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Medicare Plus BlueSM Group PPO
Prescription BlueSM Group PDP

2024 Standard Enhanced 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 us, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** Customer Service, at 1-866-684-8216 or, for TTY users 711, Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.



When visiting your doctor(s), please bring your personal drug list and this 2024 Blue Cross Drug List 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 24340, Version 22

www.bcbsm.com/medicare



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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 Cross Blue Shield of Michigan. When it refers to “plan” or “our plan,” it means **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP**.

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 Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Enhanced Formulary?

A formulary is a list of covered drugs selected by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** 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. **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** 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 **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**, 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 **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 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 **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** 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 **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**, 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 70. 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?

Medicare Plus Blue Group PPO and **Prescription Blue Group PDP** cover 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:** **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** before you fill your prescriptions. If you don't get approval, **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** limit the amount of the drug that **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** will cover. For example, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** 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, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** require 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, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** 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 a document that explains 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 **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** 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 **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** Formulary?” on page iii for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** pay for certain OTC drugs. **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** will provide these OTC drugs at no cost to you. The cost to **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

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 **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** do not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**.
- You can ask **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** 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 Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary?

You can ask **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** 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, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** limit 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, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** 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, 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 5, 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 **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP**, 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.

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Standard Enhanced Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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 **Medicare Plus Blue Group PPO** or **Prescription Blue Group PDP** have any special requirements for coverage of your drug.

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Drug Tier Costs (Up to a 31-day supply)					
Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)	Long-term care (LTC) cost sharing	Out-of-network cost sharing
Tier 1	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details			
Tier 2	Generic				
Tier 3	Preferred Brand				
Tier 4	Non-Preferred Drug				
Tier 5	Specialty Tier	See your Medical or Prescription Benefits Chart for member cost-share details			

Medicare Plus Blue Group PPO and Prescription Blue Group PDP Drug Tier Costs (32- to 90-day supply*)					
Tier	Drug Description	Standard retail cost sharing (in-network)	Preferred retail cost sharing (in-network)	Standard mail-order cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
Tier 1	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details			
Tier 2	Generic				
Tier 3	Preferred Brand				
Tier 4	Non-Preferred Drug				
Tier 5	Specialty Tier	90-day supply is not available			

Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

*Most pharmacies will fill a 90-day supply of medications available on Tier 1 through Tier 4. Check with your pharmacist. Medications on Tier 5 are available for a maximum of 31 days' supply per fill.

Drug Notes Code Definitions

Symbol	Definition
B/D	This prescription 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.
EX	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
PA	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
ST	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg</i>	4	QL(270 EA per 90 days)
<i>morphine sulfate er tablet extended release 200mg</i>	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	2	QL(90 EA per 90 days)
<i>tramadol hydrochloride er</i>	2	QL(90 EA per 90 days)
Opioid Analgesics, Short-acting		
ACETAMINOPHEN/CODEINE SOLUTION	2	QL(5167 ML per 31 days)
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	2	QL(1080 EA per 90 days)
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	QL(540 EA per 90 days)
<i>butorphanol tartrate solution</i>	2	QL(15 ML per 90 days)
CODEINE SULFATE TABLET	2	QL(540 EA per 90 days)
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(1080 EA per 90 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	2	QL(5735 ML per 31 days)
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	2	QL(1080 EA per 90 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL(1080 EA per 90 days)
HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG	2	QL(450 EA per 90 days)
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	2	QL(450 EA per 90 days)
<i>hydromorphone hcl liquid, tablet</i>	2	
HYDROMORPHONE HCL INJECTION 4MG/ML	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml</i>	4	
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	4	
<i>morphine sulfate tablet</i>	2	
MORPHINE SULFATE SOLUTION 20MG/5ML	2	
<i>morphine sulfate solution 100mg/5ml, 10mg/5ml</i>	2	
NUCYNTA	4	
<i>oxycodone hydrochloride capsule, tablet</i>	2	
<i>oxycodone hydrochloride concentrate</i>	4	
<i>oxycodone hydrochloride solution</i>	4	QL(1800 ML per 30 days)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(1080 EA per 90 days)
<i>oxymorphone hydrochloride</i>	4	QL(540 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(1080 EA per 90 days)
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(720 EA per 90 days)
Anesthetics		
Local Anesthetics		
CETACAINA AEROSOL 14%; 2%; 2%	4	EX
CRYODOSE TA	4	EX
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL(270 EA per 90 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tablet</i>	2	
<i>naltrexone hcl tablet</i>	1	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	1	QL(270 EA per 90 days)
<i>buprenorphine hcl tablet sublingual</i>	1	QL(270 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL(180 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	QL(270 EA per 90 days)
Opioid Reversal Agents		
KLOXXADO	3	
<i>naloxone hcl injection 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	
OPVEE	3	QL(12 EA per 90 days)
REXTOVY	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
<i>varenicline starting month</i>	3	
<i>varenicline tartrate</i>	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	2	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	2	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate swab 1%</i>	3	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
FEM PH	2	EX
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	4	
<i>fosfomycin tromethamine</i>	4	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1680 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole capsule 375mg</i>	2	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin suspension 25mg/5ml</i>	2	
<i>polymyxin b sulfate injection</i>	4	
SILVER NITRATE SOLUTION 0.5%	4	EX
<i>tinidazole</i>	2	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(360 EA per 90 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(720 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hydrochloride oral solution reconstituted</i>	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
Beta-lactam, Cephalosporins		
CEFACLO ER TABLET EXTENDED RELEASE 12 HOUR 500MG	2	
CEFACLO CAPSULE	2	
CEFADROXIL TABLET	2	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir</i>	2	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefepime injection 1gm</i>	4	
<i>cefixime</i>	2	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAZONE SODIUM INJECTION 100GM	4	
<i>ceftriazone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAZONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	1	
<i>cephalexin tablet</i>	1	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 1GM	4	
<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	4	
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>	2	
<i>amoxicillin capsule, tablet</i>	1	
<i>amoxicillin suspension reconstituted</i>	2	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	2	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	

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<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	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	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium injection 10gm, 1gm</i>	4	
NAFCILLIN INJECTION 5%; 1GM/50ML	4	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	2	
<i>penicillin v potassium tablet</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
MEROPENEM/SODIUM CHLORIDE	3	
MEROPENEM INJECTION 2GM	3	
<i>meropenem injection 1gm, 500mg</i>	3	
Macrolides		
AZITHROMYCIN PACKET	2	
<i>azithromycin suspension reconstituted, tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	4	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	4	
<i>clarithromycin tablet</i>	2	
DIFICID SUSPENSION RECONSTITUTED	5	QL(136 ML per 10 days)
DIFICID TABLET	5	QL(20 EA per 10 days)
E.E.S. 400 TABLET	2	
<i>ery-tab tablet delayed release 250mg, 333mg</i>	4	
ERYTHROCIN STEARATE TABLET 250MG	2	
<i>erythromycin base tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCIN DR CAPSULE DELAYED RELEASE PARTICLES	2	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	2	
ERYTHROMYCIN ETHYLSUCCINATE TABLET	2	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	2	
Quinolones		
CIPROFLOXACIN HCL TABLET 100MG	2	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	2	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	
OFLOXACIN TABLET 300MG	2	
<i>ofloxacin tablet 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	2	
<i>sulfadiazine tablet</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	2	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	3	
<i>doxycycline suspension reconstituted</i>	2	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hcl tablet</i>	2	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT TABLET	5	QL(62 EA per 31 days); PA
BRIVIACT SOLUTION	5	QL(620 ML per 31 days); PA
EPIDIOLEX	5	QL(600 ML per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
EPRONTIA	4	PA
<i>felbamate</i>	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
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	5	QL(30 EA per 90 days); PA
<i>roweepra tablet 500mg</i>	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
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate capsule sprinkle, tablet</i>	2	
<i>valproic acid</i>	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		
<i>ethosuximide</i>	2	
<i>methsuximide</i>	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension</i>	4	QL(1440 ML per 90 days); PA
<i>clobazam tablet 10mg</i>	3	QL(180 EA per 90 days); PA
<i>clobazam tablet 20mg</i>	3	QL(62 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL(360 EA per 90 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	2	QL(900 EA per 90 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL(360 EA per 90 days)
<i>clonazepam tablet 2mg</i>	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	
<i>diazepam rectal gel gel 10mg, 20mg</i>	4	
<i>divalproex sodium dr tablet delayed release</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin solution</i>	2	QL(6480 ML per 90 days)
<i>gabapentin capsule</i>	2	QL(810 EA per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
LIBERVANT	4	QL(10 EA per 30 days); PA
<i>phenobarbital elixir 20mg/5ml</i>	3	QL(4500 ML per 90 days); PA
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	3	QL(360 EA per 90 days); PA
<i>pregabalin capsule 225mg, 300mg</i>	4	QL(180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	4	QL(270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	4	QL(360 EA per 90 days)
<i>pregabalin solution</i>	4	QL(2700 ML per 90 days)
PRIMIDONE TABLET 125MG	2	
<i>primidone tablet 250mg, 50mg</i>	2	
SYMPAZAN FILM 5MG	4	QL(180 EA per 90 days); PA
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); PA
<i>tiagabine hydrochloride</i>	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
<i>vigabatrin</i>	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
<i>carbamazepine er</i>	2	
<i>carbamazepine suspension, tablet</i>	2	
<i>carbamazepine tablet chewable 100mg</i>	2	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL(3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL(180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	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
<i>oxcarbazepine</i>	2	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	PA
<i>rufinamide tablet 200mg</i>	4	QL(496 EA per 31 days); PA
<i>rufinamide tablet 400mg</i>	5	QL(248 EA per 31 days); PA
ZONISADE	4	QL(2700 ML per 90 days); PA
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	3	
Cholinesterase Inhibitors		
ADLARITY	4	QL(12 EA per 84 days); PA
<i>donepezil hcl tablet disintegrating</i>	4	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 23mg</i>	4	QL(90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>galantamine hydrobromide er</i>	2	QL(90 EA per 90 days)
GALANTAMINE HYDROBROMIDE SOLUTION	2	QL(600 ML per 90 days)
<i>galantamine hydrobromide tablet</i>	2	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	2	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	2	QL(270 EA per 90 days)
<i>rivastigmine transdermal system</i>	4	QL(90 EA per 90 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	3	QL(147 EA per 84 days); PA
<i>memantine hydrochloride er</i>	4	QL(90 EA per 90 days); PA
<i>memantine hydrochloride solution</i>	2	QL(1080 ML per 90 days); PA
<i>memantine hydrochloride tablet</i>	2	QL(180 EA per 90 days); PA
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL(62 EA per 31 days); ST
<i>bupropion hcl tablet 100mg</i>	2	QL(540 EA per 90 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	QL(180 EA per 90 days)

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<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(270 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(90 EA per 90 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	QL(540 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 15mg, 30mg</i>	2	QL(180 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 45mg</i>	2	QL(90 EA per 90 days)
<i>mirtazapine tablet 15mg, 7.5mg</i>	2	QL(180 EA per 90 days)
<i>mirtazapine tablet 30mg, 45mg</i>	2	QL(90 EA per 90 days)
<i>olanzapine/fluoxetine</i>	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	2	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution</i>	2	QL(1800 ML per 90 days)
<i>citalopram hydrobromide tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>citalopram hydrobromide tablet 40mg</i>	1	QL(90 EA per 90 days)
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	4	QL(180 EA per 90 days); ST
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	4	QL(90 EA per 90 days); ST
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	3	QL(360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	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
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg</i>	2	QL(270 EA per 90 days)
<i>escitalopram oxalate solution</i>	2	QL(1800 ML per 90 days)
<i>escitalopram oxalate tablet 10mg</i>	2	QL(180 EA per 90 days)
<i>escitalopram oxalate tablet 5mg</i>	2	QL(360 EA per 90 days)

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<i>escitalopram oxalate tablet 20mg</i>	2	QL(90 EA per 90 days)
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	2	QL(12 EA per 84 days)
<i>fluoxetine hydrochloride capsule 40mg</i>	2	QL(180 EA per 90 days)
<i>fluoxetine hydrochloride capsule 20mg</i>	2	QL(360 EA per 90 days)
<i>fluoxetine hydrochloride capsule 10mg</i>	2	QL(720 EA per 90 days)
<i>fluoxetine hydrochloride solution</i>	4	QL(1800 ML per 90 days)
FLUOXETINE HYDROCHLORIDE TABLET 10MG, 20MG	4	
<i>fluoxetine hydrochloride tablet 10mg, 20mg, 60mg</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	
NEFAZODONE HYDROCHLORIDE	2	
<i>paroxetine</i>	2	
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	2	QL(180 EA per 90 days)
<i>paroxetine hcl er tablet extended release 24 hour 25mg</i>	2	QL(270 EA per 90 days)
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg</i>	2	QL(540 EA per 90 days)
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	QL(180 EA per 90 days)
<i>paroxetine hydrochloride suspension</i>	4	QL(2700 ML per 90 days)
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	QL(270 EA per 90 days)
<i>sertraline hcl concentrate</i>	2	
<i>sertraline hcl tablet 50mg</i>	1	QL(360 EA per 90 days)
<i>sertraline hydrochloride tablet 100mg</i>	1	QL(180 EA per 90 days)
<i>sertraline hydrochloride tablet 25mg</i>	1	QL(720 EA per 90 days)
<i>trazodone hydrochloride</i>	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)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL(180 EA per 90 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(270 EA per 90 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg</i>	2	QL(540 EA per 90 days)
VIIBRYD STARTER PACK	4	QL(30 EA per 30 days); ST
<i>vilazodone hydrochloride</i>	4	QL(90 EA per 90 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	2	

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution</i>	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
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
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>almotriptan tablet 12.5mg</i>	4	QL(24 EA per 90 days)
<i>almotriptan tablet 6.25mg</i>	4	QL(48 EA per 90 days)
<i>eletriptan hydrobromide tablet 40mg</i>	3	QL(18 EA per 90 days)
<i>eletriptan hydrobromide tablet 20mg</i>	3	QL(36 EA per 90 days)
<i>frovatriptan succinate</i>	4	QL(36 EA per 90 days)
<i>naratriptan hcl tablet 2.5mg</i>	2	QL(24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	2	QL(60 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL	4	
<i>sumatriptan succinate injection</i>	4	QL(27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(216 EA per 90 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(54 EA per 90 days)
<i>sumatriptan solution</i>	4	QL(36 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	2	QL(108 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	2	QL(54 EA per 90 days)
<i>zolmitriptan tablet 2.5mg</i>	2	QL(108 EA per 90 days)
<i>zolmitriptan tablet 5mg</i>	2	QL(54 EA per 90 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide solution</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		

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Drug Name	Drug Tier	Requirements/Limits
Antimycobacterials, Other		
<i>dapsone tablet</i>	2	
PRETOMANID	4	QL(90 EA per 90 days); PA
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid syrup, tablet</i>	2	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	2	
<i>rifampin capsule</i>	2	
<i>rifampin injection</i>	4	
SIRTURO	5	PA
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide capsule</i>	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		
<i>abiraterone acetate tablet 250mg</i>	3	QL(124 EA per 31 days)
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	2	
<i>nilutamide</i>	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
Antiangiogenic Agents		
FOTIVDA	5	QL(21 EA per 28 days); PA
<i>lenalidomide</i>	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	2	
PURIXAN	5	
TABLOID	4	PA
Antineoplastics, Other		
AKEEGA	5	QL(62 EA per 31 days); PA
BESREMI	5	QL(2 ML per 28 days); PA
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
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
<i>leucovorin calcium tablet</i>	2	
<i>leucovorin calcium injection 500mg, 50mg</i>	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
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
SCSEMBLIX TABLET 100MG	5	QL(124 EA per 31 days); PA
SCSEMBLIX TABLET 40MG	5	QL(310 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
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
<i>valrubicin</i>	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		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	2	
<i>letrozole</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG TABLET	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
<i>dasatinib tablet 100mg, 140mg, 70mg</i>	5	QL(31 EA per 31 days); PA
<i>dasatinib tablet 80mg</i>	5	QL(62 EA per 31 days); PA
<i>dasatinib tablet 20mg, 50mg</i>	5	QL(93 EA per 31 days); PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg</i>	4	QL(31 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hydrochloride tablet 25mg</i>	4	QL(93 EA per 31 days); PA
<i>erlotinib hydrochloride tablet 150mg</i>	5	QL(31 EA per 31 days); PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	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
<i>gefitinib</i>	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
<i>imatinib mesylate tablet 100mg</i>	3	QL(186 EA per 31 days)
<i>imatinib mesylate tablet 400mg</i>	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
<i>lapatinib ditosylate</i>	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
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

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Drug Name	Drug Tier	Requirements/Limits
OJJAARA TABLET 100MG	5	QL(62 EA per 31 days); PA
<i>pazopanib hydrochloride</i>	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
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	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
<i>sunitinib malate capsule 12.5mg, 25mg, 50mg</i>	5	QL(31 EA per 31 days); PA
<i>sunitinib malate capsule 37.5mg</i>	5	QL(62 EA per 31 days); PA
TAFINLAR	5	PA
TAGRISSE	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
<i>torpenz</i>	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
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

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Drug Name	Drug Tier	Requirements/Limits
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
RYBREVAANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
Retinoids		
<i>bexarotene capsule</i>	5	PA
<i>bexarotene gel</i>	5	QL(60 GM per 30 days); PA
PANRETIN	5	QL(60 GM per 30 days); PA
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNEX TABLET	3	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	2	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	2	
BENZNIDAZOLE	4	
<i>chloroquine phosphate tablet</i>	2	
COARTEM	3	
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	
<i>mefloquine hcl</i>	2	
NITAZOXANIDE	5	
<i>pentamidine isethionate injection</i>	4	
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	

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<i>quinine sulfate capsule 324mg</i>	2	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
TRIHEXYPHENIDYL HCL SOLUTION	2	
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>amantadine hcl capsule, solution, tablet</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
Dopamine Agonists		
<i>apomorphine hydrochloride injection</i>	5	QL(93 ML per 31 days); PA
<i>bromocriptine mesylate capsule, tablet</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
CARBIDOPA/LEVODOPA ODT	2	
<i>carbidopa tablet</i>	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		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>chlorpromazine hydrochloride tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	2	
<i>fluphenazine hcl tablet 1mg</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR	2	
FLUPHENAZINE HYDROCHLORIDE INJECTION	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	2	
<i>haloperidol concentrate, tablet</i>	2	
<i>loxapine</i>	2	
MOLINDONE HYDROCHLORIDE	2	
<i>perphenazine tablet</i>	2	
PIMOZIDE	2	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tablet 1mg</i>	2	
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
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(180 EA per 90 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(270 EA per 90 days)
<i>aripiprazole solution</i>	4	QL(2700 ML per 90 days)
<i>aripiprazole tablet 20mg</i>	3	QL(135 EA per 90 days)
<i>aripiprazole tablet 10mg, 15mg, 2mg, 5mg</i>	3	QL(180 EA per 90 days)
<i>aripiprazole tablet 30mg</i>	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
<i>asenapine maleate sl</i>	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
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
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	3	QL(31 EA per 31 days)
<i>lurasidone hydrochloride tablet 80mg</i>	3	QL(62 EA per 31 days)

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Drug Name	Drug Tier	Requirements/Limits
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
<i>olanzapine odt tablet disintegrating 10mg, 5mg</i>	2	QL(180 EA per 90 days)
<i>olanzapine odt tablet disintegrating 15mg, 20mg</i>	2	QL(90 EA per 90 days)
<i>olanzapine injection</i>	4	
<i>olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	2	QL(180 EA per 90 days)
<i>olanzapine tablet 15mg, 20mg</i>	2	QL(90 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	2	QL(180 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	2	QL(90 EA per 90 days)
PERSERIS	5	QL(1 EA per 30 days); ST
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg</i>	2	QL(180 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	2	QL(270 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	2	QL(360 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	2	QL(270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	2	QL(360 EA per 90 days)
<i>quetiapine fumarate tablet 150mg</i>	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
<i>risperidone er injection 12.5mg</i>	4	QL(6 EA per 84 days); ST
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	QL(2 EA per 28 days); ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	2	QL(270 EA per 90 days)
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg</i>	2	QL(180 EA per 90 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	2	QL(360 EA per 90 days)
<i>risperidone solution</i>	2	
<i>risperidone tablet 1mg, 2mg, 3mg, 4mg</i>	2	QL(180 EA per 90 days)
<i>risperidone tablet 0.25mg</i>	2	QL(270 EA per 90 days)
<i>risperidone tablet 0.5mg</i>	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
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

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Drug Name	Drug Tier	Requirements/Limits
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
<i>ziprasidone hcl</i>	2	QL(180 EA per 90 days)
<i>ziprasidone mesylate</i>	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	2	PA
<i>clozapine odt tablet disintegrating 25mg</i>	2	PA
<i>clozapine odt tablet disintegrating 100mg</i>	2	QL(810 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(405 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(540 EA per 90 days); PA
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	5	QL(540 ML per 30 days); PA
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	2	
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
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	5	PA
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
<i>entecavir</i>	3	QL(90 EA per 90 days)
<i>lamivudine tablet 100mg</i>	2	
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 150MG; 37.5MG	5	QL(31 EA per 31 days); PA
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	2	

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Drug Name	Drug Tier	Requirements/Limits
RIBAVIRIN TABLET 200MG	2	
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	4	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	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	3	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
EFAVIRENZ CAPSULE	4	
<i>efavirenz tablet</i>	4	
<i>etravirine tablet 100mg</i>	3	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	3	
NEVIRAPINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	2	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	2	
NEVIRAPINE SUSPENSION	4	
<i>nevirapine tablet</i>	2	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	3	
CIMDUO	5	

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Drug Name	Drug Tier	Requirements/Limits
DESCOVY	5	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	3	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(31 EA per 31 days)
EMTRIVA SOLUTION	3	
<i>lamivudine/zidovudine</i>	2	
<i>lamivudine solution 10mg/ml</i>	2	
<i>lamivudine tablet 150mg, 300mg</i>	2	
ODEFSEY	5	
STAVUDINE CAPSULE	2	
<i>tenofovir disoproxil fumarate</i>	3	
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	
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	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	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir tablet 800mg</i>	5	QL(31 EA per 31 days)
<i>darunavir tablet 600mg</i>	5	QL(62 EA per 31 days)
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir solution</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	3	
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
NORVIR PACKET, SOLUTION	3	
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 90 days)
PREZISTA TABLET 150MG	4	QL(720 EA per 90 days)
REYATAZ PACKET	5	
<i>ritonavir</i>	2	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>oseltamivir phosphate capsule 30mg</i>	2	QL(168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	2	QL(84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	2	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	2	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	2	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	2	QL(90 EA per 30 days)
<i>valacyclovir hydrochloride</i>	2	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	2	
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	4	PA
Benzodiazepines		
<i>alprazolam</i>	2	QL(450 EA per 90 days)
ALPRAZOLAM INTENSOL	2	
<i>clorazepate dipotassium tablet 7.5mg</i>	2	QL(1080 EA per 90 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	2	QL(2160 EA per 90 days)
<i>clorazepate dipotassium tablet 15mg</i>	2	QL(540 EA per 90 days)
<i>diazepam solution</i>	2	QL(1200 ML per 30 days)
<i>diazepam tablet</i>	2	QL(360 EA per 90 days)
<i>lorazepam intensol</i>	2	QL(450 ML per 90 days)
<i>lorazepam tablet</i>	2	QL(450 EA per 90 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	2	
<i>lithium carbonate capsule 150mg, 300mg</i>	2	
<i>lithium carbonate tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	2	
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)
<i>glimepiride tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>glimepiride tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>glimepiride tablet 1mg</i>	1	QL(720 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL(270 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>glipizide tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 2.5mg</i>	2	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 6MG	1	QL(180 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 3MG	1	QL(360 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 1.5MG	1	QL(720 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	1	QL(720 EA per 90 days)
<i>glyburide tablet 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>glyburide tablet 5mg</i>	1	QL(360 EA per 90 days)
<i>glyburide tablet 2.5mg</i>	1	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)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 750mg</i>	1	QL(180 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(360 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(450 EA per 90 days)
<i>metformin hydrochloride tablet 1000mg</i>	1	QL(230 EA per 90 days)
<i>metformin hydrochloride tablet 850mg</i>	1	QL(270 EA per 90 days)
<i>metformin hydrochloride tablet 500mg</i>	1	QL(459 EA per 90 days)
MIGLITOL	2	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg</i>	1	QL(270 EA per 90 days)
<i>nateglinide tablet 60mg</i>	1	QL(540 EA per 90 days)
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
<i>pioglitazone hcl-glimepiride</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hcl/metformin hcl</i>	1	QL(270 EA per 90 days)
<i>pioglitazone hcl tablet 45mg</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL(90 EA per 90 days)
<i>repaglinide tablet 1mg</i>	1	QL(1440 EA per 90 days)
<i>repaglinide tablet 0.5mg</i>	1	QL(2880 EA per 90 days)
<i>repaglinide tablet 2mg</i>	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)
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	

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Drug Name	Drug Tier	Requirements/Limits
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	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
<i>mifepristone</i>	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	
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		
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL(180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(51 EA per 30 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		
<i>anagrelide hydrochloride</i>	2	
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
EPOGEN INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
EPOGEN INJECTION 20000UNIT/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
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		
<i>tranexamic acid tablet</i>	2	QL(90 EA per 63 days)
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	4	QL(180 EA per 90 days)
BRILINTA TABLET 60MG	3	QL(180 EA per 90 days)
BRILINTA TABLET 90MG	3	QL(182 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
CABLIVI	5	PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	QL(90 EA per 90 days)
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	QL(12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	2	
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(186 EA per 31 days); PA
<i>droxidopa capsule 100mg</i>	5	QL(93 EA per 31 days); PA
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tablet</i>	2	
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil tablet 8mg</i>	1	QL(360 EA per 90 days)
<i>candesartan cilexetil tablet 4mg</i>	1	QL(720 EA per 90 days)
<i>candesartan cilexetil tablet 32mg</i>	1	QL(90 EA per 90 days)
<i>irbesartan tablet 150mg</i>	1	QL(180 EA per 90 days)
<i>irbesartan tablet 75mg</i>	1	QL(360 EA per 90 days)
<i>irbesartan tablet 300mg</i>	1	QL(90 EA per 90 days)
<i>losartan potassium tablet 100mg, 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium tablet 25mg</i>	1	QL(270 EA per 90 days)
<i>olmesartan medoxomil tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>olmesartan medoxomil tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>olmesartan medoxomil tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>telmisartan tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>telmisartan tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>telmisartan tablet 80mg</i>	1	QL(90 EA per 90 days)
VALSARTAN SOLUTION	4	QL(7200 ML per 90 days)
<i>valsartan tablet 160mg</i>	1	QL(180 EA per 90 days)
<i>valsartan tablet 80mg</i>	1	QL(360 EA per 90 days)
<i>valsartan tablet 40mg</i>	1	QL(720 EA per 90 days)
<i>valsartan tablet 320mg</i>	1	QL(90 EA per 90 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>benazepril hcl tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hcl tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>benazepril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>captopril tablet 25mg</i>	1	QL(1620 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>captopril tablet 12.5mg</i>	1	QL(3240 EA per 90 days)
<i>captopril tablet 100mg</i>	1	QL(405 EA per 90 days)
<i>captopril tablet 50mg</i>	1	QL(810 EA per 90 days)
<i>enalapril maleate tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>enalapril maleate tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>enalapril maleate tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>fosinopril sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>fosinopril sodium tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>fosinopril sodium tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>lisinopril tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>lisinopril tablet 20mg, 30mg, 40mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>lisinopril tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>moexipril hcl tablet 15mg</i>	1	QL(180 EA per 90 days)
<i>moexipril hcl tablet 7.5mg</i>	1	QL(360 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 8MG	1	QL(180 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 2MG	1	QL(720 EA per 90 days)
<i>perindopril erbumine tablet 4mg</i>	1	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>quinapril hydrochloride tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>quinapril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>ramipril capsule 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>ramipril capsule 10mg</i>	1	QL(180 EA per 90 days)
<i>ramipril capsule 5mg</i>	1	QL(360 EA per 90 days)
<i>ramipril capsule 2.5mg</i>	1	QL(720 EA per 90 days)
<i>trandolapril tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>trandolapril tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>trandolapril tablet 1mg</i>	1	QL(720 EA per 90 days)
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	2	
<i>digox</i>	2	QL(90 EA per 90 days)
DIGOXIN SOLUTION	2	
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL(90 EA per 90 days)
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	4	QL(180 EA per 90 days)
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tablet 300mg</i>	2	
<i>quinidine gluconate cr</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
QUINIDINE SULFATE TABLET	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	QL(90 EA per 90 days)
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i>	1	QL(180 EA per 90 days)
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(270 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
PROPRANOLOL HCL SOLUTION 40MG/5ML	2	
<i>propranolol hcl solution 20mg/5ml</i>	2	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	QL(90 EA per 90 days)
<i>isradipine</i>	2	
<i>nicardipine hcl capsule</i>	1	
<i>nifedipine er</i>	2	QL(180 EA per 90 days)
<i>nimodipine capsule</i>	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)
<i>nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	4	QL(90 EA per 90 days)
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	2	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	2	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 250mg</i>	2	
<i>aliskiren</i>	4	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	2	
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	2	QL(180 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 10mg, 2.5mg; 20mg</i>	2	QL(360 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	2	QL(90 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	2	QL(180 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	2	QL(360 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	2	QL(90 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	2	QL(180 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	2	QL(90 EA per 90 days)
<i>amlodipine/olmesartan medoxomil</i>	2	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg</i>	2	QL(180 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	2	QL(90 EA per 90 days)
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	2	QL(180 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg</i>	2	QL(360 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	2	QL(90 EA per 90 days)
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
CAMZYOS	5	QL(31 EA per 31 days); PA
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	2	QL(180 EA per 90 days)
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	2	QL(90 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE	2	
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)
CORLANOR TABLET	4	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	2	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	2	QL(360 EA per 90 days)
ENTRESTO TABLET	3	QL(180 EA per 90 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	2	QL(360 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	2	QL(180 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	2	QL(90 EA per 90 days)
<i>isoxsuprine hcl tablet</i>	2	EX
<i>ivabradine hydrochloride</i>	4	QL(180 EA per 90 days)
KERENDIA	4	QL(90 EA per 90 days); PA
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL(360 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(90 EA per 90 days)
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL(90 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	1	QL(90 EA per 90 days)
<i>pentoxifylline er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	2	QL(180 EA per 90 days)
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	2	QL(90 EA per 90 days)
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	2	
TEKTURNA HCT TABLET 300MG; 12.5MG, 300MG; 25MG	4	QL(90 EA per 90 days)
TELMISARTAN/AMLODIPINE TABLET 5MG; 40MG	2	QL(180 EA per 90 days)
TELMISARTAN/AMLODIPINE TABLET 10MG; 40MG, 10MG; 80MG, 5MG; 80MG	2	QL(90 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg</i>	2	QL(180 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	2	QL(90 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG	2	QL(120 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 1MG; 240MG, 2MG; 240MG, 4MG; 240MG	2	QL(90 EA per 90 days)
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg</i>	2	QL(180 EA per 90 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	2	QL(90 EA per 90 days)
Diuretics, Loop		
<i>bumetanide tablet</i>	1	
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	1	
<i>furosemide oral solution 10mg/ml</i>	1	
<i>toremide tablet</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	2	
<i>eplerenone</i>	2	
<i>spironolactone tablet</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate capsule 130mg, 43mg</i>	3	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	3	QL(90 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 45mg</i>	3	QL(270 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 135mg</i>	3	QL(90 EA per 90 days)
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>atorvastatin calcium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>atorvastatin calcium tablet 80mg</i>	1	QL(90 EA per 90 days)
EZALLOR SPRINKLE	4	QL(90 EA per 90 days)
<i>fluvastatin sodium er</i>	1	QL(90 EA per 90 days)
<i>fluvastatin capsule 40mg</i>	1	QL(180 EA per 90 days)
<i>fluvastatin capsule 20mg</i>	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)
<i>lovastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>lovastatin tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pitavastatin calcium tablet 2mg</i>	1	QL(180 EA per 90 days)
<i>pitavastatin calcium tablet 1mg</i>	1	QL(360 EA per 90 days)
<i>pitavastatin calcium tablet 4mg</i>	1	QL(90 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	2	QL(180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	2	QL(360 EA per 90 days)
<i>rosuvastatin calcium tablet 40mg</i>	2	QL(90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days)
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	4	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl</i>	3	
<i>ezetimibe</i>	2	QL(90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	4	QL(90 EA per 90 days); ST
<i>icosapent ethyl</i>	4	
<i>niacin er</i>	3	
NIACIN TABLET 500MG	2	
<i>omega-3-acid ethyl esters</i>	4	QL(360 EA per 90 days)
<i>prevalite</i>	3	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
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		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL(180 EA per 90 days); 10MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL(180 EA per 90 days); 15MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	2	QL(180 EA per 90 days); 20MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	2	QL(180 EA per 90 days); 25MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(180 EA per 90 days); 30MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL(180 EA per 90 days); 5MG ER Oral Capsule
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(180 EA per 90 days); 30MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	2	QL(270 EA per 90 days); 20MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL(360 EA per 90 days); 10MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	2	QL(360 EA per 90 days); 12.5MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL(360 EA per 90 days); 15MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL(360 EA per 90 days); 5MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	2	QL(360 EA per 90 days); 7.5MG Oral Tablet
<i>dextroamphetamine sulfate tablet 30mg</i>	2	QL(180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tablet 20mg</i>	2	QL(270 EA per 90 days)
<i>dextroamphetamine sulfate tablet 15mg</i>	2	QL(360 EA per 90 days)
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	2	QL(540 EA per 90 days)
<i>zenzedi tablet 10mg, 5mg</i>	2	QL(540 EA per 90 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 18mg, 40mg, 60mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL(90 EA per 90 days)
<i>clonidine hydrochloride er</i>	2	QL(360 EA per 90 days)
<i>methylphenidate hydrochloride cd capsule extended release 20mg</i>	2	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride er capsule extended release 40mg</i>	2	QL(90 EA per 90 days)
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG	2	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	2	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	2	QL(2700 ML per 90 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	2	QL(5400 ML per 90 days)
Central Nervous System, Other		
ADIPEX-P	4	EX
<i>benzphetamine hcl tablet 50mg</i>	2	EX
DAYBUE	5	QL(3720 ML per 31 days); PA
<i>diethylpropion hcl</i>	2	EX
DIETHYLPROPION HCL ER	2	EX
NUEDEXTA	5	QL(180 EA per 90 days); PA
<i>phendimetrazine tartrate</i>	2	EX
PHENDIMETRAZINE TARTRATE ER	2	EX
<i>phentermine hcl tablet 37.5mg</i>	2	EX
<i>phentermine hydrochloride capsule</i>	2	EX
RADICAVA ORS	5	QL(70 ML per 28 days); PA
RADICAVA ORS STARTER KIT	5	QL(70 ML per 28 days); PA
<i>riluzole</i>	2	
<i>tetrabenazine tablet 25mg</i>	4	QL(124 EA per 31 days); PA
<i>tetrabenazine tablet 12.5mg</i>	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

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Drug Name	Drug Tier	Requirements/Limits
BETASERON	5	QL(14 EA per 28 days); PA
<i>dalfampridine er</i>	3	QL(62 EA per 31 days)
<i>dimethyl fumarate</i>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate starterpack</i>	5	QL(62 EA per 31 days); PA
<i>fingolimod hydrochloride</i>	5	QL(31 EA per 31 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
<i>glatopa injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatopa injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(4.2 ML per 28 days); PA
REBIF TITRATION PACK	5	QL(4.2 ML per 28 days); PA
<i>teriflunomide tablet 14mg</i>	4	QL(31 EA per 31 days); PA
<i>teriflunomide tablet 7mg</i>	4	QL(62 EA per 31 days); PA
VUMERITY	5	QL(124 EA per 31 days); ST
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate solution</i>	2	
<i>clinpro 5000</i>	4	
<i>denta 5000 plus</i>	4	
<i>dentagel</i>	4	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>fluoridex daily defense paste</i>	4	
<i>fluoridex enhanced whitening</i>	4	
<i>fluorimax 5000</i>	4	
<i>just right 5000 paste</i>	4	
<i>kourzeq</i>	2	
<i>lidocaine hydrochloride viscous</i>	2	
<i>oralone dental paste</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	2	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 KIDS	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	4	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 ppm dry mouth</i>	2	
SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT	2	
SODIUM FLUORIDE 5000 PPM SENSITIVE	2	
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE	2	
<i>sodium fluoride gel 1.1%</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	2	PA
<i>acitretin</i>	4	PA
<i>adapalene gel 0.3%</i>	4	
<i>adapalene cream</i>	4	
<i>amnestem</i>	2	PA
<i>avita cream</i>	4	QL(45 GM per 30 days); PA
<i>azelaic acid</i>	4	QL(150 GM per 90 days)
<i>claravis</i>	2	PA
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	4	
<i>isotretinoin capsule</i>	2	PA
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
<i>myorisan</i>	2	PA
<i>neuac</i>	4	
<i>tazarotene cream 0.1%</i>	4	QL(180 GM per 90 days); PA
<i>tazarotene gel</i>	4	QL(180 GM per 90 days); PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL(45 GM per 30 days); PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL(45 GM per 30 days); PA
<i>zenatane</i>	2	PA
Dermatitis and Pruitus Agents		
<i>ala-cort cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>alclometasone dipropionate</i>	2	
AMCINONIDE	4	
<i>ammonium lactate cream, lotion</i>	2	
APEXICON E	4	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	2	
<i>betamethasone dipropionate augmented cream, lotion, ointment</i>	2	
<i>betamethasone dipropionate cream, lotion, ointment</i>	2	
<i>betamethasone valerate cream, lotion, ointment</i>	2	
<i>clobetasol propionate e</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate emollient foam</i>	4	QL(300 GM per 90 days)
<i>clobetasol propionate solution</i>	3	QL(150 ML per 90 days)
<i>clobetasol propionate cream, ointment</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate gel</i>	4	QL(180 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate shampoo</i>	4	QL(354 ML per 90 days)
<i>clodan</i>	4	QL(354 ML per 90 days)
<i>desonide cream, ointment</i>	3	QL(180 GM per 90 days)
<i>desonide lotion</i>	3	QL(354 ML per 90 days)
<i>desoximetasone cream, gel, ointment</i>	4	
<i>diflorasone diacetate ointment</i>	4	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide topical</i>	2	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	2	QL(360 GM per 90 days)
<i>fluocinolone acetonide ointment 0.025%</i>	2	QL(360 GM per 90 days)
<i>fluocinolone acetonide solution 0.01%</i>	2	QL(360 ML per 90 days)
<i>fluocinonide emulsified base</i>	4	QL(360 GM per 90 days)
<i>fluocinonide cream 0.05%</i>	3	QL(360 GM per 90 days)
<i>fluocinonide gel, ointment</i>	3	QL(180 GM per 90 days)
<i>fluocinonide solution</i>	3	QL(180 ML per 90 days)
FLURANDRENOLIDE CREAM	4	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream, ointment</i>	2	QL(150 GM per 90 days)
<i>hydrocortisone valerate</i>	2	QL(180 GM per 90 days)
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
HYDROCORTISONE LOTION 2.5%	2	QL(354 ML per 90 days)
<i>hydrocortisone ointment 1%, 2.5%</i>	2	QL(90 GM per 90 days)
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
PREDNICARBATE OINTMENT	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL(300 GM per 90 days)
<i>tovet</i>	4	QL(300 GM per 90 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>tritocin</i>	2	
Dermatological Agents, Other		
ANALPRAM HC	4	EX
<i>anucort-hc</i>	2	EX
CALCIPOTRIENE SOLUTION	2	QL(180 ML per 90 days); PA
<i>calcipotriene cream, ointment</i>	2	QL(360 GM per 90 days); PA
CALCITRIOL OINTMENT 3MCG/GM	4	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTION	2	QL(90 ML per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole/betamethasone dipropionate cream</i>	2	QL(135 GM per 90 days)
FILSUVEZ	5	QL(725.4 GM per 31 days); PA
<i>fluorouracil cream 5%</i>	2	QL(120 GM per 90 days)
FLUOROURACIL SOLUTION 2%	2	QL(30 ML per 90 days)
<i>fluorouracil solution 5%</i>	2	QL(10 ML per 30 days)
<i>hydrocortisone acetate</i>	2	EX
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 2.5%; 1%	2	EX
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1%; 1%	4	
<i>hydrocortisone acetate/pramoxine cream 2.5%; 1%</i>	2	EX
<i>imiquimod cream 5%</i>	2	QL(72 EA per 90 days)
METHOXSALEN CAPSULE	5	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin/triamcinolone acetonide ointment</i>	2	
OTEZLA TABLET 20MG, 30MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION	4	
PRAMOSONE CREAM 2.5%; 1%	4	EX
PROCORT	4	EX
REFISSA	4	EX
RENOVA CREAM 0.02%	4	EX
<i>salicylic acid wart remover</i>	2	EX
SALVAX DUO PLUS	4	EX
SANTYL	4	
SCALACORT DK	4	EX
<i>silver sulfadiazine</i>	2	
ssd	2	
TRI-LUMA	4	EX
VANIQA	4	EX
VIRASAL	4	EX
Pediculicides/Scabicides		
CROTAN	4	
<i>malathion</i>	4	
<i>permethrin cream</i>	2	
Topical Anti-infectives		
<i>acyclovir cream 5%</i>	4	
<i>acyclovir ointment 5%</i>	4	QL(90 GM per 90 days)
<i>ciclodan solution</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox nail lacquer</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox olamine</i>	2	QL(270 GM per 90 days)
<i>ciclopirox suspension</i>	2	QL(180 ML per 90 days)
<i>ciclopirox gel</i>	2	QL(300 GM per 90 days)
<i>ciclopirox shampoo</i>	2	QL(360 ML per 90 days)
<i>clindamycin phosphate gel 1%</i>	2	QL(180 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate gel 1%</i>	2	QL(180 ML per 90 days)
<i>clindamycin phosphate lotion 1%</i>	2	QL(180 ML per 90 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(180 ML per 90 days)
<i>erythromycin solution 2%</i>	2	QL(180 ML per 90 days)
<i>mupirocin</i>	2	QL(90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>dextrose 10%</i>	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/sodium chloride 0.2%</i>	4	
<i>dextrose 5%/sodium chloride 0.3%</i>	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	4	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose 70%</i>	4	
<i>dextrose/sodium chloride</i>	4	
<i>fluoride tablet chewable 1mg</i>	2	
GALZIN	4	EX
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	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride er</i>	2	

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POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
<i>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%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride oral solution</i>	2	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er</i>	2	
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
PROSOL	4	B/D
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	4	
<i>sodium fluoride tablet chewable 1mg</i>	2	
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	
<i>deferasirox tablet</i>	3	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>penicillamine tablet</i>	5	
<i>sodium polystyrene sulfonate</i>	2	
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
XPHOZAH	5	QL(62 EA per 31 days); PA
Phosphate Binders		
<i>calcium acetate capsule</i>	2	
<i>calcium acetate tablet 667mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate</i>	5	
<i>sevelamer carbonate packet</i>	4	
<i>sevelamer carbonate tablet</i>	4	QL(1620 EA per 90 days)
Potassium Binders		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
<i>sps</i>	2	
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		
DRISDOL CAPSULE	4	EX
<i>folic acid tablet 1mg</i>	2	EX
HYDROXOCOBALAMIN INJECTION	2	EX
MEPHYTON	4	EX
<i>vitamin d capsule 50000unit</i>	2	EX
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS	3	QL(90 EA per 90 days)
<i>lubiprostone</i>	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		
<i>alosetron hydrochloride</i>	4	QL(62 EA per 31 days); PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	
DIPHENOXYLATE/ATROPINE LIQUID	2	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	2	
<i>dicyclomine hcl solution</i>	2	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
DONNATAL ELIXIR 0.0194MG/5ML; 0.1037MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	4	EX
DONNATAL TABLET 0.0194MG; 0.1037MG; 16.2MG; 0.0065MG	4	EX
GLYCOPYRROLATE TABLET 1.5MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate tablet 1mg, 2mg</i>	2	
<i>hyosyne</i>	2	EX
<i>methscopolamine bromide tablet</i>	2	
<i>phenobarbital/belladonna alkaloids</i>	2	EX
Gastrointestinal Agents, Other		
GATTEX	5	PA
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK	4	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	2	
MYALEPT	5	PA
<i>nitroglycerin ointment 0.4%</i>	4	QL(90 GM per 90 days)
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	QL(90 GM per 90 days)
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	4	
<i>ursodiol capsule 300mg</i>	2	
<i>ursodiol tablet</i>	2	
XIFAXAN TABLET 550MG	5	QL(93 EA per 31 days); PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
NIZATIDINE	2	
Protectants		
<i>misoprostol</i>	2	
<i>sucralfate tablet</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	3	QL(180 EA per 90 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(180 EA per 90 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL(180 EA per 90 days)
<i>pantoprazole sodium tablet delayed release</i>	2	QL(180 EA per 90 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA

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Drug Name	Drug Tier	Requirements/Limits
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	2	
CYSTAGON	4	
ENDARI	5	QL(180 EA per 30 days); PA
<i>l-glutamine</i>	5	QL(180 EA per 30 days); PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	PA
OPFOLDA	4	QL(24 EA per 90 days); PA
ORFADIN SUSPENSION	5	PA
PROLASTIN-C	5	PA
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
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
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
<i>yargesa</i>	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		
<i>Antispasmodics, Urinary</i>		
<i>fesoterodine fumarate er</i>	3	QL(90 EA per 90 days)
<i>flavoxate hcl</i>	2	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
<i>oxybutynin chloride er</i>	2	QL(180 EA per 90 days)
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate tablet 5mg</i>	3	QL(180 EA per 90 days)
<i>solifenacin succinate tablet 10mg</i>	3	QL(90 EA per 90 days)
<i>tolterodine tartrate</i>	4	QL(180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate er</i>	4	QL(90 EA per 90 days)
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	QL(90 EA per 90 days)
<i>urelle</i>	4	EX
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	QL(90 EA per 90 days)
<i>dutasteride capsule</i>	2	QL(90 EA per 90 days)
<i>finasteride tablet</i>	2	QL(90 EA per 90 days)
<i>tadalafil tablet 2.5mg</i>	3	QL(180 EA per 90 days); PA
<i>tadalafil tablet 5mg</i>	3	QL(90 EA per 90 days); PA
<i>tamsulosin hydrochloride</i>	2	QL(180 EA per 90 days)
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	2	
CAVERJECT INJECTION 20MCG, 40MCG	3	QL(6 EA per 30 days); EX
CIALIS TABLET 10MG, 20MG	3	QL(6 EA per 30 days); EX
EDEX INJECTION 10MCG, 20MCG, 40MCG	4	QL(6 EA per 30 days); EX
ELMIRON	4	
MUSE PELLET 1000MCG, 250MCG, 500MCG	3	QL(6 EA per 30 days); EX
<i>sildenafil citrate tablet 100mg, 25mg, 50mg</i>	2	QL(6 EA per 30 days); EX
<i>tadalafil tablet 10mg, 20mg</i>	3	QL(6 EA per 30 days); EX
<i>vardefafil hydrochloride</i>	4	QL(6 EA per 30 days); EX
<i>vardefafil hydrochloride odt</i>	4	QL(6 EA per 30 days); EX
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEXAMETHASONE INTENSOL	2	
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
<i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>	2	
DEXAMETHASONE SOLUTION	2	
<i>dexamethasone elixir</i>	2	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
HEMADY	3	PA
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone sodium succinate</i>	4	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL	2	
PREDNISONE SOLUTION	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
<i>triamcinolone acetonide injection 40mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	2	
<i>desmopressin acetate injection</i>	4	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
EGRIFTA SV	5	
FOLLISTIM AQ INJECTION 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	4	EX
GONAL-F RFF	4	EX
GONAL-F RFF REDIJECT	4	EX
GONAL-F INJECTION 1050UNIT, 450UNIT	4	EX
HUMATROPE INJECTION 12MG, 24MG, 6MG	5	PA
INCRELEX	5	PA
MENOPUR	4	EX
NORDITROPIN FLEXPPO	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OVIDREL INJECTION 250MCG/0.5ML	4	EX
SEROSTIM	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
METHITEST	5	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone pump gel 1.62%</i>	3	QL(450 GM per 90 days); PA
<i>testosterone gel 20.25mg/1.25gm</i>	3	QL(225 GM per 90 days); PA
<i>testosterone gel 40.5mg/2.5gm</i>	3	QL(450 GM per 90 days); PA
<i>testosterone gel 25mg/2.5gm</i>	4	QL(900 GM per 90 days); PA
<i>Estrogens</i>		
<i>covaryx hs</i>	2	EX
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg</i>	2	
<i>eemt</i>	2	EX
<i>eemt hs</i>	2	EX
<i>eluryng</i>	4	QL(3 EA per 84 days)
<i>enilloring</i>	4	QL(3 EA per 84 days)
<i>esterified estrogens/methyltestosterone</i>	2	EX

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Drug Name	Drug Tier	Requirements/Limits
<i>esterified estrogens/methyltestosterone hs tablet 0.625mg; 1.25mg</i>	2	EX
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	3	
<i>estradiol oral tablet</i>	2	
<i>estradiol cream, vaginal tablet</i>	3	
ESTRING	3	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	4	QL(3 EA per 84 days)
FEMRING	3	QL(1 EA per 90 days)
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	2	
<i>haloette</i>	4	QL(3 EA per 84 days)
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
<i>jasmiel</i>	2	
<i>kelnor 1/50</i>	2	
<i>lo-zumandimine</i>	2	
<i>loryna</i>	2	
MENEST TABLET 1.25MG, 2.5MG	4	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	2	
PREMARIN CREAM	3	
<i>tydemy</i>	2	
<i>vestura</i>	2	
<i>xulane</i>	2	
<i>yuvaferm</i>	2	
<i>zafemy</i>	2	
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>errin</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection</i>	3	
<i>megestrol acetate tablet</i>	2	
MEGESTROL ACETATE SUSPENSION 625MG/5ML	4	
<i>megestrol acetate suspension 40mg/ml</i>	4	
<i>nora-be</i>	2	
<i>norethindrone acetate tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone tablet</i>	2	
<i>norlyda</i>	2	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
CLOMID	2	PA
CLOMIPHENE CITRATE TABLET	2	PA
DUAVEE	3	
<i>raloxifene hydrochloride</i>	1	QL(90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tablet</i>	2	
SYNTHROID TABLET	3	
<i>unithroid</i>	2	
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)		
<i>cabergoline</i>	2	
CETROTIDE INJECTION 0.25MG	4	EX
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
<i>lanreotide acetate</i>	5	PA
<i>leuprolide acetate injection 22.5mg</i>	4	PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	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 11.25MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	QL(30 EA per 28 days); PA
SIGNIFOR	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	4	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet	2	
Immunological Agents		
<i>Angioedema Agents</i>		
HAEGARDA	5	PA
icatibant acetate	5	QL(279 ML per 31 days); PA
sajazir	5	QL(279 ML per 31 days); PA
<i>Immunoglobulins</i>		
GAMMAGARD LIQUID	5	B/D
GAMMAPLEX INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HYPERHEP B	4	
NABI-HB INJECTION 312UNIT/ML	4	
VARIZIG INJECTION 125UNIT/1.2ML	3	
<i>Immunological Agents, Other</i>		
ARCALYST	5	PA
BENLYSTA	5	PA
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	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
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
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
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

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Drug Name	Drug Tier	Requirements/Limits
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
<i>azathioprine tablet</i>	2	B/D
<i>cyclosporine modified capsule 50mg</i>	2	B/D
<i>cyclosporine modified capsule 100mg, 25mg</i>	4	B/D
<i>cyclosporine modified solution</i>	4	B/D
<i>cyclosporine capsule</i>	2	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
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>engraft capsule 100mg, 25mg</i>	4	B/D
<i>engraft solution</i>	4	B/D
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

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>leflunomide</i>	2	QL(90 EA per 90 days)
<i>methotrexate sodium tablet</i>	1	
METHOTREXATE SODIUM INJECTION 250MG/10ML	3	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	3	
<i>methotrexate injection 50mg/2ml</i>	3	
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	4	
PROGRAF PACKET	3	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
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	2	B/D
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENG VAXIA	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGRIX-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	
SHINGRIX	3	QL(2 EA per 999 days)
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	

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Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium</i>	2	
<i>mesalamine dr capsule delayed release</i>	3	
<i>mesalamine dr tablet delayed release</i>	4	
<i>mesalamine er capsule extended release</i>	4	
<i>mesalamine suppository</i>	3	
<i>mesalamine kit</i>	4	
<i>mesalamine enema</i>	4	QL(5400 ML per 90 days)
<i>sulfasalazine tablet</i>	1	
<i>sulfasalazine tablet delayed release</i>	2	
Glucocorticoids		
<i>anusol-hc suppository 25mg</i>	4	EX
<i>budesonide er</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	3	
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>hydrocortisone enema 100mg/60ml</i>	2	
<i>procto-med hc</i>	2	QL(90 GM per 90 days)
PROCTOCORT SUPPOSITORY	4	EX
<i>proctosol hc</i>	2	QL(90 GM per 90 days)
<i>proctozone-hc</i>	2	QL(90 GM per 90 days)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium solution</i>	2	
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL(12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	1	QL(90 EA per 90 days)
<i>calcitonin-salmon solution</i>	2	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride tablet 30mg</i>	3	QL(360 EA per 90 days)
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL(124 EA per 31 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL(62 EA per 31 days)
FORTEO INJECTION 600MCG/2.4ML	5	QL(3 ML per 28 days); PA
<i>ibandronate sodium tablet</i>	2	QL(3 EA per 84 days)
NATPARA	5	PA
<i>paricalcitol capsule</i>	2	
PROLIA	4	QL(1 ML per 180 days); PA
TERIPARATIDE INJECTION 620MCG/2.48ML	5	QL(2.48 ML per 28 days); PA
TYMLOS	5	PA

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Drug Name	Drug Tier	Requirements/Limits
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>acetylcysteine injection 200mg/ml</i>	2	
ALCOHOL PREP PADS	1	
ARIDOL	4	EX
AUGTYRO CAPSULE 40MG	5	QL(248 EA per 31 days); PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	
BARIUM SULFATE	4	EX
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	
CEQUR SIMPLICITY 2U	3	
CEQUR SIMPLICITY INSERTER	3	
COAL TAR SOLUTION	4	EX
CURITY GAUZE PADS 2"X2" 12 PLY	2	
CYANOKIT	4	EX
CYSTO-CONRAY II	4	EX
DOJOLVI	5	PA
E-Z-HD	4	EX
E-Z-PAQUE SUSPENSION RECONSTITUTED	4	EX
E-Z-PASTE	4	EX
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	1	
FILSPARI	5	QL(31 EA per 31 days); PA
<i>formaldehyde neutralized/buffered</i>	2	EX
GASTROGRAFIN	4	EX
HISTATROL INJECTION 0.275MG/ML	4	EX
INPEN 100/BLEU/LILLY/HUMALOG	1	
INPEN 100/BLEU/NOVOLOG/FIASP	1	
INPEN 100/GREY/LILLY/HUMALOG	1	
INPEN 100/GREY/NOVOLOG/FIASP	1	
INPEN 100/PINK/LILLY/HUMALOG	1	
INPEN 100/PINK/NOVOLOG/FIASP	1	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
IODINE STRONG	2	EX
IODOFLEX	4	EX
IODOSORB	4	EX
LAGEVRIO	3	QL(40 EA per 180 days)
<i>levocarnitine solution, tablet</i>	2	
LIQUID E-Z-PAQUE	4	EX

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Drug Name	Drug Tier	Requirements/Limits
LIQUID POLIBAR PLUS	4	EX
LUGOLS STRONG IODINE	2	EX
<i>md-gastroview</i>	2	EX
NEULUMEX	4	EX
NOVOPEN ECHO	1	
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 PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
PAXLOVID	3	QL(30 EA per 180 days); \$0 Copay
PROPECIA	4	EX
PROVOCHOLINE SOLUTION RECONSTITUTED 100MG	4	EX
READI-CAT 2 SUSPENSION 2%	4	EX
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
SITZMARKS	4	EX
SKYCLARYS	5	QL(93 EA per 31 days); PA
<i>sodium chloride 0.9%</i>	4	
SSKI	4	EX
TYRVAYA	4	QL(8.4 ML per 30 days)
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
COMBIGAN	3	
CYCLOMYDRIL	4	EX
CYSTARAN	5	PA
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>fluorescein/proparacaine</i>	2	EX
FUL-GLO STRIP 0.6MG	4	EX
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	2	

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Drug Name	Drug Tier	Requirements/Limits
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	2	
PAREMYD	4	EX
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
RESTASIS	3	QL(180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL(180 ML per 90 days)
ROCKLATAN	3	ST
SIMBRINZA	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	2	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
CROMOLYN SODIUM SOLUTION 4%	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	2	
Ophthalmic Anti-Infectives		
AZASITE	4	
BACITRACIN	2	
BETADINE OPHTHALMIC PREP	4	EX
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	2	QL(5 ML per 30 days)
GENTAK OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%, 1.5%	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	2	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	2	
<i>sulfacetamide sodium solution 10%</i>	2	QL(30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	1	
TRIFLURIDINE	2	
XDEMUY	5	QL(10 ML per 31 days); PA
ZIRGAN	3	
Ophthalmic Anti-inflammatories		
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%	2	
<i>difluprednate</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone</i>	2	
FLURBIPROFEN SODIUM	2	
ILEVRO	4	
<i>ketorolac tromethamine</i>	2	
<i>loteprednol etabonate suspension 0.5%</i>	4	
NEVANAC	4	
PRED MILD	4	
<i>prednisolone acetate</i>	2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
BETAXOLOL HCL SOLUTION 0.5%	2	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	2	
<i>acetazolamide tablet 125mg</i>	2	
ALPHAGAN P SOLUTION 0.1%	3	
APRACLONIDINE	2	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	2	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost</i>	4	
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	3	
ZIOPTAN	3	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
CIPRO HC	4	
CIPROFLOXACIN	2	
<i>ciprofloxacin/dexamethasone</i>	3	
<i>flac</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic solution 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
BECONASE AQ SUSPENSION	4	
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D
FLOVENT DISKUS	3	QL(360 EA per 90 days)
FLOVENT HFA	3	QL(72 GM per 90 days)
<i>flunisolide solution 0.025%</i>	2	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)
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL(48 GM per 90 days)
<i>mometasone furoate suspension 50mcg/act</i>	2	QL(102 GM per 90 days)
QVAR REDHALER	3	QL(64 GM per 90 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	
<i>azelastine hydrochloride solution 0.1%</i>	2	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	QL(900 ML per 90 days)
<i>cyproheptadine hcl syrup</i>	2	
<i>cyproheptadine hydrochloride tablet</i>	2	
<i>desloratadine</i>	2	QL(90 EA per 90 days)
DESLORATADINE ODT	2	QL(90 EA per 90 days)
<i>diphenhydramine hcl injection 50mg/ml</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup</i>	2	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	2	
<i>levocetirizine dihydrochloride solution</i>	2	
<i>levocetirizine dihydrochloride tablet</i>	2	QL(90 EA per 90 days)
<i>olopatadine hcl nasal solution 0.6%</i>	2	QL(91.5 GM per 90 days)
Antileukotrienes		
<i>montelukast sodium tablet chewable, tablet</i>	2	QL(90 EA per 90 days)
<i>montelukast sodium packet</i>	4	QL(90 EA per 90 days)
<i>zafirlukast</i>	3	QL(180 EA per 90 days)
Bronchodilators, Anticholinergic		

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Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation solution</i>	2	B/D
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL(135 ML per 90 days)
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL(90 ML per 90 days)
SPIRIVA HANDIHALER	4	QL(90 EA per 90 days)
SPIRIVA RESPIMAT	4	QL(12 GM per 90 days)
<i>tiotropium bromide</i>	3	QL(90 EA per 90 days)
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(216 GM per 90 days); 18 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(102 GM per 90 days); 8.5 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(81 GM per 90 days); 6.7 GM INHALER
<i>albuterol sulfate syrup</i>	1	
<i>albuterol sulfate nebulization solution</i>	1	B/D
<i>albuterol sulfate tablet</i>	4	
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL(6 EA per 90 days)
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(6 EA per 90 days)
<i>levalbuterol hcl nebulization solution</i>	2	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	2	B/D
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
<i>levalbuterol nebulization solution</i>	2	B/D
SEREVENT DISKUS	3	QL(180 EA per 90 days)
SYMJEPI	3	
<i>terbutaline sulfate tablet</i>	2	
VENTOLIN HFA	3	QL(216 GM per 90 days)
Cystic Fibrosis Agents		
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(93 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(120 EA per 30 days); PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
OPSUMIT	5	QL(31 EA per 31 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	PA
ORENITRAM TITRATION KIT MONTH 2	5	PA
ORENITRAM TITRATION KIT MONTH 3	5	PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	2	QL(270 EA per 90 days); PA
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20mg</i>	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
<i>pirfenidone capsule</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 801mg</i>	5	QL(93 EA per 31 days); PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	B/D
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)
<i>benzonatate</i>	2	EX
BEVESPI AEROSPHERE	3	QL(32.1 GM per 90 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
<i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i>	4	EX
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	QL(24 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
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
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(180 EA per 90 days)
HYCODAN TABLET	4	EX
<i>hydrocodone bitartrate/homatropine methylbromide solution, tablet</i>	2	EX
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	2	EX
<i>hydromet solution</i>	2	EX
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA	5	PA
<i>promethazine dm</i>	2	EX
<i>promethazine/codeine solution</i>	2	EX
<i>promethazine/phenylephrine/codeine</i>	2	EX
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 8MG; 10MG	4	EX
<i>wixela inhub</i>	2	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone tablet 250mg</i>	2	
<i>cyclobenzaprine hydrochloride tablet</i>	2	
<i>methocarbamol tablet 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>ramelteon</i>	3	QL(90 EA per 90 days)
<i>tasimelteon</i>	5	QL(31 EA per 31 days); PA
<i>temazepam capsule 15mg, 30mg</i>	2	
<i>triazolam</i>	3	QL(180 EA per 90 days)
<i>zaleplon</i>	2	QL(90 EA per 90 days)
<i>zolpidem tartrate er</i>	2	QL(90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL(90 EA per 90 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	3	QL(90 EA per 90 days); PA
<i>modafinil tablet</i>	3	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

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OTC products

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
<i>Topical Anti-infectives</i>		
<i>benzoyl peroxide foam 5.3%</i>	2	EX
BPO	2	EX
Respiratory Tract/Pulmonary Agents		
<i>Antihistamines</i>		
<i>alavert allergy/sinus</i>	No Copay	EX
<i>alavert d-12 hour allergy & congestion</i>	No Copay	EX
<i>alavert tablet disintegrating</i>	No Copay	EX
<i>all day allergy-d</i>	No Copay	EX
ALLEGRA ALLERGY	No Copay	EX
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	No Copay	EX
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	No Copay	EX
<i>allergy 24-hr</i>	No Copay	EX
<i>allergy relief 24hr tablet 180mg</i>	No Copay	EX
<i>allergy relief loratadine</i>	No Copay	EX
<i>allergy relief nasal decongestant</i>	No Copay	EX
<i>allergy relief-d tablet extended release 24 hour</i>	No Copay	EX
<i>allergy relief/indoor/outdoor</i>	No Copay	EX
<i>allergy relief capsule 10mg</i>	No Copay	EX
<i>allergy relief tablet 10mg, 180mg, 60mg</i>	No Copay	EX
<i>cetirizine hcl childrens allergy solution</i>	No Copay	EX
<i>cetirizine hcl childrens tablet chewable</i>	No Copay	EX
<i>cetirizine hcl tablet chewable 5mg</i>	No Copay	EX

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Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl tablet 5mg</i>	No Copay	EX
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride</i>	No Copay	EX
<i>cetirizine hydrochloride tablet 10mg</i>	No Copay	EX
<i>cetirizine hydrochloride tablet chewable</i>	No Copay	EX
<i>childrens loratadine solution</i>	No Copay	EX
<i>claritin allergy childrens</i>	No Copay	EX
CLARITIN CHILDRENS	No Copay	EX
CLARITIN REDITABS	No Copay	EX
CLARITIN-D 12 HOUR	No Copay	EX
CLARITIN-D 24 HOUR	No Copay	EX
CLARITIN CAPSULE, TABLET	No Copay	EX
<i>fexofenadine hcl/pseudoephedrine hcl er</i>	No Copay	EX
<i>fexofenadine hydrochloride</i>	No Copay	EX
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er</i>	No Copay	EX
<i>loratadine childrens solution</i>	No Copay	EX
<i>loratadine-d 12hr</i>	No Copay	EX
<i>loratadine-d 24hr</i>	No Copay	EX
<i>loratadine solution, tablet</i>	No Copay	EX
ZYRTEC ALLERGY CAPSULE	No Copay	EX
ZYRTEC-D ALLERGY/CONGESTION	No Copay	EX
Respiratory Tract Agents, Other		
<i>guaifenesin/codeine solution 10mg/5ml; 100mg/5ml</i>	2	EX
RYDEX	2	EX

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		ALLEGRA ALLERGY	68
		ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	68
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		<i>amantadine hcl</i>	22
		<i>ambrisentan</i>	66
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ARANESP ALBUMIN FREE	32	BD INSULIN SYRINGE	60
ARCALYST	55	SAFETYGLIDE/1ML/29G X 1/2"	
AREXVY	57	B-D INSULIN SYRINGE ULTRAFINE	60
ARIDOL	60	II/0.3ML/31G X 5/16"	
<i>aripiprazole</i>	23	BD INSULIN SYRINGE ULTRA-	60
<i>aripiprazole odt</i>	23	FINE/0.5ML/30G X 12.7MM	
ARISTADA	23	BD INSULIN SYRINGE ULTRA-	60
ARISTADA INITIO	23	FINE/1ML/31G X 8MM	
<i>armodafinil</i>	67	BD PEN NEEDLE/ORIGINAL/ULTRA-	60
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<i>cetirizine hydrochloride/pseudoephedrine</i>	69	<i>clindamycin phosphate</i>	4
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CROMOLYN SODIUM	62	DEXAMETHASONE INTENSOL	51
<i>cromolyn sodium</i>	65	DEXAMETHASONE SODIUM	51
CROTAN	45	PHOSPHATE	
CRYODOSE TA	3	DEXAMETHASONE SODIUM	62
CURITY GAUZE PADS 2"X2" 12 PLY	60	PHOSPHATE	
CYANOKIT	60	DEXAMETHASONE SODIUM	51
<i>cyclobenzaprine hydrochloride</i>	67	PHOSPHATE +RFID	
CYCLOMYDRIL	61	<i>dextroamphetamine sulfate</i>	40
<i>cyclophosphamide</i>	16	<i>dextrose 10%</i>	46
CYCLOSET	29	DEXTROSE 10%/SODIUM CHLORIDE	46
<i>cyclosporine</i>	56	0.45%	
<i>cyclosporine modified</i>	56	DEXTROSE 2.5%/SODIUM CHLORIDE	46
<i>cyproheptadine hcl</i>	64	0.45%	
<i>cyproheptadine hydrochloride</i>	64	<i>dextrose 5%</i>	46
CYSTAGON	50	<i>dextrose 5%/sodium chloride 0.2%</i>	46
CYSTARAN	61	<i>dextrose 5%/sodium chloride 0.3%</i>	46
CYSTO-CONRAY II	60	DEXTROSE 5%/SODIUM CHLORIDE	46
<i>dabigatran etexilate</i>	31	0.33%	
<i>dalfampridine er</i>	42	<i>dextrose 5%/sodium chloride 0.45%</i>	46
<i>danazol</i>	52	<i>dextrose 5%/sodium chloride 0.9%</i>	46
<i>dantrolene sodium</i>	25	<i>dextrose 50%</i>	46
DANYELZA	21	<i>dextrose 70%</i>	46

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<i>dextrose/sodium chloride</i>	46	<i>dorzolamide hcl/timolol maleate</i>	61
DIACOMIT	9	<i>dorzolamide hydrochloride</i>	63
<i>diazepam</i>	28	DOVATO	26
DIAZEPAM RECTAL GEL	9	<i>doxazosin mesylate</i>	33
<i>diazoxide</i>	31	<i>doxepin hcl</i>	13
<i>diclofenac potassium</i>	1	<i>doxepin hydrochloride</i>	13
<i>diclofenac sodium 1%</i>	1	<i>doxy 100</i>	7
<i>diclofenac sodium dr</i>	1	<i>doxycycline</i>	7
<i>diclofenac sodium er</i>	1	<i>doxycycline hyclate</i>	7
<i>diclofenac sodium/misoprostol</i>	1	<i>doxycycline hyclate</i>	42
<i>dicloxacillin sodium</i>	6	<i>doxycycline monohydrate</i>	7
<i>dicyclomine hcl</i>	48	DRISDOL	48
<i>dicyclomine hydrochloride</i>	48	DRIZALMA SPRINKLE	11
<i>diethylpropion hcl</i>	41	<i>dronabinol</i>	13
DIETHYLPROPION HCL ER	41	<i>drospirenone/ethinyl estradiol</i>	52
DIFICID	6	DROXIA	17
<i>diflorasone diacetate</i>	44	<i>droxidopa</i>	33
<i>diflunisal</i>	1	DUAVEE	54
<i>difluprednate</i>	62	DULERA	67
<i>digox</i>	34	<i>duloxetine hydrochloride</i>	11
DIGOXIN	34	DUPIXENT	55
<i>dihydroergotamine mesylate</i>	15	<i>dutasteride</i>	51
DILANTIN	9	E.E.S. 400	6
<i>diltiazem hcl</i>	36	EASY COMFORT INSULIN	60
<i>diltiazem hcl cd</i>	35	SYRINGE/0.3ML/31G X 1/2"	
<i>diltiazem hcl er</i>	36	<i>ec-naproxen</i>	1
<i>diltiazem hydrochloride</i>	36	<i>econazole nitrate</i>	14
<i>diltiazem hydrochloride er</i>	36	EDEX	51
<i>dilt-xr</i>	35	EDURANT	26
<i>dimethyl fumarate</i>	42	<i>eemt</i>	52
<i>dimethyl fumarate starterpack</i>	42	<i>eemt hs</i>	52
<i>diphenhydramine hcl</i>	64	EFAVIRENZ	26
<i>diphenoxylate hydrochloride/atropine</i>	48	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	26
<i>sulfate</i>		<i>fumarate</i>	
DIPHENOXYLATE/ATROPINE	48	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	26
DIPHThERIA/TETANUS TOXOIDS	58	<i>fumarate</i>	
ADSORBED PEDIATRIC		EGRIFTA SV	52
<i>disulfiram</i>	3	<i>eletriptan hydrobromide</i>	15
<i>divalproex sodium</i>	9	ELIQUIS	32
<i>divalproex sodium dr</i>	9	ELIQUIS STARTER PACK	32
<i>divalproex sodium er</i>	9	ELMIRON	51
<i>dofetilide</i>	34	<i>eluryng</i>	52
DOJOLVI	60	EMCYT	16
<i>donepezil hcl</i>	10	EMEND	13
<i>donepezil hydrochloride</i>	10	EMGALITY	15
DONNATAL	48	EMSAM	11
DOPTELET	33	<i>emtricitabine</i>	27

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<i>emtricitabine/tenofovir disoproxil fumarate</i>	27
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<i>enalapril maleate</i>	34
<i>enalapril maleate/hydrochlorothiazide</i>	37
ENBREL	56
ENBREL MINI	56
ENBREL SURECLICK	56
ENDARI	50
<i>endocet</i>	2
ENGERIX-B	58
ENHERTU	21
<i>enilloring</i>	52
<i>enoxaparin sodium</i>	32
<i>entacapone</i>	22
<i>entecavir</i>	25
ENTRESTO	37
<i>enulose</i>	48
EPCLUSA	25
EPIDIOLEX	7
<i>epinastine hcl</i>	62
EPINEPHRINE	65
<i>epitol</i>	9
<i>eplerenone</i>	38
EPOGEN	32
EPRONTIA	8
ERGOLOID MESYLATES	10
ERIVEDGE	18
ERLEADA	16
<i>erlotinib hydrochloride</i>	18
<i>errin</i>	53
<i>ertapenem</i>	6
<i>ertapenem sodium</i>	6
<i>ery-tab</i>	6
ERYTHROCIN STEARATE	6
<i>erythromycin</i>	46
<i>erythromycin</i>	62
<i>erythromycin base</i>	6
ERYTHROMYCIN DR	7
ERYTHROMYCIN ETHYLSUCCINATE	7
<i>escitalopram oxalate</i>	11
<i>esomeprazole magnesium</i>	49
<i>esterified estrogens/methyltestosterone</i>	52
<i>esterified estrogens/methyltestosterone hs</i>	53
<i>estradiol</i>	53
<i>estradiol valerate</i>	53
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<i>ethosuximide</i>	8
<i>ethynodiol diacetate/ethinyl estradiol</i>	53
<i>etodolac</i>	1
<i>etodolac er</i>	1
<i>etonogestrel/ethinyl estradiol</i>	53
<i>etravirine</i>	26
<i>euthyrox</i>	54
<i>everolimus</i>	19
<i>everolimus</i>	56
EVOTAZ	27
<i>exemestane</i>	18
EXKIVITY	19
EZALLOR SPRINKLE	39
<i>ezetimibe</i>	39
<i>ezetimibe/simvastatin</i>	39
E-Z-HD	60
E-Z-PAQUE	60
E-Z-PASTE	60
<i>famciclovir</i>	28
<i>famotidine</i>	49
FANAPT	23
FANAPT TITRATION PACK	23
FARXIGA	29
FARYDAK	19
FASENRA	67
FASENRA PEN	67
<i>febuxostat</i>	14
<i>felbamate</i>	8
<i>felodipine er</i>	35
FEM PH	4
FEMRING	53
<i>fenofibrate</i>	38
<i>fenofibrate micronized</i>	38
<i>fenofibric acid dr</i>	39
<i>fenopropfen calcium</i>	1
<i>fentanyl</i>	1
<i>fentanyl citrate oral transmucosal</i>	2
<i>fesoterodine fumarate er</i>	50
FETZIMA	12
FETZIMA TITRATION PACK	12
<i>fexofenadine hcl/pseudoephedrine hcl er</i>	69
<i>fexofenadine hydrochloride</i>	69
<i>fexofenadine</i>	69
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<i>hydrochloride er</i>	
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FINTEPLA	8	folic acid	48
FIRMAGON	54	FOLLISTIM AQ	52
FIRVANQ	4	fondaparinux sodium	32
flac	63	formaldehyde neutralized/buffered	60
flavoxate hcl	50	FORTEO	59
flecainide acetate	34	fosamprenavir calcium	27
FLOVENT DISKUS	64	fosfomycin tromethamine	4
FLOVENT HFA	64	fosinopril sodium	34
fluconazole	14	fosinopril sodium/hydrochlorothiazide	37
fluconazole in sodium chloride	14	fosphenytoin sodium	10
FLUCONAZOLE/SODIUM CHLORIDE	14	FOTIVDA	16
flucytosine	14	frovatriptan succinate	15
fludrocortisone acetate	51	FRUZAQLA	19
flunisolide	64	FUL-GLO	61
fluocinolone acetonide	44	furosemide	38
fluocinolone acetonide	63	FUZEON	27
fluocinolone acetonide body	44	fyavolv	53
fluocinolone acetonide scalp	44	FYCOMPA	8
fluocinolone acetonide topical	44	gabapentin	9
fluocinonide	44	GALANTAMINE HYDROBROMIDE	10
fluocinonide emulsified base	44	galantamine hydrobromide er	10
fluorescein/proparacaine	61	GALZIN	46
fluoride	46	GAMMAGARD LIQUID	55
fluoridex daily defense	42	GAMMAPLEX	55
fluoridex enhanced whitening	42	GAMUNEX-C	55
fluorimax 5000	42	GARDASIL 9	58
fluorometholone	63	GASTROGRAFIN	60
fluorouracil	45	gatifloxacin	62
FLUOXETINE DR	12	GATTEX	49
fluoxetine hydrochloride	12	GAVILYTE-C	49
fluphenazine decanoate	22	gavilyte-g	49
FLUPHENAZINE HCL	22	gavilyte-n/ flavor pack	49
FLUPHENAZINE HYDROCHLORIDE	22	GAVRETO	17
FLURANDRENOLIDE	44	gefitinib	19
flurbiprofen	1	gemfibrozil	39
FLURBIPROFEN SODIUM	63	generlac	48
flutamide	16	gengraf	56
fluticasone propionate	44	GENTAK	62
fluticasone propionate	64	gentamicin sulfate	3
FLUTICASONE PROPIONATE DISKUS	64	gentamicin sulfate	62
FLUTICASONE PROPIONATE HFA	64	GENTAMICIN SULFATE/0.9% SODIUM	3
fluticasone propionate/salmeterol	67	CHLORIDE	
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<i>glimepiride</i>	29	STARTER PACK	
<i>glipizide</i>	29	HUMIRA PEN-PS/UV STARTER	57
<i>glipizide er</i>	29	HUMULIN R U-500 (CONCENTRATED)	31
<i>glipizide/metformin hydrochloride</i>	29	HUMULIN R U-500 KWIKPEN	31
GLUCAGEN HYPOKIT	31	HYCODAN	67
GLUCAGON EMERGENCY KIT	31	<i>hydralazine hcl</i>	40
GLUCAGON EMERGENCY KIT FOR	31	<i>hydralazine hydrochloride</i>	40
LOW BLOOD SUGAR		<i>hydrochlorothiazide</i>	38
<i>glyburide</i>	29	<i>hydrocodone bitartrate/acetaminophen</i>	2
GLYBURIDE MICRONIZED	29	<i>hydrocodone bitartrate/homatropine</i>	67
<i>glyburide/metformin hydrochloride</i>	29	<i>methylbromide</i>	
GLYCOPYRROLATE	48	HYDROCODONE	67
GLYXAMBI	29	POLISTIREX/CHLORPHENIRAMINE	
GONAL-F	52	POLISTIREX	
GONAL-F RFF	52	<i>hydrocodone/acetaminophen</i>	2
GONAL-F RFF REDIJECT	52	HYDROCODONE/IBUPROFEN	2
<i>granisetron hydrochloride</i>	13	<i>hydrocortisone</i>	44
<i>griseofulvin microsize</i>	14	<i>hydrocortisone</i>	51
<i>griseofulvin ultramicrosize</i>	14	<i>hydrocortisone</i>	59
<i>guaifenesin/codeine</i>	69	<i>hydrocortisone acetate</i>	45
GVOKE HYPOPEN 1-PACK	31	HYDROCORTISONE	45
GVOKE HYPOPEN 2-PACK	31	ACETATE/PRAMOXINE	
GVOKE KIT	31	<i>hydrocortisone valerate</i>	44
GVOKE PFS	31	<i>hydrocortisone/acetic acid</i>	63
HAEGARDA	55	<i>hydrocortisone/iodoquinol</i>	14
<i>halobetasol propionate</i>	44	<i>hydromet</i>	67
<i>haloette</i>	53	<i>hydromorphone hcl</i>	2
<i>haloperidol</i>	23	<i>hydromorphone hydrochloride</i>	2
<i>haloperidol decanoate</i>	23	HYDROXOCOBALAMIN	48
<i>haloperidol lactate</i>	23	<i>hydroxychloroquine sulfate</i>	21
HARVONI	25	<i>hydroxyurea</i>	17
HAVRIX	58	<i>hydroxyzine hcl</i>	64
<i>heather</i>	53	<i>hydroxyzine hydrochloride</i>	64
HEMADY	51	<i>hydroxyzine pamoate</i>	64
<i>heparin sodium</i>	32	HYFTOR	57
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HERCEPTIN HYLECTA	21	HYPERHEP B	55
HIBERIX	58	<i>ibandronate sodium</i>	59
HISTATROL	60	IBRANCE	17
HUMALOG KWIKPEN	31	IBRANCE	19
HUMATROPE	52	<i>ibu</i>	1
HUMIRA	57	<i>ibuprofen</i>	1
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IDHIFA	17	<i>isosorbide mononitrate</i>	40
ILEVRO	63	<i>isosorbide mononitrate er</i>	40
<i>imatinib mesylate</i>	19	ISOTONIC GENTAMICIN	4
IMBRUVICA	19	<i>isotretinoin</i>	43
IMIPENEM/CILASTATIN	6	<i>isoxsuprine hcl</i>	37
<i>imipramine hcl</i>	13	<i>isradipine</i>	35
<i>imipramine hydrochloride</i>	13	<i>itraconazole</i>	14
<i>imipramine pamoate</i>	13	<i>ivabradine hydrochloride</i>	37
<i>imiquimod</i>	45	<i>ivermectin</i>	21
IMOVAX RABIES (H.D.C.V.)	58	IWILFIN	17
IMVEXXY MAINTENANCE PACK	53	IXCHIQ	58
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<i>incassia</i>	53	JAKAFI	19
INCRELEX	52	<i>jantoven</i>	32
INCRUSE ELLIPTA	65	JANUMET	29
<i>indapamide</i>	38	JANUMET XR	29
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INLYTA	19	JARDIANCE	29
INPEN 100/BLUE/LILLY/HUMALOG	60	<i>jasmiel</i>	53
INPEN 100/BLUE/NOVOLOG/FIASP	60	JAYPIRCA	19
INPEN 100/GREY/LILLY/HUMALOG	60	<i>jencycla</i>	53
INPEN 100/GREY/NOVOLOG/FIASP	60	JENTADUETO	29
INPEN 100/PINK/LILLY/HUMALOG	60	JENTADUETO XR	29
INPEN 100/PINK/NOVOLOG/FIASP	60	JOENJA	55
INQOVI	19	JULUCA	26
INREBIC	17	<i>just right 5000</i>	42
INTELENCE	26	JYLAMVO	57
INTRALIPID	60	JYNNEOS	58
INTRON A	56	KALYDECO	65
INVEGA HAFYERA	23	<i>kcl 0.075%/d5w/nacl 0.45%</i>	46
INVEGA SUSTENNA	23	<i>kcl 0.15%/d5w/nacl 0.2%</i>	46
INVEGA TRINZA	23	<i>kcl 0.15%/d5w/nacl 0.45%</i>	46
IODINE STRONG	60	<i>kcl 0.15%/d5w/nacl 0.9%</i>	46
IODOFLEX	60	<i>kcl 0.3%/d5w/nacl 0.45%</i>	46
IODOSORB	60	KCL 0.3%/D5W/NACL 0.9%	46
IPOL INACTIVATED IPV	58	<i>kelnor 1/50</i>	53
<i>ipratropium bromide</i>	65	KERENDIA	37
<i>ipratropium bromide/albuterol sulfate</i>	67	<i>ketoconazole</i>	14
<i>irbesartan</i>	33	<i>ketodan</i>	14
<i>irbesartan/hydrochlorothiazide</i>	37	KETOPROFEN	1
ISENTRESS	26	KETOPROFEN ER	1
ISENTRESS HD	26	<i>ketorolac tromethamine</i>	63
ISOLYTE-P/DEXTROSE 5%	46	KEVZARA	55
ISOLYTE-S	46	KINERET	55
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<i>isoniazid</i>	16	KISQALI	19

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KISQALI FEMARA 600 DOSE	17	leuprolide acetate	54
<i>klayesta</i>	14	levalbuterol	65
<i>klor-con 10</i>	46	levalbuterol hcl	65
<i>klor-con 8</i>	46	levalbuterol hydrochloride	65
<i>klor-con m10</i>	46	LEVALBUTEROL TARTRATE HFA	65
<i>klor-con m15</i>	46	levetiracetam	8
<i>klor-con m20</i>	46	levetiracetam er	8
KLOXXADO	3	LEVOBUNOLOL HCL	63
KORLYM	31	levocarnitine	60
KOSELUGO	19	levocetirizine dihydrochloride	64
<i>kourzeq</i>	42	levofloxacin	7
KRAZATI	17	LEVOFLOXACIN	62
<i>labetalol hydrochloride</i>	35	levofloxacin in d5w	7
<i>lacosamide</i>	10	levorphanol tartrate	1
<i>lactulose</i>	48	levo-t	54
LAGEVRIO	60	levothyroxine sodium	54
<i>lamivudine</i>	25	levoxyl	54
<i>lamivudine</i>	27	LEXIVA	27
<i>lamivudine/zidovudine</i>	27	<i>l-glutamine</i>	50
<i>lamotrigine</i>	8	LIBERVANT	9
<i>lamotrigine er</i>	8	LIBTAYO	21
<i>lamotrigine odt</i>	8	<i>lidocaine</i>	3
<i>lamotrigine starter kit/blue</i>	8	<i>lidocaine hydrochloride viscous</i>	42
<i>lamotrigine starter kit/green</i>	8	<i>lidocaine/prilocaine</i>	3
<i>lamotrigine starter kit/orange</i>	8	<i>linezolid</i>	4
<i>lanreotide acetate</i>	54	LINZESS	48
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<i>lanthanum carbonate</i>	48	LIQUID POLIBAR PLUS	61
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LENVIMA 24 MG DAILY DOSE	19	<i>loratadine childrens</i>	69
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<i>losartan potassium/hydrochlorothiazide</i>	37	MENVEO	58
<i>loteprednol etabonate</i>	63	MEPHYTON	48
<i>lovastatin</i>	39	<i>meprobamate</i>	28
<i>loxapine</i>	23	<i>mercaptopurine</i>	17
<i>lo-zumandimine</i>	53	MEROPENEM	6
<i>lubiprostone</i>	48	MEROPENEM/SODIUM CHLORIDE	6
LUGOLS STRONG IODINE	61	<i>mesalamine</i>	59
LUMAKRAS	17	<i>mesalamine dr</i>	59
LUMIGAN	63	<i>mesalamine er</i>	59
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LUPRON DEPOT (6-MONTH)	54	<i>methazolamide</i>	63
LUPRON DEPOT-PED (1-MONTH)	54	<i>methenamine hippurate</i>	4
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<i>lurasidone hydrochloride</i>	23	METHITEST	52
LYBALVI	24	<i>methocarbamol</i>	67
<i>lyleq</i>	53	<i>methotrexate</i>	57
LYNPARZA	19	<i>methotrexate sodium</i>	57
LYSODREN	54	METHOXSALEN	45
LYTGOBI	17	<i>methscopolamine bromide</i>	49
<i>lyza</i>	53	<i>methsuximide</i>	8
<i>magnesium sulfate</i>	46	<i>methylphenidate hydrochloride</i>	41
<i>malathion</i>	45	<i>methylphenidate hydrochloride cd</i>	41
<i>maraviroc</i>	27	<i>methylphenidate hydrochloride er</i>	41
MARGENZA	21	<i>methylprednisolone</i>	51
MARPLAN	11	<i>methylprednisolone acetate</i>	51
MATULANE	16	<i>methylprednisolone dose pack</i>	51
<i>matzim la</i>	36	<i>methylprednisolone sodium succinate</i>	51
<i>md-gastroview</i>	61	<i>methylprednisolone sodiumsuccinate</i>	51
<i>meclizine hcl 12.5mg, 25mg</i>	13	<i>metoclopramide hcl</i>	49
MECLOFENAMATE SODIUM	1	<i>metoclopramide hydrochloride</i>	49
<i>medroxyprogesterone acetate</i>	53	<i>metolazone</i>	38
<i>mefenamic acid</i>	1	<i>metoprolol succinate er</i>	35
<i>mefloquine hcl</i>	21	<i>metoprolol tartrate</i>	35
<i>megestrol acetate</i>	53	<i>metoprolol/hydrochlorothiazide</i>	37
MEKINIST	19	<i>metronidazole</i>	4
MEKTOVI	19	<i>metronidazole</i>	43
<i>meloxicam</i>	1	<i>metronidazole vaginal</i>	4
<i>memantine hcl titration pak</i>	10	<i>metryrosine</i>	37
<i>memantine hydrochloride</i>	10	<i>mexiletine hcl</i>	34
<i>memantine hydrochloride er</i>	10	MICONAZOLE 3	14

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<i>mifepristone</i>	31	<i>naltrexone hcl</i>	3
MIGERGOT	15	NAMZARIC	10
MIGLITOL	30	<i>naproxen</i>	1
<i>miglustat</i>	50	<i>naproxen dr</i>	1
<i>minocycline hcl</i>	7	<i>naproxen sodium</i>	1
<i>minocycline hydrochloride</i>	7	<i>naratriptan hcl</i>	15
<i>minoxidil</i>	40	NATACYN	62
<i>mirtazapine</i>	11	<i>nateglinide</i>	30
<i>mirtazapine odt</i>	11	NATPARA	59
<i>misoprostol</i>	49	NAYZILAM	8
M-M-R II	58	NEFAZODONE HYDROCHLORIDE	12
<i>modafinil</i>	67	<i>neomycin sulfate</i>	4
<i>moexipril hcl</i>	34	<i>neomycin/bacitracin/polymyxin</i>	61
MOLINDONE HYDROCHLORIDE	23	<i>neomycin/polymyxin/dexamethasone</i>	61
<i>mometasone furoate</i>	44	NEOMYCIN/POLYMYXIN/GRAMICIDI	61
<i>mometasone furoate</i>	64	N	
MONJUVI	21	<i>neomycin/polymyxin/hc</i>	64
<i>montelukast sodium</i>	64	NEOMYCIN/POLYMYXIN/HYDROCOR	62
<i>morphine sulfate</i>	2	TISONE	
<i>morphine sulfate er</i>	2	<i>neomycin/polymyxin/hydrocortisone</i>	64
MOTPOLY XR	10	<i>neo-polycin</i>	61
MOUNJARO	30	NERLYNX	19
MOVANTIK	48	<i>neuac</i>	43
MOXIFLOXACIN	7	NEULASTA	32
HYDROCHLORIDE/SODIUM		NEULASTA ONPRO KIT	32
HYDROCHLORIDE		NEULUMEX	61
<i>moxifloxacin hydrochloride</i>	7	NEUPRO	22
MOXIFLOXACIN HYDROCHLORIDE	62	NEVANAC	63
MRESVIA	58	NEVIRAPINE	26
MULTAQ	34	NEVIRAPINE ER	26
<i>multiple electrolytes injection type 1</i>	46	NIACIN	39
<i>mupirocin</i>	46	<i>niacin er</i>	39
MUSE	51	<i>nicardipine hcl</i>	35
MYALEPT	49	NICOTROL INHALER	3
<i>mycophenolate mofetil</i>	57	NICOTROL NS	3
<i>mycophenolic acid dr</i>	57	<i>nifedipine er</i>	35
<i>myorisan</i>	43	<i>nikki</i>	53
MYRBETRIQ	50	<i>nilutamide</i>	16
NABI-HB	55	<i>nimodipine</i>	35
<i>nabumetone</i>	1	NINLARO	17
<i>nadolol</i>	35	NISOLDIPINE ER	35
NAFCILLIN	6	NITAZOXANIDE	21
<i>nafcillin sodium</i>	6	<i>nitisinone</i>	50
NAFTIFINE HCL	14	NITRO-BID	40
<i>naftifine hydrochloride</i>	14	NITRO-DUR	40
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<i>nitrofurantoin monohydrate/macrocrystals</i>	4	NUTROPIN AQ NUSPIN 20	52
<i>nitroglycerin</i>	40	NUTROPIN AQ NUSPIN 5	52
<i>nitroglycerin</i>	49	<i>nyamyc</i>	14
<i>nitroglycerin transdermal</i>	40	<i>nystatin</i>	14
NIVESTYM	32	<i>nystatin/triamcinolone</i>	45
NIZATIDINE	49	<i>nystatin/triamcinolone acetonide</i>	45
<i>nora-be</i>	53	<i>nystop</i>	14
NORDITROPIN FLEXPEN	52	<i>octreotide acetate</i>	54
<i>norelgestromin/ethinyl estradiol</i>	53	ODEFSEY	27
<i>norethindrone</i>	54	ODOMZO	19
<i>norethindrone acetate</i>	53	OFEV	66
<i>norethindrone acetate/ethinyl estradiol</i>	53	OFLOXACIN	7
<i>norlyda</i>	54	<i>ofloxacin</i>	62
<i>nortriptyline hcl</i>	13	<i>ofloxacin</i>	64
<i>nortriptyline hydrochloride</i>	13	OGSIVEO	17
NORVIR	28	OJEMDA	19
NOVOLIN 70/30	31	OJJAARA	19
NOVOLIN 70/30 FLEXPEN	31	<i>olanzapine</i>	24
NOVOLIN 70/30 FLEXPEN RELION	31	<i>olanzapine odt</i>	24
NOVOLIN 70/30 RELION	31	<i>olanzapine/fluoxetine</i>	11
NOVOLIN N	31	<i>olmesartan medoxomil</i>	33
NOVOLIN N FLEXPEN	31	<i>olmesartan</i>	37
NOVOLIN N FLEXPEN RELION	31	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NOVOLIN N RELION	31	<i>olmesartan medoxomil/hydrochlorothiazide</i>	37
NOVOLIN R	31	<i>olopatadine hcl</i>	62
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NOVOLIN R FLEXPEN RELION	31	<i>omega-3-acid ethyl esters</i>	39
NOVOLIN R RELION	31	<i>omeprazole</i>	49
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NOVOLOG FLEXPEN	31	OMNIPOD 5 DEXCOM G7G6 INTRO KIT	61
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NOVOLOG MIX 70/30 PREFILLED	31	(GEN 5)	
FLEXPEN		OMNIPOD 5 G7 INTRO KIT (GEN 5)	61
NOVOLOG MIX 70/30 PREFILLED	31	OMNIPOD 5 G7 PODS (GEN 5)	61
FLEXPEN RELION		OMNIPOD 5 LIBRE2 PLUS G6	61
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NUCALA	67	OMNIPOD DASH PODS (GEN 4)	61
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ORENITRAM TITRATION KIT MONTH 2	66	PEMAZYRE	17
ORENITRAM TITRATION KIT MONTH 3	66	PENBRAYA	58
ORFADIN	50	<i>penicillamine</i>	47
ORGOVYX	54	<i>penicillin g potassium</i>	6
ORKAMBI	65	PENICILLIN G PROCAINE	6
ORSERDU	17	PENICILLIN G SODIUM	6
<i>oseltamivir phosphate</i>	28	PENICILLIN V POTASSIUM	6
OTEZLA	45	PENTACEL	58
OTEZLA	55	<i>pentamidine isethionate</i>	21
OTREXUP	57	<i>pentoxifylline er</i>	37
OVIDREL	52	PERINDOPRIL ERBUMINE	34
OXACILLIN SODIUM	6	<i>perio gard</i>	42
<i>oxaprozin</i>	1	<i>permethrin</i>	45
OXBRYTA	32	<i>perphenazine</i>	23
<i>oxcarbazepine</i>	10	PERSERIS	24
<i>oxybutynin chloride</i>	50	<i>phendimetrazine tartrate</i>	41
<i>oxybutynin chloride er</i>	50	PHENDIMETRAZINE TARTRATE ER	41
<i>oxycodone hydrochloride</i>	2	PHENELZINE SULFATE	11
<i>oxycodone/acetaminophen</i>	2	<i>phenobarbital</i>	9
<i>oxymorphone hydrochloride</i>	2	<i>phenobarbital/belladonna alkaloids</i>	49
OXYMORPHONE HYDROCHLORIDE	2	<i>phentermine hcl</i>	41
ER		<i>phentermine hydrochloride</i>	41
OXYMORPHONE	2	<i>phenytek</i>	10
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OZEMPIC	30	<i>phenytoin sodium extended</i>	10
<i>pacerone</i>	34	PIFELTRO	26
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PANRETIN	21	PIMOZIDE	23
<i>pantoprazole sodium</i>	49	<i>pindolol</i>	35
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<i>paricalcitol</i>	59	<i>pioglitazone hcl/metformin hcl</i>	30
<i>paromomycin sulfate</i>	4	<i>pioglitazone hcl-glimepiride</i>	30
<i>paroxetine</i>	12	<i>pioglitazone hydrochloride</i>	30
<i>paroxetine hcl</i>	12	<i>piperacillin sodium/tazobactam sodium</i>	6
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<i>polycin</i>	62	PRIFTIN	16
<i>polymyxin b sulfate</i>	4	PRIMAQUINE PHOSPHATE	21
<i>polymyxin b sulfate/trimethoprim sulfate</i>	62	PRIMIDONE	9
POMALYST	16	PRIORIX	58
<i>posaconazole</i>	14	<i>probenecid</i>	15
<i>posaconazole dr</i>	14	<i>probenecid/colchicine</i>	15
<i>potassium chloride</i>	47	<i>prochlorperazine</i>	13
<i>potassium chloride er</i>	46	<i>prochlorperazine maleate</i>	13
<i>potassium chloride/dextrose</i>	47	PROCORT	45
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<i>potassium chloride/dextrose/sodium</i>	47	<i>proctosol hc</i>	59
<i>chloride</i>		<i>proctozone-hc</i>	59
<i>potassium chloride/sodium chloride</i>	47	<i>progesterone</i>	54
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PRAMOSONE	45	PROMACTA	32
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<i>pravastatin sodium</i>	39	<i>promethazine hcl</i>	13
<i>praziquantel</i>	21	<i>promethazine hydrochloride</i>	13
<i>prazosin hydrochloride</i>	33	<i>promethazine hydrochloride plain</i>	13
PRED MILD	63	<i>promethazine/codeine</i>	67
PREDNICARBATE	44	<i>promethazine/phenylephrine/codeine</i>	67
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<i>prednisolone acetate</i>	63	<i>propafenone hcl</i>	34
<i>prednisolone sodium phosphate</i>	51	<i>propafenone hydrochloride</i>	34
PREDNISOLONE SODIUM PHOSPHATE	63	<i>propafenone hydrochloride er</i>	34
PREDNISON	52	PROPECIA	61
PREDNISON INTENSOL	52	PROPRANOLOL HCL	35
<i>pregabalin</i>	9	<i>propranolol hcl er</i>	35
PREHEVBRIO	58	<i>propranolol hydrochloride</i>	35
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PREMASOL	47	<i>propylthiouracil</i>	55
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<i>prevalite</i>	39	PROSOL	47
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<i>pyridostigmine bromide er</i>	15	REXULTI	24
<i>pyrimethamine</i>	21	REYATAZ	28
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<i>quetiapine fumarate er</i>	24	<i>rifampin</i>	16
<i>quinapril hydrochloride</i>	34	<i>riluzole</i>	41
<i>quinapril/hydrochlorothiazide</i>	38	RIMANTADINE HYDROCHLORIDE	28
<i>quinidine gluconate cr</i>	34	RINVOQ	55
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<i>quinine sulfate</i>	22	RISPERDAL CONSTA	24
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<i>raloxifene hydrochloride</i>	54	<i>rivastigmine transdermal system</i>	10
<i>ramelteon</i>	67	RIVFLOZA	61
<i>ramipril</i>	34	<i>rizatriptan benzoate</i>	15
<i>ranolazine er</i>	38	<i>rizatriptan benzoate odt</i>	15
<i>rasagiline mesylate</i>	22	ROCKLATAN	62
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READI-CAT 2	61	<i>ropinirole hcl</i>	22
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SANTYL	45	SODIUM FLUORIDE/POTASSIUM	43
<i>sapropterin dihydrochloride</i>	50	NITRATE/SENSITIVE	
SARCLISA	21	SODIUM OXYBATE	67
SAVELLA	41	<i>sodium phenylbutyrate</i>	50
SAVELLA TITRATION PACK	41	<i>sodium polystyrene sulfonate</i>	47
SCALACORT DK	45	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	49
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SECUADO	24	SOLQUA 100/33	30
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<i>selenium sulfide</i>	44	SOMATULINE DEPOT	55
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SEROSTIM	52	<i>sorafenib tosylate</i>	20
<i>sertraline hcl</i>	12	<i>sorine</i>	35
<i>sertraline hydrochloride</i>	12	<i>sotalol hcl</i>	35
<i>sevelamer carbonate</i>	48	<i>sotalol hydrochloride (af)</i>	35
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<i>sildenafil citrate</i>	51	SPRITAM	8
<i>sildenafil citrate (pulmonary arterial hypertension) oral</i>	66	SPRYCEL	20
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<i>silver sulfadiazine</i>	45	<i>ssd</i>	45
SIMBRINZA	62	SSKI	61
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SKYCLARYS	61	STIVARGA	20
SKYRIZI	56	STRIBILD	26
SKYRIZI PEN	56	<i>subvenite</i>	8
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<i>sodium fluoride</i>	43	<i>sucralfate</i>	49
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<i>sulfamethoxazole/trimethoprim</i>	7	tenofovir disoproxil fumarate	27
<i>sulfamethoxazole/trimethoprim ds</i>	7	TEPMETKO	20
<i>sulfasalazine</i>	59	terazosin hcl	33
<i>sulindac</i>	1	terazosin hydrochloride	33
<i>sumatriptan</i>	15	terbinafine hcl	14
<i>sumatriptan succinate</i>	15	terbinafine hydrochloride	14
SUMATRIPTAN SUCCINATE REFILL	15	terbutaline sulfate	65
<i>sunitinib malate</i>	20	terconazole	14
SUNLENCA	27	teriflunomide	42
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SYMLINPEN 120	30	testosterone	52
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SYMPAZAN	9	TESTOSTERONE ENANTHATE	52
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SYNAREL	55	tetrabenazine	41
SYNJARDY	30	tetracycline hydrochloride	7
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SYNRIBO	18	theophylline er	65
SYNTHROID	54	thioridazine hcl	23
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<i>tacrolimus</i>	44	tiagabine hydrochloride	9
<i>tacrolimus</i>	57	TIBSOVO	20
<i>tadalafil</i>	51	TICE BCG	18
<i>tadalafil</i>	51	TICOVAC	58
<i>tadalafil (pulmonary arterial hypertension)</i>	66	timolol maleate	15
<i>oral</i>		timolol maleate	63
TAFINLAR	20	timolol maleate ophthalmic gel forming	63
TAGRISO	20	tinidazole	4
TALZENNA	20	tiotropium bromide	65
<i>tamoxifen citrate</i>	17	TIVDAK	21
<i>tamsulosin hydrochloride</i>	51	TIVICAY	26
TASIGNA	20	TIVICAY PD	26
<i>tasimelteon</i>	67	tizanidine hcl	25
<i>tazarotene</i>	43	tizanidine hydrochloride	25
TAZICEF	5	TOBRADEX	62
<i>taztia xt</i>	36	TOBRADEX ST	62
TAZVERIK	18	tobramycin	62
TDVAX	58	tobramycin	65
TEFLARO	5	TOBRAMYCIN SULFATE	4
TEKTURN HCT	38	tobramycin/dexamethasone	62
<i>telmisartan</i>	33	tolterodine tartrate	50
TELMISARTAN/AMLODIPINE	38	tolterodine tartrate er	51
		topiramate	8

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<i>toremifene citrate</i>	17	TROGARZO	27
<i>torpenz</i>	20	<i>trospium chloride</i>	51
<i>torseamide</i>	38	<i>trospium chloride er</i>	51
TOUJEO MAX SOLOSTAR	31	TRULANCE	48
TOUJEO SOLOSTAR	31	TRULICITY	30
<i>tovet</i>	44	TRUMENBA	58
TRACLEER	66	TRUQAP	20
TRADJENTA	30	TRUSELTIQ	18
TRAMADOL HCL ER	2	TUKYSA	18
<i>tramadol hydrochloride</i>	3	TURALIO	20
<i>tramadol hydrochloride er</i>	2	TUSSICAPS	67
<i>tramadol hydrochloride/acetaminophen</i>	3	TWINRIX	58
<i>trandolapril</i>	34	TYBOST	27
TRANDOLAPRIL/VERAPAMIL HCL ER	38	<i>tydemy</i>	53
<i>tranexamic acid</i>	32	TYMLOS	59
<i>tranylcypromine sulfate</i>	11	TYPHIM VI	59
TRAVASOL	47	TYRVAYA	61
<i>travoprost</i>	63	TYVASO	66
<i>trazodone hydrochloride</i>	12	TYVASO DPI MAINTENANCE KIT	66
TRECATOR	16	TYVASO DPI TITRATION KIT	66
TRELEGY ELLIPTA	67	TYVASO REFILL KIT	66
TRELSTAR MIXJECT	55	TYVASO STARTER KIT	66
<i>tretinoin</i>	21	UBRELVY	15
<i>tretinoin</i>	43	<i>unithroid</i>	54
<i>triamcinolone acetonide</i>	44	<i>urelle</i>	51
<i>triamcinolone acetonide</i>	52	<i>ursodiol</i>	49
<i>triamcinolone acetonide dental paste</i>	43	UZEDY	24
<i>triamterene/hydrochlorothiazide</i>	38	<i>valacyclovir hydrochloride</i>	28
<i>triazolam</i>	67	VALCHLOR	16
<i>triderm</i>	44	<i>valganciclovir</i>	25
TRIENTINE HYDROCHLORIDE	47	<i>valganciclovir hydrochloride</i>	25
<i>trifluoperazine hcl</i>	23	<i>valproic acid</i>	8
<i>trifluoperazine hydrochloride</i>	23	<i>valrubicin</i>	18
TRIFLURIDINE	62	VALSARTAN	33
TRIHENYPHENIDYL HCL	22	<i>valsartan/hydrochlorothiazide</i>	38
<i>trihexyphenidyl hydrochloride</i>	22	VALTOCO 10 MG DOSE	9
TRIJARDY XR	30	VALTOCO 15 MG DOSE	9
TRIKAFTA	65	VALTOCO 20 MG DOSE	9
TRI-LUMA	45	VALTOCO 5 MG DOSE	9
<i>trimethoprim</i>	4	<i>vancomycin hcl</i>	4
<i>trimipramine maleate</i>	13	<i>vancomycin hydrochloride</i>	4
TRINTELLIX	12	VANFLYTA	20
<i>tritocin</i>	44	VANIQA	45
TRIUMEQ	27	VAQTA	59
TRIUMEQ PD	27	<i>varденаfil hydrochloride</i>	51
TRIZIVIR	27	<i>varденаfil hydrochloride odt</i>	51
TRODELVY	21	<i>varenicline starting month</i>	3

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VARIZIG	55	XARELTO	32
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VELTASSA	48	XATMEP	57
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VENCLEXTA STARTING PACK	20	XDEMVI	62
VENLAFAXINE BESYLATE ER	12	XELJANZ	56
<i>venlafaxine hydrochloride</i>	12	XELJANZ XR	56
<i>venlafaxine hydrochloride er</i>	12	XERMELO	48
VENTAVIS	66	XGEVA	60
VENTOLIN HFA	65	XIFAXAN	49
VEOZAH	41	XIGDUO XR	30
<i>verapamil hcl</i>	36	XOLAIR	56
VERAPAMIL HCL ER	36	XOSPATA	21
VERAPAMIL HCL SR	36	XPHOZAH	47
<i>verapamil hydrochloride</i>	36	XPOVIO	18
VERAPAMIL HYDROCHLORIDE ER	36	XPOVIO 60 MG TWICE WEEKLY	18
VERQUVO	40	XPOVIO 80 MG TWICE WEEKLY	18
VERSACLOZ	25	XTANDI	16
VERZENIO	20	<i>xulane</i>	53
<i>vestura</i>	53	XYREM	67
V-GO 20	61	<i>yargesa</i>	50
V-GO 30	61	YF-VAX	59
V-GO 40	61	<i>yuvaferm</i>	53
<i>vigabatrin</i>	9	<i>zafemy</i>	53
VIIBRYD STARTER PACK	12	<i>zafirlukast</i>	64
VIJOICE	50	<i>zaleplon</i>	67
<i>vilazodone hydrochloride</i>	12	ZARXIO	32
VIRACEPT	28	ZEJULA	21
VIRASAL	45	ZELBORAF	21
VIREAD	27	ZEMAIRA	50
<i>vitamin d</i>	48	<i>zenatane</i>	43
VITRAKVI	20	ZENPEP	50
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VIZIMPRO	20	ZEPZELCA	16
VONJO	20	<i>zidovudine</i>	27
VORANIGO	20	ZILBRYSQ	56
<i>voriconazole</i>	14	ZIOPTAN	63
VOSEVI	26	<i>ziprasidone hcl</i>	25
VOTRIENT	20	<i>ziprasidone mesylate</i>	25
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VRAYLAR	24	ZOLINZA	18
VUMERITY	42	<i>zolmitriptan</i>	15
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WELIREG	20	<i>zolpidem tartrate</i>	67
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This formulary was updated on **December 1, 2024**. For more recent information or other questions, please contact us, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** Customer Service, at 1-866-684-8216 or, for TTY users 711, Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit **www.bcbsm.com/medicare**.

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