2025

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Core Comprehensive Formulary

(List of Covered Drugs or "Drug List")

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

This formulary was updated on December 1, 2025. For more recent information or other questions, please contact us, Prescription Blue PDP Customer Service, at 1-800-565-1770 (TTY users should call 711), Monday through Friday, 8 a.m. to 9 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 2025 Blue Cross Drug List with you.

Updated: 12/01/2025
Formulary 25351

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 Prescription Blue PDP.

This document includes a Drug List (formulary) for our plan which is current as of December 1, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2026, and from time to time during the year.

What is the Prescription Blue PDP Core formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Prescription Blue 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. Prescription Blue PDP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Prescription Blue 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 Prescription Blue 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 change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: https://www.bcbsm.com/medicare/resources/forms-documents/drug-lists/.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Prescription Blue PDP Formulary?"

  Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both.

  We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change

becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 31-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 Prescription Blue PDP Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 1, 2025. To get updated information about the drugs covered by Prescription Blue 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 58. 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?

Prescription Blue PDP covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 3,

Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

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:** Prescription Blue PDP requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Prescription Blue PDP before you fill your prescriptions. If you don't get approval, Prescription Blue PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Prescription Blue PDP limits the amount of the drug that Prescription Blue PDP will cover. For example, Prescription Blue 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, Prescription Blue PDP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Prescription Blue PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Prescription Blue 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 Prescription Blue 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 Prescription Blue PDP Formulary?" on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Prescription Blue PDP does not cover your drug, you have two options:

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

You can ask Prescription Blue 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 (Tier 4) and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Prescription Blue PDP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

Generally, Prescription Blue 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 applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you**

request an exception, your prescriber will need to explain the medical reasons why you need the exception. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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.

If you are a new member in the plan, for each of your drugs that is not on our formulary or has coverage restrictions, we will cover a temporary 31-day supply. If you were in the plan last year and your drug is no longer on our formulary or is now restricted in some way, 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. If coverage is not approved, 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/using-your-plan/rx-restrictions-no-coverage**.

We will send you a letter within 3 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 Prescription Blue PDP prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Prescription Blue 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 **http://www.medicare.gov**.

Prescription Blue PDP Core Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Prescription Blue PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 58.

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 Prescription Blue PDP have any special requirements for coverage of your drug.

Prescription Blue 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 *Evidence of Coverage* 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			

Prescription Blue PDP Drug Tier Costs (32- to 90-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)
Tier 1	Preferred Generic	See your *Evidence of Coverage* 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 most 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.
NDS	Non-extended Day Supply. Most opioid analgesics are available for up to a 31-day supply and benzodiazepines are available for up to a 30-day supply through retail and mail.
OVM	Oncology Value Management. Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth. Your physician is required to submit more information to determine coverage.
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		
celecoxib capsule 200mg, 400mg	3	QL(180 EA per 90 days)
celecoxib capsule 100mg	3	QL(270 EA per 90 days)
celecoxib capsule 50mg	3	QL(540 EA per 90 days)
diclofenac potassium tablet 50mg	3	
diclofenac sodium dr	2	
diclofenac sodium er	3	
diclofenac sodium external solution 1.5%	4	QL(600 ML per 30 days)
diflunisal tablet 500mg	3	
ec-naproxen tablet delayed release 500mg	2	
FLURBIPROFEN TABLET 100MG	2	
ibu	2	
ibuprofen suspension	2	
ibuprofen tablet 400mg, 600mg, 800mg	2	
meloxicam tablet	2	
nabumetone tablet	2	
naproxen dr	2	
naproxen tablet delayed release 500mg	2	
naproxen tablet 250mg, 375mg, 500mg	2	
salsalate tablet 750mg	2	
sulindac tablet	2	
Opioid Analgesics, Long-acting		
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	QL(15 EA per 30 days); NDS
METHADONE HCL SOLUTION 5MG/5ML	3	QL(3720 ML per 31 days); NDS
methadone hcl tablet 10mg	3	QL(372 EA per 31 days); NDS
methadone hcl tablet 5mg	3	QL(496 EA per 31 days); NDS
METHADONE HYDROCHLORIDE SOLUTION 10MG/5ML	3	QL(1860 ML per 31 days); NDS
morphine sulfate er tablet extended release 15mg	3	QL(93 EA per 31 days); NDS
morphine sulfate er tablet extended release 200mg	4	QL(31 EA per 31 days); NDS
morphine sulfate er tablet extended release 100mg, 30mg, 60mg	4	QL(93 EA per 31 days); NDS
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR	4	QL(31 EA per 31 days); NDS
tramadol hydrochloride er	3	QL(31 EA per 31 days); NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tablet 300mg; 60mg	3	QL(186 EA per 31 days); NDS
ACETAMINOPHEN/CODEINE SOLUTION	3	QL(5167 ML per 31 days); NDS
acetaminophen/codeine tablet 300mg; 60mg	3	QL(186 EA per 31 days); NDS
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg	3	QL(372 EA per 31 days); NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL(372 EA per 31 days); NDS

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	4	QL(124 EA per 31 days); PA; NDS
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	QL(124 EA per 31 days); PA; NDS
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg	3	QL(372 EA per 31 days); NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	3	QL(372 EA per 31 days); NDS
hydrocodone/ibuprofen tablet 7.5mg; 200mg	3	QL(155 EA per 31 days); NDS
HYDROMORPHONE HCL INJECTION 1MG/ML, 4MG/ML	4	NDS
hydromorphone hcl injection 10mg/ml, 1mg/ml	4	NDS
hydromorphone hcl tablet 8mg	3	QL(248 EA per 31 days); NDS
hydromorphone hcl tablet 2mg, 4mg	3	QL(372 EA per 31 days); NDS
hydromorphone hydrochloride injection 2mg/ml, 50mg/5ml	4	NDS
morphine sulfate tablet	3	QL(186 EA per 31 days); NDS
MORPHINE SULFATE SOLUTION 20MG/5ML	3	QL(1550 ML per 31 days); NDS
MORPHINE SULFATE SOLUTION 10MG/5ML	3	QL(3100 ML per 31 days); NDS
morphine sulfate solution 100mg/5ml	3	QL(930 ML per 31 days); NDS
oxycodone hydrochloride tablet	3	QL(372 EA per 31 days); NDS
oxycodone hydrochloride solution	4	QL(1860 ML per 31 days); NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL(372 EA per 31 days); NDS
tramadol hydrochloride tablet 50mg	2	QL(248 EA per 31 days); NDS
Anesthetics		
Local Anesthetics		
lidocaine/prilocaine cream	4	PA
lidocaine patch 5%	3	QL(270 EA per 90 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	4	
disulfiram tablet	4	
naltrexone hydrochloride tablet	3	
Opioid Dependence		
buprenorphine hcl/naloxone hcl	2	QL(270 EA per 90 days)
buprenorphine hcl tablet sublingual	3	QL(270 EA per 90 days)
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg	4	QL(180 EA per 90 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	4	QL(270 EA per 90 days)
Opioid Reversal Agents		
KLOXXADO	3	QL(12 EA per 90 days)
naloxone hcl injection 4mg/10ml	2	
naloxone hydrochloride liquid	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml	2	
OPVEE	3	QL(12 EA per 90 days)
REXTOVY	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	3	QL(180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
TYRVAYA	4	QL(8.4 ML per 30 days)
varenicline starting month	4	
varenicline tartrate	4	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 500mg/2ml	4	
ARIKAYCE	5	PA
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.2MG/ML; 0.9%, 1.6MG/ML; 0.9%, 1MG/ML; 0.9%	4	
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate injection 40mg/ml	4	
gentamicin sulfate ointment 0.1%	3	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
neomycin sulfate	2	
STREPTOMYCIN SULFATE INJECTION 1GM	5	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml	4	
Antibacterials, Other		
aztreonam injection 1gm	4	
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg, 75mg	2	
clindamycin palmitate hydrochloride	4	
clindamycin phosphate/dextrose	4	
clindamycin phosphate cream 2%	3	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	2	
clindamycin phosphate swab 1%	3	
CLINDAMYCIN/SODIUM CHLORIDE	4	
colistimethate sodium	4	
daptomycin injection 500mg	5	
IMPAVIDO	5	QL(84 EA per 28 days)
linezolid tablet	4	QL(56 EA per 28 days)
linezolid suspension reconstituted	5	QL(1680 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
linezolid injection 600mg/300ml	4	
methenamine hippurate	4	
metronidazole vaginal	4	
metronidazole injection 500mg/100ml	4	
metronidazole tablet 250mg, 500mg	2	
nitrofurantoin macrocrystals capsule 100mg, 50mg	3	
nitrofurantoin monohydrate/macrocrystals	3	
tigecycline	5	
tinidazole	4	
trimethoprim tablet	2	
vancomycin hcl injection 10gm	4	
vancomycin hydrochloride capsule 125mg	4	QL(360 EA per 90 days)
vancomycin hydrochloride capsule 250mg	4	QL(720 EA per 90 days)
vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg	4	
vancomycin hydrochloride oral solution reconstituted 250mg/5ml	4	
Beta-lactam, Cephalosporins		
CEFACLOR CAPSULE	3	
cefadroxil capsule, suspension reconstituted	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
cefazolin sodium injection 10gm, 1gm, 500mg	4	
cefdinir capsule	2	
cefdinir suspension reconstituted	3	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
cefepime injection 1gm	4	
cefixime capsule	4	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
cefoxitin sodium injection 10gm, 1gm, 2gm	4	
cefpodoxime proxetil tablet	4	
CEFTAZIDIME INJECTION 6GM	4	
ceftazidime injection 1gm, 2gm	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAXONE SODIUM INJECTION 100GM	4	
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	4	
CEFTRIAXONE/DEXTROSE	4	
cefuroxime axetil tablet	3	
cefuroxime sodium injection 1.5gm, 750mg	4	
cephalexin capsule 250mg, 500mg	2	
cephalexin suspension reconstituted	2	
TAZICEF INJECTION 1GM	4	
tazicef injection 1gm, 2gm	4	

Drug Name	Drug Tier	Requirements/Limits
TEFLARO	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
amoxicillin/clavulanate potassium tablet	2	
amoxicillin/clavulanate potassium suspension reconstituted	3	
amoxicillin capsule, suspension reconstituted, tablet	2	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	2	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
ampicillin sodium injection 1gm, 250mg, 500mg	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM	4	
ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm	4	
ampicillin/sulbactam injection 2gm; 1gm	4	
ampicillin capsule 500mg	2	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium	3	
nafcillin sodium injection 10gm, 1gm	4	
NAFCILLIN INJECTION 5%; 1GM/50ML	4	
penicillin g potassium injection 20000000unit, 5000000unit	4	
PENICILLIN G SODIUM	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	2	
penicillin v potassium tablet	2	
piperacillin sodium/tazobactam sodium	4	
Carbapenems		
ertapenem sodium	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
imipenem/cilastatin injection 500mg; 500mg	4	
MEROPENEM/SODIUM CHLORIDE	3	
MEROPENEM INJECTION 2GM	3	
meropenem injection 1gm, 500mg	3	
Macrolides		
AZITHROMYCIN PACKET	3	
azithromycin tablet	2	
azithromycin injection 500mg	4	
azithromycin suspension reconstituted 200mg/5ml	3	
clarithromycin er	3	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	4	
clarithromycin tablet	3	
DIFICID SUSPENSION RECONSTITUTED	5	QL(136 ML per 10 days)
DIFICID TABLET	5	QL(20 EA per 10 days)
ery-tab tablet delayed release 250mg, 333mg	4	

Drug Name	Drug Tier	Requirements/Limits
erythromycin base tablet	4	
ERYTHROMYCIN DR CAPSULE DELAYED RELEASE PARTICLES	4	
erythromycin dr tablet delayed release 250mg, 333mg	4	
fidaxomicin	5	QL(20 EA per 10 days)
Quinolones		
ciprofloxacin hcl tablet 750mg	2	
ciprofloxacin hydrochloride tablet 250mg, 500mg	2	
CIPROFLOXACIN I.V.-IN D5W INJECTION 200MG/100ML; 5%	4	
levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml	4	
levofloxacin tablet	2	
levofloxacin injection, oral solution	4	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
moxifloxacin hydrochloride tablet 400mg	2	
Sulfonamides		
sulfacetamide sodium lotion 10%	4	
sulfadiazine tablet	4	
sulfamethoxazole/trimethoprim ds	2	
sulfamethoxazole/trimethoprim suspension, tablet	2	
Tetracyclines		
doxy 100	4	
doxycycline hyclate capsule 100mg, 50mg	3	
doxycycline hyclate tablet 100mg	3	
doxycycline monohydrate capsule 100mg, 50mg	2	
doxycycline monohydrate tablet 100mg, 50mg	3	
minocycline hcl capsule 75mg	2	
minocycline hydrochloride capsule 100mg, 50mg	2	
tetracycline hydrochloride capsule	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT TABLET	5	QL(62 EA per 31 days); PA
BRIVIACT SOLUTION	5	QL(620 ML per 31 days); PA
EPIDIOLEX	5	QL(600 ML per 30 days); PA
EPRONTIA	4	PA
felbamate	4	
FINTEPLA	5	QL(360 ML per 30 days); PA
FYCOMPA SUSPENSION	5	QL(720 ML per 30 days); PA
FYCOMPA TABLET 2MG	4	QL(540 EA per 90 days); PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL(30 EA per 30 days); PA
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); PA
lamotrigine odt	4	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tablet	2	
lamotrigine tablet chewable	3	
levetiracetam er	3	
levetiracetam solution, tablet	3	
NAYZILAM	4	QL(10 EA per 30 days); PA; NDS
perampanel tablet 2mg	4	QL(540 EA per 90 days); PA
perampanel tablet 10mg, 12mg, 4mg, 8mg	5	QL(30 EA per 30 days); PA
perampanel tablet 6mg	5	QL(60 EA per 30 days); PA
roweepra tablet 500mg	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(1080 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(270 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL(360 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(540 EA per 90 days); PA
subvenite	2	
topiramate tablet	2	
topiramate capsule sprinkle	3	
topiramate solution	4	PA
valproic acid	3	
Calcium Channel Modifying Agents		
ethosuximide	4	
methsuximide	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam suspension	4	QL(480 ML per 30 days); PA; NDS
clobazam tablet	4	QL(60 EA per 30 days); PA; NDS
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	3	QL(120 EA per 30 days); NDS
clonazepam odt tablet disintegrating 2mg	3	QL(300 EA per 30 days); NDS
clonazepam tablet 0.5mg, 1mg	2	QL(120 EA per 30 days); NDS
clonazepam tablet 2mg	2	QL(300 EA per 30 days); NDS
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	QL(5 EA per 30 days); NDS
diazepam rectal gel gel 10mg, 20mg	4	QL(5 EA per 30 days); NDS
divalproex sodium dr tablet delayed release	3	
divalproex sodium dr capsule delayed release sprinkle	4	
divalproex sodium er	4	
gabapentin capsule	2	QL(810 EA per 90 days)
gabapentin solution	3	QL(6480 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
gabapentin tablet 800mg	2	QL(360 EA per 90 days)
gabapentin tablet 600mg	2	QL(540 EA per 90 days)
LIBERVANT	4	QL(10 EA per 30 days); PA; NDS
phenobarbital elixir 20mg/5ml	3	QL(4500 ML per 90 days); PA
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	3	QL(360 EA per 90 days); PA
PRIMIDONE TABLET 125MG	2	
primidone tablet 250mg, 50mg	2	
SYMPAZAN FILM 5MG	4	QL(60 EA per 30 days); PA; NDS
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); PA; NDS
tiagabine hydrochloride	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); PA; NDS
vigabatrin	5	QL(186 EA per 31 days); PA
ZTALMY	5	QL(1116 ML per 31 days); PA
Sodium Channel Agents		
APTIOM	5	QL(62 EA per 31 days); PA
carbamazepine er	4	
carbamazepine suspension, tablet	4	
carbamazepine tablet chewable 100mg	4	
CEREBYX INJECTION 500MG PE/10ML	2	
DILANTIN CAPSULE 30MG	4	
epitol	4	
eslicarbazepine acetate	4	QL(62 EA per 31 days)
fosphenytoin sodium injection 500mg pe/10ml	2	
lacosamide solution	4	QL(3600 ML per 90 days)
lacosamide tablet 100mg, 150mg, 200mg	4	QL(180 EA per 90 days)
lacosamide tablet 50mg	4	QL(360 EA per 90 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(124 EA per 31 days); PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	5	QL(62 EA per 31 days); PA
oxcarbazepine	4	
phenytek	2	
phenytoin sodium extended	2	
phenytoin suspension	2	
phenytoin tablet chewable	3	
rufinamide suspension	5	PA
rufinamide tablet 200mg	4	QL(496 EA per 31 days); PA
rufinamide tablet 400mg	5	QL(248 EA per 31 days); PA
XCOPRI TABLET THERAPY PACK 0	4	QL(168 EA per 84 days); PA; 250MG DAILY DOSE

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABLET THERAPY PACK 0	4	QL(84 EA per 84 days); PA; 12.5MG-25MG
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA; 150MG-200MG
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA; 50MG-100MG
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA; 350MG DAILY DOSE
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
ZONISADE	4	QL(2700 ML per 90 days); PA
zonisamide	3	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABLET	2	
memantine/donepezil hydrochloride er	3	
NAMZARIC	3	
Cholinesterase Inhibitors		
ADLARITY	4	QL(12 EA per 84 days); PA
donepezil hcl tablet disintegrating 10mg	3	QL(180 EA per 90 days)
donepezil hcl tablet disintegrating 5mg	3	QL(90 EA per 90 days)
donepezil hcl tablet 10mg	2	QL(180 EA per 90 days)
donepezil hydrochloride tablet 5mg	2	QL(90 EA per 90 days)
galantamine hydrobromide er	3	QL(90 EA per 90 days)
galantamine hydrobromide tablet	3	QL(180 EA per 90 days)
rivastigmine tartrate capsule 4.5mg, 6mg	4	QL(180 EA per 90 days)
rivastigmine tartrate capsule 1.5mg, 3mg	4	QL(270 EA per 90 days)
rivastigmine transdermal system	4	QL(90 EA per 90 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
MEMANTINE HCL TITRATION PAK	3	QL(49 EA per 28 days); PA
memantine hydrochloride er	4	QL(90 EA per 90 days); PA
memantine hydrochloride tablet	3	QL(180 EA per 90 days); PA
memantine hydrochloride solution	4	QL(1080 ML per 90 days); PA
Antidepressants		
Antidepressants, Other		
AUVELITY	5	QL(62 EA per 31 days); PA
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg	3	QL(180 EA per 90 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	3	QL(270 EA per 90 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	3	QL(90 EA per 90 days)
bupropion hydrochloride tablet	3	QL(540 EA per 90 days)
EXXUA	5	QL(31 EA per 31 days); ST

Drug Name	Drug Tier	Requirements/Limits
EXXUA TITRATION PACK	5	QL(32 EA per 14 days); ST
mirtazapine odt tablet disintegrating 15mg, 30mg	3	QL(180 EA per 90 days)
mirtazapine odt tablet disintegrating 45mg	3	QL(90 EA per 90 days)
mirtazapine tablet 15mg, 7.5mg	2	QL(180 EA per 90 days)
mirtazapine tablet 30mg, 45mg	2	QL(90 EA per 90 days)
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(31 EA per 31 days); PA
MARPLAN	4	QL(540 EA per 90 days)
PHENELZINE SULFATE	3	
tranylcypromine sulfate	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide solution	3	QL(1800 ML per 90 days)
citalopram hydrobromide tablet 20mg	2	QL(180 EA per 90 days)
citalopram hydrobromide tablet 10mg	2	QL(360 EA per 90 days)
citalopram hydrobromide tablet 40mg	2	QL(90 EA per 90 days)
desvenlafaxine er tablet extended release 24 hour 100mg	4	QL(360 EA per 90 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	4	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(270 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(360 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(540 EA per 90 days); PA
duloxetine hydrochloride dr capsule delayed release particles 60mg	3	QL(180 EA per 90 days)
duloxetine hydrochloride dr capsule delayed release particles 20mg, 30mg	3	QL(270 EA per 90 days)
escitalopram oxalate solution	4	QL(1800 ML per 90 days)
escitalopram oxalate tablet 10mg	2	QL(180 EA per 90 days)
escitalopram oxalate tablet 5mg	2	QL(360 EA per 90 days)
escitalopram oxalate tablet 20mg	2	QL(90 EA per 90 days)
FETZIMA TITRATION PACK	4	QL(28 EA per 28 days); PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL(180 EA per 90 days); PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL(90 EA per 90 days); PA
fluoxetine hydrochloride capsule 40mg	2	QL(180 EA per 90 days)
fluoxetine hydrochloride capsule 20mg	2	QL(360 EA per 90 days)
fluoxetine hydrochloride capsule 10mg	2	QL(720 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hydrochloride solution	4	QL(1800 ML per 90 days)
fluoxetine hydrochloride tablet 20mg	2	QL(360 EA per 90 days)
fluoxetine hydrochloride tablet 10mg	2	QL(720 EA per 90 days)
fluvoxamine maleate	3	
NEFAZODONE HYDROCHLORIDE	4	
paroxetine hcl tablet 30mg, 40mg	2	QL(180 EA per 90 days)
PAROXETINE HYDROCHLORIDE SUSPENSION	4	QL(2700 ML per 90 days)
paroxetine hydrochloride tablet 10mg, 20mg	2	QL(270 EA per 90 days)
RALDESY	4	QL(1200 ML per 30 days); PA
sertraline hcl concentrate	4	
sertraline hcl tablet 50mg	2	QL(360 EA per 90 days)
sertraline hydrochloride tablet 100mg	2	QL(180 EA per 90 days)
sertraline hydrochloride tablet 25mg	2	QL(720 EA per 90 days)
trazodone hydrochloride tablet 100mg, 150mg, 50mg	2	
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 hydrochloride	2	
venlafaxine hydrochloride er capsule extended release 24 hour 150mg	2	QL(180 EA per 90 days)
venlafaxine hydrochloride er capsule extended release 24 hour 75mg	2	QL(270 EA per 90 days)
venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg	2	QL(540 EA per 90 days)
vilazodone hydrochloride	4	QL(90 EA per 90 days)
Tricyclics		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	3	
amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg	3	
amoxapine	3	
clomipramine hydrochloride	4	
desipramine hydrochloride	4	
doxepin hcl capsule 75mg	3	
doxepin hcl concentrate	3	
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	3	
imipramine hcl tablet 25mg, 50mg	3	
imipramine hydrochloride tablet 10mg	3	
nortriptyline hcl capsule 25mg, 75mg	2	
nortriptyline hcl solution	4	
nortriptyline hydrochloride capsule 10mg, 50mg	2	
protriptyline hcl	4	
trimipramine maleate capsule	4	
Antiemetics		

Drug Name	Drug Tier	Requirements/Limits
Antiemetics, Other		
compro	4	
meclizine hcl 12.5mg, 25mg tablet	2	
prochlorperazine maleate tablet	2	
prochlorperazine suppository 25mg	4	
promethazine hydrochloride tablet	2	
scopolamine	4	QL(30 EA per 90 days)
Emetogenic Therapy Adjuncts		
aprepitant capsule 0, 80mg	4	B/D
aprepitant capsule 40mg	4	QL(12 EA per 90 days); B/D
aprepitant capsule 125mg	4	QL(6 EA per 90 days); B/D
dronabinol	4	B/D
granisetron hydrochloride tablet	3	B/D
ondansetron hcl solution	4	B/D
ondansetron hydrochloride tablet	2	B/D
ondansetron odt tablet disintegrating 4mg, 8mg	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
amphotericin b liposome	4	B/D
AMPHOTERICIN B INJECTION	4	B/D
caspofungin acetate	4	
clotrimazole cream, troche	3	
fluconazole in sodium chloride	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
fluconazole suspension reconstituted	3	
fluconazole tablet 150mg	2	
fluconazole tablet 100mg, 200mg, 50mg	3	
flucytosine capsule	5	
griseofulvin microsize	4	
griseofulvin ultramicrosize tablet 125mg, 250mg	4	
itraconazole capsule	4	
ketoconazole tablet	2	PA
ketoconazole shampoo	2	QL(360 ML per 90 days)
ketoconazole cream	3	QL(270 GM per 90 days)
klayesta	4	QL(180 GM per 90 days)
nyamyc	4	QL(180 GM per 90 days)
nystatin cream, ointment	2	
nystatin suspension	3	
nystatin tablet	4	
nystatin powder	4	QL(180 GM per 90 days)
nystop	4	QL(180 GM per 90 days)
posaconazole dr	5	QL(93 EA per 31 days); PA
terbinafine hcl tablet	2	

Drug Name	Drug Tier	Requirements/Limits
terconazole cream	3	
terconazole suppository	4	
voriconazole tablet	4	PA
voriconazole injection, suspension reconstituted	5	PA
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 300mg	1	
colchicine tablet 0.6mg	4	QL(360 EA per 90 days)
febuxostat	3	QL(90 EA per 90 days); ST
probenecid/colchicine	3	
probenecid tablet	3	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	3	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(5 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(9 ML per 84 days); PA
NURTEC	5	QL(18 EA per 30 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
UBRELVY	5	QL(16 EA per 30 days); PA
Ergot Alkaloids		
dihydroergotamine mesylate solution	3	QL(24 ML per 90 days); PA
MIGERGOT	5	
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl tablet 2.5mg	3	QL(24 EA per 90 days)
naratriptan hcl tablet 1mg	3	QL(60 EA per 90 days)
rizatriptan benzoate odt tablet disintegrating 5mg	3	QL(162 EA per 90 days)
rizatriptan benzoate odt tablet disintegrating 10mg	3	QL(81 EA per 90 days)
rizatriptan benzoate tablet 5mg	3	QL(162 EA per 90 days)
rizatriptan benzoate tablet 10mg	3	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL	4	QL(27 ML per 90 days)
sumatriptan succinate injection	4	QL(27 ML per 90 days)
sumatriptan succinate tablet 50mg	2	QL(108 EA per 90 days)
sumatriptan succinate tablet 25mg	2	QL(216 EA per 90 days)
sumatriptan succinate tablet 100mg	2	QL(54 EA per 90 days)
sumatriptan solution	4	QL(36 EA per 90 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er tablet extended release	4	
pyridostigmine bromide tablet 60mg	3	
Antimycobacterials		
Antimycobacterials, Other		

Drug Name	Drug Tier	Requirements/Limits
dapsone tablet	3	
rifabutin	4	
Antituberculars		
ethambutol hydrochloride	3	
isoniazid tablet	2	
PRIFTIN	4	
pyrazinamide tablet	4	
rifampin capsule	3	
rifampin injection	4	
SIRTURO	5	PA
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide capsule	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA; OVM
ZEPZELCA	5	PA
Antiandrogens		
abiraterone acetate tablet 250mg	4	
abirtega	4	
bicalutamide	3	
ERLEADA	5	PA; OVM
EULEXIN	5	PA; OVM
nilutamide	5	
NUBEQA	5	PA; OVM
XTANDI	5	PA; OVM
Antiangiogenic Agents		
lenalidomide	5	PA
POMALYST	5	PA; OVM
THALOMID	5	PA; OVM
Antiestrogens/Modifiers		
EMCYT	5	
ORSERDU	5	PA; OVM
SOLTAMOX	5	
tamoxifen citrate tablet	2	
toremifene citrate	5	
Antimetabolites		
DROXIA	4	
hydroxyurea capsule	2	
mercaptopurine tablet	4	
mercaptopurine suspension	5	

Drug Name	Drug Tier	Requirements/Limits
PURIXAN	5	
TABLOID	5	PA; OVM
Antineoplastics, Other		
AKEEGA	5	PA; OVM
INREBIC	5	PA; OVM
ITOVEBI	5	PA; OVM
IWILFIN	5	PA; OVM
KISQALI FEMARA 200 DOSE	5	PA; OVM
KISQALI FEMARA 400 DOSE	5	PA; OVM
KISQALI FEMARA 600 DOSE	5	PA; OVM
LAZCLUZE	5	PA; OVM
leucovorin calcium tablet	3	
leucovorin calcium injection 500mg, 50mg	4	
LONSURF	5	PA; OVM
LYSODREN	3	
MODEYSO	5	PA; OVM
OGSIVEO	5	PA; OVM
OJEMDA	5	PA; OVM
ONUREG	5	PA; OVM
REVUFORJ	5	PA; OVM
RYLAZE	5	PA
TICE BCG	3	
valrubicin	3	
VONJO	5	PA; OVM
ZOLINZA	5	PA; OVM
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet	2	
exemestane	4	
letrozole	2	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK	5	PA; OVM
Molecular Target Inhibitors		
ALECENSA	5	PA; OVM
ALUNBRIG TABLET	5	PA; OVM
AUGTYRO	5	PA; OVM
AYVAKIT	5	PA; OVM
BALVERSA	5	PA; OVM
BOSULIF	5	PA; OVM
BRAFTOVI CAPSULE 75MG	5	PA; OVM
BRUKINSA	5	PA; OVM
CABOMETYX	5	PA; OVM
CALQUENCE TABLET	5	PA; OVM
CALQUENCE CAPSULE	5	QL(124 EA per 31 days); PA
CAPRELSA	5	PA; OVM

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ	5	PA; OVM
COPIKTRA	5	PA; OVM
COTELLIC	5	PA; OVM
dasatinib	5	PA; OVM
DAURISMO	5	PA; OVM
ENSACOVE	5	PA; OVM
ERIVEDGE	5	PA; OVM
erlotinib hydrochloride tablet	5	PA; OVM
everolimus tablet soluble 2mg, 3mg, 5mg	5	PA; OVM
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	5	PA; OVM
EXKIVITY	5	QL(124 EA per 31 days); PA
FOTIVDA	5	PA; OVM
FRUZAQLA	5	PA; OVM
GAVRETO	5	PA; OVM
gefitinib	5	PA; OVM
GILOTRIF	5	PA; OVM
GOMEKLI	5	PA; OVM
HERNEXEOS	5	PA; OVM
IBRANCE	5	PA; OVM
IBTROZI	5	PA; OVM
ICLUSIG	5	PA; OVM
IDHIFA	5	PA; OVM
imatinib mesylate tablet 100mg	3	
imatinib mesylate tablet 400mg	4	
IMBRUVICA CAPSULE, SUSPENSION	5	PA; OVM
IMBRUVICA TABLET 420MG	5	PA; OVM
IMKELDI	5	PA; OVM
INLYTA	5	PA; OVM
INQOVI	5	PA; OVM
JAKAFI	5	PA; OVM
JAYPIRCA	5	PA; OVM
KISQALI	5	PA; OVM
KOSELUGO CAPSULE	5	PA; OVM
KRAZATI	5	PA; OVM
lapatinib ditosylate	5	PA; OVM
LENVIMA 10 MG DAILY DOSE	5	PA; OVM
LENVIMA 12MG DAILY DOSE	5	PA; OVM
LENVIMA 14 MG DAILY DOSE	5	PA; OVM
LENVIMA 18 MG DAILY DOSE	5	PA; OVM
LENVIMA 20 MG DAILY DOSE	5	PA; OVM
LENVIMA 24 MG DAILY DOSE	5	PA; OVM
LENVIMA 4 MG DAILY DOSE	5	PA; OVM
LENVIMA 8 MG DAILY DOSE	5	PA; OVM
LORBRENA	5	PA; OVM

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS	5	PA; OVM
LYNPARZA TABLET	5	PA; OVM
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; OVM; 12MG
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; OVM; 16MG
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; OVM; 20MG
MEKINIST	5	PA; OVM
MEKTOVI	5	PA; OVM
NERLYNX	5	PA; OVM
nilotinib hydrochloride	5	PA; OVM
NINLARO	5	PA; OVM
ODOMZO	5	PA; OVM
OJJAARA	5	PA; OVM
pazopanib hydrochloride	5	PA; OVM
PEMAZYRE	5	PA; OVM
PIQRAY 200MG DAILY DOSE	5	PA; OVM
PIQRAY 250MG DAILY DOSE	5	PA; OVM
PIQRAY 300MG DAILY DOSE	5	PA; OVM
QINLOCK	5	PA; OVM
RETEVMO	5	PA; OVM
REZLIDHIA	5	PA; OVM
ROMVIMZA	5	PA; OVM
ROZLYTREK	5	PA; OVM
RUBRACA	5	QL(124 EA per 31 days); PA
RYDAPT	5	PA; OVM
SCEMBLIX	5	PA; OVM
sorafenib	5	PA; OVM
sorafenib tosylate	5	PA; OVM
SPRYCEL	5	PA; OVM
STIVARGA	5	PA; OVM
sunitinib malate	5	PA; OVM
TABRECTA	5	PA; OVM
TAFINLAR	5	PA; OVM
TAGRISSO	5	PA; OVM
TALZENNA	5	PA; OVM
TASIGNA	5	PA; OVM
TAZVERIK	5	PA; OVM
TEPMETKO	5	PA; OVM
TIBSOVO	5	PA; OVM
torpenz	5	PA; OVM
TRUQAP	5	PA; OVM
TUKYSA	5	PA; OVM
TURALIO CAPSULE 125MG	5	PA; OVM
VANFLYTA	5	PA; OVM
VENCLEXTA STARTING PACK	5	PA; OVM

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABLET 10MG, 50MG	4	PA; OVM
VENCLEXTA TABLET 100MG	5	PA; OVM
VERZENIO	5	PA; OVM
VITRAKVI	5	PA; OVM
VIZIMPRO	5	PA; OVM
XALKORI	5	PA; OVM
XOSPATA	5	PA; OVM
XPOVIO	5	PA; OVM
XPOVIO 60 MG TWICE WEEKLY	5	PA; OVM
XPOVIO 80 MG TWICE WEEKLY	5	PA; OVM
ZEJULA	5	PA; OVM
ZELBORAF	5	PA; OVM
ZYDELIG	5	PA; OVM
ZYKADIA TABLET	5	PA; OVM
Monoclonal Antibodies/Antibody-Drug Conjugates		
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
Retinoids		
bexarotene	5	PA; OVM
PANRETIN	5	QL(60 GM per 30 days); PA
tretinoin capsule 10mg	5	
Treatment Adjuncts		
mesna tablet	3	
MESNEX TABLET	3	
VORANIGO	5	PA; OVM
Antiparasitics		
Anthelmintics		
albendazole tablet	4	
ivermectin tablet 3mg	3	PA
praziquantel tablet	4	
Antiprotozoals		
atovaquone	4	
atovaquone/proguanil hcl tablet 62.5mg; 25mg	4	
atovaquone/proguanil hydrochloride	4	
CHLOROQUINE PHOSPHATE TABLET 250MG	4	

Drug Name	Drug Tier	Requirements/Limits
chloroquine phosphate tablet 500mg	4	
COARTEM	4	
hydroxychloroquine sulfate tablet 200mg	4	
mefloquine hydrochloride	2	
nitazoxanide	5	
pentamidine isethionate injection	4	
PRIMAQUINE PHOSPHATE TABLET	3	
pyrimethamine tablet	5	
quinine sulfate capsule 324mg	4	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet	3	
trihexyphenidyl hydrochloride	3	
Antiparkinson Agents, Other		
carbidopa/levodopa/entacapone	4	
entacapone	4	
Dopamine Agonists		
bromocriptine mesylate capsule, tablet	4	
pramipexole dihydrochloride	2	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tablet 0.25mg, 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa	2	
carbidopa/levodopa er tablet extended release	3	
carbidopa/levodopa odt	4	
carbidopa tablet	4	
RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG	4	QL(300 EA per 30 days); ST
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG	4	QL(360 EA per 30 days); ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tablet	4	
selegiline hcl capsule, tablet	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
chlorpromazine hydrochloride tablet	4	
fluphenazine decanoate injection	4	
FLUPHENAZINE HCL CONCENTRATE	4	
FLUPHENAZINE HYDROCHLORIDE ELIXIR, INJECTION	4	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hydrochloride tablet	4	
haloperidol decanoate injection	4	
haloperidol lactate	4	
haloperidol concentrate	2	
haloperidol tablet	3	
loxapine	4	
MOLINDONE HYDROCHLORIDE	4	
perphenazine tablet	4	
PIMOZIDE	3	
thioridazine hydrochloride	3	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	4	
trifluoperazine hcl tablet 10mg, 2mg, 5mg	4	
trifluoperazine hydrochloride tablet 1mg	4	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL(2.4 ML per 56 days); ST
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL(3.2 ML per 56 days); ST
ABILIFY MAINTENA	5	QL(1 EA per 28 days); ST
aripiprazole odt tablet disintegrating 15mg	4	QL(180 EA per 90 days)
aripiprazole odt tablet disintegrating 10mg	4	QL(270 EA per 90 days)
aripiprazole solution	4	QL(2700 ML per 90 days)
aripiprazole tablet 20mg	3	QL(135 EA per 90 days)
aripiprazole tablet 10mg, 15mg, 2mg, 5mg	3	QL(180 EA per 90 days)
aripiprazole tablet 30mg	3	QL(90 EA per 90 days)
ARISTADA INITIO	5	QL(2.4 ML per 31 days); ST
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days); ST
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days); ST
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days); ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 56 days); ST
asenapine maleate sl	4	QL(180 EA per 90 days)
CAPLYTA	5	QL(30 EA per 30 days); ST
FANAPT TITRATION PACK A	4	QL(8 EA per 31 days); PA
FANAPT TITRATION PACK B	4	QL(12 EA per 31 days); PA
FANAPT TITRATION PACK C	4	QL(8 EA per 31 days); PA
FANAPT TABLET 1MG, 2MG, 4MG	5	QL(180 EA per 90 days); PA
FANAPT TABLET 10MG, 12MG, 6MG, 8MG	5	QL(62 EA per 31 days); PA
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

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 90 days); ST
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 90 days); ST
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	3	QL(31 EA per 31 days)
lurasidone hydrochloride tablet 80mg	3	QL(62 EA per 31 days)
LYBALVI	5	QL(30 EA per 30 days); PA
NUPLAZID CAPSULE	5	QL(31 EA per 31 days); PA
NUPLAZID TABLET 10MG	5	QL(31 EA per 31 days); PA
olanzapine odt tablet disintegrating 10mg, 5mg	4	QL(180 EA per 90 days)
olanzapine odt tablet disintegrating 15mg, 20mg	4	QL(90 EA per 90 days)
olanzapine injection	3	
olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg	3	QL(180 EA per 90 days)
olanzapine tablet 15mg, 20mg	3	QL(90 EA per 90 days)
OPIPZA FILM 5MG	5	QL(180 EA per 30 days); PA
OPIPZA FILM 2MG	5	QL(60 EA per 30 days); PA
OPIPZA FILM 10MG	5	QL(90 EA per 30 days); PA
paliperidone er tablet extended release 24 hour 6mg	4	QL(180 EA per 90 days)
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	4	QL(90 EA per 90 days)
PERSERIS	5	QL(1 EA per 30 days); ST
quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg	3	QL(180 EA per 90 days)
quetiapine fumarate er tablet extended release 24 hour 150mg	3	QL(270 EA per 90 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	3	QL(30 EA per 30 days)
quetiapine fumarate er tablet extended release 24 hour 50mg	3	QL(360 EA per 90 days)
QUETIAPINE FUMARATE TABLET 150MG	3	QL(450 EA per 90 days)
quetiapine fumarate tablet 300mg, 400mg	3	QL(180 EA per 90 days)
quetiapine fumarate tablet 100mg	3	QL(270 EA per 90 days)
quetiapine fumarate tablet 200mg, 25mg, 50mg	3	QL(360 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); ST
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); ST
risperidone er injection 25mg	4	QL(2 EA per 28 days); ST
risperidone er injection 12.5mg	4	QL(6 EA per 84 days); ST
risperidone er injection 37.5mg, 50mg	5	QL(2 EA per 28 days); ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	4	QL(270 EA per 90 days)
risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg	4	QL(180 EA per 90 days)
risperidone odt tablet disintegrating 0.5mg	4	QL(360 EA per 90 days)
risperidone solution	2	QL(720 ML per 90 days)
risperidone tablet 1mg, 2mg, 3mg, 4mg	2	QL(180 EA per 90 days)
risperidone tablet 0.25mg	2	QL(270 EA per 90 days)
risperidone tablet 0.5mg	2	QL(360 EA per 90 days)
RYKINDO	5	QL(2 EA per 28 days); ST
SECUADO	5	QL(31 EA per 31 days); PA
VRAYLAR CAPSULE THERAPY PACK	4	QL(7 EA per 31 days); ST
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL(31 EA per 31 days); ST

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAPSULE 1.5MG	5	QL(62 EA per 31 days); ST
ziprasidone hcl	4	QL(180 EA per 90 days)
ziprasidone mesylate	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL(6 EA per 90 days); ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL(1 EA per 30 days); ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL(2 EA per 30 days); ST
Treatment-Resistant		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	4	
clozapine odt tablet disintegrating 25mg	4	
clozapine odt tablet disintegrating 200mg	4	QL(135 EA per 90 days)
clozapine odt tablet disintegrating 150mg	4	QL(540 EA per 90 days)
clozapine odt tablet disintegrating 100mg	4	QL(810 EA per 90 days)
clozapine tablet 100mg, 200mg, 25mg, 50mg	3	
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet 10mg, 20mg, 5mg	3	
dantrolene sodium capsule	4	
SOHONOS CAPSULE 1.5MG, 1MG	5	QL(124 EA per 31 days); PA
SOHONOS CAPSULE 10MG	5	QL(62 EA per 31 days); PA
SOHONOS CAPSULE 2.5MG, 5MG	5	QL(93 EA per 31 days); PA
tizanidine hcl tablet 2mg	2	
tizanidine hydrochloride tablet 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	5	PA
PREVYMIS PACKET	5	QL(112 EA per 28 days); PA
PREVYMIS TABLET	5	QL(28 EA per 28 days); PA
valganciclovir	3	
valganciclovir hydrochloride	5	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	4	
entecavir tablet 0.5mg	3	QL(90 EA per 90 days)
entecavir tablet 1mg	4	QL(90 EA per 90 days)
lamivudine tablet 100mg	3	
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 150MG; 37.5MG	5	QL(31 EA per 31 days); PA
EPCLUSA PACKET 200MG; 50MG	5	QL(62 EA per 31 days); PA
EPCLUSA TABLET 400MG; 100MG	5	QL(31 EA per 31 days); PA
EPCLUSA TABLET 200MG; 50MG	5	QL(62 EA per 31 days); PA
HARVONI TABLET	5	QL(31 EA per 31 days); PA
HARVONI PACKET 33.75MG; 150MG	5	QL(31 EA per 31 days); PA
HARVONI PACKET 45MG; 200MG	5	QL(62 EA per 31 days); PA
RIBAVIRIN CAPSULE	3	

Drug Name	Drug Tier	Requirements/Limits
RIBAVIRIN TABLET 200MG	3	
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	3	QL(62 EA per 31 days)
ISENTRESS TABLET	5	QL(62 EA per 31 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(186 EA per 31 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(186 EA per 31 days)
JULUCA	5	QL(31 EA per 31 days)
STRIBILD	5	
TIVICAY PD	5	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	QL(31 EA per 31 days)
TIVICAY TABLET 25MG	5	QL(31 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
EDURANT PED	5	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	4	
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	
EFAVIRENZ CAPSULE	4	
efavirenz tablet	4	
emtricitabine/rilpivirine/tenofovir disoproxil fumarate	5	
etravirine	5	
INTELENCE TABLET 25MG	4	
nevirapine er tablet extended release 24 hour 400mg	4	
NEVIRAPINE SUSPENSION	4	
nevirapine tablet	3	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir	4	
abacavir sulfate/lamivudine	4	
CIMDUO	5	
DESCOVY	5	QL(31 EA per 31 days)
emtricitabine	4	
emtricitabine/tenofovir disoproxil	5	QL(31 EA per 31 days)

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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
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	4	QL(31 EA per 31 days)
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg	5	QL(31 EA per 31 days)
EMTRIVA SOLUTION	4	
lamivudine/zidovudine	3	
lamivudine solution 10mg/ml	3	
lamivudine tablet 150mg, 300mg	4	
ODEFSEY	5	
tenofovir disoproxil fumarate	4	
TRIUMEQ	5	QL(31 EA per 31 days)
TRIUMEQ PD	4	QL(180 EA per 30 days)
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
zidovudine tablet	3	
zidovudine capsule, syrup	4	
Anti-HIV Agents, Other		
FUZEON	5	
maraviroc	5	
RUKOBIA	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	QL(10 EA per 365 days)
SUNLENCA TABLET	5	QL(8 EA per 365 days)
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	
atazanavir	4	
atazanavir sulfate capsule 300mg	4	
darunavir tablet 800mg	5	QL(31 EA per 31 days)
darunavir tablet 600mg	5	QL(62 EA per 31 days)
EVOTAZ	5	
fosamprenavir calcium	5	
KALETRA SOLUTION	4	
LEXIVA SUSPENSION	4	
lopinavir/ritonavir	4	
NORVIR PACKET	4	
PREZCOBIX	5	QL(31 EA per 31 days)
PREZISTA SUSPENSION	4	QL(414 ML per 31 days)
PREZISTA TABLET 75MG	4	QL(1440 EA per 90 days)
PREZISTA TABLET 150MG	5	QL(720 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACKET	5	
ritonavir	3	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
amantadine hcl capsule, solution, tablet	3	
oseltamivir phosphate capsule 30mg	3	QL(168 EA per 180 days)
oseltamivir phosphate capsule 45mg, 75mg	3	QL(84 EA per 180 days)
oseltamivir phosphate suspension reconstituted	3	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	4	
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule, tablet	2	
famciclovir tablet	3	QL(90 EA per 30 days)
valacyclovir hydrochloride	3	
Antiviral, Coronavirus Agents		
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(22 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(40 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(60 EA per 30 days); 300mg-100mg Pak
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	2	
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	2	
Benzodiazepines		
alprazolam	3	QL(150 EA per 30 days); NDS
clorazepate dipotassium tablet 15mg	4	QL(180 EA per 30 days); NDS
clorazepate dipotassium tablet 7.5mg	4	QL(360 EA per 30 days); NDS
clorazepate dipotassium tablet 3.75mg	4	QL(720 EA per 30 days); NDS
diazepam solution	2	QL(1200 ML per 30 days); NDS
diazepam tablet	3	QL(120 EA per 30 days); NDS
lorazepam intensol	3	QL(150 ML per 30 days); NDS
lorazepam tablet	2	QL(150 EA per 30 days); NDS
Bipolar Agents		
Mood Stabilizers		
lithium	4	
lithium carbonate er	2	
LITHIUM CARBONATE CAPSULE 600MG	2	
lithium carbonate capsule 150mg, 300mg	2	
lithium carbonate tablet	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet	3	

Drug Name	Drug Tier	Requirements/Limits
glimepiride tablet 4mg	1	QL(180 EA per 90 days)
glimepiride tablet 2mg	1	QL(360 EA per 90 days)
glimepiride tablet 1mg	1	QL(720 EA per 90 days)
glipizide er tablet extended release 24 hour 10mg	1	QL(180 EA per 90 days)
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL(270 EA per 90 days)
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL(360 EA per 90 days)
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL(720 EA per 90 days)
glipizide tablet 10mg	1	QL(360 EA per 90 days)
glipizide tablet 5mg	1	QL(720 EA per 90 days)
glipizide tablet 2.5mg	1	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)
glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL(360 EA per 90 days)
glyburide/metformin hydrochloride tablet 1.25mg; 250mg	1	QL(720 EA per 90 days)
glyburide tablet 1.25mg	1	QL(1440 EA per 90 days)
glyburide tablet 5mg	1	QL(360 EA per 90 days)
glyburide tablet 2.5mg	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)
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)
liraglutide injection 6mg/ml	2	QL(27 ML per 90 days); PA
metformin hydrochloride er tablet extended release 24 hour 750mg	1	QL(180 EA per 90 days)
metformin hydrochloride er tablet extended release 24 hour 500mg	1	QL(360 EA per 90 days)
metformin hydrochloride tablet 1000mg	1	QL(230 EA per 90 days)
metformin hydrochloride tablet 850mg	1	QL(270 EA per 90 days)
metformin hydrochloride tablet 500mg	1	QL(459 EA per 90 days)
MOUNJARO	3	QL(2 ML per 28 days); PA
nateglinide tablet 120mg	2	QL(270 EA per 90 days)
nateglinide tablet 60mg	2	QL(540 EA per 90 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
pioglitazone hcl tablet 45mg	1	QL(90 EA per 90 days)
pioglitazone hydrochloride tablet 15mg, 30mg	1	QL(90 EA per 90 days)
repaglinide tablet 1mg	1	QL(1440 EA per 90 days)
repaglinide tablet 0.5mg	1	QL(2880 EA per 90 days)
repaglinide tablet 2mg	1	QL(720 EA per 90 days)
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 1.5MG	3	QL(540 EA per 90 days); PA
RYBELSUS TABLET 14MG, 4MG, 9MG	3	QL(90 EA per 90 days); PA
SOLIQUA 100/33	3	QL(60 ML per 90 days)
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	
BAQSIMI TWO PACK	3	
diazoxide suspension	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
glucagon emergency kit for low blood sugar injection 1mg	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	

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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
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG TEMPO PEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
humulin n	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	5	PA
HUMULIN R U-500 KWIKPEN	5	PA
INSULIN LISPRO	3	
INSULIN LISPRO JUNIOR KWIKPEN	3	
INSULIN LISPRO KWIKPEN	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
LYUMJEV TEMPO PEN	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	

Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate capsule 150mg, 75mg	4	QL(180 EA per 90 days)
ELIQUIS STARTER PACK	3	QL(74 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	4	
fondaparinux sodium injection 2.5mg/0.5ml	4	
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	
heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml	3	
jantoven	1	
rivaroxaban suspension reconstituted	3	QL(2700 ML per 90 days)
warfarin sodium tablet	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		
anagrelide hydrochloride	3	
eltrombopag olamine tablet 12.5mg, 25mg	5	QL(31 EA per 31 days); PA
eltrombopag olamine tablet 50mg, 75mg	5	QL(62 EA per 31 days); PA
NEULASTA	5	PA; OVM
NEULASTA ONPRO KIT	5	PA; OVM
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; OVM
Hemostasis Agents		
tranexamic acid tablet	3	QL(90 EA per 63 days)
Platelet Modifying Agents		
aspirin/dipyridamole er	4	QL(180 EA per 90 days)
BRILINTA TABLET 60MG	4	QL(180 EA per 90 days)
BRILINTA TABLET 90MG	4	QL(182 EA per 90 days)
CABLIVI	5	PA
cilostazol	2	
clopidogrel tablet 75mg	2	QL(90 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
prasugrel hydrochloride	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	4	QL(12 EA per 84 days)
clonidine hydrochloride tablet	2	
droxidopa capsule 200mg, 300mg	5	QL(186 EA per 31 days); PA
droxidopa capsule 100mg	5	QL(93 EA per 31 days); PA
guanfacine hydrochloride	3	
midodrine hydrochloride	3	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate tablet	2	
prazosin hydrochloride capsule	2	
terazosin hcl capsule 10mg, 1mg, 5mg	2	
terazosin hydrochloride capsule 2mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil tablet 16mg	1	QL(180 EA per 90 days)
candesartan cilexetil tablet 8mg	1	QL(360 EA per 90 days)
candesartan cilexetil tablet 4mg	1	QL(720 EA per 90 days)
candesartan cilexetil tablet 32mg	1	QL(90 EA per 90 days)
irbesartan tablet 150mg	1	QL(180 EA per 90 days)
irbesartan tablet 75mg	1	QL(360 EA per 90 days)
irbesartan tablet 300mg	1	QL(90 EA per 90 days)
losartan potassium tablet 100mg, 50mg	1	QL(180 EA per 90 days)
losartan potassium tablet 25mg	1	QL(270 EA per 90 days)
olmesartan medoxomil tablet 20mg	1	QL(180 EA per 90 days)
olmesartan medoxomil tablet 5mg	1	QL(720 EA per 90 days)
olmesartan medoxomil tablet 40mg	1	QL(90 EA per 90 days)
telmisartan tablet 40mg	1	QL(180 EA per 90 days)
telmisartan tablet 20mg	1	QL(360 EA per 90 days)
telmisartan tablet 80mg	1	QL(90 EA per 90 days)
valsartan solution	4	QL(7200 ML per 90 days)
valsartan tablet 160mg	1	QL(180 EA per 90 days)
valsartan tablet 80mg	1	QL(360 EA per 90 days)
valsartan tablet 40mg	1	QL(720 EA per 90 days)
valsartan tablet 320mg	1	QL(90 EA per 90 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tablet 5mg	1	QL(1440 EA per 90 days)
benazepril hydrochloride tablet 40mg	1	QL(180 EA per 90 days)
benazepril hydrochloride tablet 20mg	1	QL(360 EA per 90 days)
benazepril hydrochloride tablet 10mg	1	QL(720 EA per 90 days)
enalapril maleate tablet 2.5mg	1	QL(1440 EA per 90 days)
enalapril maleate tablet 20mg	1	QL(180 EA per 90 days)
enalapril maleate tablet 10mg	1	QL(360 EA per 90 days)
enalapril maleate tablet 5mg	1	QL(720 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
fosinopril sodium tablet 40mg	1	QL(180 EA per 90 days)
fosinopril sodium tablet 20mg	1	QL(360 EA per 90 days)
fosinopril sodium tablet 10mg	1	QL(720 EA per 90 days)
lisinopril tablet 2.5mg	1	QL(1440 EA per 90 days)
lisinopril tablet 20mg, 30mg, 40mg	1	QL(180 EA per 90 days)
lisinopril tablet 10mg	1	QL(360 EA per 90 days)
lisinopril tablet 5mg	1	QL(720 EA per 90 days)
moexipril hydrochloride tablet 15mg	1	QL(180 EA per 90 days)
moexipril hydrochloride tablet 7.5mg	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)
perindopril erbumine tablet 4mg	1	QL(360 EA per 90 days)
quinapril hydrochloride tablet 5mg	2	QL(1440 EA per 90 days)
quinapril hydrochloride tablet 40mg	2	QL(180 EA per 90 days)
quinapril hydrochloride tablet 20mg	2	QL(360 EA per 90 days)
quinapril hydrochloride tablet 10mg	2	QL(720 EA per 90 days)
ramipril capsule 1.25mg	1	QL(1440 EA per 90 days)
ramipril capsule 10mg	1	QL(180 EA per 90 days)
ramipril capsule 5mg	1	QL(360 EA per 90 days)
ramipril capsule 2.5mg	1	QL(720 EA per 90 days)
trandolapril tablet 4mg	1	QL(180 EA per 90 days)
trandolapril tablet 2mg	1	QL(360 EA per 90 days)
trandolapril tablet 1mg	1	QL(720 EA per 90 days)
Antiarrhythmics		
amiodarone hydrochloride tablet 200mg	2	
amiodarone hydrochloride tablet 100mg, 400mg	4	
DIGOXIN SOLUTION	3	
digoxin tablet 125mcg, 250mcg	3	QL(90 EA per 90 days)
dofetilide	4	
flecainide acetate	3	
mexiletine hydrochloride capsule	4	
pacerone tablet 200mg	2	
pacerone tablet 100mg, 400mg	4	
propafenone hcl	4	
propafenone hydrochloride	4	
propafenone hydrochloride er	4	
QUINIDINE SULFATE TABLET	2	
sorine tablet 120mg, 160mg, 80mg	2	
sotalol hcl tablet 120mg, 160mg, 240mg	2	
sotalol hydrochloride (af)	4	
sotalol hydrochloride tablet 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride	2	
atenolol tablet	1	

Drug Name	Drug Tier	Requirements/Limits
bisoprolol fumarate tablet 10mg, 5mg	2	
carvedilol	1	
labetalol hydrochloride tablet 100mg, 200mg, 300mg	2	
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg	2	QL(180 EA per 90 days)
metoprolol succinate er tablet extended release 24 hour 25mg, 50mg	2	QL(270 EA per 90 days)
metoprolol tartrate tablet 100mg, 25mg, 50mg	1	
nadolol tablet 20mg, 40mg, 80mg	4	
nebivolol hydrochloride tablet 20mg	4	QL(180 EA per 90 days)
nebivolol hydrochloride tablet 10mg	4	QL(360 EA per 90 days)
nebivolol hydrochloride tablet 2.5mg, 5mg	4	QL(90 EA per 90 days)
pindolol tablet	3	
propranolol hcl tablet 40mg	3	
propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg	3	
propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg	4	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	3	
timolol maleate tablet 10mg, 20mg, 5mg	2	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet	1	
nicardipine hcl capsule	4	
nifedipine er	3	QL(180 EA per 90 days)
nimodipine capsule	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	3	
dilt-xr	3	
diltiazem hcl cd	3	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	3	
diltiazem hcl er capsule extended release 12 hour	4	
diltiazem hcl tablet 30mg, 60mg	2	
diltiazem hydrochloride er capsule extended release 24 hour	3	
diltiazem hydrochloride tablet 120mg, 90mg	2	
taztia xt	3	
tiadylt er	3	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	4	
verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg	4	
verapamil hcl er tablet extended release 120mg	4	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	4	

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg	4	
verapamil hcl tablet 40mg, 80mg	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR	4	
verapamil hydrochloride er tablet extended release 180mg, 240mg	4	
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	4	
verapamil hydrochloride tablet 120mg	1	
Cardiovascular Agents, Other		
aliskiren	4	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	2	
amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg	1	QL(180 EA per 90 days)
amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg	1	QL(360 EA per 90 days)
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg	1	QL(90 EA per 90 days)
amlodipine besylate/valsartan tablet 5mg; 160mg	2	QL(180 EA per 90 days)
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg	2	QL(90 EA per 90 days)
amlodipine/olmesartan medoxomil tablet 5mg; 20mg	1	QL(180 EA per 90 days)
amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 40mg	1	QL(90 EA per 90 days)
atenolol/chlorthalidone	2	
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg	1	QL(180 EA per 90 days)
benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg	1	QL(360 EA per 90 days)
benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg	1	QL(90 EA per 90 days)
bisoprolol fumarate/hydrochlorothiazide	2	
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)
CORLANOR TABLET	4	QL(180 EA per 90 days)
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg	1	QL(180 EA per 90 days)
enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg	1	QL(360 EA per 90 days)
ENTRESTO TABLET	3	QL(180 EA per 90 days)
fosinopril sodium/hydrochlorothiazide	1	QL(360 EA per 90 days)
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg	1	QL(180 EA per 90 days)
irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg	1	QL(90 EA per 90 days)
ivabradine hydrochloride	4	QL(180 EA per 90 days)
lisinopril/hydrochlorothiazide tablet 25mg; 20mg	1	QL(180 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg	1	QL(360 EA per 90 days)
losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg	1	QL(180 EA per 90 days)
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg	1	QL(90 EA per 90 days)
metoprolol/hydrochlorothiazide	3	
metyrosine	5	
olmesartan medoxomil/amlodipine/hydrochlorothiazide	4	QL(90 EA per 90 days)
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg	1	QL(180 EA per 90 days)
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg	1	QL(90 EA per 90 days)
pentoxifylline er	2	
QUINAPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 20MG	2	QL(90 EA per 90 days)
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg	2	QL(180 EA per 90 days)
ranolazine er	4	
spironolactone/hydrochlorothiazide	2	
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	2	
triamterene/hydrochlorothiazide tablet	1	
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg	1	QL(180 EA per 90 days)
valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg	1	QL(90 EA per 90 days)
Diuretics, Loop		
bumetanide tablet	2	
bumetanide injection	4	
furosemide tablet	1	
furosemide injection	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	2	
furosemide oral solution 10mg/ml	2	
torsemide tablet	2	
Diuretics, Potassium-sparing		
amiloride hcl tablet	3	
triamterene capsule	4	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	2	
metolazone	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	3	QL(90 EA per 90 days)
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	3	QL(90 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
gemfibrozil tablet	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 40mg	1	QL(180 EA per 90 days)
atorvastatin calcium tablet 10mg, 20mg	1	QL(360 EA per 90 days)
atorvastatin calcium tablet 80mg	1	QL(90 EA per 90 days)
LIVALO TABLET 2MG	3	QL(180 EA per 90 days)
LIVALO TABLET 1MG	3	QL(360 EA per 90 days)
LIVALO TABLET 4MG	3	QL(90 EA per 90 days)
lovastatin tablet 40mg	1	QL(180 EA per 90 days)
lovastatin tablet 10mg, 20mg	1	QL(360 EA per 90 days)
pravastatin sodium tablet 40mg	1	QL(180 EA per 90 days)
pravastatin sodium tablet 10mg, 20mg	1	QL(360 EA per 90 days)
pravastatin sodium tablet 80mg	1	QL(90 EA per 90 days)
rosuvastatin calcium tablet 20mg	1	QL(180 EA per 90 days)
rosuvastatin calcium tablet 10mg, 5mg	1	QL(360 EA per 90 days)
rosuvastatin calcium tablet 40mg	1	QL(90 EA per 90 days)
simvastatin tablet 40mg	1	QL(180 EA per 90 days)
simvastatin tablet 10mg, 20mg, 5mg	1	QL(360 EA per 90 days)
simvastatin tablet 80mg	1	QL(90 EA per 90 days)
Dyslipidemics, Other		
cholestyramine light	4	
cholestyramine packet, powder	4	
colestipol hydrochloride	4	
ezetimibe	3	QL(90 EA per 90 days)
ezetimibe/simvastatin	4	QL(90 EA per 90 days); ST
icosapent ethyl	4	
niacin er	3	
omega-3-acid ethyl esters	3	QL(360 EA per 90 days)
PRALUENT	3	QL(2 ML per 28 days); PA
prevalite	4	
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
Mineralocorticoid Receptor Antagonists		
eplerenone	4	
KERENDIA	4	QL(90 EA per 90 days); PA
spironolactone tablet	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
DAPAGLIFLOZIN PROPANEDIOL	3	QL(90 EA per 90 days)
FARXIGA	3	QL(90 EA per 90 days)
JARDIANCE	3	QL(90 EA per 90 days)
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	3	
ISOSORBIDE MONONITRATE	2	

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate er	2	
NITRO-BID	3	
nitroglycerin transdermal	2	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	3	
VERQUVO TABLET 10MG	4	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG, 5MG	4	QL(60 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride tablet	2	
minoxidil tablet	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg	4	QL(180 EA per 90 days); 10MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	4	QL(180 EA per 90 days); 15MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	4	QL(180 EA per 90 days); 20MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	4	QL(180 EA per 90 days); 25MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	4	QL(180 EA per 90 days); 30MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	4	QL(180 EA per 90 days); 5MG ER Oral Capsule
amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL(180 EA per 90 days); 30MG Oral Tablet
amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg	3	QL(270 EA per 90 days); 20MG Oral Tablet
amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg	3	QL(360 EA per 90 days); 10MG Oral Tablet
amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg	3	QL(360 EA per 90 days); 12.5MG Oral Tablet
amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg	3	QL(360 EA per 90 days); 15MG Oral Tablet
amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg	3	QL(360 EA per 90 days); 5MG Oral Tablet
amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg	3	QL(360 EA per 90 days); 7.5MG Oral Tablet
dextroamphetamine sulfate tablet 10mg, 5mg	3	QL(540 EA per 90 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride capsule 10mg, 25mg	4	QL(180 EA per 90 days)
atomoxetine capsule 10mg, 18mg, 25mg, 40mg, 60mg	4	QL(180 EA per 90 days)
atomoxetine capsule 100mg, 80mg	4	QL(90 EA per 90 days)
clonidine hydrochloride er	3	QL(360 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg	2	QL(30 EA per 30 days)
dexmethylphenidate hcl tablet 10mg, 5mg	2	QL(60 EA per 30 days)
dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg	2	QL(30 EA per 30 days)
dexmethylphenidate hydrochloride capsule extended release 24 hour	2	QL(30 EA per 30 days)
dexmethylphenidate hydrochloride tablet 2.5mg	2	QL(60 EA per 30 days)
guanfacine hydrochloride er	3	QL(180 EA per 90 days)
methylphenidate hydrochloride tablet	3	QL(270 EA per 90 days)
methylphenidate hydrochloride solution 10mg/5ml	4	QL(2700 ML per 90 days)
methylphenidate hydrochloride solution 5mg/5ml	4	QL(5400 ML per 90 days)
Central Nervous System, Other		
COBENFY	5	QL(62 EA per 31 days); PA
COBENFY STARTER PACK	5	QL(62 EA per 31 days); PA
NUEDEXTA	5	QL(180 EA per 90 days); PA
riluzole	3	
tetrabenazine tablet 12.5mg	4	QL(248 EA per 31 days); PA
tetrabenazine tablet 25mg	5	QL(124 EA per 31 days); PA
VEOZAH	4	QL(90 EA per 90 days); PA
Fibromyalgia Agents		
pregabalin capsule 225mg, 300mg	4	QL(180 EA per 90 days)
pregabalin capsule 100mg, 150mg, 200mg, 50mg	4	QL(270 EA per 90 days)
pregabalin capsule 25mg, 75mg	4	QL(360 EA per 90 days)
pregabalin solution	4	QL(2700 ML per 90 days)
SAVELLA	3	QL(180 EA per 90 days); PA
SAVELLA TITRATION PACK	3	QL(165 EA per 84 days); PA
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(14 EA per 28 days); PA
dalfampridine er	3	QL(62 EA per 31 days); PA
dimethyl fumarate	3	QL(62 EA per 31 days); PA
dimethyl fumarate starterpack	5	QL(62 EA per 31 days); PA
fingolimod hydrochloride	5	QL(31 EA per 31 days); PA
glatiramer acetate injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatiramer acetate injection 20mg/ml	5	QL(31 ML per 31 days); PA
glatopa injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatopa injection 20mg/ml	5	QL(31 ML per 31 days); PA
teriflunomide tablet 14mg	4	QL(31 EA per 31 days); PA
teriflunomide tablet 7mg	4	QL(62 EA per 31 days); PA
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate solution	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
doxycycline hyclate tablet 20mg	3	
kourzeq	4	
lidocaine hydrochloride viscous	2	
oralone dental paste	4	
periogard	2	
pilocarpine hydrochloride tablet 5mg, 7.5mg	4	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	4	
triamcinolone acetonide dental paste	4	
Dermatological Agents		
Acne and Rosacea Agents		
accutane	4	PA
acitretin	4	PA
amnesteem	4	PA
claravis	4	PA
isotretinoin capsule	4	PA
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	4	
tazarotene cream 0.1%	4	QL(180 GM per 90 days); PA
tazarotene gel 0.05%	4	QL(180 GM per 90 days); PA
tretinoin cream 0.025%, 0.05%, 0.1%	4	QL(45 GM per 30 days); PA
tretinoin gel 0.01%, 0.025%	4	QL(45 GM per 30 days); PA
zenatane	4	PA
Dermatitis and Pruritus Agents		
ala-cort cream 2.5%	2	QL(90 GM per 90 days)
ALCLOMETASONE DIPROPIONATE OINTMENT	3	
ammonium lactate cream, lotion	3	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	4	
betamethasone dipropionate augmented cream	3	
betamethasone dipropionate augmented ointment	4	
betamethasone dipropionate augmented lotion	4	QL(360 ML per 90 days)
betamethasone dipropionate cream, lotion	3	
betamethasone dipropionate ointment	4	
BETAMETHASONE VALERATE LOTION	3	
betamethasone valerate cream, ointment	3	
clobetasol propionate e	4	QL(180 GM per 90 days)
clobetasol propionate cream 0.05%	3	QL(180 GM per 90 days)
clobetasol propionate solution	3	QL(150 ML per 90 days)
clobetasol propionate gel, ointment	4	QL(180 GM per 90 days)
clobetasol propionate shampoo	4	QL(354 ML per 90 days)
desonide cream	2	QL(180 GM per 90 days)
fluocinolone acetonide solution 0.01%	4	QL(360 ML per 90 days)
fluocinonide emulsified base	3	QL(360 GM per 90 days)

Drug Name	Drug Tier	Requirements/Limits
fluocinonide cream 0.05%	3	QL(360 GM per 90 days)
fluocinonide solution	3	QL(180 ML per 90 days)
fluocinonide gel	4	QL(180 GM per 90 days)
fluticasone propionate cream 0.05%	3	
fluticasone propionate ointment 0.005%	3	
halobetasol propionate cream, ointment	4	QL(150 GM per 90 days)
hydrocortisone valerate cream	4	QL(180 GM per 90 days)
hydrocortisone cream 2.5%	2	QL(90 GM per 90 days)
HYDROCORTISONE LOTION 2.5%	3	QL(354 ML per 90 days)
hydrocortisone ointment 1%, 2.5%	2	QL(90 GM per 90 days)
mometasone furoate	3	
pimecrolimus	4	
selenium sulfide	2	
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
tacrolimus ointment 0.03%, 0.1%	4	QL(300 GM per 90 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	2	
triamcinolone acetonide lotion 0.025%, 0.1%	3	
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	2	
triderm cream 0.5%	2	
Dermatological Agents, Other		
CALCIPOTRIENE SOLUTION	3	QL(180 ML per 90 days); PA
calcipotriene cream	3	QL(360 GM per 90 days); PA
clotrimazole/betamethasone dipropionate cream	3	QL(135 GM per 90 days)
fluorouracil cream 5%	4	
FLUOROURACIL SOLUTION 2%	3	
fluorouracil solution 5%	3	QL(10 ML per 30 days)
imiquimod cream 5%	3	
METHOXSALEN CAPSULE	5	
OTEZLA TABLET 20MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION	4	
SANTYL	4	QL(180 GM per 90 days)
silver sulfadiazine	3	
ssd	3	
Pediculicides/Scabicides		
malathion	4	
permethrin cream	3	
Topical Anti-infectives		
ciclopirox nail lacquer	3	QL(19.8 ML per 90 days)
ciclopirox shampoo	3	QL(360 ML per 90 days)
clindamycin phosphate gel 1%	3	QL(225 GM per 90 days)
clindamycin phosphate gel 1%	3	QL(225 ML per 90 days)
clindamycin phosphate lotion 1%	3	QL(180 ML per 90 days)
clindamycin phosphate external solution 1%	3	QL(180 ML per 90 days)
erythromycin solution 2%	3	QL(180 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
mupirocin ointment	3	QL(90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
CALCIUM GLUCONATE INJECTION 10%	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
dextrose 5%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.3%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	4	
dextrose 5%/sodium chloride 0.9%	4	
DEXTROSE 50%	4	
DEXTROSE 70%	4	
dextrose/sodium chloride	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
KCL 0.075%/D5W/NACL 0.45% INJECTION 5%; 10MEQ/L; 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.45% INJECTION 5%; 20MEQ/L; 0.45%	4	
KCL 0.15%/D5W/NACL 0.9% INJECTION 5%; 20MEQ/L; 0.9%	4	
KCL 0.3%/D5W/NACL 0.45% INJECTION 5%; 40MEQ/L; 0.45%	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
klor-con 10	3	
KLOR-CON 8	3	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
magnesium sulfate injection 50%	4	
MULTIPLE ELECTROLYTES INJECTION TYPE 1 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l	4	
NORMOSOL -R	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE-148	4	
potassium chloride er tablet extended release	2	
potassium chloride er capsule extended release	3	
potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%	4	
potassium chloride/dextrose injection 5%; 20meq/l	4	
potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%	4	
potassium chloride oral solution	4	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
potassium citrate er	4	
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
sodium chloride 0.45% injection	4	
sodium chloride injection 0.9%, 3%, 5%	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
deferasirox tablet 180mg, 90mg	3	PA
deferasirox tablet 360mg	4	PA
penicillamine tablet	5	
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	PA
trientine hydrochloride capsule 250mg	5	PA
XPHOZAH	5	QL(62 EA per 31 days); PA
Phosphate Binders		
calcium acetate capsule	3	
calcium acetate tablet 667mg	3	
sevelamer carbonate tablet	4	QL(1620 EA per 90 days)
Potassium Binders		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
sodium polystyrene sulfonate powder	3	
sps	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	2	
enulose	2	
generlac	2	
lactulose solution	2	
LINZESS	3	QL(90 EA per 90 days)
lubiprostone	4	QL(180 EA per 90 days)
MOVANTIK TABLET 12.5MG	4	QL(180 EA per 90 days); PA
MOVANTIK TABLET 25MG	4	QL(90 EA per 90 days); PA
Anti-Diarrheal Agents		
alosetron hydrochloride	4	QL(62 EA per 31 days); PA
diphenoxylate hydrochloride/atropine sulfate	3	
DIPHENOXYLATE/ATROPINE LIQUID	4	
loperamide hydrochloride capsule	2	
XERMELO	5	PA; OVM
Antispasmodics, Gastrointestinal		
dicyclomine hydrochloride capsule	3	
dicyclomine hydrochloride tablet 20mg	3	
glycopyrrolate tablet 1mg, 2mg	3	
Gastrointestinal Agents, Other		
GATTEX	5	PA
GAVILYTE-C	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK	4	
metoclopramide hcl solution	2	
metoclopramide hydrochloride tablet	2	
nitroglycerin ointment 0.4%	4	QL(90 GM per 90 days)
peg-3350/electrolytes	2	
peg-3350/nacl/na bicarbonate/kcl	2	
RECTIV	4	QL(90 GM per 90 days)
sodium sulfate/potassium sulfate/magnesium sulfate	4	
ursodiol capsule 300mg	3	
ursodiol tablet	4	
VOWST	5	QL(12 EA per 30 days); PA
XIFAXAN TABLET 550MG	5	QL(93 EA per 31 days); PA
Histamine2 (H2) Receptor Antagonists		
famotidine tablet 20mg, 40mg	2	
NIZATIDINE CAPSULE 300MG	4	

Drug Name	Drug Tier	Requirements/Limits
nizatidine capsule 150mg	4	
Protectants		
misoprostol	3	
sucralfate tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium capsule delayed release	3	QL(180 EA per 90 days)
lansoprazole capsule delayed release 15mg	2	QL(180 EA per 90 days)
lansoprazole capsule delayed release 30mg	2	QL(90 EA per 90 days)
omeprazole dr capsule delayed release 10mg	2	QL(180 EA per 90 days)
omeprazole capsule delayed release 20mg, 40mg	2	QL(180 EA per 90 days)
pantoprazole sodium tablet delayed release	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		
betaine anhydrous	5	
CERDELGA	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
cromolyn sodium concentrate 100mg/5ml	4	
CYSTAGON	4	
ENDARI	5	QL(180 EA per 30 days); PA
JOENJA	5	QL(60 EA per 30 days); PA
l-glutamine	5	QL(180 EA per 30 days); PA
miglustat	5	PA
nitisinone	5	PA
OPFOLDA	4	QL(24 EA per 90 days); PA
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate tablet	5	
WELIREG	5	PA; OVM
yargesa	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		

Drug Name	Drug Tier	Requirements/Limits
fesoterodine fumarate er	3	QL(90 EA per 90 days)
GEMTESA	4	QL(90 EA per 90 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
oxybutynin chloride er	3	QL(180 EA per 90 days)
oxybutynin chloride solution	3	
oxybutynin chloride tablet 5mg	3	
solifenacin succinate tablet 5mg	3	QL(180 EA per 90 days)
solifenacin succinate tablet 10mg	3	QL(90 EA per 90 days)
tolterodine tartrate	4	QL(180 EA per 90 days)
tolterodine tartrate er	4	QL(90 EA per 90 days)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	3	QL(90 EA per 90 days)
dutasteride capsule	3	QL(90 EA per 90 days)
finasteride tablet	2	QL(90 EA per 90 days)
tadalafil tablet 2.5mg	3	QL(180 EA per 90 days); PA
tadalafil tablet 5mg	3	QL(90 EA per 90 days); PA
tamsulosin hydrochloride	2	QL(180 EA per 90 days)
Genitourinary Agents, Other		
bethanechol chloride tablet	3	
ELMIRON	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml	2	
DEXAMETHASONE SOLUTION	3	
dexamethasone elixir	3	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tablet	2	
hydrocortisone tablet 10mg, 20mg, 5mg	3	
methylprednisolone acetate injection 40mg/ml, 80mg/ml	4	
methylprednisolone dose pack tablet therapy pack	2	
methylprednisolone sodium succinate	4	
methylprednisolone sodiumsuccinate injection 40mg	4	
methylprednisolone tablet	2	
prednisolone sodium phosphate oral solution 15mg/5ml, 25mg/5ml, 5mg/5ml	2	
prednisolone solution	2	
PREDNISONE INTENSOL	2	
PREDNISONE SOLUTION	3	
prednisone tablet therapy pack	2	

Drug Name	Drug Tier	Requirements/Limits
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	2	
triamcinolone acetonide injection 40mg/ml	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate tablet	3	
desmopressin acetate injection	4	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5MG/ML	4	
desmopressin acetate nasal solution 0.01%	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol capsule	4	
testosterone cypionate injection 100mg/ml, 200mg/ml	3	
TESTOSTERONE ENANTHATE INJECTION	3	
testosterone pump gel 1.62%	4	QL(450 GM per 90 days); PA
testosterone pump gel 1%	4	QL(900 GM per 90 days); PA
testosterone gel 25mg/2.5gm	4	QL(900 GM per 90 days); PA
Estrogens		
altavera	2	
aviane	2	
drospirenone/ethinyl estradiol tablet 3mg; 0.02mg	2	
eluryng	3	QL(3 EA per 84 days)
enilloring	3	QL(3 EA per 84 days)
estradiol valerate injection 10mg/ml, 20mg/ml	4	
estradiol oral tablet	3	
estradiol cream, vaginal tablet	4	
ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg	4	
etonogestrel/ethinyl estradiol	3	QL(3 EA per 84 days)
fyavolv tablet 2.5mcg; 0.5mg	3	
haloette	3	QL(3 EA per 84 days)
jasmiel	2	
kelnor 1/50	4	
kurvelo	2	
lessina	2	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 20mcg; 0.1mg	2	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg	2	QL(91 EA per 91 days)
levora 0.15/30-28	2	

Drug Name	Drug Tier	Requirements/Limits
lo-zumandimine	2	
loryna	2	
lutera	2	
nikki	2	
norelgestromin/ethinyl estradiol	3	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg	3	
nortrel 1/35	2	
portia-28	2	
sronyx	2	
valtya 1/50	4	
vestura	2	
vienva	2	
xulane	3	
yuvafem	4	
zafemy	3	
Progestins		
camila	3	
deblitane	3	
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
errin	3	
gallifrey	2	
heather	3	
incassia	3	
jencycla	3	
LILETTA	3	
lyleq	3	
lyza	3	
medroxyprogesterone acetate tablet	2	
medroxyprogesterone acetate injection	3	
megestrol acetate tablet	3	
MEGESTROL ACETATE SUSPENSION 625MG/5ML	4	
megestrol acetate suspension 40mg/ml	4	
meleya	3	
NEXPLANON	3	
nora-be	3	
norethindrone acetate tablet	2	
norethindrone tablet	3	
norlyda	3	
orquidea	3	
progesterone capsule	3	
sharobel	3	
Selective Estrogen Receptor Modifying Agents		
clomid	2	PA
clomiphene citrate tablet	2	PA

Drug Name	Drug Tier	Requirements/Limits
DUAVEE	4	
milophene	2	PA
raloxifene hydrochloride	3	QL(90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	2	
levo-t	2	
levothyroxine sodium tablet	2	
levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	3	
liomny	3	
liothyronine sodium tablet	3	
unithroid	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline	3	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
lanreotide acetate	5	PA
leuprolide acetate injection	4	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
mifepristone tablet 300mg	5	PA
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA; OVM
octreotide acetate injection 1000mcg/ml, 500mcg/ml	5	PA; OVM
ORGOVYX	5	PA; OVM
RECORLEV	5	QL(248 EA per 31 days); PA
SIGNIFOR	5	PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT INJECTION 11.25MG, 3.75MG	4	PA; OVM
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet	3	
Immunological Agents		
Angioedema Agents		
HAEGARDA	5	PA
icatibant acetate	5	QL(27 ML per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
sajazir	5	QL(27 ML per 30 days); PA
Immunoglobulins		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HYPERHEP B	4	
NABI-HB INJECTION 312UNIT/ML	4	
Immunological Agents, Other		
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
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
OTEZLA TABLET 30MG	5	QL(62 EA per 31 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
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
TAVNEOS	5	QL(180 EA per 30 days); PA
WEZLANA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
WEZLANA 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

Drug Name	Drug Tier	Requirements/Limits
YESINTEK INJECTION 45MG/0.5ML	4	QL(1 ML per 28 days); PA
YESINTEK INJECTION 90MG/ML	5	QL(2 ML per 28 days); 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
BESREMI	5	PA; OVM
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
ADALIMUMAB-AATY 2-PEN KIT	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY CD/UC/HS STARTER	5	QL(4 EA per 28 days); PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ASTAGRAF XL	4	B/D
azathioprine tablet 100mg, 50mg	2	B/D
cyclosporine modified	3	B/D
cyclosporine capsule	3	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg	5	B/D
gengraf capsule 100mg, 25mg	4	B/D
gengraf solution	4	B/D
JYLAMVO	4	PA; OVM
leflunomide	3	QL(90 EA per 90 days)
methotrexate sodium tablet	4	
METHOTREXATE SODIUM INJECTION 250MG/10ML, 50MG/2ML	3	

Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium injection 1gm/40ml, 250mg/10ml	3	
methotrexate injection 50mg/2ml	3	
mycophenolate mofetil capsule, tablet	4	B/D
mycophenolate mofetil suspension reconstituted	5	B/D
mycophenolic acid dr	4	B/D
PEGASYS	5	
PROGRAF PACKET	4	B/D
REZUROCK	5	PA; OVM
SANDIMMUNE SOLUTION	4	B/D
sirolimus tablet	4	B/D
sirolimus solution	5	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	4	B/D
XATMEP	4	PA; OVM
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440UNIT/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	

Drug Name	Drug Tier	Requirements/Limits
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	
PENMENVY	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	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
VIMKUNYA	3	
VIVOTIF	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	4	
mesalamine dr capsule delayed release	4	QL(1080 EA per 90 days)
mesalamine dr tablet delayed release 1.2gm	4	QL(360 EA per 90 days)
mesalamine dr tablet delayed release 800mg	4	QL(540 EA per 90 days)
mesalamine er capsule extended release 24 hour	4	QL(360 EA per 90 days)
mesalamine kit	4	QL(5400 EA per 90 days)
mesalamine enema	4	QL(5400 ML per 90 days)
mesalamine suppository	4	QL(90 EA per 90 days)
sulfasalazine tablet, tablet delayed release	2	
Glucocorticoids		
budesonide er	5	
budesonide capsule delayed release particles 3mg	4	
hydrocortisone cream 2.5%	2	QL(90 GM per 90 days)
hydrocortisone enema 100mg/60ml	3	

Drug Name	Drug Tier	Requirements/Limits
procto-med hc	2	QL(90 GM per 90 days)
proctosol hc	2	QL(90 GM per 90 days)
proctozone-hc	2	QL(90 GM per 90 days)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium tablet 35mg, 70mg	2	QL(12 EA per 84 days)
alendronate sodium tablet 10mg	2	QL(90 EA per 90 days)
calcitonin-salmon solution	3	
calcitriol capsule	2	
calcitriol solution	4	
cinacalcet hydrochloride tablet 30mg	3	QL(360 EA per 90 days)
cinacalcet hydrochloride tablet 90mg	4	QL(124 EA per 31 days)
cinacalcet hydrochloride tablet 60mg	4	QL(62 EA per 31 days)
ibandronate sodium tablet	3	QL(3 EA per 84 days)
paricalcitol capsule	4	
PROLIA	4	QL(1 ML per 180 days); PA
TYMLOS	5	PA
WYOST	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	2	ST
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	
CEQUR SIMPLICITY 2U	2	
CURITY GAUZE PADS 2"X2" 12 PLY	2	ST
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	
INPEN 100/BLUE/LILLY/HUMALOG	2	
INPEN 100/BLUE/NOVOLOG/FIASP	2	
INPEN 100/GREY/LILLY/HUMALOG	2	
INPEN 100/GREY/NOVOLOG/FIASP	2	
INPEN 100/PINK/LILLY/HUMALOG	2	
INPEN 100/PINK/NOVOLOG/FIASP	2	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
levocarnitine tablet	3	
levocarnitine solution	4	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8MM	2	
NOVOFINE PEN NEEDLE 32G X 6MM	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOFINE PLUS PEN NEEDLE 32G X 4MM	2	
NOVOPEN ECHO	2	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5	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	
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
sodium chloride 0.9%	3	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
Ophthalmic Agents		
Ophthalmic Agents, Other		
bacitracin/polymyxin b	2	
brimonidine tartrate/timolol maleate	3	
CYSTARAN	5	PA
dorzolamide hcl/timolol maleate	3	
neo-polycin	3	
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/dexamethasone	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	3	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
polycin	2	
polymyxin b sulfate/trimethoprim sulfate	2	
RESTASIS	3	QL(180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL(180 ML per 90 days)
ROCKLATAN	3	ST
SIMBRINZA	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
tobramycin/dexamethasone	4	
Ophthalmic Anti-allergy Agents		

Drug Name	Drug Tier	Requirements/Limits
azelastine hcl ophthalmic solution 0.05%	3	
CROMOLYN SODIUM SOLUTION 4%	2	
Ophthalmic Anti-Infectives		
BACITRACIN	4	
ciprofloxacin hydrochloride solution 0.3%	2	
erythromycin ointment 5mg/gm	2	
gentamicin sulfate ophthalmic solution 0.3%	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	3	
moxifloxacin hydrochloride solution 0.5%	3	
NATACYN	4	
ofloxacin ophthalmic solution 0.3%	2	
SULFACETAMIDE SODIUM OINTMENT 10%	3	
SULFACETAMIDE SODIUM SOLUTION 10%	2	QL(30 ML per 30 days)
tobramycin solution 0.3%	2	
TRIFLURIDINE	3	
XDEMVY	5	QL(10 ML per 31 days); PA
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%	2	
diclofenac sodium ophthalmic solution 0.1%	2	
fluorometholone	3	
FLURBIPROFEN SODIUM	3	
ILEVRO	4	
ketorolac tromethamine solution 0.5%	3	
loteprednol etabonate suspension 0.5%	4	
prednisolone acetate	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
BETAXOLOL HCL	3	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
timolol maleate ophthalmic gel forming	4	
timolol maleate solution 0.25%, 0.5%	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide	3	
acetazolamide er	4	
brimonidine tartrate solution 0.2%	2	
brimonidine tartrate solution 0.1%	3	
brinzolamide	4	
dorzolamide hydrochloride	2	
methazolamide tablet	4	
pilocarpine hcl solution 1%, 2%, 4%	3	

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hydrochloride solution 1%, 2%, 4%	3	
RHOPRESSA	3	ST
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost	4	
latanoprost solution	2	
LUMIGAN	3	
travoprost	4	
VYZULTA	4	
Otic Agents		
Otic Agents		
acetic acid	3	
ciprofloxacin/dexamethasone	4	
flac	4	
fluocinolone acetonide oil 0.01%	4	
neomycin/polymyxin/hc	3	
neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	4	
ofloxacin otic solution 0.3%	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	3	B/D
flunisolide solution 0.025%	3	QL(225 ML per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL(360 EA per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT	3	QL(720 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)
fluticasone propionate suspension 50mcg/act	2	QL(48 GM per 90 days)
QVAR REDIHALER	3	QL(64 GM per 90 days)
Antihistamines		
azelastine hcl nasal solution 0.15%	3	
azelastine hydrochloride solution 0.1%	3	
cetirizine hydrochloride solution 5mg/5ml	2	QL(900 ML per 90 days)
diphenhydramine hydrochloride injection	3	
hydroxyzine hcl tablet 50mg	3	
hydroxyzine hydrochloride tablet 10mg, 25mg	3	
hydroxyzine pamoate capsule 25mg, 50mg	3	
levocetirizine dihydrochloride tablet	2	QL(90 EA per 90 days)
Antileukotrienes		

Drug Name	Drug Tier	Requirements/Limits
montelukast sodium tablet chewable, tablet	2	QL(90 EA per 90 days)
montelukast sodium packet	3	QL(90 EA per 90 days)
zafirlukast	4	QL(180 EA per 90 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	QL(90 EA per 90 days)
ipratropium bromide inhalation solution	2	B/D
ipratropium bromide nasal solution 0.06%	2	QL(135 ML per 90 days)
ipratropium bromide nasal solution 0.03%	2	QL(90 ML per 90 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108mcg/act	3	QL(102 GM per 90 days); 8.5 GM INHALER
albuterol sulfate hfa aerosol solution 108mcg/act	3	QL(81 GM per 90 days); 6.7 GM INHALER
albuterol sulfate syrup	2	
albuterol sulfate nebulization solution	2	B/D
albuterol sulfate tablet	4	
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL(6 EA per 90 days)
epinephrine injection 0.3mg/0.3ml	3	QL(6 EA per 90 days)
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
SYMJEPI	3	
Cystic Fibrosis Agents		
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
TOBI PODHALER	5	QL(224 EA per 28 days); PA
tobramycin nebulization solution 300mg/5ml	5	B/D
TRIKAFTA THERAPY PACK	5	QL(62 EA per 31 days); PA
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast	4	PA
theophylline er tablet extended release 24 hour	3	
theophylline er tablet extended release 12 hour 300mg	3	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(93 EA per 31 days); PA
ambrisentan	5	QL(30 EA per 30 days); PA
sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg	3	QL(270 EA per 90 days); PA
VENTAVIS SOLUTION 10MCG/ML	5	QL(150 ML per 30 days); B/D

Drug Name	Drug Tier	Requirements/Limits
VENTAVIS SOLUTION 20MCG/ML	5	QL(90 ML per 30 days); B/D
Pulmonary Fibrosis Agents		
OFEV	5	QL(62 EA per 31 days); PA
pirfenidone capsule	5	QL(279 EA per 31 days); PA
pirfenidone tablet 267mg	5	QL(279 EA per 31 days); PA
pirfenidone tablet 801mg	5	QL(93 EA per 31 days); PA
Respiratory Tract Agents, Other		
acetylcysteine injection	2	
acetylcysteine inhalation solution	4	B/D
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	QL(24 GM per 90 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
fluticasone propionate/salmeterol diskus	3	QL(180 EA per 90 days)
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	3	QL(180 EA per 90 days)
ipratropium bromide/albuterol sulfate	2	B/D
NUCALA	5	PA
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
SYMBICORT	3	QL(30.6 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
wixela inhub	3	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tablet 10mg, 5mg	2	
methocarbamol tablet 500mg, 750mg	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
tasimelteon	5	QL(31 EA per 31 days); PA
temazepam capsule 15mg, 30mg	2	QL(30 EA per 30 days); NDS
zaleplon	3	QL(90 EA per 90 days)
zolpidem tartrate tablet	2	QL(90 EA per 90 days)
Wakefulness Promoting Agents		
armodafinil	3	QL(90 EA per 90 days); PA
modafinil tablet	3	QL(180 EA per 90 days); PA
SODIUM OXYBATE	5	QL(558 ML per 31 days); PA
SUNOSI	4	QL(90 EA per 90 days); PA

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DEXTROSE 5%/SODIUM CHLORIDE 0.3%	40
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	40
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	40
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KCL 0.15%/D5W/NACL 0.45%	40
KCL 0.15%/D5W/NACL 0.9%	40
KCL 0.3%/D5W/NACL 0.45%	40
KCL 0.3%/D5W/NACL 0.9%	40
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This formulary was updated on December 1, 2025. For more recent information or other questions, please contact us, Prescription Blue PDP Customer Service, at 1-800-565-1770 (TTY users should call 711), Monday through Friday, 8 a.m. to 9 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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