our 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 108 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 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 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 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you move into (or out of) a long-term care facility or a skilled nursing facility, or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to Chapter 3, Section 5.2 of your *Evidence of Coverage* or visit our website at **www.bcbsm.com/medicare/help/understanding-plans/pharmacy-prescription-drugs/transition.html**.

We will send you a letter within three business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

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

If you have questions about **BCN Advantage**, 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 **www.medicare.gov**.

BCN Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **BCN Advantage**. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

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

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

Your costs (see cost-share tables below)

The amount you pay for a covered drug will depend on:

- **Your coverage stage. BCN Advantage** has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different copay or coinsurance amount. The "Drug Tiers" chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.
- **The pharmacy you use.** You may go to any of our network pharmacies. However, you will usually pay less for your three-month supply of covered drugs if you use a preferred network pharmacy or network mail-order pharmacy rather than a standard retail pharmacy. The *Pharmacy Directory* will tell you which of the pharmacies in our network are preferred network pharmacies and network mail-order pharmacies.

All drugs on our Formulary are available for mail order: Our plan's mail-order service requires you to order at least a 31-day supply of the drug and no more than a 90-day supply. Tier 5: Specialty Tier drugs are limited to a 31-day supply via mail order.

Description of our Formulary Drug Tiers

Drug Tiers	Includes
Tier 1: Preferred Generic	These are generic drugs in the lowest cost-sharing tier
Tier 2: Generic	These are still generic drugs but not the lowest cost-sharing tier
Tier 3: Preferred Brand	This tier contains mostly brand-name drugs and also includes some high-cost generics
Tier 4: Non-Preferred Drug	These are brand-name and generic drugs not in a preferred tier
Tier 5: Specialty Tier	This contains high-cost generic and brand-name drugs

Community Value/Local Prescription Drug Tier Costs* for Initial Coverage Stage
*If you're eligible to receive a low-income subsidy for Extra Help, the copay and coinsurance amounts listed in this chart aren't applicable. Refer to your *Evidence of Coverage* for cost-sharing details.
The **Community Value/Local** plan has no deductible. You pay the amounts listed below until you reach your Initial Coverage Stage limit of **$5,030**. This amount includes the total drug costs paid by you (copayments and coinsurance) and the plan.

Tier	Drug Description	Plan	Up to a 31-day supply		32- to 90-day supply		
			Standard/Retail/ Long Term Care (LTC)/ Out of Network Pharmacy	Preferred Mail/Retail Pharmacy	Standard Mail/Retail	Preferred Retail	Preferred Mail-Order
Tier 1	Preferred Generic	Community Value/Local	$5.00	$0.00	$15.00	$0.00	$0.00
Tier 2	Generic		$20.00	$10.00	$60.00	$0.00	$0.00
Tier 3	Preferred Brand		$47.00	$45.00	$141.00	$135.00	$90.00
Tier 4	Non-Preferred Drug		50%	50%	50%	50%	50%
Tier 5	Specialty Tier		33%	33%	N/A	N/A	N/A

Community Value/Local Prescription Drug Tier Costs* for Catastrophic Coverage Stage
*If you are eligible to receive a low-income subsidy for extra help, the copay and coinsurance amounts listed in this chart are not applicable. Refer to your *Evidence of Coverage* for cost-sharing details.
When your out-of-pocket costs have reached the **$8,000** Coverage Gap Stage limit, you move on to the Catastrophic Coverage Stage. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

List of Abbreviations

B/D: This drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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

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

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

BRAND-NAME DRUGS ARE CAPITALIZED.

Generic drugs are *lower-case italics*.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule 200mg, 400mg	3	QL(180 EA per 90 days)
celecoxib capsule 100mg	3	QL(270 EA per 90 days)
celecoxib capsule 50mg	3	QL(540 EA per 90 days)
diclofenac potassium tablet 50mg	2	
diclofenac sodium dr	2	
diclofenac sodium er	2	
diclofenac sodium/misoprostol	4	
diclofenac sodium gel 1%	3	QL(1000 GM per 31 days)
diflunisal tablet 500mg	3	
ec-naproxen tablet delayed release 500mg	2	
etodolac er	3	
etodolac capsule, tablet	3	
flurbiprofen tablet 100mg	2	
ibu	2	
ibuprofen suspension	2	
ibuprofen tablet 400mg, 600mg, 800mg	2	
KETOPROFEN ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	QL(90 EA per 90 days)
KETOPROFEN CAPSULE 25MG, 50MG	3	
MECLOFENAMATE SODIUM CAPSULE	4	
mefenamic acid capsule	4	
meloxicam tablet	1	
nabumetone tablet	2	
naproxen dr	2	
naproxen sodium tablet 275mg, 550mg	2	
naproxen suspension	2	
naproxen tablet delayed release 500mg	2	
naproxen tablet 250mg, 375mg, 500mg	2	
oxaprozin tablet	3	
piroxicam capsule	3	
salsalate tablet 750mg	2	
sulindac tablet	2	
Opioid Analgesics, Long-acting		
buprenorphine	4	QL(12 EA per 84 days)
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	QL(45 EA per 90 days)
METHADONE HCL SOLUTION	3	
methadone hcl tablet	3	
MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 50MG, 80MG	4	QL(180 EA per 90 days)
morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg	4	QL(270 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate er tablet extended release 200mg	4	QL(90 EA per 90 days)
OXYMORPHONE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	4	QL(180 EA per 90 days)
OXYMORPHONE HYDROCHLORIDEER	4	QL(180 EA per 90 days)
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
tramadol hydrochloride er	3	QL(90 EA per 90 days)
Opioid Analgesics, Short-acting		
ACETAMINOPHEN/CODEINE SOLUTION	3	QL(5167 ML per 31 days)
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg	3	QL(1080 EA per 90 days)
acetaminophen/codeine tablet 300mg; 60mg	3	QL(540 EA per 90 days)
butorphanol tartrate solution	3	QL(15 ML per 90 days)
CODEINE SULFATE TABLET 15MG	2	QL(540 EA per 90 days)
CODEINE SULFATE TABLET 30MG, 60MG	3	QL(540 EA per 90 days)
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL(1080 EA per 90 days)
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	4	QL(120 EA per 30 days); PA
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	QL(120 EA per 30 days); PA
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	3	QL(5735 ML per 31 days)
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg	3	QL(1080 EA per 90 days)
hydrocodone/acetaminophen tablet 325mg; 7.5mg	3	QL(1080 EA per 90 days)
HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG	3	QL(450 EA per 90 days)
hydrocodone/ibuprofen tablet 7.5mg; 200mg	3	QL(450 EA per 90 days)
hydromorphone hcl tablet	3	
hydromorphone hcl liquid	4	
HYDROMORPHONE HCL INJECTION 4MG/ML	4	
hydromorphone hcl injection 10mg/ml, 1mg/ml	4	
HYDROMORPHONE HYDROCHLORIDE INJECTION 2MG/ML	4	
hydromorphone hydrochloride injection 2mg/ml, 50mg/5ml	4	
morphine sulfate tablet	3	
MORPHINE SULFATE SOLUTION 20MG/5ML	3	
morphine sulfate solution 100mg/5ml, 10mg/5ml	3	
NUCYNTA TABLET 50MG, 75MG	4	
NUCYNTA TABLET 100MG	5	
oxycodone hydrochloride capsule, tablet	3	
oxycodone hydrochloride concentrate	4	
oxycodone hydrochloride solution	4	QL(1800 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL(1080 EA per 90 days)
oxymorphone hydrochloride	4	QL(540 EA per 90 days)
tramadol hydrochloride/acetaminophen	2	QL(1080 EA per 90 days)
tramadol hydrochloride tablet 50mg	2	QL(720 EA per 90 days)
Anesthetics		
Local Anesthetics		
lidocaine hydrochloride injection 1%	2	
lidocaine/prilocaine cream	4	PA
lidocaine patch 5%	3	QL(270 EA per 90 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	3	
disulfiram tablet	3	
naltrexone hcl tablet	1	
Opioid Dependence		
buprenorphine hcl/naloxone hcl	1	QL(270 EA per 90 days)
buprenorphine hcl tablet sublingual	1	QL(270 EA per 90 days)
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg	1	QL(180 EA per 90 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	1	QL(270 EA per 90 days)
Opioid Reversal Agents		
KLOXXADO	3	
naloxone hcl injection 4mg/10ml	2	
naloxone hydrochloride liquid	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
naloxone hydrochloride injection 2mg/2ml	1	
naloxone hydrochloride injection 0.4mg/ml	2	
OPVEE	3	QL(12 EA per 90 days)
REXTOVY	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	3	QL(180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
varenicline starting month	4	
varenicline tartrate	4	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 500mg/2ml	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%, 2MG/ML; 0.9%	4	

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%	4	
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate injection 40mg/ml	4	
gentamicin sulfate ointment 0.1%	3	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
neomycin sulfate	2	
paromomycin sulfate	3	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml	4	
Antibacterials, Other		
aztreonam injection 1gm	4	
clindacin etz pledgets	3	
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg, 75mg	2	
clindamycin palmitate hydrochloride	4	
clindamycin phosphate/dextrose	4	
clindamycin phosphate cream 2%	4	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	2	
clindamycin phosphate swab 1%	3	
CLINDAMYCIN/SODIUM CHLORIDE	4	
colistimethate sodium	4	
daptomycin injection 500mg	5	
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	4	
fosfomycin tromethamine	4	
linezolid tablet	4	QL(56 EA per 28 days)
linezolid suspension reconstituted	5	QL(1680 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
linezolid injection 600mg/300ml	4	
methenamine hippurate	3	
metronidazole vaginal	4	
metronidazole injection 500mg/100ml	4	
metronidazole tablet 250mg, 500mg	2	
nitrofurantoin macrocrystals	3	
nitrofurantoin monohydrate/macrocrystals	3	
nitrofurantoin suspension 25mg/5ml	4	
polymyxin b sulfate injection	4	
tinidazole	4	
trimethoprim tablet	2	
vancomycin hcl injection 10gm	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1GM/200ML	4	

Drug Name	Drug Tier	Requirements/Limits
vancomycin hydrochloride capsule 125mg	4	QL(360 EA per 90 days)
vancomycin hydrochloride capsule 250mg	4	QL(720 EA per 90 days)
vancomycin hydrochloride oral solution reconstituted	4	
vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg	4	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	4	
Beta-lactam, Cephalosporins		
CEFACLOR CAPSULE 250MG	2	
CEFADROXIL TABLET	2	
cefadroxil capsule, suspension reconstituted	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
cefazolin sodium injection 10gm, 1gm, 500mg	4	
cefdinir capsule	2	
cefdinir suspension reconstituted	3	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
cefepime injection 1gm	4	
cefixime capsule	2	
cefixime suspension reconstituted	4	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
cefoxitin sodium injection 10gm, 1gm, 2gm	4	
cefpodoxime proxetil	4	
cefprozil	3	
CEFTAZIDIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
ceftazidime injection 1gm, 2gm, 6gm	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAXONE SODIUM INJECTION 100GM	4	
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	4	
CEFTRIAXONE/DEXTROSE	4	
cefuroxime axetil tablet	3	
cefuroxime sodium injection 1.5gm, 750mg	4	
cephalexin capsule 250mg, 500mg	2	
cephalexin suspension reconstituted	2	
tazicef injection 1gm, 2gm	4	
TEFLARO	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	4	
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
amoxicillin/clavulanate potassium suspension reconstituted, tablet	2	
amoxicillin capsule, suspension reconstituted, tablet	1	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	1	

Drug Name	Drug Tier	Requirements/Limits
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
ampicillin sodium injection 1gm, 250mg, 500mg	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm	4	
ampicillin/sulbactam injection 2gm; 1gm	4	
ampicillin capsule 500mg	2	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium	2	
NAFCILLIN	4	
nafcillin sodium injection 10gm, 1gm, 2gm	4	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	4	
oxacillin sodium injection 10gm, 1gm, 2gm	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 0; 20000UNIT/ML	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	2	
penicillin v potassium tablet	2	
PFIZERPEN INJECTION 5000000UNIT	4	
piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 4gm; 0.5gm	4	
Carbapenems		
ertapenem	4	
ertapenem sodium	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
imipenem/cilastatin injection 500mg; 500mg	4	
MEROPENEM/SODIUM CHLORIDE	3	
MEROPENEM INJECTION 2GM	3	
meropenem injection 1gm, 500mg	3	
Macrolides		
AZITHROMYCIN PACKET	3	
azithromycin suspension reconstituted, tablet	2	
azithromycin injection 500mg	4	
clarithromycin er	3	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	4	
clarithromycin tablet	3	
DIFICID SUSPENSION RECONSTITUTED	5	QL(136 ML per 10 days)
DIFICID TABLET	5	QL(20 EA per 10 days)

Drug Name	Drug Tier	Requirements/Limits
ery-tab tablet delayed release 250mg, 333mg	4	
erythromycin base tablet	4	
ERYTHROMYCIN DR CAPSULE DELAYED RELEASE PARTICLES	4	
erythromycin dr tablet delayed release 250mg, 333mg	4	
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml	4	
Quinolones		
ciprofloxacin hcl tablet 750mg	1	
ciprofloxacin hydrochloride tablet 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%	4	
levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml	4	
levofloxacin injection 25mg/ml	4	
levofloxacin oral solution 25mg/ml	4	
levofloxacin tablet 250mg, 500mg, 750mg	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
moxifloxacin hydrochloride tablet 400mg	3	
OFLOXACIN TABLET 300MG	2	
ofloxacin tablet 400mg	2	
Sulfonamides		
sulfacetamide sodium lotion 10%	3	
sulfadiazine tablet	4	
sulfamethoxazole/trimethoprim ds	1	
sulfamethoxazole/trimethoprim tablet	1	
sulfamethoxazole/trimethoprim suspension	2	
Tetracyclines		
demeclocycline hcl tablet	4	
doxy 100	4	
doxycycline hyclate capsule 100mg, 50mg	3	
doxycycline hyclate tablet 100mg, 75mg	3	
doxycycline hyclate tablet 150mg	4	
doxycycline monohydrate capsule 100mg, 50mg	2	
doxycycline monohydrate tablet 100mg, 50mg, 75mg	3	
doxycycline suspension reconstituted	4	
minocycline hcl capsule 75mg	2	
minocycline hcl tablet	3	
minocycline hydrochloride capsule 100mg, 50mg	2	
tetracycline hydrochloride capsule	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT TABLET	5	QL(62 EA per 31 days); PA
BRIVIACT SOLUTION	5	QL(620 ML per 31 days); PA

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX	5	QL(600 ML per 30 days); PA
EPRONTIA	4	PA
felbamate	4	
FINTEPLA	5	QL(360 ML per 30 days); PA
FYCOMPA SUSPENSION	4	QL(720 ML per 30 days); PA
FYCOMPA TABLET 2MG	4	QL(540 EA per 90 days); PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL(30 EA per 30 days); PA
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); PA
lamotrigine er	4	
lamotrigine odt	4	
lamotrigine starter kit/blue	2	
lamotrigine starter kit/green	2	
lamotrigine starter kit/orange	2	
lamotrigine tablet chewable, tablet	2	
levetiracetam er	3	
levetiracetam solution, tablet	2	
NAYZILAM	5	QL(30 EA per 90 days); PA
roweepra tablet 500mg	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(1080 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(270 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL(360 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(540 EA per 90 days); PA
subvenite	2	
subvenite starter kit/blue	2	
subvenite starter kit/green	2	
subvenite starter kit/orange	2	
topiramate capsule sprinkle, tablet	2	
valproic acid	2	
XCOPRI TABLET THERAPY PACK 0	4	QL(84 EA per 84 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(168 EA per 84 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(62 EA per 31 days); PA
Calcium Channel Modifying Agents		
ethosuximide	4	
methsuximide	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam suspension	4	QL(1440 ML per 90 days); PA
clobazam tablet 10mg	4	QL(180 EA per 90 days); PA

Drug Name	Drug Tier	Requirements/Limits
clobazam tablet 20mg	4	QL(62 EA per 31 days); PA
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	3	QL(360 EA per 90 days)
clonazepam odt tablet disintegrating 2mg	3	QL(900 EA per 90 days)
clonazepam tablet 0.5mg, 1mg	2	QL(360 EA per 90 days)
clonazepam tablet 2mg	2	QL(900 EA per 90 days)
DIACOMIT CAPSULE 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT CAPSULE 250MG	5	QL(372 EA per 31 days); PA
DIACOMIT PACKET 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT PACKET 250MG	5	QL(372 EA per 31 days); PA
DIAZEPAM RECTAL GEL GEL 2.5MG	4	
diazepam rectal gel gel 10mg, 20mg	4	
divalproex sodium dr tablet delayed release	2	
divalproex sodium er	2	
divalproex sodium capsule delayed release sprinkle	3	
gabapentin capsule	2	QL(810 EA per 90 days)
gabapentin solution	3	QL(6480 ML per 90 days)
gabapentin tablet 800mg	2	QL(360 EA per 90 days)
gabapentin tablet 600mg	2	QL(540 EA per 90 days)
LIBERVANT	4	QL(10 EA per 30 days); PA
phenobarbital elixir 20mg/5ml	2	QL(4500 ML per 90 days); PA
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	3	QL(360 EA per 90 days); PA
pregabalin capsule 225mg, 300mg	4	QL(180 EA per 90 days)
pregabalin capsule 100mg, 150mg, 200mg, 50mg	4	QL(270 EA per 90 days)
pregabalin capsule 25mg, 75mg	4	QL(360 EA per 90 days)
pregabalin solution	4	QL(2700 ML per 90 days)
PRIMIDONE TABLET 125MG	2	
primidone tablet 250mg, 50mg	2	
SYMPAZAN FILM 5MG	4	QL(60 EA per 30 days); PA
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); PA
tiagabine hydrochloride	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); PA
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); PA
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); PA
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); PA
vigabatrin	5	QL(186 EA per 31 days); PA
ZTALMY	5	QL(1116 ML per 31 days); PA
Sodium Channel Agents		
APTIOM	5	QL(62 EA per 31 days); PA
carbamazepine er	4	
carbamazepine tablet	3	
carbamazepine suspension	4	
carbamazepine tablet chewable 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAPSULE 30MG	3	
epitol	3	
fosphenytoin sodium injection 500mg pe/10ml	2	
lacosamide solution	4	QL(3600 ML per 90 days)
lacosamide tablet 100mg, 150mg, 200mg	4	QL(180 EA per 90 days)
lacosamide tablet 50mg	4	QL(360 EA per 90 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(124 EA per 31 days); PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	5	QL(62 EA per 31 days); PA
oxcarbazepine tablet	3	
oxcarbazepine suspension	4	
phenytek	2	
phenytoin sodium extended	2	
phenytoin tablet chewable, suspension	2	
rufinamide suspension	5	PA
rufinamide tablet 200mg	4	QL(496 EA per 31 days); PA
rufinamide tablet 400mg	5	QL(248 EA per 31 days); PA
ZONISADE	4	QL(2700 ML per 90 days); PA
zonisamide	2	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	4	
Cholinesterase Inhibitors		
ADLARITY	4	QL(12 EA per 84 days); PA
donepezil hcl tablet disintegrating	2	QL(90 EA per 90 days)
donepezil hcl tablet 10mg	2	QL(90 EA per 90 days)
donepezil hcl tablet 23mg	4	QL(90 EA per 90 days)
donepezil hydrochloride tablet 5mg	2	QL(90 EA per 90 days)
galantamine hydrobromide er	3	QL(90 EA per 90 days)
GALANTAMINE HYDROBROMIDE SOLUTION	4	QL(600 ML per 90 days)
galantamine hydrobromide tablet	3	QL(180 EA per 90 days)
rivastigmine tartrate capsule 4.5mg, 6mg	3	QL(180 EA per 90 days)
rivastigmine tartrate capsule 1.5mg, 3mg	3	QL(270 EA per 90 days)
rivastigmine transdermal system	4	QL(90 EA per 90 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hydrochloride er	4	QL(90 EA per 90 days); PA
memantine hydrochloride tablet	2	QL(180 EA per 90 days); PA
memantine hydrochloride solution	4	QL(1080 ML per 90 days); PA
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL(62 EA per 31 days); ST
bupropion hcl tablet 100mg	3	QL(540 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg	3	QL(180 EA per 90 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	3	QL(270 EA per 90 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	3	QL(90 EA per 90 days)
bupropion hydrochloride tablet 75mg	3	QL(540 EA per 90 days)
mirtazapine odt tablet disintegrating 15mg, 30mg	3	QL(180 EA per 90 days)
mirtazapine odt tablet disintegrating 45mg	3	QL(90 EA per 90 days)
mirtazapine tablet 15mg, 7.5mg	2	QL(180 EA per 90 days)
mirtazapine tablet 30mg, 45mg	2	QL(90 EA per 90 days)
olanzapine/fluoxetine	4	
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(31 EA per 31 days); PA
MARPLAN	4	QL(540 EA per 90 days)
PHENELZINE SULFATE	3	
tranylcypromine sulfate	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide solution	3	QL(1800 ML per 90 days)
citalopram hydrobromide tablet 20mg	1	QL(180 EA per 90 days)
citalopram hydrobromide tablet 10mg	1	QL(360 EA per 90 days)
citalopram hydrobromide tablet 40mg	1	QL(90 EA per 90 days)
desvenlafaxine er tablet extended release 24 hour 100mg	3	QL(360 EA per 90 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	3	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(270 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(360 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(540 EA per 90 days); PA
duloxetine hcl capsule delayed release particles 40mg	2	QL(180 EA per 90 days)
duloxetine hydrochloride capsule delayed release particles 60mg	2	QL(180 EA per 90 days)
duloxetine hydrochloride capsule delayed release particles 20mg, 30mg	2	QL(270 EA per 90 days)
escitalopram oxalate solution	4	QL(1800 ML per 90 days)
escitalopram oxalate tablet 10mg	2	QL(180 EA per 90 days)
escitalopram oxalate tablet 5mg	2	QL(360 EA per 90 days)
escitalopram oxalate tablet 20mg	2	QL(90 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
FETZIMA TITRATION PACK	4	QL(28 EA per 28 days); ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL(180 EA per 90 days); ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL(90 EA per 90 days); ST
FLUOXETINE DR	4	QL(12 EA per 84 days)
fluoxetine hydrochloride capsule 40mg	2	QL(180 EA per 90 days)
fluoxetine hydrochloride capsule 20mg	2	QL(360 EA per 90 days)
fluoxetine hydrochloride capsule 10mg	2	QL(720 EA per 90 days)
fluoxetine hydrochloride solution	4	QL(1800 ML per 90 days)
FLUOXETINE HYDROCHLORIDE TABLET 10MG, 20MG	2	
fluoxetine hydrochloride tablet 10mg, 20mg	2	
fluoxetine hydrochloride tablet 60mg	4	
fluvoxamine maleate	3	
fluvoxamine maleate er	4	
NEFAZODONE HYDROCHLORIDE	3	
paroxetine	4	
paroxetine hcl er tablet extended release 24 hour 37.5mg	3	QL(180 EA per 90 days)
paroxetine hcl er tablet extended release 24 hour 25mg	3	QL(270 EA per 90 days)
paroxetine hcl er tablet extended release 24 hour 12.5mg	3	QL(540 EA per 90 days)
paroxetine hcl tablet 30mg, 40mg	2	QL(180 EA per 90 days)
paroxetine hydrochloride suspension	4	QL(2700 ML per 90 days)
paroxetine hydrochloride tablet 10mg, 20mg	2	QL(270 EA per 90 days)
sertraline hcl concentrate	3	
sertraline hcl tablet 50mg	2	QL(360 EA per 90 days)
sertraline hydrochloride tablet 100mg	2	QL(180 EA per 90 days)
sertraline hydrochloride tablet 25mg	2	QL(720 EA per 90 days)
trazodone hydrochloride	1	
TRINTELLIX TABLET 10MG	4	QL(180 EA per 90 days); ST
TRINTELLIX TABLET 5MG	4	QL(360 EA per 90 days); ST
TRINTELLIX TABLET 20MG	4	QL(90 EA per 90 days); ST
VENLAFAXINE BESYLATE ER	4	QL(180 EA per 90 days)
venlafaxine hydrochloride	2	
venlafaxine hydrochloride er capsule extended release 24 hour 150mg	2	QL(180 EA per 90 days)
venlafaxine hydrochloride er capsule extended release 24 hour 75mg	2	QL(270 EA per 90 days)
venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg	2	QL(540 EA per 90 days)
VIIBRYD STARTER PACK	4	QL(30 EA per 30 days); ST
vilazodone hydrochloride	4	QL(90 EA per 90 days)
Tricyclics		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	2	
amitriptyline hydrochloride tablet 100mg, 10mg, 50mg	2	

Drug Name	Drug Tier	Requirements/Limits
amoxapine	3	
clomipramine hydrochloride	4	
desipramine hydrochloride	4	
doxepin hcl capsule 75mg	3	
doxepin hcl concentrate	3	
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	3	
imipramine hcl tablet 25mg, 50mg	3	
imipramine hydrochloride tablet 10mg	3	
imipramine pamoate	4	
nortriptyline hcl capsule 25mg, 75mg	2	
nortriptyline hcl solution	4	
nortriptyline hydrochloride capsule 10mg, 50mg	2	
protriptyline hcl	4	
trimipramine maleate capsule	4	
Antiemetics		
Antiemetics, Other		
compro	4	
meclizine hcl 12.5mg, 25mg tablet	2	
prochlorperazine maleate tablet	2	
prochlorperazine suppository 25mg	4	
promethazine hcl injection 50mg/ml	2	
promethazine hcl suppository 25mg	4	
promethazine hcl tablet 12.5mg	2	
promethazine hydrochloride plain	2	
promethazine hydrochloride tablet 25mg, 50mg	2	
promethegan suppository 25mg	4	
scopolamine	4	QL(30 EA per 30 days)
Emetogenic Therapy Adjuncts		
aprepitant	4	B/D
dronabinol capsule 10mg	4	QL(180 EA per 90 days); B/D
dronabinol capsule 5mg	4	QL(360 EA per 90 days); B/D
dronabinol capsule 2.5mg	4	QL(720 EA per 90 days); B/D
EMEND SUSPENSION RECONSTITUTED	4	B/D
granisetron hydrochloride tablet	3	QL(60 EA per 30 days); B/D
ondansetron hcl solution	4	QL(2700 ML per 90 days); B/D
ONDANSETRON HCL TABLET 24MG	2	B/D
ondansetron hydrochloride tablet	2	B/D
ondansetron odt tablet disintegrating 4mg, 8mg	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
amphotericin b liposome	4	B/D
AMPHOTERICIN B INJECTION	4	B/D

Drug Name	Drug Tier	Requirements/Limits
caspofungin acetate injection 70mg	4	
caspofungin acetate injection 50mg	5	
clotrimazole cream, troche	2	
clotrimazole solution	3	
econazole nitrate cream	3	QL(255 GM per 90 days)
fluconazole in sodium chloride	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
fluconazole tablet	2	
fluconazole suspension reconstituted	3	
flucytosine capsule 250mg	2	
flucytosine capsule 500mg	5	
griseofulvin microsize	4	
griseofulvin ultramicrosize tablet 125mg, 250mg	4	
itraconazole capsule	4	
ketoconazole tablet	2	PA
ketoconazole shampoo	2	QL(360 ML per 90 days)
ketoconazole cream	3	QL(270 GM per 90 days)
ketodan	2	
klayesta	2	QL(180 GM per 90 days)
MICONAZOLE 3 SUPPOSITORY	3	
NAFTIFINE HCL	4	
naftifine hydrochloride cream	4	
NOXAFIL SUSPENSION	5	QL(651 ML per 31 days)
nyamyc	2	QL(180 GM per 90 days)
nystatin cream, ointment, suspension	2	
nystatin powder	2	QL(180 GM per 90 days)
nystatin tablet	3	
nystop	2	QL(180 GM per 90 days)
posaconazole dr	5	QL(93 EA per 31 days)
posaconazole suspension	5	QL(651 ML per 31 days)
terbinafine hcl tablet	2	
terbinafine hydrochloride tablet	2	
terconazole cream	3	
terconazole suppository	4	
VIVJOA	4	QL(18 EA per 84 days); PA
voriconazole tablet	4	PA
voriconazole injection, suspension reconstituted	5	PA
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 300mg	1	
colchicine tablet 0.6mg	4	QL(360 EA per 90 days)
probenecid/colchicine	3	
probenecid tablet	3	
Antimigraine Agents		

Drug Name	Drug Tier	Requirements/Limits
Ergot Alkaloids		
dihydroergotamine mesylate solution	3	QL(24 ML per 90 days); PA
MIGERGOT	5	
Prophylactic		
AIMOVIG INJECTION 140MG/ML	4	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(4 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	4	QL(9 ML per 84 days); PA
GEMTESA	4	QL(90 EA per 90 days)
QULIPTA TABLET 30MG	5	QL(180 EA per 90 days); PA
QULIPTA TABLET 10MG	5	QL(540 EA per 90 days); PA
QULIPTA TABLET 60MG	5	QL(90 EA per 90 days); PA
timolol maleate tablet 10mg, 20mg, 5mg	1	
UBRELVY	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
almotriptan tablet 12.5mg	4	QL(24 EA per 90 days)
almotriptan tablet 6.25mg	4	QL(48 EA per 90 days)
eletriptan hydrobromide tablet 40mg	4	QL(18 EA per 90 days)
eletriptan hydrobromide tablet 20mg	4	QL(36 EA per 90 days)
frovatriptan succinate	4	QL(36 EA per 90 days)
naratriptan hcl tablet 2.5mg	3	QL(24 EA per 90 days)
naratriptan hcl tablet 1mg	3	QL(60 EA per 90 days)
rizatriptan benzoate odt tablet disintegrating 5mg	3	QL(162 EA per 90 days)
rizatriptan benzoate odt tablet disintegrating 10mg	3	QL(81 EA per 90 days)
rizatriptan benzoate tablet 5mg	3	QL(162 EA per 90 days)
rizatriptan benzoate tablet 10mg	3	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL	4	
sumatriptan succinate injection	4	QL(27 ML per 90 days)
sumatriptan succinate tablet 50mg	2	QL(108 EA per 90 days)
sumatriptan succinate tablet 25mg	2	QL(216 EA per 90 days)
sumatriptan succinate tablet 100mg	2	QL(54 EA per 90 days)
sumatriptan solution	4	QL(36 EA per 90 days)
zolmitriptan odt tablet disintegrating 2.5mg	3	QL(108 EA per 90 days)
zolmitriptan odt tablet disintegrating 5mg	3	QL(54 EA per 90 days)
zolmitriptan tablet 2.5mg	4	QL(108 EA per 90 days)
zolmitriptan tablet 5mg	4	QL(54 EA per 90 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er	4	
pyridostigmine bromide solution	4	
pyridostigmine bromide tablet 60mg	3	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet	3	

Drug Name	Drug Tier	Requirements/Limits
PRETOMANID	4	QL(90 EA per 90 days); PA
rifabutin	4	
Antituberculars		
ethambutol hydrochloride	3	
isoniazid syrup, tablet	2	
PRIFTIN	4	
pyrazinamide tablet	4	
rifampin capsule	3	
rifampin injection	4	
SIRTURO	5	PA
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide capsule	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	QL(60 GM per 30 days); PA
ZEPZELCA	5	PA
Antiandrogens		
abiraterone acetate tablet 250mg	3	QL(124 EA per 31 days)
bicalutamide	3	
ERLEADA	5	PA
flutamide	4	
nilutamide	5	
NUBEQA	5	PA
XTANDI CAPSULE	5	QL(124 EA per 31 days); PA
XTANDI TABLET 40MG	5	QL(124 EA per 31 days); PA
XTANDI TABLET 80MG	5	QL(62 EA per 31 days); PA
YONSA	5	PA
Antiangiogenic Agents		
FOTIVDA	5	QL(21 EA per 28 days); PA
lenalidomide	5	QL(31 EA per 31 days); PA
POMALYST	5	QL(31 EA per 31 days); PA
QINLOCK	5	QL(90 EA per 30 days); PA
REVLIMID	5	QL(31 EA per 31 days); PA
TABRECTA	5	QL(112 EA per 28 days); PA
THALOMID CAPSULE 100MG, 50MG	5	QL(31 EA per 31 days); PA
THALOMID CAPSULE 150MG, 200MG	5	QL(62 EA per 31 days); PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
tamoxifen citrate tablet	2	

Drug Name	Drug Tier	Requirements/Limits
toremifene citrate	5	
Antimetabolites		
DROXIA	4	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 200MG/2ML, 2GM/20ML	3	
hydroxyurea capsule	2	
mercaptopurine tablet	3	
PURIXAN	5	
TABLOID	4	PA
Antineoplastics, Other		
ADRIAMYCIN INJECTION 10MG	4	
AKEEGA	5	QL(62 EA per 31 days); PA
BESREMI	5	QL(2 ML per 28 days); PA
DOCETAXEL INJECTION 160MG/8ML, 20MG/2ML, 80MG/8ML	5	
DOXORUBICIN HYDROCHLORIDE INJECTION 10MG	4	
GAVRETO	5	QL(124 EA per 31 days); PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
IDHIFA	5	QL(31 EA per 31 days); PA
INREBIC	5	QL(120 EA per 30 days); PA
IWILFIN	5	QL(248 EA per 31 days); PA
IXEMPRA KIT	5	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	QL(180 EA per 30 days); PA
LAZCLUZE TABLET 240MG	5	QL(31 EA per 31 days); PA
LAZCLUZE TABLET 80MG	5	QL(62 EA per 31 days); PA
leucovorin calcium tablet	3	
leucovorin calcium injection 500mg, 50mg	4	
LONSURF	5	PA
LUMAKRAS TABLET 320MG	5	PA
LUMAKRAS TABLET 120MG	5	QL(240 EA per 30 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(112 EA per 28 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(140 EA per 28 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(84 EA per 28 days); PA
NINLARO	5	PA
OGSIVEO TABLET 50MG	5	QL(186 EA per 31 days); PA
OGSIVEO TABLET 100MG, 150MG	5	QL(62 EA per 31 days); PA
ONUREG	5	QL(14 EA per 28 days); PA
ORSERDU TABLET 345MG	5	QL(31 EA per 31 days); PA
ORSERDU TABLET 86MG	5	QL(93 EA per 31 days); PA
PEMAZYRE	5	QL(14 EA per 21 days); PA
RETEVMO CAPSULE 80MG	5	QL(124 EA per 31 days); PA

Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAPSULE 40MG	5	QL(186 EA per 31 days); PA
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL(62 EA per 31 days); PA
RETEVMO TABLET 40MG	5	QL(93 EA per 31 days); PA
RYLAZE	5	PA
SCEMBLIX TABLET 100MG	5	QL(124 EA per 31 days); PA
SCEMBLIX TABLET 40MG	5	QL(310 EA per 31 days); PA
SCEMBLIX TABLET 20MG	5	QL(62 EA per 31 days); PA
SYNRIBO	5	PA
TAZVERIK	5	QL(240 EA per 30 days); PA
TICE BCG	3	
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	QL(21 EA per 28 days); PA
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	5	QL(42 EA per 28 days); PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL(63 EA per 28 days); PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
valrubicin	3	
XPOVIO 60 MG TWICE WEEKLY	5	QL(24 EA per 30 days); PA
XPOVIO 80 MG TWICE WEEKLY	5	QL(32 EA per 30 days); PA
XPOVIO TABLET THERAPY PACK 40MG, 60MG	5	QL(4 EA per 30 days); PA
XPOVIO TABLET THERAPY PACK 40MG, 50MG	5	QL(8 EA per 30 days); PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet	2	
exemestane	4	
letrozole	2	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF TABLET	5	PA
BOSULIF CAPSULE 100MG	5	QL(150 EA per 25 days); PA
BOSULIF CAPSULE 50MG	5	QL(300 EA per 25 days); PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	QL(120 EA per 30 days); PA
CABOMETYX TABLET 20MG, 60MG	5	QL(31 EA per 31 days); PA
CABOMETYX TABLET 40MG	5	QL(62 EA per 31 days); PA
CALQUENCE	5	PA
CAPRELSA	5	PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA

Drug Name	Drug Tier	Requirements/Limits
dasatinib tablet 100mg, 140mg, 70mg	5	QL(31 EA per 31 days); PA
dasatinib tablet 80mg	5	QL(62 EA per 31 days); PA
dasatinib tablet 20mg, 50mg	5	QL(93 EA per 31 days); PA
DAURISMO	5	PA
ERIVEDGE	5	PA
erlotinib hydrochloride tablet 100mg	4	QL(31 EA per 31 days); PA
erlotinib hydrochloride tablet 25mg	4	QL(93 EA per 31 days); PA
erlotinib hydrochloride tablet 150mg	5	QL(31 EA per 31 days); PA
everolimus tablet soluble 2mg, 3mg, 5mg	5	PA
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	5	QL(31 EA per 31 days); PA
EXKIVITY	5	QL(124 EA per 31 days); PA
FARYDAK	5	QL(6 EA per 21 days); PA
FRUZAQLA CAPSULE 5MG	5	QL(21 EA per 28 days); PA
FRUZAQLA CAPSULE 1MG	5	QL(84 EA per 28 days); PA
gefitinib	5	PA
GILOTRIF	5	QL(31 EA per 31 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
ICLUSIG	5	PA
imatinib mesylate tablet 100mg	3	QL(186 EA per 31 days)
imatinib mesylate tablet 400mg	4	QL(62 EA per 31 days)
IMBRUVICA SUSPENSION	5	QL(248 ML per 31 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(124 EA per 31 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(31 EA per 31 days); PA
IMBRUVICA TABLET 420MG, 560MG	5	QL(31 EA per 31 days); PA
INLYTA TABLET 5MG	5	QL(124 EA per 31 days); PA
INLYTA TABLET 1MG	5	QL(186 EA per 31 days); PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(62 EA per 31 days); PA
JAYPIRCA TABLET 50MG	5	QL(31 EA per 31 days); PA
JAYPIRCA TABLET 100MG	5	QL(62 EA per 31 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
lapatinib ditosylate	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LYNPARZA TABLET	5	QL(124 EA per 31 days); PA
MEKINIST	5	PA

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI	5	PA
NERLYNX	5	PA
ODOMZO	5	PA
OJEMDA TABLET	5	QL(24 EA per 28 days); PA
OJEMDA SUSPENSION RECONSTITUTED	5	QL(96 ML per 28 days); PA
OJJAARA TABLET 150MG, 200MG	5	QL(31 EA per 31 days); PA
OJJAARA TABLET 100MG	5	QL(62 EA per 31 days); PA
pazopanib hydrochloride	5	PA
PIQRAY 200MG DAILY DOSE	5	QL(30 EA per 30 days); PA
PIQRAY 250MG DAILY DOSE	5	QL(60 EA per 30 days); PA
PIQRAY 300MG DAILY DOSE	5	QL(60 EA per 30 days); PA
REZLIDHIA	5	QL(60 EA per 30 days); PA
ROZLYTREK PACKET	5	QL(372 EA per 31 days); PA
ROZLYTREK CAPSULE 100MG	5	QL(150 EA per 30 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA
RUBRACA	5	PA
RYDAPT	5	PA
sorafenib	5	PA
sorafenib tosylate	5	PA
SPRYCEL TABLET 100MG, 140MG, 70MG	5	QL(31 EA per 31 days); PA
SPRYCEL TABLET 80MG	5	QL(62 EA per 31 days); PA
SPRYCEL TABLET 20MG, 50MG	5	QL(93 EA per 31 days); PA
STIVARGA	5	PA
sunitinib malate capsule 12.5mg, 25mg, 50mg	5	QL(31 EA per 31 days); PA
sunitinib malate capsule 37.5mg	5	QL(62 EA per 31 days); PA
TAFINLAR	5	PA
TAGRISSO	5	QL(31 EA per 31 days); PA
TALZENNA	5	PA
TASIGNA CAPSULE 200MG	5	QL(124 EA per 31 days); PA
TASIGNA CAPSULE 150MG	5	QL(155 EA per 31 days); PA
TASIGNA CAPSULE 50MG	5	QL(434 EA per 31 days); PA
TEPMETKO	5	QL(62 EA per 31 days); PA
TIBSOVO	5	PA
torpenz	5	QL(31 EA per 31 days); PA
TRUQAP	5	QL(64 EA per 28 days); PA
TURALIO	5	QL(120 EA per 30 days); PA
VANFLYTA	5	QL(62 EA per 31 days); PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG, 50MG	3	PA
VENCLEXTA TABLET 100MG	5	PA
VERZENIO	5	QL(60 EA per 30 days); PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VONJO	5	QL(124 EA per 31 days); PA

Drug Name	Drug Tier	Requirements/Limits
VORANIGO TABLET 40MG	5	QL(31 EA per 31 days); PA
VORANIGO TABLET 10MG	5	QL(62 EA per 31 days); PA
VOTRIENT	5	PA
WELIREG	5	QL(93 EA per 31 days); PA
XALKORI CAPSULE	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 20MG, 50MG	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 150MG	5	QL(93 EA per 31 days); PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	QL(248 EA per 31 days); PA
ZYDELIG	5	QL(62 EA per 31 days); PA
ZYKADIA TABLET	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
DANYELZA	5	PA
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
Retinoids		
bexarotene capsule	5	PA
bexarotene gel	5	QL(60 GM per 30 days); PA
PANRETIN	5	QL(60 GM per 30 days); PA
tretinoin capsule 10mg	5	
Treatment Adjuncts		
MESNEX TABLET	3	
Antiparasitics		
Anthelmintics		
albendazole tablet	4	
ivermectin tablet	3	PA
praziquantel tablet	3	
Antiprotozoals		
atovaquone	4	
atovaquone/proguanil hcl tablet 250mg; 100mg	4	
chloroquine phosphate tablet	2	
COARTEM	3	
hydroxychloroquine sulfate tablet 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
mefloquine hcl	2	
NITAZOXANIDE	5	
pentamidine isethionate injection	4	
PRIMAQUINE PHOSPHATE TABLET	3	
pyrimethamine tablet	5	
quinine sulfate capsule 324mg	4	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet	2	
TRIHEXYPHENIDYL HCL SOLUTION	2	
trihexyphenidyl hydrochloride	2	
Antiparkinson Agents, Other		
amantadine hcl capsule, solution, tablet	3	
carbidopa/levodopa/entacapone	4	
entacapone	4	
Dopamine Agonists		
apomorphine hydrochloride injection	5	QL(93 ML per 31 days); PA
bromocriptine mesylate capsule, tablet	4	
NEUPRO	4	
pramipexole dihydrochloride	2	
pramipexole dihydrochloride er	4	
ropinirole er	3	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tablet 0.25mg, 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa	2	
carbidopa/levodopa er	2	
CARBIDOPA/LEVODOPA ODT	3	
carbidopa tablet	4	
RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG	4	QL(300 EA per 30 days); ST
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG	4	QL(360 EA per 30 days); ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tablet	4	
selegiline hcl capsule, tablet	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
chlorpromazine hydrochloride tablet	4	
fluphenazine decanoate injection	4	

Drug Name	Drug Tier	Requirements/Limits
FLUPHENAZINE HCL CONCENTRATE	2	
fluphenazine hcl tablet 1mg	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR, INJECTION	4	
fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg	2	
haloperidol decanoate injection	4	
haloperidol lactate	4	
haloperidol concentrate, tablet	2	
loxapine	2	
MOLINDONE HYDROCHLORIDE	4	
perphenazine tablet	3	
PIMOZIDE	3	
thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg	3	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	3	
trifluoperazine hcl tablet 10mg, 2mg, 5mg	3	
trifluoperazine hydrochloride tablet 1mg	3	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL(2.4 ML per 56 days); ST
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL(3.2 ML per 56 days); ST
ABILIFY MAINTENA	5	QL(1 EA per 28 days); ST
aripiprazole odt tablet disintegrating 15mg	4	QL(180 EA per 90 days)
aripiprazole odt tablet disintegrating 10mg	4	QL(270 EA per 90 days)
aripiprazole solution	4	QL(2700 ML per 90 days)
aripiprazole tablet 20mg	3	QL(135 EA per 90 days)
aripiprazole tablet 10mg, 15mg, 2mg, 5mg	3	QL(180 EA per 90 days)
aripiprazole tablet 30mg	3	QL(90 EA per 90 days)
ARISTADA INITIO	5	QL(2.4 ML per 31 days); ST
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days); ST
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days); ST
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days); ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 56 days); ST
asenapine maleate sl	3	QL(180 EA per 90 days)
CAPLYTA	5	QL(30 EA per 30 days); ST
FANAPT TITRATION PACK	4	QL(8 EA per 31 days); ST
FANAPT TABLET 1MG, 2MG, 4MG	5	QL(180 EA per 90 days); ST
FANAPT TABLET 10MG, 12MG, 6MG, 8MG	5	QL(62 EA per 31 days); ST
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL(3.5 ML per 180 days); ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL(5 ML per 180 days); ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL(0.25 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL(0.5 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL(0.75 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL(1 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 28 days); ST
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 90 days); ST

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 90 days); ST
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 90 days); ST
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 90 days); ST
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	3	QL(31 EA per 31 days)
lurasidone hydrochloride tablet 80mg	3	QL(62 EA per 31 days)
LYBALVI	5	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE	5	QL(31 EA per 31 days); PA
NUPLAZID TABLET 10MG	5	QL(31 EA per 31 days); PA
olanzapine odt tablet disintegrating 10mg, 5mg	4	QL(180 EA per 90 days)
olanzapine odt tablet disintegrating 15mg, 20mg	4	QL(90 EA per 90 days)
olanzapine injection	3	
olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg	3	QL(180 EA per 90 days)
olanzapine tablet 15mg, 20mg	3	QL(90 EA per 90 days)
paliperidone er tablet extended release 24 hour 6mg	4	QL(180 EA per 90 days)
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	4	QL(90 EA per 90 days)
PERSERIS	5	QL(1 EA per 30 days); ST
quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg	3	QL(180 EA per 90 days)
quetiapine fumarate er tablet extended release 24 hour 150mg	3	QL(270 EA per 90 days)
quetiapine fumarate er tablet extended release 24 hour 50mg	3	QL(360 EA per 90 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	3	QL(90 EA per 90 days)
quetiapine fumarate tablet 300mg, 400mg	2	QL(180 EA per 90 days)
quetiapine fumarate tablet 100mg	2	QL(270 EA per 90 days)
quetiapine fumarate tablet 200mg, 25mg, 50mg	2	QL(360 EA per 90 days)
quetiapine fumarate tablet 150mg	2	QL(450 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); PA
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); PA
RISPERDAL CONSTA INJECTION 12.5MG	4	QL(6 EA per 84 days); ST
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	QL(2 EA per 28 days); ST
risperidone er injection 12.5mg	4	QL(6 EA per 84 days); ST
risperidone er injection 25mg, 37.5mg, 50mg	5	QL(2 EA per 28 days); ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	3	QL(270 EA per 90 days)
risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg	3	QL(180 EA per 90 days)
risperidone odt tablet disintegrating 0.5mg	3	QL(360 EA per 90 days)
risperidone solution	2	
risperidone tablet 1mg, 2mg, 3mg, 4mg	2	QL(180 EA per 90 days)
risperidone tablet 0.5mg	2	QL(270 EA per 90 days)
risperidone tablet 0.25mg	2	QL(360 EA per 90 days)
RYKINDO	5	QL(2 EA per 28 days); ST
SECUADO	5	QL(31 EA per 31 days); ST
UZEDY INJECTION 50MG/0.14ML	5	QL(0.14 ML per 28 days); ST
UZEDY INJECTION 75MG/0.21ML	5	QL(0.21 ML per 28 days); ST
UZEDY INJECTION 100MG/0.28ML	5	QL(0.28 ML per 28 days); ST

Drug Name	Drug Tier	Requirements/Limits
UZEDY INJECTION 125MG/0.35ML	5	QL(0.35 ML per 28 days); ST
UZEDY INJECTION 150MG/0.42ML	5	QL(0.42 ML per 56 days); ST
UZEDY INJECTION 200MG/0.56ML	5	QL(0.56 ML per 56 days); ST
UZEDY INJECTION 250MG/0.7ML	5	QL(0.7 ML per 56 days); ST
VRAYLAR CAPSULE THERAPY PACK	4	QL(7 EA per 31 days); ST
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL(31 EA per 31 days); ST
VRAYLAR CAPSULE 1.5MG	5	QL(62 EA per 31 days); ST
ziprasidone hcl	3	QL(180 EA per 90 days)
ziprasidone mesylate	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL(6 EA per 90 days); ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL(1 EA per 30 days); ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL(2 EA per 30 days); ST
Treatment-Resistant		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	3	PA
clozapine odt tablet disintegrating 25mg	3	PA
clozapine odt tablet disintegrating 100mg	3	QL(810 EA per 90 days); PA
clozapine odt tablet disintegrating 200mg	4	QL(135 EA per 30 days); PA
clozapine odt tablet disintegrating 150mg	4	QL(540 EA per 90 days); PA
clozapine tablet 100mg, 200mg, 25mg, 50mg	3	
VERSACLOZ	5	QL(540 ML per 30 days); PA
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet 10mg, 20mg	2	
baclofen tablet 5mg	3	
dantrolene sodium capsule	3	
SOHONOS CAPSULE 1.5MG, 1MG	5	QL(124 EA per 31 days); PA
SOHONOS CAPSULE 10MG	5	QL(62 EA per 31 days); PA
SOHONOS CAPSULE 2.5MG, 5MG	5	QL(93 EA per 31 days); PA
tizanidine hcl capsule 4mg	3	
tizanidine hcl tablet 2mg	2	
tizanidine hydrochloride capsule 2mg, 6mg	3	
tizanidine hydrochloride tablet 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	5	PA
PREVYMIS TABLET	5	
valganciclovir	3	
valganciclovir hydrochloride	5	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
entecavir	4	QL(90 EA per 90 days)
lamivudine tablet 100mg	3	
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 150MG; 37.5MG	5	QL(31 EA per 31 days); PA

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PACKET 200MG; 50MG	5	QL(62 EA per 31 days); PA
EPCLUSA TABLET 400MG; 100MG	5	QL(31 EA per 31 days); PA
EPCLUSA TABLET 200MG; 50MG	5	QL(62 EA per 31 days); PA
HARVONI TABLET	5	QL(31 EA per 31 days); PA
HARVONI PACKET 33.75MG; 150MG	5	QL(31 EA per 31 days); PA
HARVONI PACKET 45MG; 200MG	5	QL(62 EA per 31 days); PA
RIBAVIRIN CAPSULE	3	
RIBAVIRIN TABLET 200MG	3	
SOVALDI PACKET 150MG	5	QL(31 EA per 31 days); PA
SOVALDI PACKET 200MG	5	QL(62 EA per 31 days); PA
SOVALDI TABLET 400MG	5	QL(31 EA per 31 days); PA
SOVALDI TABLET 200MG	5	QL(62 EA per 31 days); PA
VOSEVI	5	QL(31 EA per 31 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL(31 EA per 31 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	QL(31 EA per 31 days)
ISENTRESS HD	5	QL(62 EA per 31 days)
ISENTRESS PACKET, TABLET	5	QL(62 EA per 31 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(186 EA per 31 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(186 EA per 31 days)
JULUCA	5	QL(31 EA per 31 days)
STRIBILD	5	
TIVICAY PD	5	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	QL(31 EA per 31 days)
TIVICAY TABLET 25MG	5	QL(31 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	3	
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	
EFAVIRENZ CAPSULE	4	
efavirenz tablet	4	
etravirine tablet 100mg	3	
etravirine tablet 200mg	5	
INTELENCE TABLET 25MG	4	
NEVIRAPINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	4	
nevirapine er tablet extended release 24 hour 400mg	4	
NEVIRAPINE SUSPENSION	4	

Drug Name	Drug Tier	Requirements/Limits
nevirapine tablet	3	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir	4	
abacavir sulfate/lamivudine	4	
CIMDUO	5	
DESCOVY	5	
emtricitabine	4	
emtricitabine/tenofovir disoproxil	5	QL(31 EA per 31 days)
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	3	QL(31 EA per 31 days)
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg	4	QL(31 EA per 31 days)
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	5	QL(31 EA per 31 days)
EMTRIVA SOLUTION	4	
lamivudine/zidovudine	3	
lamivudine solution 10mg/ml	3	
lamivudine tablet 150mg, 300mg	4	
ODEFSEY	5	
STAVUDINE CAPSULE	3	
tenofovir disoproxil fumarate	4	
TRIUMEQ	5	QL(31 EA per 31 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
zidovudine	3	
Anti-HIV Agents, Other		
FUZEON	5	
maraviroc	5	
RUKOBIA	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	QL(5 EA per 31 days)
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	
atazanavir	4	
atazanavir sulfate capsule 300mg	4	
darunavir tablet 800mg	5	QL(31 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
darunavir tablet 600mg	5	QL(62 EA per 31 days)
EVOTAZ	5	
fosamprenavir calcium	5	
LEXIVA SUSPENSION	4	
lopinavir/ritonavir solution	4	
lopinavir/ritonavir tablet 200mg; 50mg	3	
lopinavir/ritonavir tablet 100mg; 25mg	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL(31 EA per 31 days)
PREZISTA SUSPENSION	5	QL(414 ML per 31 days)
PREZISTA TABLET 75MG	4	QL(1440 EA per 84 days)
PREZISTA TABLET 150MG	4	QL(720 EA per 84 days)
REYATAZ PACKET	5	
ritonavir	3	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
oseltamivir phosphate capsule 30mg	3	QL(168 EA per 180 days)
oseltamivir phosphate capsule 45mg, 75mg	3	QL(84 EA per 180 days)
oseltamivir phosphate suspension reconstituted	3	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	3	
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	
acyclovir tablet 400mg, 800mg	2	
famciclovir tablet	3	QL(90 EA per 30 days)
valacyclovir hydrochloride	3	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	2	
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	2	
meprobamate	4	PA
Benzodiazepines		
alprazolam	2	QL(450 EA per 90 days)
clorazepate dipotassium tablet 7.5mg	3	QL(1080 EA per 90 days)
clorazepate dipotassium tablet 3.75mg	3	QL(2160 EA per 90 days)
clorazepate dipotassium tablet 15mg	3	QL(540 EA per 90 days)
diazepam solution	2	QL(1200 ML per 30 days)
diazepam tablet	3	QL(360 EA per 90 days)
lorazepam intensol	2	QL(450 ML per 90 days)
lorazepam tablet	2	QL(450 EA per 90 days)
Bipolar Agents		

Drug Name	Drug Tier	Requirements/Limits
Mood Stabilizers		
lithium	1	
lithium carbonate er	2	
LITHIUM CARBONATE CAPSULE 600MG	1	
lithium carbonate capsule 150mg, 300mg	1	
lithium carbonate tablet	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet	1	
BYDUREON BCISE	3	QL(10.2 ML per 84 days); PA
CYCLOSET	4	QL(540 EA per 90 days)
FARXIGA	3	QL(90 EA per 90 days)
glimepiride tablet 4mg	1	QL(180 EA per 90 days)
glimepiride tablet 2mg	1	QL(360 EA per 90 days)
glimepiride tablet 1mg	1	QL(720 EA per 90 days)
glipizide er tablet extended release 24 hour 10mg	1	QL(180 EA per 90 days)
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL(270 EA per 90 days)
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL(360 EA per 90 days)
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL(720 EA per 90 days)
glipizide tablet 10mg	1	QL(360 EA per 90 days)
glipizide tablet 5mg	1	QL(720 EA per 90 days)
glipizide tablet 2.5mg	2	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 6MG	2	QL(180 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 3MG	2	QL(360 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 1.5MG	2	QL(720 EA per 90 days)
glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	2	QL(360 EA per 90 days)
glyburide/metformin hydrochloride tablet 1.25mg; 250mg	2	QL(720 EA per 90 days)
glyburide tablet 1.25mg	2	QL(1440 EA per 90 days)
glyburide tablet 5mg	2	QL(360 EA per 90 days)
glyburide tablet 2.5mg	2	QL(720 EA per 90 days)
GLYXAMBI	3	QL(90 EA per 90 days)
JANUMET	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(90 EA per 90 days)
JANUVIA	3	QL(90 EA per 90 days)
JARDIANCE	3	QL(90 EA per 90 days)
JENTADUETO	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(180 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	5	QL(2.28 ML per 28 days); PA
metformin hydrochloride er tablet extended release 24 hour 750mg	1	QL(180 EA per 90 days)
metformin hydrochloride er tablet extended release 24 hour 500mg	1	QL(360 EA per 90 days)
metformin hydrochloride er tablet extended release 24 hour 1000mg	2	QL(180 EA per 90 days)
metformin hydrochloride er tablet extended release 24 hour 500mg	2	QL(450 EA per 90 days)
metformin hydrochloride tablet 1000mg	1	QL(230 EA per 90 days)
metformin hydrochloride tablet 850mg	1	QL(270 EA per 90 days)
metformin hydrochloride tablet 500mg	1	QL(459 EA per 90 days)
MIGLITOL	1	
nateglinide tablet 120mg	1	QL(270 EA per 90 days)
nateglinide tablet 60mg	1	QL(540 EA per 90 days)
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
pioglitazone hcl-glimepiride	1	QL(90 EA per 90 days)
pioglitazone hcl/metformin hcl	1	QL(270 EA per 90 days)
pioglitazone hcl tablet 45mg	1	QL(90 EA per 90 days)
pioglitazone hydrochloride tablet 15mg, 30mg	1	QL(90 EA per 90 days)
repaglinide tablet 1mg	1	QL(1440 EA per 90 days)
repaglinide tablet 0.5mg	1	QL(2880 EA per 90 days)
repaglinide tablet 2mg	1	QL(720 EA per 90 days)
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 14MG	3	QL(90 EA per 90 days); PA
SOLIQUA 100/33	3	QL(60 ML per 90 days)
SYMLINPEN 120	5	QL(10.8 ML per 30 days); PA
SYMLINPEN 60	5	QL(12 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(90 EA per 90 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(360 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA	3	QL(90 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(90 EA per 90 days)
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
diazoxide suspension	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
KORLYM	5	PA
mifepristone	5	PA
Insulins		
HUMALOG KWIKPEN INJECTION 200UNIT/ML	4	ST
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN	5	
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate capsule 150mg, 75mg	4	QL(180 EA per 90 days)
ELIQUIS STARTER PACK	3	QL(74 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	4	
fondaparinux sodium injection 2.5mg/0.5ml	4	
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	
heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml	3	
jantoven	1	
warfarin sodium tablet	1	
XARELTO STARTER PACK	3	QL(51 EA per 31 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
Blood Products and Modifiers, Other		
anagrelide hydrochloride	3	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	4	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	5	PA
NEULASTA	5	QL(1.2 ML per 28 days)
NEULASTA ONPRO KIT	5	QL(1.2 ML per 28 days)
NIVESTYM	5	PA
OXBRYTA	5	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET 12.5MG, 25MG	5	QL(31 EA per 31 days); PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABLET 50MG, 75MG	5	QL(62 EA per 31 days); PA
VOYDEYA	5	QL(180 EA per 30 days); PA
ZARXIO	5	PA
Hemostasis Agents		
tranexamic acid tablet	3	QL(90 EA per 63 days)
Platelet Modifying Agents		
aspirin/dipyridamole er	4	QL(180 EA per 90 days)
BRILINTA TABLET 60MG	4	QL(180 EA per 90 days)
BRILINTA TABLET 90MG	4	QL(182 EA per 90 days)
CABLIVI	5	PA
cilostazol	2	
clopidogrel tablet 75mg	1	QL(90 EA per 90 days)
DOPTELET	5	PA
prasugrel hydrochloride	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	4	QL(12 EA per 84 days)
clonidine hydrochloride tablet	1	
droxidopa capsule 200mg, 300mg	5	QL(186 EA per 31 days); PA
droxidopa capsule 100mg	5	QL(93 EA per 31 days); PA
midodrine hcl	3	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate tablet	2	
prazosin hydrochloride capsule	2	
terazosin hcl capsule 10mg, 1mg, 5mg	1	
terazosin hydrochloride capsule 2mg	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil tablet 16mg	1	QL(180 EA per 90 days)
candesartan cilexetil tablet 8mg	1	QL(360 EA per 90 days)
candesartan cilexetil tablet 4mg	1	QL(720 EA per 90 days)
candesartan cilexetil tablet 32mg	1	QL(90 EA per 90 days)
EDARBI TABLET 40MG	4	QL(180 EA per 90 days)
EDARBI TABLET 80MG	4	QL(90 EA per 90 days)
irbesartan tablet 150mg	1	QL(180 EA per 90 days)
irbesartan tablet 75mg	1	QL(360 EA per 90 days)
irbesartan tablet 300mg	1	QL(90 EA per 90 days)
losartan potassium tablet 100mg, 50mg	1	QL(180 EA per 90 days)
losartan potassium tablet 25mg	1	QL(270 EA per 90 days)
olmesartan medoxomil tablet 20mg	1	QL(180 EA per 90 days)
olmesartan medoxomil tablet 5mg	1	QL(720 EA per 90 days)
olmesartan medoxomil tablet 40mg	1	QL(90 EA per 90 days)
telmisartan tablet 40mg	1	QL(180 EA per 90 days)
telmisartan tablet 20mg	1	QL(360 EA per 90 days)
telmisartan tablet 80mg	1	QL(90 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
VALSARTAN SOLUTION	4	QL(7200 ML per 90 days)
valsartan tablet 160mg	1	QL(180 EA per 90 days)
valsartan tablet 80mg	1	QL(360 EA per 90 days)
valsartan tablet 40mg	1	QL(720 EA per 90 days)
valsartan tablet 320mg	1	QL(90 EA per 90 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl tablet 5mg	1	QL(1440 EA per 90 days)
benazepril hcl tablet 40mg	1	QL(180 EA per 90 days)
benazepril hcl tablet 10mg	1	QL(720 EA per 90 days)
benazepril hydrochloride tablet 20mg	1	QL(360 EA per 90 days)
captopril tablet 25mg	1	QL(1620 EA per 90 days)
captopril tablet 12.5mg	1	QL(3240 EA per 90 days)
captopril tablet 100mg	1	QL(405 EA per 90 days)
captopril tablet 50mg	1	QL(810 EA per 90 days)
enalapril maleate tablet 2.5mg	1	QL(1440 EA per 90 days)
enalapril maleate tablet 20mg	1	QL(180 EA per 90 days)
enalapril maleate tablet 10mg	1	QL(360 EA per 90 days)
enalapril maleate tablet 5mg	1	QL(720 EA per 90 days)
fosinopril sodium tablet 40mg	1	QL(180 EA per 90 days)
fosinopril sodium tablet 20mg	1	QL(360 EA per 90 days)
fosinopril sodium tablet 10mg	1	QL(720 EA per 90 days)
lisinopril tablet 2.5mg	1	QL(1440 EA per 90 days)
lisinopril tablet 20mg, 30mg, 40mg	1	QL(180 EA per 90 days)
lisinopril tablet 10mg	1	QL(360 EA per 90 days)
lisinopril tablet 5mg	1	QL(720 EA per 90 days)
moexipril hcl tablet 15mg	1	QL(180 EA per 90 days)
moexipril hcl tablet 7.5mg	1	QL(360 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 8MG	2	QL(180 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 2MG	2	QL(720 EA per 90 days)
perindopril erbumine tablet 4mg	2	QL(360 EA per 90 days)
quinapril hydrochloride tablet 5mg	1	QL(1440 EA per 90 days)
quinapril hydrochloride tablet 40mg	1	QL(180 EA per 90 days)
quinapril hydrochloride tablet 20mg	1	QL(360 EA per 90 days)
quinapril hydrochloride tablet 10mg	1	QL(720 EA per 90 days)
ramipril capsule 1.25mg	1	QL(1440 EA per 90 days)
ramipril capsule 10mg	1	QL(180 EA per 90 days)
ramipril capsule 5mg	1	QL(360 EA per 90 days)
ramipril capsule 2.5mg	1	QL(720 EA per 90 days)
trandolapril tablet 4mg	1	QL(180 EA per 90 days)
trandolapril tablet 2mg	1	QL(360 EA per 90 days)
trandolapril tablet 1mg	1	QL(720 EA per 90 days)
Antiarrhythmics		
amiodarone hydrochloride tablet	2	
digox	2	QL(90 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
DIGOXIN SOLUTION	3	
digoxin tablet 125mcg, 250mcg	2	QL(90 EA per 90 days)
dofetilide	4	
flecainide acetate	3	
mexiletine hcl	3	
MULTAQ	4	QL(180 EA per 90 days)
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	
pacerone tablet 100mg, 200mg, 400mg	2	
propafenone hcl	3	
propafenone hydrochloride er	4	
propafenone hydrochloride tablet 300mg	3	
QUINIDINE SULFATE TABLET	2	
sorine	2	
sotalol hcl	2	
sotalol hydrochloride (af)	2	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride	2	
atenolol tablet	1	
betaxolol hcl tablet 10mg, 20mg	3	
bisoprolol fumarate	2	
carvedilol	1	
carvedilol phosphate er	4	QL(90 EA per 90 days)
labetalol hydrochloride tablet	2	
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg	2	QL(180 EA per 90 days)
metoprolol succinate er tablet extended release 24 hour 25mg, 50mg	2	QL(270 EA per 90 days)
metoprolol tartrate tablet 100mg, 25mg, 50mg	1	
nadolol tablet 20mg, 40mg, 80mg	3	
pindolol tablet	3	
propranolol hcl er capsule extended release 24 hour 120mg, 160mg	3	
PROPRANOLOL HCL SOLUTION 40MG/5ML	3	
propranolol hcl solution 20mg/5ml	3	
propranolol hcl tablet 40mg	2	
propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg	3	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet	1	
felodipine er	2	QL(90 EA per 90 days)
isradipine	2	
nicardipine hcl capsule	3	

Drug Name	Drug Tier	Requirements/Limits
nifedipine er	3	QL(180 EA per 90 days)
nimodipine capsule	4	
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 20MG, 30MG	4	QL(180 EA per 90 days)
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 25.5MG, 40MG	4	QL(90 EA per 90 days)
nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg	4	QL(90 EA per 90 days)
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
dilt-xr	2	
diltiazem hcl cd	2	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour	2	
diltiazem hcl tablet 30mg, 60mg, 90mg	2	
diltiazem hydrochloride er capsule extended release 24 hour	2	
diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride tablet 120mg	2	
matzim la	2	
taztia xt	2	
tiadylt er	2	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	2	
verapamil hcl er tablet extended release 120mg, 240mg	2	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	3	
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg	3	
verapamil hcl tablet 40mg, 80mg	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	2	
verapamil hydrochloride er tablet extended release 180mg	2	
verapamil hydrochloride injection	4	
verapamil hydrochloride tablet 120mg	1	
Cardiovascular Agents, Other		
acetazolamide tablet 250mg	3	
aliskiren	4	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	2	
amlodipine besylate/atorvastatin calcium tablet 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	1	QL(180 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate/atorvastatin calcium tablet 2.5mg; 10mg, 2.5mg; 20mg	1	QL(360 EA per 90 days)
amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 5mg; 80mg	1	QL(90 EA per 90 days)
amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg	1	QL(180 EA per 90 days)
amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg	1	QL(360 EA per 90 days)
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg	1	QL(90 EA per 90 days)
amlodipine besylate/valsartan tablet 5mg; 160mg	1	QL(180 EA per 90 days)
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg	1	QL(90 EA per 90 days)
amlodipine/olmesartan medoxomil tablet 5mg; 20mg	4	QL(180 EA per 90 days)
amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 40mg	4	QL(90 EA per 90 days)
amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg	4	QL(180 EA per 90 days)
amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg	4	QL(90 EA per 90 days)
atenolol/chlorthalidone	1	
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg	1	QL(180 EA per 90 days)
benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg	1	QL(360 EA per 90 days)
benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg	1	QL(90 EA per 90 days)
bisoprolol fumarate/hydrochlorothiazide	2	
CAMZYOS	5	QL(31 EA per 31 days); PA
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg	1	QL(180 EA per 90 days)
candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg	1	QL(90 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 25MG, 50MG; 25MG	1	QL(180 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 50MG; 15MG	1	QL(270 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 15MG	1	QL(300 EA per 90 days)
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)
CORLANOR TABLET	4	QL(180 EA per 90 days)
EDARBYCLOR	4	QL(90 EA per 90 days)
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg	1	QL(180 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg	1	QL(360 EA per 90 days)
ENTRESTO TABLET	3	QL(180 EA per 90 days)
fosinopril sodium/hydrochlorothiazide	1	QL(360 EA per 90 days)
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg	1	QL(180 EA per 90 days)
irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg	1	QL(90 EA per 90 days)
isosorbide dinitrate/hydralazine hydrochloride	4	
ivabradine hydrochloride	4	QL(180 EA per 90 days)
KERENDIA	4	QL(90 EA per 90 days); PA
lisinopril/hydrochlorothiazide tablet 25mg; 20mg	1	QL(180 EA per 90 days)
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg	1	QL(360 EA per 90 days)
losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg	1	QL(180 EA per 90 days)
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg	1	QL(90 EA per 90 days)
metoprolol/hydrochlorothiazide	2	
metyrosine	5	
olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 5mg; 12.5mg; 20mg	4	QL(180 EA per 90 days)
olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg	4	QL(90 EA per 90 days)
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg	1	QL(180 EA per 90 days)
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg	1	QL(90 EA per 90 days)
pentoxifylline er	2	
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg	2	QL(180 EA per 90 days)
quinapril/hydrochlorothiazide tablet 25mg; 20mg	2	QL(90 EA per 90 days)
ranolazine er	4	
spironolactone/hydrochlorothiazide	2	
TELMISARTAN/AMLODIPINE TABLET 5MG; 40MG	1	QL(180 EA per 90 days)
TELMISARTAN/AMLODIPINE TABLET 10MG; 40MG, 10MG; 80MG, 5MG; 80MG	1	QL(90 EA per 90 days)
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg	1	QL(180 EA per 90 days)
telmisartan/hydrochlorothiazide tablet 25mg; 80mg	1	QL(90 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG	4	QL(120 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 1MG; 240MG, 2MG; 240MG, 4MG; 240MG	4	QL(90 EA per 90 days)
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tablet	1	

Drug Name	Drug Tier	Requirements/Limits
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg	1	QL(180 EA per 90 days)
valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg	1	QL(90 EA per 90 days)
VYNDAMAX	5	QL(31 EA per 31 days); PA
Diuretics, Loop		
bumetanide tablet	3	
bumetanide injection	4	
ethacrynic acid tablet	4	
furosemide tablet	1	
furosemide injection	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	2	
furosemide oral solution 10mg/ml	2	
torsemide tablet	2	
Diuretics, Potassium-sparing		
amiloride hcl tablet	3	
eplerenone	3	
spironolactone tablet	1	
triamterene capsule	4	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	2	
metolazone	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	3	QL(90 EA per 90 days)
fenofibrate capsule 130mg, 43mg	3	QL(90 EA per 90 days)
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	2	QL(90 EA per 90 days)
fenofibric acid dr capsule delayed release 45mg	3	QL(270 EA per 90 days)
fenofibric acid dr capsule delayed release 135mg	3	QL(90 EA per 90 days)
gemfibrozil tablet	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 40mg	1	QL(180 EA per 90 days)
atorvastatin calcium tablet 20mg	1	QL(360 EA per 90 days)
atorvastatin calcium tablet 10mg	1	QL(720 EA per 90 days)
atorvastatin calcium tablet 80mg	1	QL(90 EA per 90 days)
EZALLOR SPRINKLE	4	QL(90 EA per 90 days)
fluvastatin sodium er	1	QL(90 EA per 90 days)
fluvastatin capsule 40mg	1	QL(180 EA per 90 days)
fluvastatin capsule 20mg	1	QL(360 EA per 90 days)
LIVALO TABLET 2MG	3	QL(180 EA per 90 days)
LIVALO TABLET 1MG	3	QL(360 EA per 90 days)
LIVALO TABLET 4MG	3	QL(90 EA per 90 days)
lovastatin tablet 40mg	1	QL(180 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
lovastatin tablet 10mg, 20mg	1	QL(360 EA per 90 days)
pitavastatin calcium tablet 2mg	1	QL(180 EA per 90 days)
pitavastatin calcium tablet 1mg	1	QL(360 EA per 90 days)
pitavastatin calcium tablet 4mg	1	QL(90 EA per 90 days)
pravastatin sodium tablet 40mg	1	QL(180 EA per 90 days)
pravastatin sodium tablet 10mg, 20mg	1	QL(360 EA per 90 days)
pravastatin sodium tablet 80mg	1	QL(90 EA per 90 days)
rosuvastatin calcium tablet 20mg	1	QL(180 EA per 90 days)
rosuvastatin calcium tablet 10mg, 5mg	1	QL(360 EA per 90 days)
rosuvastatin calcium tablet 40mg	1	QL(90 EA per 90 days)
simvastatin tablet 40mg	1	QL(180 EA per 90 days)
simvastatin tablet 10mg, 20mg, 5mg	1	QL(360 EA per 90 days)
simvastatin tablet 80mg	1	QL(90 EA per 90 days)
Dyslipidemics, Other		
cholestyramine light	3	
cholestyramine packet, powder	3	
colesevelam hydrochloride	3	
colestipol hcl tablet	3	
colestipol hcl granules, packet	4	
ezetimibe	2	QL(90 EA per 90 days)
ezetimibe/simvastatin	2	QL(90 EA per 90 days)
icosapent ethyl	4	
niacin er	3	
NIACIN TABLET 500MG	2	
omega-3-acid ethyl esters	3	QL(360 EA per 90 days)
prevalite	3	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tablet	3	
isosorbide mononitrate	1	
isosorbide mononitrate er	2	
NITRO-BID	3	
nitroglycerin transdermal	2	
nitroglycerin solution 0.4mg/spray	4	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	3	
VERQUVO TABLET 10MG	4	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG, 5MG	4	QL(60 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
hydralazine hcl tablet 10mg	2	
hydralazine hydrochloride tablet 100mg, 25mg, 50mg	2	
minoxidil tablet	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg	4	QL(180 EA per 90 days); 10MG ER Oral Capsule

Drug Name	Drug Tier	Requirements/Limits
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	4	QL(180 EA per 90 days); 15MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	4	QL(180 EA per 90 days); 20MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	4	QL(180 EA per 90 days); 25MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	4	QL(180 EA per 90 days); 30MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	4	QL(180 EA per 90 days); 5MG ER Oral Capsule
amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL(180 EA per 90 days); 30MG Oral Tablet
amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg	3	QL(270 EA per 90 days); 20MG Oral Tablet
amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg	3	QL(360 EA per 90 days); 10MG Oral Tablet
amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg	3	QL(360 EA per 90 days); 12.5MG Oral Tablet
amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg	3	QL(360 EA per 90 days); 15MG Oral Tablet
amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg	3	QL(360 EA per 90 days); 5MG Oral Tablet
amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg	3	QL(360 EA per 90 days); 7.5MG Oral Tablet
dextroamphetamine sulfate tablet 10mg, 5mg	3	QL(540 EA per 90 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride capsule 10mg, 25mg	4	QL(180 EA per 90 days)
atomoxetine capsule 18mg, 40mg, 60mg	4	QL(180 EA per 90 days)
atomoxetine capsule 100mg, 80mg	4	QL(90 EA per 90 days)
guanfacine hydrochloride er	2	
methylphenidate hydrochloride cd capsule extended release 30mg	2	QL(180 EA per 90 days)
methylphenidate hydrochloride cd capsule extended release 10mg, 20mg	2	QL(270 EA per 90 days)
methylphenidate hydrochloride cd capsule extended release 50mg, 60mg	2	QL(90 EA per 90 days)
methylphenidate hydrochloride er capsule extended release 40mg	2	QL(90 EA per 90 days)
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG	4	QL(180 EA per 90 days)
methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg	4	QL(180 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hydrochloride er tablet extended release 10mg	4	QL(270 EA per 90 days)
methylphenidate hydrochloride er tablet extended release 20mg	4	QL(450 EA per 90 days)
methylphenidate hydrochloride tablet	3	QL(270 EA per 90 days)
methylphenidate hydrochloride solution 10mg/5ml	4	QL(2700 ML per 90 days)
methylphenidate hydrochloride solution 5mg/5ml	4	QL(5400 ML per 90 days)
Central Nervous System, Other		
DAYBUE	5	QL(3720 ML per 31 days); PA
FIRDAPSE	5	PA
NUEDEXTA	5	QL(180 EA per 90 days); PA
RADICAVA ORS	5	QL(70 ML per 28 days); PA
RADICAVA ORS STARTER KIT	5	QL(70 ML per 28 days); PA
riluzole	3	
tetrabenazine tablet 25mg	4	QL(124 EA per 31 days); PA
tetrabenazine tablet 12.5mg	4	QL(248 EA per 31 days); PA
VEOZAH	4	QL(90 EA per 90 days); PA
Fibromyalgia Agents		
SAVELLA	3	QL(180 EA per 90 days); PA
SAVELLA TITRATION PACK	3	QL(165 EA per 84 days); PA
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(14 EA per 28 days); PA
dalfampridine er	3	QL(62 EA per 31 days)
dimethyl fumarate	3	QL(62 EA per 31 days); PA
dimethyl fumarate starterpack	5	QL(62 EA per 31 days); PA
fingolimod hydrochloride	5	QL(31 EA per 31 days); PA
glatiramer acetate injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatiramer acetate injection 20mg/ml	5	QL(31 ML per 31 days); PA
glatopa injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatopa injection 20mg/ml	5	QL(31 ML per 31 days); PA
teriflunomide tablet 14mg	4	QL(31 EA per 31 days); PA
teriflunomide tablet 7mg	4	QL(62 EA per 31 days); PA
VUMERITY	5	QL(124 EA per 31 days); ST
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hydrochloride	4	
chlorhexidine gluconate solution	2	
clinpro 5000	4	
dentagel	4	
doxycycline hyclate tablet 20mg	3	
fluoridex daily defense paste	4	
fluoridex enhanced whitening	4	

Drug Name	Drug Tier	Requirements/Limits
fluorimax 5000	4	
just right 5000 paste	4	
kourzeq	3	
lidocaine hydrochloride viscous	2	
oralone dental paste	3	
periogard	2	
pilocarpine hydrochloride	4	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT FLUORIDE	4	
sf	2	
sodium fluoride 5000 ppm dry mouth	2	
sodium fluoride 5000 ppm paste	2	
sodium fluoride gel	2	
triamcinolone acetonide dental paste	3	
Dermatological Agents		
Acne and Rosacea Agents		
accutane	4	PA
acitretin	4	PA
adapalene gel 0.1%	3	
adapalene cream	4	
amnesteem	4	PA
azelaic acid	4	QL(150 GM per 90 days)
claravis	4	PA
clindamycin/benzoyl peroxide	3	
erythromycin/benzoyl peroxide	4	
isotretinoin capsule	4	PA
metronidazole cream 0.75%	3	
metronidazole gel 0.75%, 1%	4	
metronidazole lotion 0.75%	4	
myorisan	4	PA
tazarotene cream, gel	4	QL(180 GM per 90 days); PA
TAZORAC CREAM 0.05%	4	QL(180 GM per 90 days); PA
tretinoin cream 0.025%, 0.05%, 0.1%	4	QL(45 GM per 30 days); PA
tretinoin gel 0.01%, 0.025%, 0.05%	4	QL(45 GM per 30 days); PA
zenatane	4	PA
Dermatitis and Pruitus Agents		
ala-cort cream 2.5%	2	QL(90 GM per 90 days)
alclometasone dipropionate	3	
AMCINONIDE	4	
ammonium lactate cream, lotion	3	
APEXICON E	4	

Drug Name	Drug Tier	Requirements/Limits
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	4	
betamethasone dipropionate augmented cream	3	
betamethasone dipropionate augmented lotion, ointment	4	
betamethasone dipropionate cream, lotion	3	
betamethasone dipropionate ointment	4	
betamethasone valerate cream, lotion, ointment	3	
clobetasol propionate e	4	QL(180 GM per 90 days)
clobetasol propionate emollient foam	4	QL(300 GM per 90 days)
clobetasol propionate solution	3	QL(150 ML per 90 days)
clobetasol propionate cream, ointment	3	QL(180 GM per 90 days)
clobetasol propionate gel	4	QL(180 GM per 90 days)
clobetasol propionate foam	4	QL(300 GM per 90 days)
clobetasol propionate shampoo	4	QL(354 ML per 90 days)
clobetasol propionate liquid	4	QL(375 ML per 90 days)
clodan	4	QL(354 ML per 90 days)
desonide cream, ointment	4	QL(180 GM per 90 days)
desonide lotion	4	QL(354 ML per 90 days)
desoximetasone cream, gel, ointment	4	
diflorasone diacetate ointment	4	
fluocinolone acetonide body	4	
fluocinolone acetonide scalp	4	
fluocinolone acetonide topical	4	
fluocinolone acetonide cream 0.01%, 0.025%	4	QL(360 GM per 90 days)
fluocinolone acetonide ointment 0.025%	4	QL(360 GM per 90 days)
fluocinolone acetonide solution 0.01%	4	QL(360 ML per 90 days)
fluocinonide emulsified base	3	QL(360 GM per 90 days)
fluocinonide cream 0.05%	3	QL(360 GM per 90 days)
fluocinonide solution	3	QL(180 ML per 90 days)
fluocinonide gel, ointment	4	QL(180 GM per 90 days)
fluticasone propionate cream 0.05%	3	
fluticasone propionate ointment 0.005%	3	
halobetasol propionate cream, ointment	4	QL(150 GM per 90 days)
hydrocortisone butyrate ointment	4	
hydrocortisone valerate	4	QL(180 GM per 90 days)
hydrocortisone cream 2.5%	2	QL(90 GM per 90 days)
HYDROCORTISONE LOTION 2.5%	2	QL(354 ML per 90 days)
hydrocortisone ointment 1%, 2.5%	2	QL(90 GM per 90 days)
mometasone furoate cream 0.1%	2	
mometasone furoate ointment 0.1%	2	
mometasone furoate solution 0.1%	2	
pimecrolimus	4	
PREDNICARBATE OINTMENT	3	
selenium sulfide	2	
tacrolimus ointment 0.03%, 0.1%	4	QL(300 GM per 90 days)

Drug Name	Drug Tier	Requirements/Limits
tovet	4	QL(300 GM per 90 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	2	
triamcinolone acetonide lotion 0.025%, 0.1%	3	
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	2	
triderm	2	
tritocin	2	
Dermatological Agents, Other		
CALCIPOTRIENE SOLUTION	4	QL(180 ML per 90 days); PA
calcipotriene ointment	3	QL(360 GM per 90 days); PA
calcipotriene cream	4	QL(360 GM per 90 days); PA
CALCITRIOL OINTMENT 3MCG/GM	4	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTION	4	QL(90 ML per 90 days)
clotrimazole/betamethasone dipropionate cream	3	QL(135 GM per 90 days)
FILSUVEZ	5	QL(725.4 GM per 31 days); PA
fluorouracil cream 5%	4	QL(120 GM per 90 days)
FLUOROURACIL SOLUTION 2%	3	QL(30 ML per 90 days)
fluorouracil solution 5%	3	QL(10 ML per 30 days)
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1%; 1%	4	
imiquimod cream 5%	3	QL(72 EA per 90 days)
METHOXSALEN CAPSULE	5	
nystatin/triamcinolone	3	
nystatin/triamcinolone acetonide ointment	3	
OTEZLA TABLET 20MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION	4	
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days); PA
SANTYL	4	
silver sulfadiazine	3	
ssd	3	
Pediculicides/Scabicides		
CROTAN	4	
malathion	4	
permethrin cream	3	
Topical Anti-infectives		
acyclovir ointment 5%	4	QL(90 GM per 90 days)
ciclodan solution	2	QL(19.8 ML per 90 days)
ciclopirox nail lacquer	2	QL(19.8 ML per 90 days)
ciclopirox olamine	3	QL(270 GM per 90 days)
ciclopirox suspension	3	QL(180 ML per 90 days)
ciclopirox gel	3	QL(300 GM per 90 days)
ciclopirox shampoo	3	QL(360 ML per 90 days)
clindamycin phosphate gel 1%	3	QL(180 GM per 90 days)
clindamycin phosphate gel 1%	3	QL(180 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate lotion 1%	3	QL(180 ML per 90 days)
clindamycin phosphate external solution 1%	3	QL(180 ML per 90 days)
ERY	3	
erythromycin gel 2%	2	QL(180 GM per 90 days)
erythromycin solution 2%	2	QL(180 ML per 90 days)
mupirocin ointment	2	QL(90 GM per 90 days)
mupirocin cream	4	QL(90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	5	
dextrose 10%	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
dextrose 5%	4	
dextrose 5%/sodium chloride 0.2%	4	
dextrose 5%/sodium chloride 0.3%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	4	
dextrose 5%/sodium chloride 0.45%	4	
dextrose 5%/sodium chloride 0.9%	4	
dextrose 50%	4	
dextrose 70%	4	
dextrose/sodium chloride	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%	4	
kcl 0.15%/d5w/nacl 0.2%	4	
kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%	4	
kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%	4	
kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
klor-con 10	2	
klor-con 8	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
magnesium sulfate injection 50%	4	
multiple electrolytes injection type 1	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
plenamine	4	B/D
potassium chloride er	2	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%	4	
potassium chloride/dextrose injection 5%; 20meq/l	4	
potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%	4	
potassium chloride packet	3	
potassium chloride oral solution	4	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
potassium citrate er	3	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	
PROSOL	4	B/D
sodium chloride 0.45% injection	4	
sodium chloride injection 0.9%, 3%, 5%	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
deferasirox tablet	3	PA
deferasirox tablet soluble 125mg	4	PA
deferasirox tablet soluble 250mg, 500mg	5	PA
penicillamine tablet	5	
sodium polystyrene sulfonate	3	
tolvaptan	5	PA
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	PA
trientine hydrochloride capsule 250mg	5	PA

Drug Name	Drug Tier	Requirements/Limits
XPHOZAH	5	QL(62 EA per 31 days); PA
Phosphate Binders		
AURYXIA	5	PA
calcium acetate capsule	3	
calcium acetate tablet 667mg	3	
FOSRENOL PACKET	4	
lanthanum carbonate	5	
PHOSLYRA	4	
sevelamer carbonate packet	4	
sevelamer carbonate tablet	4	QL(1620 EA per 90 days)
sevelamer hydrochloride	4	
Potassium Binders		
sps	3	
VELTASSA PACKET 8.4GM	4	QL(270 EA per 90 days)
VELTASSA PACKET 16.8GM, 25.2GM	4	QL(90 EA per 90 days)
Vitamins		
WESTAB PLUS	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	2	
enulose	2	
generlac	2	
lactulose solution 10gm/15ml	2	
LINZESS	3	QL(90 EA per 90 days)
lubiprostone	4	QL(180 EA per 90 days)
MOVANTIK TABLET 12.5MG	4	QL(180 EA per 90 days); PA
MOVANTIK TABLET 25MG	4	QL(90 EA per 90 days); PA
RELISTOR TABLET	5	QL(93 EA per 31 days); PA
RELISTOR INJECTION 8MG/0.4ML	5	QL(11.2 ML per 28 days); PA
RELISTOR INJECTION 12MG/0.6ML	5	QL(16.8 ML per 28 days); PA
TRULANCE	3	QL(90 EA per 90 days)
Anti-Diarrheal Agents		
alosetron hydrochloride	4	QL(62 EA per 31 days); PA
diphenoxylate hydrochloride/atropine sulfate	3	
DIPHENOXYLATE/ATROPINE LIQUID	4	
loperamide hcl capsule	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
dicyclomine hcl solution	3	
dicyclomine hydrochloride capsule, tablet	2	
GLYCOPYRROLATE TABLET 1.5MG	2	
glycopyrrolate tablet 1mg, 2mg	3	
methscopolamine bromide tablet	3	
Gastrointestinal Agents, Other		

Drug Name	Drug Tier	Requirements/Limits
GATTEX	5	PA
GAVILYTE-C	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK	4	
metoclopramide hcl solution	2	
metoclopramide hcl tablet 5mg	2	
metoclopramide hydrochloride tablet 10mg	2	
MYALEPT	5	PA
nitroglycerin ointment 0.4%	4	QL(90 GM per 90 days)
peg-3350/electrolytes	2	
peg-3350/nacl/na bicarbonate/kcl	2	
RECTIV	4	QL(90 GM per 90 days)
sodium sulfate/potassium sulfate/magnesium sulfate	4	
ursodiol capsule 300mg	3	
ursodiol tablet	4	
XIFAXAN TABLET 550MG	5	QL(93 EA per 31 days); PA
Histamine2 (H2) Receptor Antagonists		
famotidine suspension reconstituted	4	
famotidine tablet 20mg, 40mg	2	
NIZATIDINE CAPSULE	2	
NIZATIDINE SOLUTION	4	
Protectants		
misoprostol	3	
sucralfate tablet	2	
Proton Pump Inhibitors		
lansoprazole capsule delayed release 15mg	2	QL(180 EA per 90 days)
lansoprazole capsule delayed release 30mg	2	QL(90 EA per 90 days)
omeprazole dr capsule delayed release 10mg	2	QL(180 EA per 90 days)
omeprazole capsule delayed release 20mg, 40mg	2	QL(180 EA per 90 days)
pantoprazole sodium tablet delayed release	1	QL(180 EA per 90 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine anhydrous	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	

Drug Name	Drug Tier	Requirements/Limits
cromolyn sodium concentrate 100mg/5ml	4	
CYSTAGON	4	
ENDARI	5	QL(180 EA per 30 days); PA
l-glutamine	5	QL(180 EA per 30 days); PA
miglustat	5	PA
nitisinone	5	PA
OPFOLDA	4	QL(24 EA per 90 days); PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	5	ST
PYRUKYND	5	QL(56 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(14 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(7 EA per 28 days); PA
RAVICTI	5	PA
REVCOVI	5	PA
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate powder, tablet	5	
TEGSEDI	5	PA
VIJOICE TABLET THERAPY PACK 125MG, 50MG	5	QL(28 EA per 28 days); PA
VIJOICE TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA
VYNDAQEL	5	QL(124 EA per 31 days); PA
yargesa	5	PA
ZEMAIRA	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
fesoterodine fumarate er	3	QL(90 EA per 90 days)
flavoxate hcl	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
oxybutynin chloride er	3	QL(180 EA per 90 days)
oxybutynin chloride solution	2	

Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride tablet 5mg	2	
solifenacin succinate tablet 5mg	4	QL(180 EA per 90 days)
solifenacin succinate tablet 10mg	4	QL(90 EA per 90 days)
tolterodine tartrate	4	QL(180 EA per 90 days)
tolterodine tartrate er	4	QL(90 EA per 90 days)
trospium chloride	4	
trospium chloride er	2	QL(90 EA per 90 days)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	QL(90 EA per 90 days)
dutasteride capsule	3	QL(90 EA per 90 days)
finasteride tablet	2	QL(90 EA per 90 days)
tadalafil tablet 2.5mg	3	QL(180 EA per 90 days); PA
tadalafil tablet 5mg	3	QL(90 EA per 90 days); PA
tamsulosin hydrochloride	2	QL(180 EA per 90 days)
Genitourinary Agents, Other		
bethanechol chloride tablet	3	
ELMIRON	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml	2	
DEXAMETHASONE SOLUTION	2	
dexamethasone elixir	2	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tablet	2	
HEMADY	3	PA
hydrocortisone tablet 10mg, 20mg, 5mg	3	
methylprednisolone acetate injection 40mg/ml, 80mg/ml	4	
methylprednisolone dose pack tablet therapy pack	2	
methylprednisolone sodium succinate	4	
methylprednisolone sodiumsuccinate injection 40mg	4	
methylprednisolone tablet	2	
prednisolone sodium phosphate oral solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	2	
prednisolone solution	2	
PREDNISONE INTENSOL	2	
PREDNISONE SOLUTION	2	
prednisone tablet therapy pack	2	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	2	
triamcinolone acetonide injection 40mg/ml	4	

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate tablet	3	
desmopressin acetate injection	4	
desmopressin acetate nasal solution 0.01%	4	
EGRIFTA SV	5	
HUMATROPE INJECTION 12MG, 24MG	5	PA
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
SEROSTIM	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol capsule	3	
METHITEST	5	
testosterone cypionate injection 100mg/ml, 200mg/ml	3	
TESTOSTERONE ENANTHATE INJECTION	3	
testosterone pump gel 1.62%	4	QL(450 GM per 90 days); PA
testosterone gel 20.25mg/1.25gm	4	QL(225 GM per 90 days); PA
testosterone gel 40.5mg/2.5gm	4	QL(450 GM per 90 days); PA
testosterone gel 25mg/2.5gm	4	QL(900 GM per 90 days); PA
Estrogens		
amabelz	3	
amethia	2	QL(91 EA per 91 days)
apri	2	
ashlyna	2	QL(91 EA per 91 days)
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
camrese	2	QL(91 EA per 91 days)
camrese lo	3	QL(91 EA per 91 days)
cyred eq	2	
daysee	2	QL(91 EA per 91 days)
DEPO-ESTRADIOL INJECTION 5MG/ML	3	
desogestrel/ethinyl estradiol tablet 0.15mg; 30mcg	2	
drospirenone/ethinyl estradiol tablet 3mg; 0.02mg	2	
eluryng	4	QL(3 EA per 84 days)
emoquette	2	
enilloring	4	QL(3 EA per 84 days)
enskyce	2	

Drug Name	Drug Tier	Requirements/Limits
estarylla	2	
estradiol valerate injection 10mg/ml, 20mg/ml	3	
estradiol/norethindrone acetate	3	
estradiol oral tablet	3	
estradiol cream, vaginal tablet	4	
ESTRING	4	QL(1 EA per 90 days)
ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg	4	
etonogestrel/ethinyl estradiol	4	QL(3 EA per 84 days)
FEMRING	4	QL(1 EA per 90 days)
femynor	2	
fyavolv	3	
hailey fe 1.5/30	2	
hailey fe 1/20	2	
haloette	4	QL(3 EA per 84 days)
isibloom	2	
jaimiess	2	QL(91 EA per 91 days)
jasmiel	2	
jinteli	3	
juleber	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
kalliga	2	
kelnor 1/50	4	
larin fe 1.5/30	2	
larin fe 1/20	2	
levonorgestrel and ethinyl estradiol tablet 0; 0	3	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0; 0	2	QL(91 EA per 91 days)
lo-zumandimine	2	
lojaimiess	3	QL(91 EA per 91 days)
loryna	2	
MENEST TABLET 1.25MG, 2.5MG	4	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mimvey	3	
mono-linyah	2	
nikki	2	
norelgestromin/ethinyl estradiol	4	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg	2	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg	3	
norgestimate/ethinyl estradiol	2	
nymyo	2	

Drug Name	Drug Tier	Requirements/Limits
PREFEST	4	
PREMARIN CREAM	4	
previfem	2	
reclipsen	2	
simpesse	2	QL(91 EA per 91 days)
sprintec 28	2	
tarina fe 1/20 eq	2	
tri femynor	2	
tri-estarylla	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-nymyo	2	
tri-previfem	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
VELIVET	2	
vestura	2	
vylibra	2	
xulane	4	
yuvafem	4	
zafemy	4	
Progestins		
camila	3	
deblitane	3	
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
errin	3	
heather	3	
incassia	3	
lyleq	3	
lyza	3	
medroxyprogesterone acetate tablet	2	
medroxyprogesterone acetate injection	3	
megestrol acetate tablet	3	
MEGESTROL ACETATE SUSPENSION 625MG/5ML	4	
megestrol acetate suspension 40mg/ml	4	
nora-be	3	
norethindrone acetate tablet	2	
norethindrone tablet	3	
progesterone capsule	3	

Drug Name	Drug Tier	Requirements/Limits
sharobel	3	
Selective Estrogen Receptor Modifying Agents		
CLOMID	2	PA
CLOMIPHENE CITRATE TABLET	2	PA
DUAVEE	4	
raloxifene hydrochloride	3	QL(90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
levo-t	1	
levothyroxine sodium tablet	1	
levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	3	
liothyronine sodium tablet	3	
NP THYROID 120	2	
NP THYROID 15	2	
NP THYROID 30	2	
NP THYROID 60	2	
NP THYROID 90	2	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
unithroid	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	3	
RECORLEV	5	QL(248 EA per 31 days); PA
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	3	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
lanreotide acetate	5	PA
leuprolide acetate injection 22.5mg	4	PA
leuprolide acetate injection 1mg/0.2ml	5	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 15MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA
octreotide acetate injection 1000mcg/ml, 500mcg/ml	5	PA
ORGOVYX	5	QL(30 EA per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet	3	
Immunological Agents		
Angioedema Agents		
HAEGARDA	5	PA
icatibant acetate	5	QL(279 ML per 31 days); PA
sajazir	5	QL(279 ML per 31 days); PA
Immunoglobulins		
FLEBOGAMMA DIF INJECTION 20GM/200ML, 5GM/50ML	5	B/D
GAMMAGARD LIQUID	5	B/D
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HYPERHEP B	4	
NABI-HB INJECTION 312UNIT/ML	4	
PRIVIGEN	5	B/D
SYNAGIS INJECTION 100MG/ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	
Immunological Agents, Other		
ARCALYST	5	PA
BENLYSTA	5	PA
BEVESPI AEROSPHERE	3	QL(32.1 GM per 90 days)
COSENTYX SENSOREADY PEN	5	QL(8 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(8 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(4 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
JOENJA	5	QL(60 EA per 30 days); PA
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
MOUNJARO	3	QL(2 ML per 28 days); PA
NEXLETOL	4	QL(90 EA per 90 days); PA

Drug Name	Drug Tier	Requirements/Limits
NEXLIZET	4	QL(90 EA per 90 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
RIDAURA	5	
RINVOQ LQ	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(31 EA per 31 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(93 EA per 31 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 ML per 28 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(720 ML per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 10MG	5	QL(62 EA per 31 days); PA
XOLAIR	5	PA
ZILBRYSQ INJECTION 16.6MG/0.416ML	5	QL(12.48 ML per 30 days); PA
ZILBRYSQ INJECTION 23MG/0.574ML	5	QL(17.22 ML per 30 days); PA
ZILBRYSQ INJECTION 32.4MG/0.81ML	5	QL(24.3 ML per 30 days); PA
Immunostimulants		
ACTIMMUNE	5	PA
INTRON A INJECTION 10000000UNIT, 18000000UNIT, 50000000UNIT	5	
PEGASYS INJECTION 180MCG/0.5ML	5	QL(4 ML per 28 days)
Immunosuppressants		
ASTAGRAF XL	4	B/D
azathioprine tablet	2	B/D
cyclosporine modified	3	B/D
cyclosporine capsule	3	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
everolimus tablet 0.25mg	4	B/D
everolimus tablet 0.5mg, 0.75mg, 1mg	5	B/D
gengraf capsule 100mg, 25mg	4	B/D
gengraf solution	4	B/D

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 28 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(3 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HYFTOR	5	PA
JYLAMVO	4	
leflunomide	2	QL(90 EA per 90 days)
methotrexate sodium tablet	1	
METHOTREXATE SODIUM INJECTION 250MG/10ML	2	
methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml	2	
methotrexate injection 50mg/2ml	2	
mycophenolate mofetil capsule, tablet	3	B/D
mycophenolate mofetil suspension reconstituted	5	B/D
mycophenolic acid dr	4	B/D
OTREXUP INJECTION 12.5MG/0.4ML, 17.5MG/0.4ML, 22.5MG/0.4ML	4	
PROGRAF PACKET	4	B/D
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
REZUROCK	5	QL(31 EA per 31 days); PA
sirolimus solution, tablet	4	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	3	B/D
XATMEP	4	

Drug Name	Drug Tier	Requirements/Limits
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX	3	QL(2 EA per 999 days)
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	4	
mesalamine dr capsule delayed release	3	
mesalamine dr tablet delayed release	4	
mesalamine er	4	
mesalamine suppository	3	
mesalamine kit	4	
mesalamine enema	4	QL(5400 ML per 90 days)
sulfasalazine tablet, tablet delayed release	2	
Glucocorticoids		
budesonide er	4	
budesonide capsule delayed release particles 3mg	4	
hydrocortisone cream 2.5%	2	QL(90 GM per 90 days)
hydrocortisone enema 100mg/60ml	4	
procto-med hc	2	QL(90 GM per 90 days)
proctosol hc	2	QL(90 GM per 90 days)
proctozone-hc	2	QL(90 GM per 90 days)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium solution	2	
alendronate sodium tablet 35mg, 70mg	1	QL(12 EA per 84 days)
alendronate sodium tablet 10mg	1	QL(90 EA per 90 days)
calcitonin-salmon solution	3	
calcitriol capsule 0.25mcg, 0.5mcg	2	
calcitriol solution 1mcg/ml	4	
cinacalcet hydrochloride tablet 90mg	4	QL(124 EA per 31 days)
cinacalcet hydrochloride tablet 30mg	4	QL(360 EA per 90 days)
cinacalcet hydrochloride tablet 60mg	4	QL(62 EA per 31 days)
FORTEO INJECTION 600MCG/2.4ML	5	QL(3 ML per 28 days); PA
FOSAMAX PLUS D	4	QL(12 EA per 84 days)
ibandronate sodium tablet	2	QL(3 EA per 84 days)

Drug Name	Drug Tier	Requirements/Limits
NATPARA	5	PA
paricalcitol capsule	3	
PROLIA	4	QL(1 ML per 180 days); PA
risedronate sodium tablet 35mg	3	QL(12 EA per 84 days)
risedronate sodium tablet 150mg	3	QL(3 EA per 84 days)
risedronate sodium tablet 30mg, 5mg	3	QL(90 EA per 90 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	5	QL(2.48 ML per 28 days); PA
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJECTION 4MG/100ML	1	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
acetylcysteine injection 200mg/ml	2	
ALCOHOL PREP PADS	2	
AUGTYRO CAPSULE 40MG	5	QL(248 EA per 31 days); PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	
CEQUR SIMPLICITY 2U	3	
CEQUR SIMPLICITY INSERTER	3	
CURITY GAUZE PADS 2"X2" 12 PLY	2	
DOJOLVI	5	PA
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	
FILSPARI	5	QL(31 EA per 31 days); PA
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
LAGEVRIO	3	QL(40 EA per 180 days)
levocarnitine tablet	3	
levocarnitine solution	4	
NOVOPEN ECHO	2	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 PLUS G6	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID	3	QL(30 EA per 180 days); $0 Copay
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SKYCLARYS	5	QL(93 EA per 31 days); PA
sodium chloride 0.9%	3	
TYRVAYA	4	QL(8.4 ML per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	3	
bacitracin/polymyxin b	2	
COMBIGAN	3	
CYSTARAN	5	PA
dorzolamide hcl/timolol maleate	2	
dorzolamide hydrochloride/timolol maleate pf	4	
neo-polycin	3	
neo-polycin hc	3	
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/bacitracin/hydrocortisone	3	
neomycin/polymyxin/dexamethasone	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	3	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
polycin	2	
polymyxin b sulfate/trimethoprim sulfate	2	
RESTASIS	3	QL(180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL(180 ML per 90 days)
ROCKLATAN	3	
SIMBRINZA	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
tobramycin/dexamethasone	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl ophthalmic solution 0.05%	3	
CROMOLYN SODIUM SOLUTION 4%	2	
epinastine hcl	3	
olopatadine hcl ophthalmic solution 0.1%	3	
olopatadine hydrochloride solution 0.2%	3	
Ophthalmic Anti-Infectives		

Drug Name	Drug Tier	Requirements/Limits
AZASITE	4	
BACITRACIN	4	
BESIVANCE	4	
ciprofloxacin hydrochloride solution 0.3%	1	
erythromycin ointment 5mg/gm	2	
gatifloxacin	4	QL(5 ML per 30 days)
GENTAK OINTMENT	2	
gentamicin sulfate ophthalmic solution 0.3%	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%, 1.5%	3	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	3	
moxifloxacin hydrochloride solution 0.5%	3	
NATACYN	4	
ofloxacin ophthalmic solution 0.3%	2	
SULFACETAMIDE SODIUM OINTMENT 10%	3	
sulfacetamide sodium solution 10%	2	QL(30 ML per 30 days)
tobramycin solution 0.3%	2	
TRIFLURIDINE	3	
XDEMVY	5	QL(10 ML per 31 days); PA
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%	2	
diclofenac sodium solution 0.1%	2	
difluprednate	3	
fluorometholone	3	
FLURBIPROFEN SODIUM	2	
FML FORTE	4	
ILEVRO	4	
ketorolac tromethamine	2	
loteprednol etabonate suspension 0.5%	4	
NEVANAC	4	
prednisolone acetate	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
BETAXOLOL HCL SOLUTION 0.5%	3	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
timolol maleate ophthalmic gel forming	4	
timolol maleate solution 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er	4	
acetazolamide tablet 125mg	3	

Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P SOLUTION 0.1%	3	
APRACLONIDINE	3	
brimonidine tartrate solution 0.2%	2	
brimonidine tartrate solution 0.1%	3	
brimonidine tartrate solution 0.15%	4	
brinzolamide	4	
dorzolamide hydrochloride	2	
IOPIDINE SOLUTION 1%	4	
methazolamide tablet	4	
pilocarpine hcl solution 1%, 2%, 4%	3	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost	4	
latanoprost solution	2	
LUMIGAN	3	
travoprost	3	
ZIOPTAN	3	
Otic Agents		
Otic Agents		
acetic acid	2	
CIPRO HC	4	
CIPROFLOXACIN	4	
ciprofloxacin/dexamethasone	4	
flac	4	
fluocinolone acetonide oil 0.01%	4	
hydrocortisone/acetic acid	4	
neomycin/polymyxin/hc	3	
neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml	3	
neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	4	
ofloxacin otic solution 0.3%	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	3	B/D
FLOVENT DISKUS	3	QL(360 EA per 90 days)
FLOVENT HFA	3	QL(72 GM per 90 days)
flunisolide solution 0.025%	3	QL(225 ML per 90 days)
FLUTICASONE PROPIONATE DISKUS	3	QL(360 EA per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL(64 GM per 90 days)

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)
fluticasone propionate suspension 50mcg/act	2	QL(48 GM per 90 days)
mometasone furoate suspension 50mcg/act	3	QL(102 GM per 90 days)
OMNARIS	4	ST
Antihistamines		
azelastine hcl nasal solution 0.15%	3	
azelastine hydrochloride solution 0.1%	3	
cetirizine hydrochloride solution 5mg/5ml	2	QL(900 ML per 90 days)
cyproheptadine hcl syrup	3	
cyproheptadine hydrochloride tablet	3	
desloratadine	3	QL(90 EA per 90 days)
diphenhydramine hcl injection 50mg/ml	3	
hydroxyzine hcl tablet 50mg	3	
hydroxyzine hydrochloride syrup	3	
hydroxyzine hydrochloride tablet 10mg, 25mg	3	
hydroxyzine pamoate capsule 25mg, 50mg	3	
levocetirizine dihydrochloride tablet	2	QL(90 EA per 90 days)
olopatadine hcl nasal solution 0.6%	4	QL(91.5 GM per 90 days)
Antileukotrienes		
montelukast sodium tablet chewable, packet, tablet	2	QL(90 EA per 90 days)
zafirlukast	4	QL(180 EA per 90 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	
ipratropium bromide inhalation solution	2	B/D
ipratropium bromide nasal solution 0.06%	2	QL(135 ML per 90 days)
ipratropium bromide nasal solution 0.03%	2	QL(90 ML per 90 days)
SPIRIVA HANDIHALER	3	QL(90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
tiotropium bromide	3	QL(90 EA per 90 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108mcg/act	3	QL(102 GM per 90 days); 8.5 GM INHALER
albuterol sulfate hfa aerosol solution 108mcg/act	3	QL(81 GM per 90 days); 6.7 GM INHALER
albuterol sulfate syrup	2	
albuterol sulfate nebulization solution	2	B/D
albuterol sulfate tablet	4	
arformoterol tartrate	3	QL(360 ML per 90 days); B/D
EPINEPHRINE INJECTION 0.3MG/0.3ML	3	QL(6 EA per 90 days)
epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml	3	QL(6 EA per 90 days)
levalbuterol hcl nebulization solution	4	B/D
levalbuterol hydrochloride nebulization solution 0.63mg/3ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
levalbuterol nebulization solution	4	B/D
SEREVENT DISKUS	3	QL(180 EA per 90 days)
SYMJEPI	3	
Cystic Fibrosis Agents		
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
tobramycin nebulization solution 300mg/4ml, 300mg/5ml	5	B/D
TRIKAFTA	5	PA
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	4	PA
theophylline er tablet extended release 24 hour	3	
theophylline er tablet extended release 12 hour 300mg	3	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(93 EA per 31 days); PA
alyq (pulmonary arterial hypertension) oral tablet 20mg	4	QL(62 EA per 31 days); PA
ambrisentan	5	QL(30 EA per 30 days); PA
bosentan tablet 62.5mg	5	QL(120 EA per 30 days); PA
bosentan tablet 125mg	5	QL(60 EA per 30 days); PA
OPSUMIT	5	QL(31 EA per 31 days); PA
sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg	3	QL(270 EA per 90 days); PA
tadalafil (pulmonary arterial hypertension) oral tablet 20mg	4	QL(62 EA per 31 days); PA
TRACLEER TABLET SOLUBLE	5	QL(120 EA per 30 days); PA
TYVASO	5	B/D
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	5	QL(112 EA per 28 days); PA
TYVASO DPI MAINTENANCE KIT POWDER 0	5	QL(224 EA per 28 days); PA; 32 MCG - 48 MCG
TYVASO DPI TITRATION KIT POWDER 0	5	QL(392 EA per 365 days); PA; 16 MCG - 32 MCG
TYVASO DPI TITRATION KIT POWDER 0	5	QL(504 EA per 365 days); PA; 16 MCG - 32 MCG - 48 MCG
TYVASO REFILL KIT	5	B/D
TYVASO STARTER KIT	5	B/D
VENTAVIS SOLUTION 10MCG/ML	5	QL(150 ML per 30 days); B/D
VENTAVIS SOLUTION 20MCG/ML	5	QL(90 ML per 30 days); B/D
WINREVAIR	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	QL(62 EA per 31 days); PA

Drug Name	Drug Tier	Requirements/Limits
pirfenidone capsule	5	QL(279 EA per 31 days); PA
pirfenidone tablet 267mg	5	QL(279 EA per 31 days); PA
pirfenidone tablet 801mg	5	QL(93 EA per 31 days); PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10%, 20%	4	B/D
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	QL(24 GM per 90 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
fluticasone propionate/salmeterol diskus	3	QL(180 EA per 90 days)
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	3	QL(180 EA per 90 days)
ipratropium bromide/albuterol sulfate	2	B/D
NUCALA	5	PA
OTEZLA TABLET 30MG	5	QL(62 EA per 31 days); PA
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
wixela inhub	3	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tablet 10mg, 5mg	2	
cyclobenzaprine hydrochloride tablet 7.5mg	4	
methocarbamol tablet 500mg, 750mg	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
ramelteon	3	QL(90 EA per 90 days)
tasimelteon	5	QL(31 EA per 31 days); PA
temazepam capsule 15mg, 30mg, 7.5mg	3	
triazolam	3	QL(180 EA per 90 days)
zaleplon	3	QL(90 EA per 90 days)
zolpidem tartrate tablet	2	QL(90 EA per 90 days)
Wakefulness Promoting Agents		
armodafinil	3	QL(90 EA per 90 days); PA
modafinil tablet	4	QL(180 EA per 90 days); PA
SODIUM OXYBATE	5	QL(558 ML per 31 days); PA
XYREM	5	QL(558 ML per 31 days); PA

Index of Drugs

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