

READY
TO HELP



Medicare Plus BlueSM Group PPO Prescription BlueSM Group PDP

2026 Healthy Value Enhanced 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 September 1, 2025. For more recent information or other questions, please contact us, Medicare Plus Blue Group PPO and Prescription Blue Group PDP Customer Service, at 1-866-684-8216 (TTY users should call 711), Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.

When visiting your doctor(s), please bring your personal drug list and this 2026 Blue Cross Drug List with you.

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

Updated: 09/01/2025
Formulary 26449

www.bcbsm.com/medicare

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

When this drug list (formulary) refers to "we," "us," or "our," it means Blue Cross Blue Shield of Michigan. When it refers to "plan" or "our plan," it means Medicare Plus Blue Group PPO or Prescription Blue Group PDP.

This document includes a drug list (formulary) for our plan which is current as of September 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, 2027, and from time to time during the year.

What is the Medicare Plus Blue Group PPO and Prescription Blue Group PDP 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 Medicare Plus Blue Group PPO and Prescription Blue Group PDP in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Medicare Plus Blue Group PPO and Prescription Blue Group PDP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare Plus Blue Group PPO and Prescription Blue Group PDP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. For a complete listing of all prescription drugs covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the 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: 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 on page iv titled "How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP formulary?"

Some of these drug types may be new to you. For more information, see the section on page ii 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 on page iv entitled "How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP formulary?"

Changes that will not affect you if you are currently taking the drug: Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 September 1, 2025. To get updated information about the drugs covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 77. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Medicare Plus Blue Group PPO and Prescription Blue Group PDP 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 5, 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:** Medicare Plus Blue Group PPO and Prescription Blue Group PDP requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Medicare Plus Blue Group PPO and Prescription Blue Group PDP before you fill your prescriptions. If you don't get approval, Medicare Plus Blue Group PPO and Prescription Blue Group PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Medicare Plus Blue Group PPO and Prescription Blue Group PDP limits the amount of the drug that Medicare Plus Blue Group PPO and Prescription Blue Group PDP will cover. For example, Medicare Plus Blue Group PPO and Prescription Blue Group PDP provides 31 tablets per prescription for *pioglitazone*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medicare Plus Blue Group PPO and Prescription Blue Group PDP 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, Medicare Plus Blue Group PPO and Prescription Blue Group PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medicare Plus Blue Group PPO and Prescription Blue Group PDP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We

have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Medicare Plus Blue Group PPO and Prescription Blue Group PDP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP formulary?" on page iv for information about how to request an exception.

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

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

What if my drug is not on the formulary?

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

If you learn that Medicare Plus Blue Group PPO and Prescription Blue Group PDP does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP.
- You can ask Medicare Plus Blue Group PPO and Prescription Blue Group PDP to make an exception and cover your drug. See the next section for information about how to request an exception.

How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP formulary?

You can ask Medicare Plus Blue Group PPO and Prescription Blue Group PDP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered on 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, Medicare Plus Blue Group PPO and Prescription Blue Group 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, Medicare Plus Blue Group PPO and Prescription Blue Group PDP will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or 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 2026 formulary. Or, you may be taking a drug that is on our 2026 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.

For each of your drugs that is not on our 2026 formulary or has a new coverage restriction for 2026, 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 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 three business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

For more detailed information about your Medicare Plus Blue Group PPO and Prescription Blue Group PDP prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Medicare Plus Blue Group PPO and Prescription Blue Group PDP, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Medicare Plus Blue Group PPO and Prescription Blue Group PDP formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Medicare Plus Blue Group PPO and Prescription Blue Group PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 77.

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

The information in the Requirements/Limits column tells you if Medicare Plus Blue Group PPO or Prescription Blue Group PDP have any special requirements for coverage of your drug.

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Drug Tier Costs
(Up to a 31-day supply)**

Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)	Long-term care (LTC) cost sharing	Out-of-network cost sharing
Tier 1	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details			
Tier 2	Generic				
Tier 3	Preferred Brand				
Tier 4	Non-Preferred Drug				
Tier 5	Specialty Tier	See your Medical or Prescription Benefits Chart for member cost-share details			

**Medicare Plus Blue Group PPO and Prescription Blue Group PDP
Drug Tier Costs
(32- to 90-day supply*)**

Tier	Drug Description	Standard retail cost sharing (in-network)	Preferred retail cost sharing (in-network)	Standard mail-order cost sharing (in-network)	Preferred mail-order cost sharing (in-network)
Tier 1	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details			
Tier 2	Generic				
Tier 3	Preferred Brand				
Tier 4	Non-Preferred Drug				
Tier 5	Specialty Tier	90-day supply is not available			

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

*Most pharmacies will fill a 90-day supply of 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.
EX	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
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	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		
<i>celecoxib capsule 200mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	3	QL(270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	3	QL(540 EA per 90 days)
<i>diclofenac potassium tablet 50mg</i>	2	
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	2	
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	2	
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg, 75mg; 200mcg</i>	4	
<i>diclofenac sodium external solution 1.5%</i>	4	QL(600 ML per 30 days)
<i>diflunisal tablet 500mg</i>	3	
<i>etodolac er tablet extended release 24 hour 400mg, 500mg, 600mg</i>	3	
<i>etodolac capsule 200mg, 300mg</i>	2	
<i>etodolac tablet 400mg, 500mg</i>	2	
FLURBIPROFEN TABLET 100MG	2	
<i>ibuprofen suspension 100mg/5ml</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	2	
<i>ibu tablet 400mg, 600mg, 800mg</i>	2	
<i>meloxicam tablet 15mg, 7.5mg</i>	1	
<i>nabumetone tablet 500mg, 750mg</i>	2	
<i>naproxen dr tablet delayed release 375mg</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin tablet 600mg</i>	3	
<i>piroxicam capsule 10mg, 20mg</i>	3	
<i>salsalate tablet 750mg</i>	2	
<i>sulindac tablet 150mg, 200mg</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine patch weekly 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(15 EA per 30 days); NDS
METHADONE HCL SOLUTION 10MG/5ML	3	QL(1860 ML per 31 days); NDS
METHADONE HCL SOLUTION 5MG/5ML	3	QL(3720 ML per 31 days); NDS
<i>methadone hcl tablet 10mg</i>	3	QL(372 EA per 31 days); NDS
<i>methadone hcl tablet 5mg</i>	3	QL(496 EA per 31 days); NDS
MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 50MG, 80MG	4	QL(62 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(31 EA per 31 days); NDS
<i>morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg</i>	4	QL(93 EA per 31 days); NDS

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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
OXYMORPHONE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	4	QL(62 EA per 31 days); NDS
OXYMORPHONE HYDROCHLORIDEER TABLET EXTENDED RELEASE 12 HOUR 40MG	4	QL(62 EA per 31 days); NDS
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	4	QL(31 EA per 31 days); NDS
<i>tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	3	QL(31 EA per 31 days); NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine phosphate tablet 300mg; 60mg</i>	3	QL(186 EA per 31 days); NDS
ACETAMINOPHEN/CODEINE SOLUTION 120MG/5ML; 12MG/5ML	3	QL(5167 ML per 31 days); NDS
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	3	QL(372 EA per 31 days); NDS
<i>butorphanol tartrate solution 10mg/ml</i>	3	QL(5 ML per 30 days); NDS
CODEINE SULFATE TABLET 15MG	2	QL(186 EA per 31 days); NDS
CODEINE SULFATE TABLET 30MG, 60MG	3	QL(186 EA per 31 days); NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(372 EA per 31 days); NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	QL(5735 ML per 31 days); NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	3	QL(372 EA per 31 days); NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	QL(372 EA per 31 days); NDS
HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG	3	QL(155 EA per 31 days); NDS
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	3	QL(155 EA per 31 days); NDS
<i>hydromorphone hcl liquid 1mg/ml</i>	4	QL(2480 ML per 31 days); NDS
<i>hydromorphone hcl tablet 8mg</i>	3	QL(248 EA per 31 days); NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	3	QL(372 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
<i>morphine sulfate solution 100mg/5ml</i>	3	QL(930 ML per 31 days); NDS
<i>morphine sulfate tablet 15mg, 30mg</i>	3	QL(186 EA per 31 days); NDS
<i>oxycodone hydrochloride capsule 5mg</i>	3	QL(372 EA per 31 days); NDS
<i>oxycodone hydrochloride concentrate 100mg/5ml</i>	4	QL(279 ML per 31 days); NDS
<i>oxycodone hydrochloride solution 5mg/5ml</i>	4	QL(1860 ML per 31 days); NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 30mg, 5mg</i>	3	QL(372 EA per 31 days); NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(372 EA per 31 days); NDS
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	QL(372 EA per 31 days); NDS
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(248 EA per 31 days); NDS
Anesthetics		

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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
Local Anesthetics		
CETACAINE AEROSOL 14%; 2%; 2%	4	EX
CRYODOSE TA AEROSOL 0; 0	4	EX
<i>lidocaine hydrochloride injection 1%</i>	2	
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL(270 EA per 90 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	3	
<i>disulfiram tablet 250mg, 500mg</i>	4	
<i>naltrexone hydrochloride tablet 50mg</i>	3	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL(360 EA per 90 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL(630 EA per 90 days)
<i>buprenorphine hcl tablet sublingual 8mg</i>	1	QL(360 EA per 90 days)
<i>buprenorphine hcl tablet sublingual 2mg</i>	1	QL(630 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	2	QL(360 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg</i>	2	QL(630 EA per 90 days)
Opioid Reversal Agents		
KLOXXADO LIQUID 8MG/0.1ML	3	QL(12 EA per 90 days)
<i>naloxone hcl injection 4mg/10ml</i>	2	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	3	
OPVEE SOLUTION 2.7MG/0.1ML	3	QL(12 EA per 90 days)
REXTOVY LIQUID 4MG/0.25ML	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	3	QL(180 EA per 90 days)
NICOTROL INHALER INHALER 10MG	4	
NICOTROL NS SOLUTION 10MG/ML	4	
<i>varenicline starting month tablet therapy pack 0</i>	4	
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	4	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
ARIKAYCE SUSPENSION 590MG/8.4ML	5	PA
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.2MG/ML; 0.9%, 1.6MG/ML; 0.9%, 1MG/ML; 0.9%, 2MG/ML; 0.9%	4	
<i>gentamicin sulfate cream 0.1%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	3	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate tablet 500mg</i>	2	
STREPTOMYCIN SULFATE INJECTION 1GM	5	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>clindacin etz pledgets swab 1%</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	3	
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	4	
<i>colistimethate sodium injection 150mg</i>	4	
<i>daptomycin injection 500mg</i>	5	
FEM PH GEL 0.9%; 0.025%	2	EX
<i>fosfomycin tromethamine packet 3gm</i>	4	
IMPAVIDO CAPSULE 50MG	5	QL(84 EA per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL(1680 ML per 28 days)
<i>linezolid tablet 600mg</i>	4	QL(56 EA per 28 days)
<i>methenamine hippurate tablet 1gm</i>	3	
<i>metronidazole vaginal gel 0.75%</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	3	
<i>polymyxin b sulfate injection 500000unit</i>	4	
<i>silver nitrate solution 0.5%</i>	4	EX
<i>tigecycline injection 50mg</i>	4	
<i>tinidazole tablet 250mg, 500mg</i>	4	
<i>trimethoprim tablet 100mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl injection 10gm</i>	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1GM/200ML	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(360 EA per 90 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(720 EA per 90 days)
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml, 25mg/ml</i>	4	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	4	
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	QL(336 EA per 90 days); PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	QL(336 EA per 90 days); PA
Beta-lactam, Cephalosporins		
CEFACLOR CAPSULE 250MG	2	
<i>cefadroxil capsule 500mg</i>	2	
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	2	
CEFADROXIL TABLET 1GM	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir capsule 300mg</i>	2	
<i>cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml</i>	3	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefepime injection 1gm</i>	4	
<i>cefixime capsule 400mg</i>	4	
<i>cefixime suspension reconstituted 100mg/5ml, 200mg/5ml</i>	4	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
CEFPODOXIME PROXETIL SUSPENSION RECONSTITUTED 100MG/5ML, 50MG/5ML	4	
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	4	
<i>cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml</i>	3	
<i>cefprozil tablet 250mg, 500mg</i>	3	
CEFTAZIDIME INJECTION 6GM	4	
<i>ceftazidime injection 1gm, 2gm</i>	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE INJECTION 20MG/ML; 0, 40MG/ML; 0	4	
CEFTRIAXONE SODIUM INJECTION 100GM	4	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAXONE/DEXTROSE INJECTION 1GM; 3.74%, 2GM; 2.22%	4	
<i>cefuroxime axetil tablet 250mg, 500mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml</i>	2	
<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO INJECTION 400MG, 600MG	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER TABLET EXTENDED RELEASE 12 HOUR 1000MG; 62.5MG	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE 400MG; 57MG	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg, 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin capsule 250mg, 500mg</i>	1	
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	1	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	1	
<i>amoxicillin tablet 500mg, 875mg</i>	1	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	2	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
NAFCILLIN INJECTION 5%; 2GM/100ML	4	
OXACILLIN SODIUM INJECTION 300MG/50ML; 2GM/50ML	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	4	
PENICILLIN G SODIUM INJECTION 5000000UNIT	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED 125MG/5ML, 250MG/5ML	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium tablet 250mg, 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection 1gm</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
MEROPENEM/SODIUM CHLORIDE INJECTION 1GM/50ML; 0.9%, 500MG; 0.9%	3	
MEROPENEM INJECTION 2GM	3	
<i>meropenem injection 1gm, 500mg</i>	3	
Macrolides		
<i>azithromycin injection 500mg</i>	4	
<i>azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml</i>	2	
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	2	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	3	
CLARITHROMYCIN SUSPENSION RECONSTITUTED 125MG/5ML, 250MG/5ML	4	
<i>clarithromycin tablet 250mg, 500mg</i>	3	
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	5	QL(136 ML per 10 days)
DIFICID TABLET 200MG	5	QL(20 EA per 10 days)
<i>erythromycin base tablet 250mg, 500mg</i>	4	
ERYTHROMYCIN DR CAPSULE DELAYED RELEASE PARTICLES 250MG	4	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
<i>fidaxomicin tablet 200mg</i>	5	QL(20 EA per 10 days)
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
CIPROFLOXACIN I.V.-IN D5W INJECTION 200MG/100ML; 5%	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE INJECTION 400MG/250ML; 0.8%	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
OFLOXACIN TABLET 300MG, 400MG	2	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	3	

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<i>sulfadiazine tablet 500mg</i>	4	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	2	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	
Tetracyclines		
<i>demeclocycline hcl tablet 150mg, 300mg</i>	4	
<i>doxy 100 injection 100mg</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	3	
<i>doxycycline hyclate tablet 100mg, 75mg</i>	3	
<i>doxycycline hyclate tablet 150mg</i>	4	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	3	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	4	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>tetracycline hydrochloride capsule 250mg, 500mg</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION 10MG/ML	5	QL(620 ML per 31 days); PA
BRIVIACT TABLET 100MG, 10MG, 25MG, 50MG, 75MG	5	QL(62 EA per 31 days); PA
EPIDIOLEX SOLUTION 100MG/ML	5	QL(600 ML per 30 days); PA
EPRONTIA SOLUTION 25MG/ML	4	PA
<i>felbamate suspension 600mg/5ml</i>	4	
<i>felbamate tablet 400mg, 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	QL(360 ML per 30 days); PA
FYCOMPA SUSPENSION 0.5MG/ML	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
<i>lamotrigine er tablet extended release 24 hour 100mg, 200mg, 250mg, 25mg, 300mg, 50mg</i>	4	
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	4	
<i>lamotrigine starter kit/blue kit 25mg</i>	2	
<i>lamotrigine starter kit/green kit 0</i>	2	
<i>lamotrigine starter kit/orange kit 0</i>	2	
<i>lamotrigine tablet chewable 25mg, 5mg</i>	3	
<i>lamotrigine tablet 100mg, 150mg, 200mg, 25mg</i>	2	
<i>levetiracetam er tablet extended release 24 hour 500mg, 750mg</i>	3	
<i>levetiracetam solution 100mg/ml</i>	2	
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days); PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>perampanel tablet 2mg</i>	4	QL(540 EA per 90 days); PA
<i>perampanel tablet 10mg, 12mg, 4mg, 8mg</i>	5	QL(30 EA per 30 days); PA
<i>perampanel tablet 6mg</i>	5	QL(60 EA per 30 days); PA
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(1080 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(270 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL(360 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(540 EA per 90 days); PA
<i>subvenite starter kit/blue kit 25mg</i>	2	
<i>subvenite starter kit/green kit 0</i>	2	
<i>subvenite starter kit/orange kit 0</i>	2	
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	2	
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	2	
<i>topiramate solution 25mg/ml</i>	4	PA
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	2	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
Calcium Channel Modifying Agents		
<i>ethosuximide capsule 250mg</i>	4	
<i>ethosuximide solution 250mg/5ml</i>	4	
<i>methsuximide capsule 300mg</i>	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam suspension 2.5mg/ml</i>	4	QL(480 ML per 30 days); PA; NDS
<i>clobazam tablet 10mg, 20mg</i>	4	QL(60 EA per 30 days); PA; NDS
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL(120 EA per 30 days); NDS
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL(300 EA per 30 days); NDS
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL(120 EA per 30 days); NDS
<i>clonazepam tablet 2mg</i>	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
<i>diazepam rectal gel gel 10mg, 20mg</i>	4	QL(5 EA per 30 days); NDS
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	4	
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	2	

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<i>gabapentin capsule 100mg, 300mg, 400mg</i>	2	QL(810 EA per 90 days)
<i>gabapentin solution 250mg/5ml</i>	3	QL(6480 ML per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL(10 EA per 30 days); PA; NDS
<i>phenobarbital elixir 20mg/5ml</i>	2	QL(4500 ML per 90 days); PA
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	3	QL(360 EA per 90 days); PA
PRIMIDONE TABLET 125MG	2	
<i>primidone tablet 250mg, 50mg</i>	2	
SYMPAZAN FILM 10MG, 20MG, 5MG	5	QL(60 EA per 30 days); PA; NDS
<i>tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg</i>	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days); PA; NDS
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days); PA; NDS
<i>vigabatrin packet 500mg</i>	5	QL(186 EA per 31 days); PA
<i>vigabatrin tablet 500mg</i>	5	QL(186 EA per 31 days); PA
ZTALMY SUSPENSION 50MG/ML	5	QL(1116 ML per 31 days); PA
Sodium Channel Agents		
<i>carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg</i>	4	
<i>carbamazepine suspension 100mg/5ml</i>	4	
<i>carbamazepine tablet chewable 100mg</i>	4	
<i>carbamazepine tablet 200mg</i>	4	
DILANTIN CAPSULE 30MG	3	
<i>epitol tablet 200mg</i>	4	
<i>eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg</i>	4	QL(62 EA per 31 days)
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution 10mg/ml</i>	4	QL(3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL(180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL(360 EA per 90 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(124 EA per 31 days); PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	5	QL(62 EA per 31 days); PA
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg, 300mg, 600mg</i>	4	
<i>phenytoin sodium extended capsule 100mg</i>	2	
<i>phenytoin suspension 125mg/5ml</i>	2	

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<i>phenytoin tablet chewable 50mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	PA
<i>rufinamide tablet 200mg</i>	4	QL(496 EA per 31 days); PA
<i>rufinamide tablet 400mg</i>	5	QL(248 EA per 31 days); PA
XCOPRI TABLET THERAPY PACK 0	4	QL(56 EA per 365 days); PA; 12.5MG-25MG
XCOPRI TABLET THERAPY PACK 0	5	QL(168 EA per 84 days); PA; 250MG DAILY DOSE
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA; 350MG DAILY DOSE
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 365 days); PA; 150MG-200MG
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 365 days); PA; 50MG-100MG
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 SUSPENSION 100MG/5ML	4	QL(2700 ML per 90 days); PA
<i>zonisamide capsule 100mg, 25mg, 50mg</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
ERGOLOID MESYLATES TABLET 1MG	2	
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	3	
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 10MG; 0	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	3	
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating 10mg</i>	2	QL(180 EA per 90 days)
<i>donepezil hcl tablet disintegrating 5mg</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(180 EA per 90 days)
<i>donepezil hcl tablet 23mg</i>	4	QL(90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg</i>	3	QL(90 EA per 90 days)
GALANTAMINE HYDROBROMIDE SOLUTION 4MG/ML	4	QL(600 ML per 90 days)
<i>galantamine hydrobromide tablet 12mg, 4mg, 8mg</i>	3	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	4	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	4	QL(270 EA per 90 days)
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr</i>	4	QL(90 EA per 90 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak tablet 0</i>	3	QL(98 EA per 365 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg</i>	4	QL(90 EA per 90 days); PA
<i>memantine hydrochloride solution 2mg/ml</i>	4	QL(1080 ML per 90 days); PA
<i>memantine hydrochloride tablet 10mg, 5mg</i>	2	QL(180 EA per 90 days); PA
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	5	QL(62 EA per 31 days); PA
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	3	QL(180 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	3	QL(90 EA per 90 days)
<i>bupropion hydrochloride tablet 100mg, 75mg</i>	3	QL(540 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 15mg, 30mg</i>	3	QL(180 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	QL(90 EA per 90 days)
<i>mirtazapine tablet 15mg, 7.5mg</i>	2	QL(180 EA per 90 days)
<i>mirtazapine tablet 30mg, 45mg</i>	2	QL(90 EA per 90 days)
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL(31 EA per 31 days); PA
MARPLAN TABLET 10MG	4	QL(540 EA per 90 days)
PHENELZINE SULFATE TABLET 15MG	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide solution 10mg/5ml</i>	3	QL(1800 ML per 90 days)
<i>citalopram hydrobromide tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>citalopram hydrobromide tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	3	QL(360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	3	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(270 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(360 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(540 EA per 90 days); PA
<i>escitalopram oxalate solution 5mg/5ml</i>	4	QL(1800 ML per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tablet 10mg</i>	2	QL(180 EA per 90 days)
<i>escitalopram oxalate tablet 5mg</i>	2	QL(360 EA per 90 days)
<i>escitalopram oxalate tablet 20mg</i>	2	QL(90 EA per 90 days)
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 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 DR CAPSULE DELAYED RELEASE 90MG	4	QL(12 EA per 84 days)
<i>fluoxetine hydrochloride capsule 40mg</i>	2	QL(180 EA per 90 days)
<i>fluoxetine hydrochloride capsule 20mg</i>	2	QL(360 EA per 90 days)
<i>fluoxetine hydrochloride capsule 10mg</i>	2	QL(720 EA per 90 days)
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	4	QL(1800 ML per 90 days)
<i>fluoxetine hydrochloride tablet 20mg</i>	2	QL(360 EA per 90 days)
<i>fluoxetine hydrochloride tablet 10mg</i>	2	QL(720 EA per 90 days)
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	3	
NEFAZODONE HYDROCHLORIDE TABLET 100MG, 150MG, 200MG, 250MG, 50MG	3	
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	3	QL(180 EA per 90 days)
<i>paroxetine hcl er tablet extended release 24 hour 25mg</i>	3	QL(270 EA per 90 days)
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg</i>	3	QL(540 EA per 90 days)
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	QL(180 EA per 90 days)
PAROXETINE HYDROCHLORIDE SUSPENSION 10MG/5ML	4	QL(2700 ML per 90 days)
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	QL(270 EA per 90 days)
RALDESY SOLUTION 10MG/ML	4	QL(1200 ML per 30 days); PA
<i>sertraline hcl concentrate 20mg/ml</i>	3	
<i>sertraline hcl tablet 50mg</i>	2	QL(360 EA per 90 days)
<i>sertraline hydrochloride tablet 100mg</i>	2	QL(180 EA per 90 days)
<i>sertraline hydrochloride tablet 25mg</i>	2	QL(720 EA per 90 days)
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX TABLET 10MG	4	QL(180 EA per 90 days); ST
TRINTELLIX TABLET 5MG	4	QL(360 EA per 90 days); ST
TRINTELLIX TABLET 20MG	4	QL(90 EA per 90 days); ST
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL(180 EA per 90 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(270 EA per 90 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg</i>	2	QL(540 EA per 90 days)
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	
<i>vilazodone hydrochloride tablet 10mg, 20mg, 40mg</i>	4	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	2	
<i>amoxapine tablet 100mg, 150mg, 25mg, 50mg</i>	3	
<i>clomipramine hydrochloride capsule 25mg, 50mg, 75mg</i>	4	
<i>desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate 10mg/ml</i>	3	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	3	
<i>imipramine hydrochloride tablet 10mg</i>	3	
<i>imipramine pamoate capsule 100mg, 125mg, 150mg, 75mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl tablet 10mg, 5mg</i>	4	
<i>trimipramine maleate capsule 100mg, 25mg, 50mg</i>	4	
Antiemetics		
Antiemetics, Other		
<i>meclizine hcl tablet 12.5mg, 25mg</i>	2	
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl injection 50mg/ml</i>	2	
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	2	
<i>promethazine hydrochloride suppository 25mg</i>	4	
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	2	
<i>promethegan suppository 25mg</i>	4	
<i>scopolamine patch 72 hour 1mg/3days</i>	4	QL(30 EA per 90 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule 80mg</i>	4	B/D
<i>aprepitant capsule 0</i>	4	B/D; PAK 125mg & 80mg
<i>aprepitant capsule 40mg</i>	4	QL(12 EA per 90 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(6 EA per 90 days); B/D
<i>dronabinol capsule 10mg, 2.5mg, 5mg</i>	4	B/D
<i>granisetron hydrochloride tablet 1mg</i>	3	B/D
<i>ondansetron hcl solution 4mg/5ml</i>	4	B/D
ONDANSETRON HCL TABLET 24MG	2	B/D
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
Antifungals		

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Drug Name	Drug Tier	Requirements/Limits
ABELCET INJECTION 5MG/ML	4	B/D
<i>amphotericin b liposome injection 50mg</i>	5	B/D
AMPHOTERICIN B INJECTION 50MG	4	B/D
<i>caspofungin acetate injection 50mg, 70mg</i>	4	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole solution 1%</i>	3	
<i>clotrimazole troche 10mg</i>	2	
CRESEMBA CAPSULE 74.5MG	5	QL(175 EA per 31 days); PA
CRESEMBA CAPSULE 186MG	5	QL(70 EA per 31 days); PA
<i>econazole nitrate cream 1%</i>	2	QL(255 GM per 90 days)
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%</i>	4	
FLUCONAZOLE/SODIUM CHLORIDE INJECTION 100MG/50ML; 0.9%	4	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	3	
<i>fluconazole tablet 100mg, 150mg, 200mg, 50mg</i>	2	
<i>flucytosine capsule 250mg, 500mg</i>	5	
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>hydrocortisone/iodoquinol cream 1%; 1%</i>	2	EX
<i>iodoquinol/hydrocortisone acetate/aloe polysaccharides gel 1%; 2%; 1%</i>	4	EX
<i>itraconazole capsule 100mg</i>	4	
<i>ketoconazole cream 2%</i>	3	QL(270 GM per 90 days)
<i>ketoconazole shampoo 2%</i>	2	QL(360 ML per 90 days)
<i>ketoconazole tablet 200mg</i>	2	PA
<i>klayesta powder 100000unit/gm</i>	2	QL(180 GM per 90 days)
<i>micafungin injection 100mg, 50mg</i>	4	
MICONAZOLE 3 SUPPOSITORY 200MG	3	
NAFTIFINE HYDROCHLORIDE CREAM 1%	4	
<i>naftifine hydrochloride cream 2%</i>	4	
<i>nyamyc powder 100000unit/gm</i>	2	QL(180 GM per 90 days)
<i>nystatin cream 100000unit/gm</i>	2	
<i>nystatin ointment 100000unit/gm</i>	2	
<i>nystatin powder 100000unit/gm</i>	2	QL(180 GM per 90 days)
<i>nystatin suspension 100000unit/ml</i>	2	
<i>nystatin tablet 500000unit</i>	4	
<i>nystop powder 100000unit/gm</i>	2	QL(180 GM per 90 days)
<i>posaconazole dr tablet delayed release 100mg</i>	5	QL(93 EA per 31 days); PA
<i>terbinafine hcl tablet 250mg</i>	2	
<i>terbinafine hydrochloride tablet 250mg</i>	2	
<i>terconazole cream 0.4%, 0.8%</i>	3	
<i>terconazole suppository 80mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole injection 200mg</i>	5	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	PA
<i>voriconazole tablet 200mg, 50mg</i>	4	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	4	QL(360 EA per 90 days)
<i>febuxostat tablet 40mg, 80mg</i>	3	QL(90 EA per 90 days); ST
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	3	
<i>probenecid tablet 500mg</i>	3	
Antimigraine Agents		
<i>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</i>		
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(6 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(9 ML per 84 days); PA
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days); PA
QULIPTA TABLET 10MG	5	QL(186 EA per 31 days); PA
QULIPTA TABLET 60MG	5	QL(31 EA per 31 days); PA
QULIPTA TABLET 30MG	5	QL(62 EA per 31 days); PA
UBRELVY TABLET 100MG, 50MG	5	QL(16 EA per 30 days); PA
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	5	QL(24 ML per 90 days); PA
MIGERGOT SUPPOSITORY 100MG; 2MG	5	
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl tablet 2.5mg</i>	2	QL(24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	2	QL(60 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL INJECTION 4MG/0.5ML, 6MG/0.5ML	4	QL(27 ML per 90 days)
<i>sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml</i>	4	QL(27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(216 EA per 90 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(54 EA per 90 days)
<i>sumatriptan solution 20mg/act, 5mg/act</i>	4	QL(36 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	3	QL(108 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	3	QL(54 EA per 90 days)
<i>zolmitriptan tablet 2.5mg</i>	4	QL(108 EA per 90 days)
<i>zolmitriptan tablet 5mg</i>	4	QL(54 EA per 90 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide er tablet extended release 180mg</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	3	
PRETOMANID TABLET 200MG	4	QL(90 EA per 90 days); PA
<i>rifabutin capsule 150mg</i>	4	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride tablet 100mg, 400mg</i>	3	
<i>isoniazid syrup 50mg/5ml</i>	4	
<i>isoniazid tablet 100mg, 300mg</i>	2	
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	4	
<i>rifampin capsule 150mg, 300mg</i>	3	
<i>rifampin injection 600mg</i>	4	
SIRTURO TABLET 100MG, 20MG	5	PA
TRECTOR TABLET 250MG	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide capsule 25mg, 50mg</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN TABLET 2MG	5	
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	PA; OVM
ZEPZELCA INJECTION 4MG	5	PA
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	4	
<i>abirtega tablet 250mg</i>	4	
<i>bicalutamide tablet 50mg</i>	3	
ERLEADA TABLET 240MG, 60MG	5	PA; OVM
EULEXIN CAPSULE 125MG	5	PA; OVM
<i>nilutamide tablet 150mg</i>	5	
NUBEQA TABLET 300MG	5	PA; OVM
XTANDI CAPSULE 40MG	5	PA; OVM
XTANDI TABLET 40MG, 80MG	5	PA; OVM
YONSA TABLET 125MG	5	PA; OVM
<i>Antiangiogenic Agents</i>		
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	QL(31 EA per 31 days); PA
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	5	PA; OVM
THALOMID CAPSULE 100MG, 50MG	5	PA; OVM
<i>Antiandrogens/Modifiers</i>		
ORSERDU TABLET 345MG, 86MG	5	PA; OVM
SOLTAMOX SOLUTION 10MG/5ML	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	5	
Antimetabolites		
DROXIA CAPSULE 200MG, 300MG, 400MG	4	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 200MG/2ML, 2GM/20ML	3	
<i>hydroxyurea capsule 500mg</i>	2	
<i>mercaptopurine suspension 2000mg/100ml</i>	5	
<i>mercaptopurine tablet 50mg</i>	3	
TABLOID TABLET 40MG	5	PA; OVM
Antineoplastics, Other		
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	PA; OVM
DOXORUBICIN HYDROCHLORIDE INJECTION 10MG	4	
INREBIC CAPSULE 100MG	5	PA; OVM
ITOVEBI TABLET 3MG, 9MG	5	PA; OVM
IWILFIN TABLET 192MG	5	PA; OVM
IXEMPRA KIT INJECTION 15MG, 45MG	5	
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA; OVM
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA; OVM
LAZCLUZE TABLET 240MG, 80MG	5	PA; OVM
<i>leucovorin calcium injection 500mg, 50mg</i>	4	
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	3	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA; OVM
LYSODREN TABLET 500MG	5	
OGSIVEO TABLET 100MG, 150MG, 50MG	5	PA; OVM
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA; OVM
OJEMDA TABLET 100MG	5	PA; OVM
ONUREG TABLET 200MG, 300MG	5	PA; OVM
REVUFORJ TABLET 110MG, 160MG, 25MG	5	PA; OVM
RYLAZE INJECTION 10MG/0.5ML	5	PA
<i>valrubicin injection 40mg/ml</i>	3	
VONJO CAPSULE 100MG	5	PA; OVM
ZOLINZA CAPSULE 100MG	5	PA; OVM
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet 1mg</i>	2	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	2	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	PA; OVM
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	PA; OVM

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ALUNBRIG TABLET THERAPY PACK 0	5	PA; OVM
ALUNBRIG TABLET 180MG, 30MG, 90MG	5	PA; OVM
AUGTYRO CAPSULE 160MG, 40MG	5	PA; OVM
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	PA; OVM
BALVERSA TABLET 3MG, 4MG, 5MG	5	PA; OVM
BOSULIF CAPSULE 100MG, 50MG	5	PA; OVM
BOSULIF TABLET 100MG, 400MG, 500MG	5	PA; OVM
BRAFTOVI CAPSULE 75MG	5	PA; OVM
BRUKINSA CAPSULE 80MG	5	PA; OVM
BRUKINSA TABLET 160MG	5	PA
CABOMETYX TABLET 20MG, 40MG, 60MG	5	PA; OVM
CALQUENCE TABLET 100MG	5	PA; OVM
CAPRELSA TABLET 100MG, 300MG	5	PA; OVM
COMETRIQ KIT 0, 20MG	5	PA; OVM
COPIKTRA CAPSULE 15MG, 25MG	5	PA; OVM
COTELLIC TABLET 20MG	5	PA; OVM
<i>dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	5	PA; OVM
DAURISMO TABLET 100MG, 25MG	5	PA; OVM
ENSACOVE CAPSULE 100MG, 25MG	5	PA; OVM
ERIVEDGE CAPSULE 150MG	5	PA; OVM
<i>erlotinib hydrochloride tablet 100mg, 150mg, 25mg</i>	5	PA; OVM
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA; OVM
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA; OVM
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	PA; OVM
FRUZAQLA CAPSULE 1MG, 5MG	5	PA; OVM
GAVRETO CAPSULE 100MG	5	PA; OVM
<i>gefitinib tablet 250mg</i>	5	PA; OVM
GILOTRIF TABLET 20MG, 30MG, 40MG	5	PA; OVM
GOMEKLI CAPSULE 1MG, 2MG	5	PA; OVM
GOMEKLI TABLET SOLUBLE 1MG	5	PA; OVM
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA; OVM
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA; OVM
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	5	PA; OVM
IDHIFA TABLET 100MG, 50MG	5	PA; OVM
<i>imatinib mesylate tablet 100mg</i>	3	
<i>imatinib mesylate tablet 400mg</i>	4	
IMBRUVICA CAPSULE 140MG, 70MG	5	PA; OVM
IMBRUVICA SUSPENSION 70MG/ML	5	PA; OVM
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	PA; OVM
IMKELDI SOLUTION 80MG/ML	5	PA; OVM
INLYTA TABLET 1MG, 5MG	5	PA; OVM
INQOVI TABLET 100MG; 35MG	5	PA; OVM
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	PA; OVM

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Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA TABLET 100MG, 50MG	5	PA; OVM
KISQALI TABLET THERAPY PACK 200MG	5	PA; OVM
KOSELUGO CAPSULE 10MG, 25MG	5	PA; OVM
KRAZATI TABLET 200MG	5	PA; OVM
<i>lapatinib ditosylate tablet 250mg</i>	5	PA; OVM
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; OVM
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; OVM
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA; OVM
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA; OVM
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; OVM
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA; OVM
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; OVM
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; OVM
LORBRENA TABLET 100MG, 25MG	5	PA; OVM
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA; OVM
LYNPARZA TABLET 100MG, 150MG	5	PA; OVM
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; OVM; 12MG Daily Dose
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; OVM; 16MG Daily Dose
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; OVM; 20MG Daily Dose
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA; OVM
MEKINIST TABLET 0.5MG, 2MG	5	PA; OVM
MEKTOVI TABLET 15MG	5	PA; OVM
NERLYNX TABLET 40MG	5	PA; OVM
<i>nilotinib hydrochloride capsule 150mg, 200mg, 50mg</i>	5	PA; OVM
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA; OVM
ODOMZO CAPSULE 200MG	5	PA; OVM
OJJAARA TABLET 100MG, 150MG, 200MG	5	PA; OVM
<i>pazopanib hydrochloride tablet 200mg</i>	5	PA; OVM
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	PA; OVM
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA; OVM
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA; OVM
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA; OVM
QINLOCK TABLET 50MG	5	PA; OVM

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAPSULE 40MG, 80MG	5	PA; OVM
RETEVMO TABLET 120MG, 160MG, 40MG, 80MG	5	PA; OVM
REZLIDHIA CAPSULE 150MG	5	PA; OVM
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA; OVM
ROZLYTREK CAPSULE 100MG	5	PA; OVM
ROZLYTREK CAPSULE 200MG	5	QL(93 EA per 31 days); PA; OVM
ROZLYTREK PACKET 50MG	5	PA; OVM
RUBRACA TABLET 200MG, 250MG, 300MG	5	QL(124 EA per 31 days); PA
RYDAPT CAPSULE 25MG	5	PA; OVM
SCSEMBLIX TABLET 100MG, 20MG, 40MG	5	PA; OVM
<i>sorafenib tosylate tablet 200mg</i>	5	PA; OVM
<i>sorafenib tablet 200mg</i>	5	PA; OVM
STIVARGA TABLET 40MG	5	PA; OVM
<i>sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA; OVM
TABRECTA TABLET 150MG, 200MG	5	PA; OVM
TAFINLAR CAPSULE 50MG, 75MG	5	PA; OVM
TAFINLAR TABLET SOLUBLE 10MG	5	PA; OVM
TAGRISO TABLET 40MG, 80MG	5	PA; OVM
TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA; OVM
TAZVERIK TABLET 200MG	5	PA; OVM
TEPMETKO TABLET 225MG	5	PA; OVM
TIBSOVO TABLET 250MG	5	PA; OVM
<i>torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA; OVM
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA; OVM
TRUQAP TABLET 160MG, 200MG	5	PA; OVM
TUKYSA TABLET 150MG, 50MG	5	PA; OVM
TURALIO CAPSULE 125MG	5	PA; OVM
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA; OVM
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	QL(84 EA per 365 days); PA; OVM
VENCLEXTA TABLET 10MG	4	PA; OVM
VENCLEXTA TABLET 100MG, 50MG	5	PA; OVM
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA; OVM
VITRAKVI CAPSULE 100MG, 25MG	5	PA; OVM
VITRAKVI SOLUTION 20MG/ML	5	PA; OVM
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	PA; OVM
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	5	PA; OVM
XALKORI CAPSULE 200MG, 250MG	5	PA; OVM
XOSPATA TABLET 40MG	5	PA; OVM
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA; OVM
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA; OVM

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG	5	PA; OVM
ZEJULA TABLET 100MG, 200MG, 300MG	5	PA; OVM
ZELBORAF TABLET 240MG	5	PA; OVM
ZYDELIG TABLET 100MG, 150MG	5	PA; OVM
ZYKADIA TABLET 150MG	5	PA; OVM
Monoclonal Antibodies/Antibody-Drug Conjugates		
DANYELZA INJECTION 40MG/10ML	5	PA
HERCEPTIN HYLECTA INJECTION 10000UNIT/5ML; 600MG/5ML	5	
LIBTAYO INJECTION 350MG/7ML	5	PA
MARGENZA INJECTION 250MG/10ML	5	PA
MONJUVI INJECTION 200MG	5	PA
PADCEV INJECTION 20MG, 30MG	5	PA
POLIVY INJECTION 140MG, 30MG	5	PA
RYBREVANT INJECTION 350MG/7ML	5	PA
SARCLISA INJECTION 100MG/5ML, 500MG/25ML	5	PA
TIVDAK INJECTION 40MG	5	PA
TRODELVY INJECTION 180MG	5	PA
Retinoids		
<i>bexarotene capsule 75mg</i>	5	PA; OVM
<i>bexarotene gel 1%</i>	5	PA; OVM
PANRETIN GEL 0.1%	5	QL(60 GM per 30 days); PA
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
<i>mesna tablet 400mg</i>	5	
VORANIGO TABLET 10MG, 40MG	5	PA; OVM
Antiparasitics		
Anthelmintics		
<i>albendazole tablet 200mg</i>	4	
<i>ivermectin tablet 3mg</i>	3	PA
<i>praziquantel tablet 600mg</i>	4	
Antiprotozoals		
<i>atovaquone/proguanil hydrochloride tablet 250mg; 100mg</i>	4	
<i>atovaquone suspension 750mg/5ml</i>	4	
CHLOROQUINE PHOSPHATE TABLET 250MG	4	
<i>chloroquine phosphate tablet 500mg</i>	4	
COARTEM TABLET 20MG; 120MG	4	
<i>hydroxychloroquine sulfate tablet 200mg</i>	4	
<i>mefloquine hydrochloride tablet 250mg</i>	2	
<i>nitazoxanide tablet 500mg</i>	5	
<i>pentamidine isethionate injection 300mg</i>	4	
PRIMAQUINE PHOSPHATE TABLET 26.3MG	3	
<i>pyrimethamine tablet 25mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate capsule 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet 0.5mg, 1mg, 2mg</i>	2	
TRIHEXYPHENIDYL HCL SOLUTION 0.4MG/ML	2	
<i>trihexyphenidyl hydrochloride tablet 2mg, 5mg</i>	2	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone tablet 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	4	
<i>entacapone tablet 200mg</i>	4	
Dopamine Agonists		
<i>bromocriptine mesylate capsule 5mg</i>	4	
<i>bromocriptine mesylate tablet 2.5mg</i>	4	
<i>pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg</i>	2	
<i>ropinirole er tablet extended release 24 hour 12mg, 2mg, 4mg, 6mg, 8mg</i>	3	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg</i>	2	
CARBIDOPA/LEVODOPA ODT TABLET DISINTEGRATING 10MG; 100MG, 25MG; 100MG, 25MG; 250MG	4	
<i>carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	2	
<i>carbidopa tablet 25mg</i>	4	
RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG	4	QL(300 EA per 30 days); ST
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG	4	QL(360 EA per 30 days); ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet 0.5mg, 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE 100MG/ML, 30MG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
FLUPHENAZINE HCL CONCENTRATE 5MG/ML	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR 2.5MG/5ML	4	
FLUPHENAZINE HYDROCHLORIDE INJECTION 2.5MG/ML	4	
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	2	
<i>haloperidol decanoate injection 100mg/ml, 50mg/ml</i>	4	
<i>haloperidol lactate injection 5mg/ml</i>	4	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg</i>	2	
<i>loxapine capsule 10mg, 25mg, 50mg, 5mg</i>	4	
MOLINDONE HYDROCHLORIDE TABLET 10MG, 25MG, 5MG	4	
<i>perphenazine tablet 16mg, 2mg, 4mg, 8mg</i>	4	
PIMOZIDE TABLET 1MG, 2MG	3	
<i>thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL(2.4 ML per 56 days); ST
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL(3.2 ML per 56 days); ST
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	QL(1 EA per 28 days); ST
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(180 EA per 90 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(270 EA per 90 days)
<i>aripiprazole solution 1mg/ml</i>	4	QL(2700 ML per 90 days)
<i>aripiprazole tablet 20mg</i>	3	QL(135 EA per 90 days)
<i>aripiprazole tablet 10mg, 15mg, 2mg, 5mg</i>	3	QL(180 EA per 90 days)
<i>aripiprazole tablet 30mg</i>	3	QL(90 EA per 90 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	QL(2.4 ML per 31 days); ST
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days); ST
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days); ST
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days); ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 56 days); ST
<i>asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg</i>	4	QL(180 EA per 90 days)
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); ST
FANAPT TITRATION PACK A TABLET 0	4	QL(8 EA per 31 days); PA
FANAPT TITRATION PACK B TABLET 0	4	QL(12 EA per 31 days); PA
FANAPT TITRATION PACK C TABLET 0	4	QL(8 EA per 31 days); PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(62 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL(3.5 ML per 180 days); ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL(5 ML per 180 days); ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL(0.25 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL(0.5 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL(0.75 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL(1 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 28 days); ST
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 90 days); ST
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 90 days); ST
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 90 days); ST
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 90 days); ST
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	3	QL(31 EA per 31 days)
<i>lurasidone hydrochloride tablet 80mg</i>	3	QL(62 EA per 31 days)
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL(30 EA per 30 days); PA
NUPLAZID CAPSULE 34MG	5	QL(31 EA per 31 days); PA
NUPLAZID TABLET 10MG	5	QL(31 EA per 31 days); PA
<i>olanzapine odt tablet disintegrating 10mg, 5mg</i>	4	QL(180 EA per 90 days)
<i>olanzapine odt tablet disintegrating 15mg, 20mg</i>	4	QL(90 EA per 90 days)
<i>olanzapine injection 10mg</i>	3	
<i>olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	3	QL(180 EA per 90 days)
<i>olanzapine tablet 15mg, 20mg</i>	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
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(180 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(90 EA per 90 days)
PERSERIS INJECTION 120MG, 90MG	5	QL(1 EA per 30 days); ST
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	3	QL(360 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	3	QL(90 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	2	QL(270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	2	QL(360 EA per 90 days)
<i>quetiapine fumarate tablet 150mg</i>	2	QL(450 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); ST
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); ST
<i>risperidone er injection 25mg</i>	4	QL(2 EA per 28 days); ST
<i>risperidone er injection 12.5mg</i>	4	QL(6 EA per 84 days); ST
<i>risperidone er injection 37.5mg, 50mg</i>	5	QL(2 EA per 28 days); ST
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg</i>	4	QL(180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone odt tablet disintegrating 0.25mg</i>	4	QL(270 EA per 90 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	4	QL(360 EA per 90 days)
<i>risperidone solution 1mg/ml</i>	2	QL(720 ML per 90 days)
<i>risperidone tablet 1mg, 2mg, 3mg, 4mg</i>	2	QL(180 EA per 90 days)
<i>risperidone tablet 0.25mg, 0.5mg</i>	2	QL(360 EA per 90 days)
RYKINDO INJECTION 25MG, 37.5MG, 50MG	5	QL(2 EA per 28 days); ST
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL(31 EA per 31 days); PA
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL(31 EA per 31 days); ST
VRAYLAR CAPSULE 1.5MG	5	QL(62 EA per 31 days); ST
<i>ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg</i>	4	QL(180 EA per 90 days)
<i>ziprasidone mesylate injection 20mg</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL(6 EA per 90 days); ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL(1 EA per 30 days); ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL(2 EA per 30 days); ST
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	3	
<i>clozapine odt tablet disintegrating 100mg</i>	3	QL(810 EA per 90 days)
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(135 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(540 EA per 90 days)
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	2	
<i>dantrolene sodium capsule 100mg, 25mg, 50mg</i>	3	
SOHONOS CAPSULE 1.5MG, 1MG	5	QL(124 EA per 31 days); PA
SOHONOS CAPSULE 10MG	5	QL(62 EA per 31 days); PA
SOHONOS CAPSULE 2.5MG, 5MG	5	QL(93 EA per 31 days); PA
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY TABLET 200MG	5	PA
PREVYMIS PACKET 120MG, 20MG	5	QL(112 EA per 28 days); PA
PREVYMIS TABLET 240MG, 480MG	5	QL(28 EA per 28 days); PA
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	
<i>valganciclovir tablet 450mg</i>	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tablet 10mg</i>	4	
<i>entecavir tablet 0.5mg, 1mg</i>	4	QL(90 EA per 90 days)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET TABLET 100MG; 40MG	5	QL(84 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
RIBAVIRIN CAPSULE 200MG	3	
RIBAVIRIN TABLET 200MG	3	
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(31 EA per 31 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL(31 EA per 31 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(31 EA per 31 days)
ISENTRESS HD TABLET 600MG	5	QL(62 EA per 31 days)
ISENTRESS PACKET 100MG	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)
ISENTRESS TABLET 400MG	5	QL(62 EA per 31 days)
JULUCA TABLET 50MG; 25MG	5	QL(31 EA per 31 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	
TIVICAY PD TABLET SOLUBLE 5MG	5	QL(372 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA TABLET 200MG; 25MG; 300MG	5	
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	
EDURANT TABLET 25MG	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	
<i>efavirenz tablet 600mg</i>	4	
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg</i>	5	
<i>etravirine tablet 100mg, 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	
NEVIRAPINE SUSPENSION 50MG/5ML	4	
<i>nevirapine tablet 200mg</i>	3	
PIFELTRO TABLET 100MG	5	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	
<i>abacavir solution 20mg/ml</i>	4	
<i>abacavir tablet 300mg</i>	4	
CIMDUO TABLET 300MG; 300MG	5	
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	QL(31 EA per 31 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	3	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL(31 EA per 31 days)
<i>emtricitabine capsule 200mg</i>	4	
EMTRIVA SOLUTION 10MG/ML	4	
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	3	
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY TABLET 200MG; 25MG; 25MG	5	
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	4	QL(180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL(31 EA per 31 days)
VIREAD POWDER 40MG/GM	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine capsule 100mg</i>	4	
<i>zidovudine syrup 50mg/5ml</i>	4	
<i>zidovudine tablet 300mg</i>	3	
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	5	
<i>maraviroc tablet 150mg, 300mg</i>	5	
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION 20MG/ML	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days); 5 x 300MG
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days); 4 x 300MG
SUNLENCA TABLET 300MG	5	QL(8 EA per 365 days)
TROGARZO INJECTION 200MG/1.33ML	5	
TYBOST TABLET 150MG	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>atazanavir capsule 150mg, 200mg</i>	4	
<i>darunavir tablet 600mg</i>	4	QL(62 EA per 31 days)
<i>darunavir tablet 800mg</i>	5	QL(31 EA per 31 days)
EVOTAZ TABLET 300MG; 150MG	5	
<i>fosamprenavir calcium tablet 700mg</i>	5	
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	4	
<i>lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
NORVIR PACKET 100MG	4	
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	5	QL(31 EA per 31 days)
PREZISTA SUSPENSION 100MG/ML	5	QL(414 ML per 31 days)
PREZISTA TABLET 75MG	4	QL(1440 EA per 90 days)
PREZISTA TABLET 150MG	5	QL(240 EA per 30 days)
REYATAZ PACKET 50MG	5	
<i>ritonavir tablet 100mg</i>	3	
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	
VIRACEPT TABLET 250MG, 625MG	5	
Anti-influenza Agents		
<i>amantadine hcl capsule 100mg</i>	2	
<i>amantadine hcl solution 50mg/5ml</i>	3	
<i>amantadine hcl tablet 100mg</i>	3	
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	3	QL(84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL(1050 ML per 180 days)
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE TABLET 100MG	4	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet 125mg, 250mg, 500mg</i>	3	QL(90 EA per 30 days)
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	3	
Antiviral, Coronavirus Agents		
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(22 EA per 30 days); (300mg-100mg day 1; 150mg-100mg days 2-5 Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(40 EA per 30 days); (150mg-100mg Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(60 EA per 30 days); (300mg-100mg Pak)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>meprobamate tablet 200mg, 400mg</i>	4	PA
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg, 2mg</i>	2	QL(150 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 15mg</i>	3	QL(180 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 7.5mg</i>	3	QL(360 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tablet 3.75mg</i>	3	QL(720 EA per 30 days); NDS
<i>diazepam intensol concentrate 5mg/ml</i>	2	QL(240 ML per 30 days)
<i>diazepam concentrate 5mg/ml</i>	2	QL(240 ML per 30 days)
<i>diazepam solution 5mg/5ml</i>	2	QL(1200 ML per 30 days); NDS
<i>diazepam tablet 10mg, 2mg, 5mg</i>	3	QL(120 EA per 30 days); NDS
<i>lorazepam intensol concentrate 2mg/ml</i>	2	QL(150 ML per 30 days); NDS
<i>lorazepam tablet 0.5mg, 1mg, 2mg</i>	2	QL(150 EA per 30 days); NDS
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	1	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium carbonate tablet 300mg</i>	1	
<i>lithium solution 8meq/5ml</i>	4	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	1	
BYDUREON BCISE INJECTION 2MG/0.85ML	3	QL(10.2 ML per 84 days); PA
CYCLOSET TABLET 0.8MG	4	QL(540 EA per 90 days)
<i>glimepiride tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>glimepiride tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>glimepiride tablet 1mg</i>	1	QL(720 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL(270 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>glipizide tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 2.5mg</i>	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)
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	1	QL(720 EA per 90 days)
<i>glyburide tablet 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>glyburide tablet 5mg</i>	1	QL(360 EA per 90 days)
<i>glyburide tablet 2.5mg</i>	1	QL(720 EA per 90 days)
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)
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL(90 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)
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	QL(180 EA per 90 days)
<i>liraglutide injection 6mg/ml</i>	2	QL(27 ML per 90 days); PA
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	QL(180 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(360 EA per 90 days)
<i>metformin hydrochloride tablet 1000mg</i>	1	QL(225 EA per 90 days)
<i>metformin hydrochloride tablet 850mg</i>	1	QL(270 EA per 90 days)
<i>metformin hydrochloride tablet 500mg</i>	1	QL(450 EA per 90 days)
MIGLITOL TABLET 100MG, 25MG, 50MG	4	
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg</i>	1	QL(270 EA per 90 days)
<i>nateglinide tablet 60mg</i>	1	QL(540 EA per 90 days)
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg</i>	4	QL(90 EA per 90 days)
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	1	QL(270 EA per 90 days)
<i>pioglitazone hcl tablet 45mg</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL(90 EA per 90 days)
<i>repaglinide tablet 1mg</i>	1	QL(1440 EA per 90 days)
<i>repaglinide tablet 0.5mg</i>	1	QL(2880 EA per 90 days)
<i>repaglinide tablet 2mg</i>	1	QL(720 EA per 90 days)
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 14MG	3	QL(90 EA per 90 days); PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	QL(60 ML per 90 days)
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	5	QL(10.8 ML per 30 days); PA
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	5	QL(12 ML per 30 days); PA
TRADJENTA TABLET 5MG	3	QL(90 EA per 90 days)
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	5	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GLUCAGON EMERGENCY KIT INJECTION 1MG	3	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
Insulins		
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	
FIASP PENFILL INJECTION 100UNIT/ML	3	
FIASP INJECTION 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG TEMPO PEN INJECTION 100UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
<i>humulin n injection 100unit/ml</i>	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	5	PA
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	5	PA
HUMULIN R INJECTION 100UNIT/ML	3	
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	3	
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	3	
INSULIN ASPART INJECTION 100UNIT/ML	3	
INSULIN LISPRO JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
INSULIN LISPRO KWIKPEN INJECTION 100UNIT/ML	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
INSULIN LISPRO INJECTION 100UNIT/ML	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
LYUMJEV TEMPO PEN INJECTION 100UNIT/ML	3	
LYUMJEV INJECTION 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN N RELION INJECTION 100UNIT/ML	3	
NOVOLIN N INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN R RELION INJECTION 100UNIT/ML	3	
NOVOLIN R INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	
NOVOLOG RELION INJECTION 100UNIT/ML	3	
NOVOLOG INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate capsule 150mg, 75mg</i>	3	QL(180 EA per 90 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>rivaroxaban suspension reconstituted 1mg/ml</i>	4	QL(2700 ML per 90 days)
<i>warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL(102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	3	QL(2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride capsule 0.5mg, 1mg</i>	3	
<i>eltrombopag olamine packet 25mg</i>	5	QL(186 EA per 31 days); PA
<i>eltrombopag olamine packet 12.5mg</i>	5	QL(62 EA per 31 days); PA
<i>eltrombopag olamine tablet 12.5mg, 25mg</i>	5	QL(31 EA per 31 days); PA
<i>eltrombopag olamine tablet 50mg, 75mg</i>	5	QL(62 EA per 31 days); PA
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA; OVM
NEULASTA INJECTION 6MG/0.6ML	5	PA; OVM
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
VOYDEYA TABLET THERAPY PACK 0	5	QL(180 EA per 30 days); PA
VOYDEYA TABLET 100MG	5	QL(180 EA per 30 days); PA
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	PA; OVM
Hemostasis Agents		
ASTRINGYN SOLUTION 259MG/GM	4	EX
<i>tranexamic acid tablet 650mg</i>	3	QL(90 EA per 63 days)
Platelet Modifying Agents		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	4	QL(180 EA per 90 days)
BRILINTA TABLET 90MG	4	
BRILINTA TABLET 60MG	4	QL(180 EA per 90 days)
CABLIVI INJECTION 11MG	5	PA
<i>cilostazol tablet 100mg, 50mg</i>	2	
<i>clopidogrel tablet 75mg</i>	1	QL(90 EA per 90 days)
DOPTELET TABLET 20MG	5	PA
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	3	
Cardiovascular Agents		

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Drug Name	Drug Tier	Requirements/Limits
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	4	QL(12 EA per 84 days)
<i>droxidopa capsule 100mg</i>	4	QL(93 EA per 31 days); PA
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(186 EA per 31 days); PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	3	
<i>midodrine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	3	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg</i>	2	
<i>prazosin hydrochloride capsule 1mg, 2mg, 5mg</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil tablet 8mg</i>	1	QL(360 EA per 90 days)
<i>candesartan cilexetil tablet 4mg</i>	1	QL(720 EA per 90 days)
<i>candesartan cilexetil tablet 32mg</i>	1	QL(90 EA per 90 days)
EDARBI TABLET 40MG	4	QL(180 EA per 90 days)
EDARBI TABLET 80MG	4	QL(90 EA per 90 days)
<i>irbesartan tablet 150mg</i>	1	QL(180 EA per 90 days)
<i>irbesartan tablet 75mg</i>	1	QL(360 EA per 90 days)
<i>irbesartan tablet 300mg</i>	1	QL(90 EA per 90 days)
<i>losartan potassium tablet 100mg, 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium tablet 25mg</i>	1	QL(270 EA per 90 days)
<i>olmesartan medoxomil tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>olmesartan medoxomil tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>olmesartan medoxomil tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>telmisartan tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>telmisartan tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>telmisartan tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>valsartan tablet 160mg</i>	1	QL(180 EA per 90 days)
<i>valsartan tablet 80mg</i>	1	QL(360 EA per 90 days)
<i>valsartan tablet 40mg</i>	1	QL(720 EA per 90 days)
<i>valsartan tablet 320mg</i>	1	QL(90 EA per 90 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hydrochloride tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>benazepril hydrochloride tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>benazepril hydrochloride tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>captopril tablet 25mg</i>	1	QL(1620 EA per 90 days)
<i>captopril tablet 12.5mg</i>	1	QL(3240 EA per 90 days)
<i>captopril tablet 100mg</i>	1	QL(405 EA per 90 days)
<i>captopril tablet 50mg</i>	1	QL(810 EA per 90 days)
<i>enalapril maleate tablet 2.5mg</i>	1	QL(1440 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>enalapril maleate tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>fosinopril sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>fosinopril sodium tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>fosinopril sodium tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>lisinopril tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>lisinopril tablet 20mg, 30mg, 40mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>lisinopril tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>moexipril hydrochloride tablet 15mg</i>	1	QL(180 EA per 90 days)
<i>moexipril hydrochloride tablet 7.5mg</i>	1	QL(360 EA per 90 days)
<i>perindopril erbumine tablet 8mg</i>	1	QL(180 EA per 90 days)
<i>perindopril erbumine tablet 4mg</i>	1	QL(360 EA per 90 days)
<i>perindopril erbumine tablet 2mg</i>	1	QL(720 EA per 90 days)
<i>quinapril hydrochloride tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>quinapril hydrochloride tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>quinapril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>ramipril capsule 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>ramipril capsule 10mg</i>	1	QL(180 EA per 90 days)
<i>ramipril capsule 5mg</i>	1	QL(360 EA per 90 days)
<i>ramipril capsule 2.5mg</i>	1	QL(720 EA per 90 days)
<i>trandolapril tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>trandolapril tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>trandolapril tablet 1mg</i>	1	QL(720 EA per 90 days)
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 100mg, 200mg, 400mg</i>	2	
DIGOXIN SOLUTION 0.05MG/ML	3	
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL(90 EA per 90 days)
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	3	
<i>mexiletine hydrochloride capsule 150mg, 200mg, 250mg</i>	3	
MULTAQ TABLET 400MG	4	QL(180 EA per 90 days)
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	
<i>pacерone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl tablet 150mg, 225mg, 300mg</i>	4	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg</i>	4	
<i>propafenone hydrochloride tablet 150mg, 225mg, 300mg</i>	4	
QUINIDINE SULFATE TABLET 200MG, 300MG	2	
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hydrochloride tablet 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride capsule 200mg, 400mg</i>	2	
<i>atenolol tablet 100mg, 25mg, 50mg</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate tablet 10mg, 5mg</i>	2	
<i>carvedilol phosphate er capsule extended release 24 hour 10mg, 20mg, 40mg, 80mg</i>	4	QL(90 EA per 90 days)
<i>carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg</i>	1	
<i>labetalol hydrochloride tablet 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg</i>	2	
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hydrochloride tablet 20mg</i>	4	QL(180 EA per 90 days)
<i>nebivolol hydrochloride tablet 10mg</i>	4	QL(360 EA per 90 days)
<i>nebivolol hydrochloride tablet 2.5mg, 5mg</i>	4	QL(90 EA per 90 days)
<i>pindolol tablet 10mg, 5mg</i>	3	
PROPRANOLOL HCL SOLUTION 40MG/5ML	3	
<i>propranolol hcl tablet 40mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg</i>	3	
PROPRANOLOL HYDROCHLORIDE SOLUTION 20MG/5ML	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	3	
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg</i>	2	QL(90 EA per 90 days)
<i>isradipine capsule 2.5mg, 5mg</i>	2	
<i>nicardipine hcl capsule 20mg, 30mg</i>	4	
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg, 90mg</i>	3	
<i>nimodipine capsule 30mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er tablet extended release 24 hour 240mg, 300mg, 360mg, 420mg</i>	2	
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	
<i>matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	4	
<i>verapamil hcl er capsule extended release 24 hour 120mg, 180mg, 240mg</i>	4	
<i>verapamil hcl er tablet extended release 120mg</i>	4	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	4	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	4	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	4	
<i>verapamil hydrochloride er tablet extended release 180mg, 240mg</i>	4	
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	4	
<i>verapamil hydrochloride injection 2.5mg/ml</i>	4	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren tablet 150mg, 300mg</i>	4	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE TABLET 5MG; 50MG	2	
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 10mg, 2.5mg; 20mg</i>	1	QL(360 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	1	QL(180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	1	QL(360 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine/olmesartan medoxomil tablet 5mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg</i>	4	QL(180 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	4	QL(90 EA per 90 days)
<i>atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	QL(360 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	1	QL(90 EA per 90 days)
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL(90 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 25MG, 50MG; 25MG	2	QL(180 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 50MG; 15MG	2	QL(270 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 15MG	2	QL(300 EA per 90 days)
CORLANOR SOLUTION 5MG/5ML	4	QL(1350 ML per 90 days)
EDARBYCLOR TABLET 40MG; 12.5MG, 40MG; 25MG	4	QL(90 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	1	QL(360 EA per 90 days)
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	QL(720 EA per 90 days)
ENTRESTO TABLET 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	3	QL(180 EA per 90 days)
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	1	QL(360 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL(180 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL(90 EA per 90 days)
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	4	
<i>ivabradine hydrochloride tablet 5mg, 7.5mg</i>	4	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL(360 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(90 EA per 90 days)
<i>metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg</i>	2	
<i>metyrosine capsule 250mg</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 5mg; 12.5mg; 20mg</i>	4	QL(180 EA per 90 days)
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	4	QL(90 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	1	QL(90 EA per 90 days)
<i>pentoxifylline er tablet extended release 400mg</i>	2	
QUINAPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 20MG	2	QL(90 EA per 90 days)
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	2	QL(180 EA per 90 days)
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	4	
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	2	
TELMISARTAN/AMLODIPINE TABLET 5MG; 40MG	2	QL(180 EA per 90 days)
TELMISARTAN/AMLODIPINE TABLET 10MG; 40MG, 10MG; 80MG, 5MG; 80MG	2	QL(90 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg</i>	1	QL(180 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	1	QL(90 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG	4	QL(120 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 1MG; 240MG, 2MG; 240MG, 4MG; 240MG	4	QL(90 EA per 90 days)
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg</i>	1	QL(180 EA per 90 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	1	QL(90 EA per 90 days)
VYNDAMAX CAPSULE 61MG	5	QL(31 EA per 31 days); PA
Diuretics, Loop		
<i>bumetanide injection 0.25mg/ml</i>	4	
<i>bumetanide tablet 0.5mg, 1mg, 2mg</i>	2	
<i>furosemide injection 10mg/ml</i>	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	2	
<i>furosemide oral solution 10mg/ml</i>	2	
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	
<i>toremide tablet 100mg, 10mg, 20mg, 5mg</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet 5mg</i>	3	
<i>triamterene capsule 100mg, 50mg</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tablet 1.25mg, 2.5mg</i>	2	
<i>metolazone tablet 10mg, 2.5mg, 5mg</i>	3	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate capsule 130mg, 43mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	QL(90 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 45mg</i>	3	QL(270 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 135mg</i>	3	QL(90 EA per 90 days)
<i>gemfibrozil tablet 600mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>atorvastatin calcium tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>atorvastatin calcium tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>atorvastatin calcium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	QL(90 EA per 90 days)
<i>fluvastatin capsule 40mg</i>	1	QL(180 EA per 90 days)
<i>fluvastatin capsule 20mg</i>	1	QL(360 EA per 90 days)
LIVALO TABLET 2MG	3	QL(180 EA per 90 days)
LIVALO TABLET 1MG	3	QL(360 EA per 90 days)
LIVALO TABLET 4MG	3	QL(90 EA per 90 days)
<i>lovastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>lovastatin tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days)
Dyslipidemics, Other		
<i>cholestyramine light packet 4gm</i>	3	
<i>cholestyramine light powder 4gm/dose</i>	3	
<i>cholestyramine packet 4gm</i>	3	
<i>cholestyramine powder 4gm/dose</i>	3	
<i>colesevelam hydrochloride packet 3.75gm</i>	3	
<i>colesevelam hydrochloride tablet 625mg</i>	3	
<i>colestipol hydrochloride granules 5gm</i>	4	
<i>colestipol hydrochloride packet 5gm</i>	4	
<i>colestipol hydrochloride tablet 1gm</i>	3	
<i>ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg</i>	4	QL(90 EA per 90 days)
<i>ezetimibe tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>icosapent ethyl capsule 0.5gm, 1gm</i>	4	
NEXLETOL TABLET 180MG	4	QL(90 EA per 90 days); PA
NEXLIZET TABLET 180MG; 10MG	4	QL(90 EA per 90 days); PA
<i>niacin er tablet extended release 1000mg, 500mg, 750mg</i>	3	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	3	QL(360 EA per 90 days)
PRALUENT INJECTION 150MG/ML, 75MG/ML	3	QL(2 ML per 28 days); PA
<i>prevalite packet 4gm</i>	3	
<i>prevalite powder 4gm/dose</i>	3	
Mineralocorticoid Receptor Antagonists		
<i>eplerenone tablet 25mg, 50mg</i>	3	
KERENDIA TABLET 10MG, 20MG, 40MG	4	QL(90 EA per 90 days); PA
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
DAPAGLIFLOZIN PROPANEDIOL TABLET 10MG, 5MG	3	QL(90 EA per 90 days)
FARXIGA TABLET 10MG, 5MG	3	QL(90 EA per 90 days); ST
JARDIANCE TABLET 10MG, 25MG	3	QL(90 EA per 90 days); ST
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg</i>	2	
ISOSORBIDE MONONITRATE TABLET 10MG, 20MG	1	
NITRO-BID OINTMENT 2%	3	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	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		
<i>hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet 10mg, 2.5mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(180 EA per 90 days); 10MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(180 EA per 90 days); 15MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(180 EA per 90 days); 20MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(180 EA per 90 days); 25MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(180 EA per 90 days); 30MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(180 EA per 90 days); 5MG ER Oral Capsule
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(180 EA per 90 days); 30MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(270 EA per 90 days); 20MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(360 EA per 90 days); 10MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	3	QL(360 EA per 90 days); 12.5MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(360 EA per 90 days); 15MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(360 EA per 90 days); 5MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	3	QL(360 EA per 90 days); 7.5MG Oral Tablet
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	3	QL(540 EA per 90 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 10mg, 18mg, 25mg, 40mg, 60mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL(90 EA per 90 days)
<i>clonidine hydrochloride er tablet extended release 12 hour 0.1mg</i>	3	QL(360 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour 25mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg</i>	3	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er (cd) capsule extended release 30mg</i>	2	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er (cd) capsule extended release 10mg, 20mg</i>	2	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride er (cd) capsule extended release 40mg, 50mg, 60mg</i>	2	QL(90 EA per 90 days)
<i>methylphenidate hydrochloride er (osm) tablet extended release 18mg, 27mg, 36mg, 54mg</i>	4	QL(180 EA per 90 days)
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG	4	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	4	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	4	QL(450 EA per 90 days)
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	4	QL(2700 ML per 90 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	QL(5400 ML per 90 days)
<i>methylphenidate hydrochloride tablet 10mg, 20mg, 5mg</i>	3	QL(270 EA per 90 days)
Central Nervous System, Other		
ADIPEX-P TABLET 37.5MG	4	EX
<i>benzphetamine hcl tablet 50mg</i>	2	EX
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(62 EA per 31 days); PA
DIETHYLPROPION HCL ER TABLET EXTENDED RELEASE 24 HOUR 75MG	2	EX
<i>diethylpropion hcl tablet 25mg</i>	2	EX
FIRDAPSE TABLET 10MG	5	PA
NUEDEXTA CAPSULE 20MG; 10MG	5	QL(180 EA per 90 days); PA
PHENDIMETRAZINE TARTRATE ER CAPSULE EXTENDED RELEASE 24 HOUR 105MG	2	EX
<i>phendimetrazine tartrate tablet 35mg</i>	2	EX
<i>phentermine hcl tablet 37.5mg</i>	2	EX
<i>phentermine hydrochloride capsule 15mg, 30mg, 37.5mg</i>	2	EX

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Drug Name	Drug Tier	Requirements/Limits
<i>riluzole tablet 50mg</i>	3	
<i>tetrabenazine tablet 12.5mg</i>	4	QL(248 EA per 31 days); PA
<i>tetrabenazine tablet 25mg</i>	5	QL(124 EA per 31 days); PA
VEOZAH TABLET 45MG	4	PA
Fibromyalgia Agents		
<i>duloxetine hydrochloride dr capsule delayed release particles 60mg</i>	2	QL(180 EA per 90 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 30mg</i>	2	QL(270 EA per 90 days)
<i>pregabalin capsule 225mg, 300mg</i>	2	QL(180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	2	QL(270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	2	QL(360 EA per 90 days)
<i>pregabalin solution 20mg/ml</i>	4	QL(2700 ML per 90 days)
Multiple Sclerosis Agents		
BETASERON INJECTION 0.3MG	5	QL(14 EA per 28 days); PA
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate starterpack capsule delayed release therapy pack 0</i>	3	QL(120 EA per 365 days); PA
<i>dimethyl fumarate capsule delayed release 120mg, 240mg</i>	3	QL(62 EA per 31 days); PA
<i>fingolimod hydrochloride capsule 0.5mg</i>	5	QL(31 EA per 31 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
<i>glatopa injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatopa injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
<i>teriflunomide tablet 14mg</i>	4	QL(31 EA per 31 days); PA
<i>teriflunomide tablet 7mg</i>	4	QL(62 EA per 31 days); PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride capsule 30mg</i>	4	
<i>chlorhexidine gluconate solution 0.12%</i>	2	
<i>clinpro 5000 paste 1.1%</i>	4	
<i>dentagel gel 1.1%</i>	4	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>fluoridex daily defense paste 1.1%</i>	4	
<i>fluoridex enhanced whitening paste 1.1%</i>	4	
<i>fluorimax 5000 paste 1.1%</i>	4	
<i>just right 5000 paste 1.1%</i>	4	
<i>kourzeq paste 0.1%</i>	4	
<i>lidocaine hydrochloride viscous solution 2%</i>	2	
<i>oralone dental paste paste 0.1%</i>	4	
<i>periogard solution 0.12%</i>	2	
<i>pilocarpine hydrochloride tablet 5mg, 7.5mg</i>	4	
PREVIDENT 5000 BOOSTER PLUS PASTE 1.1%	4	
PREVIDENT 5000 DRY MOUTH GEL 1.1%	4	

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Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 KIDS PASTE 1.1%	4	
PREVIDENT 5000 ORTHO DEFENSE PASTE 1.1%	4	
PREVIDENT FLUORIDE GEL 1.1%	4	
<i>sf gel 1.1%</i>	2	
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	2	
<i>sodium fluoride 5000 ppm paste 1.1%</i>	2	
<i>sodium fluoride gel 1.1%</i>	2	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	4	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acutane capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>acitretin capsule 10mg, 17.5mg, 25mg</i>	4	PA
<i>adapalene gel 0.1%</i>	3	PA
<i>amnesteem capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>azelaic acid gel 15%</i>	4	QL(150 GM per 90 days)
<i>claravis capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	3	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
<i>isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	4	PA
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%, 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
<i>tazarotene cream 0.05%, 0.1%</i>	4	QL(180 GM per 90 days); PA
<i>tazarotene gel 0.05%</i>	4	QL(180 GM per 90 days); PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL(45 GM per 30 days); PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL(45 GM per 30 days); PA
<i>zenatane capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
Dermatitis and Pruritus Agents		
ADBRY INJECTION 300MG/2ML	5	QL(6 ML per 28 days); PA
ADBRY INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
<i>ala-cort cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>alclometasone dipropionate cream 0.05%</i>	3	
ALCLOMETASONE DIPROPIONATE OINTMENT 0.05%	3	
AMCINONIDE CREAM 0.1%	4	
AMCINONIDE OINTMENT 0.1%	4	
<i>ammonium lactate cream 12%</i>	3	
<i>ammonium lactate lotion 12%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	3	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	4	QL(360 ML per 90 days)
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
BETAMETHASONE VALERATE LOTION 0.1%	3	
<i>betamethasone valerate ointment 0.1%</i>	3	
<i>clobetasol propionate e cream 0.05%</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate cream 0.05%</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate foam 0.05%</i>	4	QL(300 GM per 90 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate ointment 0.05%</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate shampoo 0.05%</i>	4	QL(354 ML per 90 days)
<i>clobetasol propionate solution 0.05%</i>	3	QL(150 ML per 90 days)
<i>clodan shampoo 0.05%</i>	4	QL(354 ML per 90 days)
<i>desonide cream 0.05%</i>	2	QL(180 GM per 90 days)
<i>desonide ointment 0.05%</i>	2	QL(180 GM per 90 days)
<i>desoximetasone cream 0.25%</i>	2	
DESOXIMETASONE GEL 0.05%	4	
EUCRISA OINTMENT 2%	4	QL(300 GM per 90 days); PA
<i>fluocinolone acetonide body oil 0.01%</i>	4	
<i>fluocinolone acetonide scalp oil 0.01%</i>	4	
<i>fluocinolone acetonide topical oil 0.01%</i>	4	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	4	QL(360 GM per 90 days)
<i>fluocinolone acetonide ointment 0.025%</i>	4	QL(360 GM per 90 days)
<i>fluocinolone acetonide solution 0.01%</i>	4	QL(360 ML per 90 days)
<i>fluocinonide emulsified base cream 0.05%</i>	3	QL(360 GM per 90 days)
<i>fluocinonide cream 0.05%</i>	3	QL(360 GM per 90 days)
<i>fluocinonide gel 0.05%</i>	4	QL(180 GM per 90 days)
<i>fluocinonide ointment 0.05%</i>	2	QL(180 GM per 90 days)
<i>fluocinonide solution 0.05%</i>	3	QL(180 ML per 90 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	4	QL(150 GM per 90 days)
<i>halobetasol propionate ointment 0.05%</i>	4	QL(150 GM per 90 days)
HYDROCORTISONE BUTYRATE OINTMENT 0.1%	4	
<i>hydrocortisone valerate cream 0.2%</i>	4	QL(180 GM per 90 days)
<i>hydrocortisone valerate ointment 0.2%</i>	4	QL(180 GM per 90 days)
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
HYDROCORTISONE LOTION 2.5%	2	QL(354 ML per 90 days)
<i>hydrocortisone ointment 1%, 2.5%</i>	2	QL(90 GM per 90 days)
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus cream 1%</i>	4	
<i>selenium sulfide lotion 2.5%</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL(300 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm cream 0.1%, 0.5%</i>	2	
Dermatological Agents, Other		
ANALPRAM HC CREAM 2.5%; 1%	4	EX
<i>anucort-hc suppository 25mg</i>	4	EX
<i>calcipotriene cream 0.005%</i>	3	QL(360 GM per 90 days); PA
<i>calcipotriene ointment 0.005%</i>	4	QL(360 GM per 90 days); PA
CALCIPOTRIENE SOLUTION 0.005%	3	QL(180 ML per 90 days); PA
CALCITRIOL OINTMENT 3MCG/GM	4	
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	3	QL(135 GM per 90 days)
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTION 0.05%; 1%	4	QL(90 ML per 90 days)
<i>fluorouracil cream 5%</i>	4	
FLUOROURACIL SOLUTION 2%	3	QL(30 ML per 90 days)
<i>fluorouracil solution 5%</i>	3	QL(10 ML per 30 days)
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 2.5%; 1%	2	EX
<i>hydrocortisone acetate/pramoxine cream 2.5%; 1%</i>	2	EX
<i>hydrocortisone acetate suppository 25mg, 30mg</i>	2	EX
<i>imiquimod cream 5%</i>	3	
METHOXSALEN CAPSULE 10MG	5	
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	2	
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	2	
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
OTEZLA TABLET 20MG, 30MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION 0.5%	4	
PRAMOSONE CREAM 2.5%; 1%	4	EX
PROCORT CREAM 1.85%; 1.15%	4	EX
RENOVA CREAM 0.02%	4	EX
<i>salicylic acid wart remover liquid 27.5%</i>	2	EX
SALVAX DUO PLUS KIT 0; 6%; 35%	4	EX
SANTYL OINTMENT 250UNIT/GM	4	QL(180 GM per 90 days)
SCALACORT DK KIT 2%; 2%; 2%	4	EX
<i>silver sulfadiazine cream 1%</i>	3	
<i>ssd cream 1%</i>	3	
TRI-LUMA CREAM 0.01%; 4%; 0.05%	4	EX
VIRASAL LIQUID 27.5%	4	EX
Pediculicides/Scabicides		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	

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Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	QL(90 GM per 90 days)
BENZOYL PEROXIDE 8% GEL 8%	2	EX
<i>ciclodan solution 8%</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox nail lacquer solution 8%</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox olamine cream 0.77%</i>	3	QL(270 GM per 90 days)
<i>ciclopirox gel 0.77%</i>	3	QL(300 GM per 90 days)
<i>ciclopirox shampoo 1%</i>	3	QL(360 ML per 90 days)
<i>ciclopirox suspension 0.77%</i>	3	QL(180 ML per 90 days)
<i>clindamycin phosphate gel 1%</i>	3	QL(225 GM per 90 days)
<i>clindamycin phosphate gel 1%</i>	3	QL(225 ML per 90 days)
<i>clindamycin phosphate lotion 1%</i>	3	QL(180 ML per 90 days)
<i>clindamycin phosphate external solution 1%</i>	3	QL(180 ML per 90 days)
ERY PAD 2%	3	
<i>erythromycin gel 2%</i>	2	QL(180 GM per 90 days)
<i>erythromycin solution 2%</i>	2	QL(180 ML per 90 days)
<i>mupirocin cream 2%</i>	4	QL(90 GM per 90 days)
<i>mupirocin ointment 2%</i>	2	QL(90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>carglumic acid tablet soluble 200mg</i>	5	
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	4	
DEXTROSE 10% INJECTION 10%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	4	
<i>dextrose 5%/sodium chloride 0.3% injection 5%; 0.3%</i>	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	4	
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	4	
<i>dextrose 5% injection 5%</i>	4	
DEXTROSE 50% INJECTION 50%	4	
DEXTROSE 70% INJECTION 70%	4	
<i>dextrose/sodium chloride injection 5%; 0.225%</i>	4	
GALZIN CAPSULE 25MG, 50MG	4	EX
GLUCOSE (DEXTROSE) 50% INJECTION 50%	4	
GLUCOSE (DEXTROSE) 70% INJECTION 70%	4	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	

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ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2% injection 5%; 20meq/l; 0.2%</i>	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	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>klor-con 10 tablet extended release 10meq</i>	2	
KLOR-CON 8 TABLET EXTENDED RELEASE 8MEQ	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	2	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
MULTIPLE ELECTROLYTES INJECTION TYPE 1 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	4	
<i>plenamine injection 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	4	B/D
<i>potassium chloride er capsule extended release 10meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium chloride packet 20meq</i>	3	
<i>potassium chloride oral solution 10%, 20%</i>	4	
<i>potassium citrate er tablet extended release 1080mg, 15meq, 540mg</i>	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 INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	4	B/D
<i>sodium chloride 0.45% injection 0.45%</i>	4	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	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
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET CAPSULE 100MG	5	
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg, 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
JYNARQUE TABLET 15MG, 30MG	5	QL(124 EA per 31 days); PA
<i>penicillamine tablet 250mg</i>	5	
<i>tolvaptan tablet 15mg</i>	5	QL(31 EA per 31 days); PA
<i>tolvaptan tablet 30mg</i>	5	QL(62 EA per 31 days); PA
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
XPHOZAH TABLET 20MG, 30MG	5	QL(62 EA per 31 days); PA
<i>Phosphate Binders</i>		
AURYXIA TABLET 210MG	5	PA
<i>calcium acetate capsule 667mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate tablet 667mg</i>	3	
FERRIC CITRATE TABLET 210MG	5	PA
<i>sevelamer carbonate packet 0.8gm</i>	4	QL(180 EA per 90 days)
<i>sevelamer carbonate packet 2.4gm</i>	4	QL(270 EA per 90 days)
<i>sevelamer carbonate tablet 800mg</i>	4	QL(1620 EA per 90 days)
Potassium Binders		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>sps suspension 15gm/60ml</i>	3	
VELTASSA PACKET 8.4GM	4	QL(270 EA per 90 days)
VELTASSA PACKET 16.8GM, 25.2GM	4	QL(90 EA per 90 days)
Vitamins		
DRISDOL CAPSULE 50000UNIT	4	EX
<i>folic acid tablet 1mg</i>	2	EX
HYDROXOCOBALAMIN INJECTION 1000MCG/ML	2	EX
<i>phytonadione tablet 5mg</i>	4	EX
PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	
<i>vitamin d capsule 50000unit</i>	2	EX
WESTAB PLUS TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 0; 3MG; 1.84MG; 9.9MG; 1200MCG; 25MG	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL(90 EA per 90 days)
<i>lubiprostone capsule 24mcg, 8mcg</i>	4	QL(180 EA per 90 days)
MOVANTIK TABLET 12.5MG	4	QL(180 EA per 90 days); PA
MOVANTIK TABLET 25MG	4	QL(90 EA per 90 days); PA
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg, 1mg</i>	4	QL(62 EA per 31 days); PA
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	3	
DIPHENOXYLATE/ATROPINE LIQUID 0.025MG/5ML; 2.5MG/5ML	4	
<i>loperamide hydrochloride capsule 2mg</i>	2	
XERMELO TABLET 250MG	5	PA; OVM
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution 10mg/5ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
DONNATAL ELIXIR 0.0194MG/5ML; 0.1037MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	4	EX
DONNATAL TABLET 0.0194MG; 0.1037MG; 16.2MG; 0.0065MG	4	EX
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	
<i>hyosyne elixir 0.125mg/5ml</i>	2	EX
<i>hyosyne solution 0.125mg/ml</i>	2	EX
<i>methscopolamine bromide tablet 2.5mg, 5mg</i>	3	
<i>phenobarbital/hyoscyamine sulfate/atropine sulfate/scopolamine elixir 0.0194mg/5ml; 0.1037mg/5ml; 16.2mg/5ml; 0.0065mg/5ml</i>	2	EX
<i>phenobarbital/hyoscyamine sulfate/atropine sulfate/scopolamine tablet 0.0194mg; 0.1037mg; 16.2mg; 0.007mg</i>	2	EX
Gastrointestinal Agents, Other		
GATTEX INJECTION 5MG	5	PA
GAVILYTE-C SOLUTION RECONSTITUTED 240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	2	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>metoclopramide hcl solution 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride tablet 10mg, 5mg</i>	2	
MYALEPT INJECTION 11.3MG	5	PA
<i>nitroglycerin ointment 0.4%</i>	4	QL(90 GM per 90 days)
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	4	
<i>ursodiol capsule 300mg</i>	3	
<i>ursodiol tablet 250mg, 500mg</i>	4	
VOWST CAPSULE 0	5	QL(12 EA per 30 days); PA
XIFAXAN TABLET 550MG	5	QL(93 EA per 31 days); PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted 40mg/5ml</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
NIZATIDINE CAPSULE 300MG	2	
<i>nizatidine capsule 150mg</i>	2	
Protectants		
<i>misoprostol tablet 100mcg, 200mcg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate tablet 1gm</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release 20mg, 40mg</i>	2	QL(180 EA per 90 days)
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(180 EA per 90 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(90 EA per 90 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(180 EA per 90 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	2	QL(180 EA per 90 days)
<i>pantoprazole sodium tablet delayed release 20mg, 40mg</i>	1	QL(180 EA per 90 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous powder 0</i>	5	
CERDELGA CAPSULE 84MG	5	PA
CHOLBAM CAPSULE 250MG, 50MG	5	PA
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG, 50MG	4	
JOENJA TABLET 70MG	5	QL(60 EA per 30 days); PA
<i>l-glutamine packet 5gm</i>	5	QL(180 EA per 30 days); PA
<i>miglustat capsule 100mg</i>	5	PA
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	5	PA
OPFOLDA CAPSULE 65MG	4	QL(24 EA per 90 days); PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	5	ST
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
RAVICTI LIQUID 1.1GM/ML	5	PA
REVCovi INJECTION 2.4MG/1.5ML	5	PA
<i>sapropterin dihydrochloride packet 100mg, 500mg</i>	5	PA
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	
<i>sodium phenylbutyrate tablet 500mg</i>	5	
VYNDAQEL CAPSULE 20MG	5	QL(124 EA per 31 days); PA
WELIREG TABLET 40MG	5	PA; OVM
<i>yargesa capsule 100mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg</i>	4	QL(90 EA per 90 days)
GEMTESA TABLET 75MG	4	QL(90 EA per 90 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL(90 EA per 90 days)
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg</i>	3	QL(180 EA per 90 days)
<i>oxybutynin chloride solution 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate tablet 5mg</i>	3	QL(180 EA per 90 days)
<i>solifenacin succinate tablet 10mg</i>	3	QL(90 EA per 90 days)
<i>tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg</i>	4	QL(90 EA per 90 days)
<i>tolterodine tartrate tablet 1mg, 2mg</i>	4	QL(180 EA per 90 days)
<i>tropium chloride er capsule extended release 24 hour 60mg</i>	4	QL(90 EA per 90 days)
<i>tropium chloride tablet 20mg</i>	4	QL(180 EA per 90 days)
<i>urelle tablet 0.12mg; 81mg; 10.8mg; 32.4mg; 40.8mg</i>	4	EX
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	1	QL(90 EA per 90 days)
<i>dutasteride capsule 0.5mg</i>	3	QL(90 EA per 90 days)
<i>finasteride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>tadalafil tablet 2.5mg</i>	3	QL(180 EA per 90 days); PA
<i>tadalafil tablet 5mg</i>	3	QL(90 EA per 90 days); PA
<i>tamsulosin hydrochloride capsule 0.4mg</i>	2	QL(180 EA per 90 days)
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg</i>	3	
CAVERJECT IMPULSE INJECTION 10MCG, 20MCG	4	QL(6 EA per 30 days); EX
CAVERJECT INJECTION 20MCG, 40MCG	3	QL(6 EA per 30 days); EX
CIALIS TABLET 10MG, 20MG	3	QL(6 EA per 30 days); EX
EDEX INJECTION 10MCG, 20MCG, 40MCG	4	QL(6 EA per 30 days); EX
ELMIRON CAPSULE 100MG	5	
MUSE PELLETT 1000MCG, 250MCG, 500MCG	3	QL(6 EA per 30 days); EX
<i>sildenafil citrate tablet 100mg, 25mg, 50mg</i>	2	QL(6 EA per 30 days); EX
<i>tadalafil tablet 10mg, 20mg</i>	3	QL(6 EA per 30 days); EX
<i>vardefafil hydrochloride odt tablet disintegrating 10mg</i>	4	QL(6 EA per 30 days); EX

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<i>varденаfil hydrochloride tablet 10mg, 2.5mg, 20mg, 5mg</i>	4	QL(6 EA per 30 days); EX
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	3	
DEXAMETHASONE SODIUM PHOSPHATE +RFID INJECTION 4MG/ML	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
<i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>	2	
<i>dexamethasone elixir 0.5mg/5ml</i>	2	
DEXAMETHASONE SOLUTION 0.5MG/5ML	2	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	3	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone sodium succinate injection 1000mg, 125mg, 500mg</i>	4	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	
<i>methylprednisolone tablet 16mg, 32mg, 4mg, 8mg</i>	2	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone solution 15mg/5ml</i>	2	
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	2	
PREDNISONE SOLUTION 5MG/5ML	2	
<i>prednisone tablet therapy pack 10mg, 5mg</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
<i>triamcinolone acetonide injection 40mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate injection 4mcg/ml</i>	4	
DESMOPRESSIN ACETATE NASAL SOLUTION 0.01%	4	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	
FOLLISTIM AQ INJECTION 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	4	EX
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
GENOTROPIN INJECTION 12MG, 5MG	5	PA
GONAL-F RFF REDIJECT INJECTION 300UNT/0.48ML, 450UNT/0.72ML, 900UNT/1.44ML	4	EX

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Drug Name	Drug Tier	Requirements/Limits
GONAL-F RFF INJECTION 75UNIT	4	EX
GONAL-F INJECTION 1050UNIT, 450UNIT	4	EX
INCRELEX INJECTION 40MG/4ML	5	PA
MENOPUR INJECTION 75UNIT	4	EX
OVIDREL INJECTION 250MCG/0.5ML	4	EX
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol capsule 100mg, 200mg, 50mg</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION 200MG/ML	3	
<i>testosterone pump gel 1.62%</i>	4	QL(450 GM per 90 days); PA
<i>testosterone pump gel 1%</i>	4	QL(900 GM per 90 days); PA
Estrogens		
<i>abigale lo tablet 0.5mg; 0.1mg</i>	3	
<i>abigale tablet 1mg; 0.5mg</i>	3	
<i>altavera tablet 30mcg; 0.15mg</i>	2	
<i>apri tablet 0.15mg; 30mcg</i>	2	
<i>ashlyna tablet 0; 0</i>	2	QL(91 EA per 91 days)
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>aviane tablet 20mcg; 0.1mg</i>	2	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>camrese lo tablet 0; 0</i>	3	QL(91 EA per 91 days)
<i>camrese tablet 0; 0</i>	2	QL(91 EA per 91 days)
<i>covaryx hs tablet 0.625mg; 1.25mg</i>	2	EX
<i>cyred eq tablet 0.15mg; 30mcg</i>	2	
<i>daysee tablet 0; 0</i>	2	QL(91 EA per 91 days)
DEPO-ESTRADIOL INJECTION 5MG/ML	3	
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg</i>	2	
<i>eemt hs tablet 0.625mg; 1.25mg</i>	2	EX
<i>eemt tablet 1.25mg; 2.5mg</i>	2	EX
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	3	QL(3 EA per 84 days)
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	3	QL(3 EA per 84 days)
<i>enskyce tablet 0.15mg; 0.03mg</i>	2	
<i>estarylla tablet 35mcg; 0.25mg</i>	2	
<i>esterified estrogens/methyltestosterone hs tablet 0.625mg; 1.25mg</i>	2	EX
<i>esterified estrogens/methyltestosterone tablet 1.25mg; 2.5mg</i>	2	EX
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	3	
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg</i>	3	
<i>estradiol cream 0.1mg/gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol oral tablet 0.5mg, 1mg, 2mg</i>	2	
<i>estradiol vaginal tablet 10mcg</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	3	QL(3 EA per 84 days)
<i>feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>feirza 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>fyavolv tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	3	QL(3 EA per 84 days)
<i>isibloom tablet 0.15mg; 30mcg</i>	2	
<i>jaimiess tablet 0; 0</i>	2	QL(91 EA per 91 days)
<i>jasmiel tablet 3mg; 0.02mg</i>	2	
<i>jinteli tablet 5mcg; 1mg</i>	3	
<i>juleber tablet 0.15mg; 30mcg</i>	2	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>kalliga tablet 0.15mg; 30mcg</i>	2	
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	4	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	2	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>lessina tablet 20mcg; 0.1mg</i>	2	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	3	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	2	QL(91 EA per 91 days)
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	2	
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	2	
<i>lojaimiess tablet 0; 0</i>	3	QL(91 EA per 91 days)
<i>loryna tablet 3mg; 0.02mg</i>	2	
<i>lutra tablet 20mcg; 0.1mg</i>	2	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	2	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	2	
<i>mili tablet 35mcg; 0.25mg</i>	2	
<i>mimvey tablet 1mg; 0.5mg</i>	3	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	2	
<i>nikki tablet 3mg; 0.02mg</i>	2	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	
<i>norgestimate/ethinyl estradiol tablet 0; 0, 35mcg; 0.25mg</i>	2	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	2	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	2	
PREMARIN CREAM 0.625MG/GM	4	
<i>reclipsen tablet 0.15mg; 0.03mg</i>	2	
<i>simpesse tablet 0; 0</i>	2	QL(91 EA per 91 days)
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	2	
<i>sronyx tablet 20mcg; 0.1mg</i>	2	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	2	
<i>tri-estarylla tablet 0; 0</i>	2	
<i>tri-linyah tablet 0; 0</i>	2	
<i>tri-lo-estarylla tablet 0; 0</i>	2	
<i>tri-lo-marzia tablet 0; 0</i>	2	
<i>tri-lo-mili tablet 0; 0</i>	2	
<i>tri-lo-sprintec tablet 0; 0</i>	2	
<i>tri-mili tablet 0; 0</i>	2	
<i>tri-previfem tablet 0; 0</i>	2	
<i>tri-sprintec tablet 0; 0</i>	2	
<i>tri-vylibra lo tablet 0; 0</i>	2	
<i>tri-vylibra tablet 0; 0</i>	2	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	4	
VELIVET TABLET 0; 0	2	
<i>vestura tablet 3mg; 0.02mg</i>	2	
<i>vienva tablet 20mcg; 0.1mg</i>	2	
<i>vylibra tablet 35mcg; 0.25mg</i>	2	
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>yuvafem tablet 10mcg</i>	4	
<i>zafemy patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
Progestins		
<i>camila tablet 0.35mg</i>	3	
<i>deblitane tablet 0.35mg</i>	3	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	QL(0.65 ML per 90 days)
<i>emzahn tablet 0.35mg</i>	3	
<i>errin tablet 0.35mg</i>	3	
<i>gallifrey tablet 5mg</i>	2	
<i>heather tablet 0.35mg</i>	3	
<i>incassia tablet 0.35mg</i>	3	
<i>jencycla tablet 0.35mg</i>	3	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	
<i>lyleq tablet 0.35mg</i>	3	
<i>lyza tablet 0.35mg</i>	3	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	2	
MEGESTROL ACETATE SUSPENSION 625MG/5ML	4	
<i>megestrol acetate suspension 40mg/ml</i>	4	
<i>megestrol acetate tablet 20mg, 40mg</i>	3	
<i>meleya tablet 0.35mg</i>	3	
NEXPLANON INJECTION 68MG	3	
<i>nora-be tablet 0.35mg</i>	3	
<i>norethindrone acetate tablet 5mg</i>	2	
<i>norethindrone tablet 0.35mg</i>	3	
<i>norlyroc tablet 0.35mg</i>	3	
<i>orquidea tablet 0.35mg</i>	3	
<i>progesterone capsule 100mg, 200mg</i>	3	
<i>sharobel tablet 0.35mg</i>	3	
Selective Estrogen Receptor Modifying Agents		
<i>clomid tablet 50mg</i>	2	PA
<i>clomiphene citrate tablet 50mg</i>	2	PA
DUAVEE TABLET 20MG; 0.45MG	4	
<i>raloxifene hydrochloride tablet 60mg</i>	3	QL(90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	3	
NP THYROID 120 TABLET 120MG	2	
NP THYROID 15 TABLET 15MG	2	
NP THYROID 30 TABLET 30MG	2	
NP THYROID 60 TABLET 60MG	2	
NP THYROID 90 TABLET 90MG	2	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(31 EA per 31 days); PA
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
<i>unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline tablet 0.5mg</i>	3	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA
<i>leuprolide acetate injection 1mg/0.2ml, 22.5mg</i>	4	PA
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	5	PA
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	5	PA
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	PA
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	PA
<i>mifepristone tablet 300mg</i>	5	PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 500mcg/ml</i>	4	PA; OVM
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA; OVM
ORGOVYX TABLET 120MG	5	PA; OVM
RECORLEV TABLET 150MG	5	QL(248 EA per 31 days); PA
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA
SYNAREL SOLUTION 2MG/ML	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
CETROTIDE INJECTION 0.25MG	4	EX
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet 50mg</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
HAEGARDA INJECTION 2000UNIT, 3000UNIT	5	PA
<i>icatibant acetate injection 30mg/3ml</i>	5	QL(27 ML per 30 days); PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF INJECTION 10GM/200ML, 20GM/400ML, 5GM/100ML	5	PA
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML, 220UNIT/ML	4	
NABI-HB INJECTION 312UNIT/ML	4	
SYNAGIS INJECTION 100MG/ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	
<i>Immunological Agents, Other</i>		
ARCALYST INJECTION 220MG	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNOREADY INJECTION 300MG/2ML	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 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
GRASTEK TABLET SUBLINGUAL 2800BAU	3	QL(90 EA per 90 days); PA
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	5	QL(2.28 ML per 28 days); PA
KINERET INJECTION 100MG/0.67ML	5	QL(18.8 ML per 28 days); PA
ORENCIA CLICKJECT INJECTION 125MG/ML	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
RINVOQ LQ SOLUTION 1MG/ML	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 INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 ML per 28 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
TAVNEOS CAPSULE 10MG	5	QL(180 EA per 30 days); PA
TYENNE INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
USTEKINUMAB INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
USTEKINUMAB INJECTION 90MG/ML	5	QL(2 ML per 28 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 TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION 1MG/ML	5	QL(720 ML per 30 days); PA
XELJANZ TABLET 10MG, 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA
YESINTEK INJECTION 45MG/0.5ML	3	QL(1 ML per 28 days); PA
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 INJECTION 100MCG/0.5ML	5	PA
BESREMI INJECTION 500MCG/ML	5	PA; OVM

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Drug Name	Drug Tier	Requirements/Limits
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS INJECTION 40MG/0.4ML	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 CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified capsule 100mg, 25mg, 50mg</i>	3	B/D
<i>cyclosporine modified solution 100mg/ml</i>	3	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	3	B/D
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution 100mg/ml</i>	4	B/D
JYLAMVO SOLUTION 2MG/ML	4	PA; OVM
<i>leflunomide tablet 10mg, 20mg</i>	2	QL(90 EA per 90 days)
METHOTREXATE SODIUM INJECTION 250MG/10ML, 50MG/2ML	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml</i>	2	
<i>methotrexate sodium tablet 2.5mg</i>	4	
<i>methotrexate injection 50mg/2ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil capsule 250mg</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	5	B/D
<i>mycophenolate mofetil tablet 500mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 180mg, 360mg</i>	4	B/D
PEGASYS INJECTION 180MCG/0.5ML	5	
PROGRAF PACKET 0.2MG, 1MG	4	B/D
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	ST
REZUROCK TABLET 200MG	5	PA; OVM
<i>sirolimus solution 1mg/ml</i>	4	B/D
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	3	B/D
XATMEP SOLUTION 2.5MG/ML	4	PA; OVM
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	3	
ACTHIB INJECTION 0	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AREXVY INJECTION 120MCG/0.5ML	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO INJECTION 0.5ML	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION 0	3	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	3	B/D
GARDASIL 9 INJECTION 0.5ML	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	3	B/D
HIBERIX INJECTION 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	3	
IXCHIQ INJECTION 0	3	
IXIARO INJECTION 0	3	
JYNNEOS INJECTION 0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	3	
MENQUADFI INJECTION 0.5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
MENVEO INJECTION 0	3	
MRESVIA INJECTION 50MCG/0.5ML	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA INJECTION 0; 0	3	
PENMENVY INJECTION 0; 0	3	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PRIORIX INJECTION 0; 0; 0	3	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Prefilled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Vial
RABAVERT INJECTION 0	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	3	B/D
ROTARIX SUSPENSION 0	3	
ROTATEQ SOLUTION 0	3	
SHINGRIX INJECTION 50MCG/0.5ML	3	QL(2 EA per 999 days)
STAMARIL INJECTION 0	3	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	3	
TRUMENBA INJECTION 0.5ML	3	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	3	
VAXCHORA SUSPENSION RECONSTITUTED 0	3	
VIMKUNYA INJECTION 40MCG/0.8ML	3	
VIVOTIF CAPSULE DELAYED RELEASE 0	3	
YF-VAX INJECTION 0	3	

Inflammatory Bowel Disease Agents

<i>Aminosalicylates</i>		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr capsule delayed release 400mg</i>	4	QL(1080 EA per 90 days)
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	QL(360 EA per 90 days)
<i>mesalamine dr tablet delayed release 800mg</i>	4	QL(540 EA per 90 days)
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	4	QL(360 EA per 90 days)
<i>mesalamine enema 4gm</i>	4	QL(5400 ML per 90 days)
<i>mesalamine kit 4gm</i>	4	QL(5400 EA per 90 days)
<i>mesalamine suppository 1000mg</i>	4	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
Glucocorticoids		
<i>anusol-hc suppository 25mg</i>	4	EX
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	PA
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hemmorex-hc suppository 25mg, 30mg</i>	4	EX
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	QL(90 GM per 90 days)
PROCTOCORT SUPPOSITORY 30MG	4	EX
<i>proctosol hc cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>proctozone-hc cream 2.5%</i>	2	QL(90 GM per 90 days)
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution 70mg/75ml</i>	2	QL(900 ML per 84 days)
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL(12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	1	QL(90 EA per 90 days)
BONSITY INJECTION 560MCG/2.24ML	5	QL(2.4 ML per 28 days); PA
<i>calcitonin-salmon solution 200unit/act</i>	3	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL(180 EA per 90 days)
<i>cinacalcet hydrochloride tablet 30mg, 90mg</i>	4	QL(360 EA per 90 days)
FORTEO INJECTION 560MCG/2.24ML	5	QL(2.4 ML per 28 days); PA
<i>ibandronate sodium tablet 150mg</i>	2	QL(3 EA per 84 days)
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	4	
PROLIA INJECTION 60MG/ML	4	QL(1 ML per 180 days); PA
<i>risedronate sodium tablet 35mg</i>	3	QL(12 EA per 84 days)
<i>risedronate sodium tablet 150mg</i>	3	QL(3 EA per 84 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	3	QL(90 EA per 90 days)
TERIPARATIDE INJECTION 560MCG/2.24ML	5	QL(2.48 ML per 28 days); PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
WYOST INJECTION 120MG/1.7ML	5	PA
ZOLEDRONIC ACID INJECTION 4MG/100ML	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PAD 70%	2	ST
ARIDOL KIT 0	4	EX
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	2	
BARIUM SULFATE POWDER 0	4	EX
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	2	

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	2	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	2	
COAL TAR SOLUTION 20%	4	EX
CURITY GAUZE PADS 2"X2" 12 PLY PAD	2	ST
CYANOKIT INJECTION 5GM	4	EX
CYSTO-CONRAY II SOLUTION 17.2%	4	EX
E-Z-DISK TABLET 700MG	4	EX
E-Z-HD SUSPENSION RECONSTITUTED 98%	4	EX
E-Z-PAQUE SUSPENSION RECONSTITUTED 96%	4	EX
E-Z-PASTE CREAM 60%	4	EX
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" MISCELLANEOUS	2	
FORMALDEHYDE SOLUTION 10%	2	EX
GASTROGRAFIN SOLUTION 66%; 10%	4	EX
HISTATROL INJECTION 0.275MG/ML	4	EX
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
IODINE STRONG SOLUTION 5%; 10%	2	EX
IODOFLEX PAD 0.9%	4	EX
<i>levocarnitine solution 1gm/10ml</i>	4	
<i>levocarnitine tablet 330mg</i>	3	
LIQUID E-Z-PAQUE SUSPENSION 60%	4	EX
LIQUID POLIBAR PLUS SUSPENSION 105%	4	EX
LUGOLS STRONG IODINE SOLUTION 5%; 10%	2	EX
NEULUMEX SUSPENSION 0.1%	4	EX
PROPECIA TABLET 1MG	4	EX
PROVOCHOLINE SOLUTION RECONSTITUTED 100MG	4	EX
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SITZMARKS CAPSULE 0	4	EX
<i>sodium chloride 0.9% solution 0.9%</i>	3	
SSKI SOLUTION 1GM/ML	4	EX
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	3	
CYCLOMYDRIL SOLUTION 0.2%; 1%	4	EX
CYSTARAN SOLUTION 0.44%	5	PA
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>flucaine solution 0.25%; 0.5%</i>	2	EX
<i>fluorescein/proparacaine solution 0.25%; 0.5%</i>	2	EX
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLUTION 0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	3	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	QL(180 ML per 90 days)
RESTASIS EMULSION 0.05%	3	QL(180 EA per 90 days)
ROCKLATAN SOLUTION 0.005%; 0.02%	3	ST
SIMBRINZA SUSPENSION 0.2%; 1%	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLUTION 0.23%; 10%	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
TOBRADEX OINTMENT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	
TYRVAYA SOLUTION 0.03MG/ACT	4	QL(8.4 ML per 30 days)
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl solution 0.05%</i>	3	
CROMOLYN SODIUM SOLUTION 4%	2	
<i>epinastine hcl solution 0.05%</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
AZASITE SOLUTION 1%	4	
BACITRACIN OINTMENT 500UNIT/GM	4	
BESIVANCE SUSPENSION 0.6%	4	
BETADINE OPHTHALMIC PREP SOLUTION 5%	4	EX
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin solution 0.5%</i>	4	QL(5 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%, 1.5%	3	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	3	
SULFACETAMIDE SODIUM SOLUTION 10%	2	QL(30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	2	
TRIFLURIDINE SOLUTION 1%	3	
XDEMVY SOLUTION 0.25%	5	QL(10 ML per 31 days); PA
ZIRGAN GEL 0.15%	4	
<i>Ophthalmic Anti-inflammatories</i>		
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%	2	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
<i>fluorometholone suspension 0.1%</i>	3	
FLURBIPROFEN SODIUM SOLUTION 0.03%	3	
FML FORTE SUSPENSION 0.25%	4	
ILEVRO SUSPENSION 0.3%	4	
<i>ketorolac tromethamine solution 0.5%</i>	2	
<i>loteprednol etabonate suspension 0.5%</i>	4	
NEVANAC SUSPENSION 0.1%	4	
<i>prednisolone acetate suspension 1%</i>	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
BETAXOLOL HCL SOLUTION 0.5%	3	
BETOPTIC-S SUSPENSION 0.25%	4	
CARTEOLOL HCL SOLUTION 1%	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	4	
<i>acetazolamide tablet 125mg, 250mg</i>	3	
APRACLONIDINE SOLUTION 0.5%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide suspension 1%</i>	4	
<i>dorzolamide hydrochloride solution 2%</i>	2	
<i>methazolamide tablet 25mg, 50mg</i>	4	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	3	ST

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>bimatoprost solution 0.03%</i>	4	
<i>latanoprost solution 0.005%</i>	2	
LUMIGAN SOLUTION 0.01%	3	
<i>travoprost solution 0.004%</i>	3	
VYZULTA SOLUTION 0.024%	4	
Otic Agents		
Otic Agents		
<i>acetic acid solution 2%</i>	2	
CIPRO HC SUSPENSION 0.2%; 1%	4	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	
<i>flac oil 0.01%</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	4	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D
<i>flunisolide solution 0.025%</i>	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)
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL(48 GM per 90 days)
<i>mometasone furoate suspension 50mcg/act</i>	3	QL(102 GM per 90 days)
QVAR REDHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	3	QL(64 GM per 90 days)
Antihistamines		
<i>azelastine hydrochloride solution 0.1%</i>	3	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	QL(900 ML per 90 days)
<i>desloratadine tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tablet 50mg</i>	2	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	2	
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>olopatadine hcl solution 0.6%</i>	4	QL(91.5 GM per 90 days)
Antileukotrienes		
<i>montelukast sodium packet 4mg</i>	2	QL(90 EA per 90 days)
<i>montelukast sodium tablet chewable 4mg, 5mg</i>	2	QL(90 EA per 90 days)
<i>montelukast sodium tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>zafirlukast tablet 10mg, 20mg</i>	4	QL(180 EA per 90 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL(90 EA per 90 days)
<i>ipratropium bromide inhalation solution 0.02%</i>	2	B/D
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL(135 ML per 90 days)
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL(90 ML per 90 days)
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL(90 EA per 90 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL(12 GM per 90 days)
<i>tiotropium bromide capsule 18mcg</i>	4	QL(90 EA per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(102 GM per 90 days); 8.5 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(81 GM per 90 days); 6.7 GM INHALER
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	2	B/D
<i>albuterol sulfate syrup 2mg/5ml</i>	2	
<i>albuterol sulfate tablet 2mg, 4mg</i>	4	
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	3	QL(360 ML per 90 days); B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL(6 EA per 90 days)
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(6 EA per 90 days)
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	4	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	B/D
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	3	QL(90 GM per 90 days)
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	B/D
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(180 EA per 90 days)
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	QL(84 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	PA
KALYDECO TABLET 150MG	5	PA
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	5	PA
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	B/D
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG, 50MG; 0; 25MG	5	QL(84 EA per 28 days); PA
TRIKAFTA THERAPY PACK 100MG; 0; 50MG, 80MG; 0; 40MG	5	QL(62 EA per 31 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast tablet 250mcg, 500mcg</i>	4	
<i>theophylline er tablet extended release 12 hour 300mg</i>	3	
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	3	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL(93 EA per 31 days); PA
<i>alyq tablet 20mg</i>	4	QL(62 EA per 31 days); PA
<i>ambrisentan tablet 10mg, 5mg</i>	5	QL(30 EA per 30 days); PA
<i>bosentan tablet soluble 32mg</i>	5	QL(120 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(120 EA per 30 days); PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
OPSUMIT TABLET 10MG	5	QL(31 EA per 31 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	QL(810 EA per 90 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG	5	QL(279 EA per 31 days); PA
ORENITRAM TABLET EXTENDED RELEASE 5MG	5	QL(729 EA per 31 days); PA
<i>sildenafil citrate tablet 20mg</i>	3	QL(270 EA per 90 days); PA
<i>tadalafil tablet 20mg</i>	4	QL(62 EA per 31 days); PA
TRACLEER TABLET SOLUBLE 32MG	5	QL(120 EA per 30 days); PA
TYVASO REFILL KIT SOLUTION 0.6MG/ML	5	B/D
TYVASO STARTER KIT SOLUTION 0.6MG/ML	5	B/D
TYVASO SOLUTION 0.6MG/ML	5	B/D
VENTAVIS SOLUTION 10MCG/ML	5	QL(150 ML per 30 days); B/D
VENTAVIS SOLUTION 20MCG/ML	5	QL(90 ML per 30 days); B/D
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		
OFEV CAPSULE 100MG, 150MG	5	QL(62 EA per 31 days); PA
<i>pirfenidone capsule 267mg</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 801mg</i>	5	QL(93 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract Agents, Other		
<i>acetylcysteine injection 200mg/ml</i>	2	
<i>acetylcysteine inhalation solution 10%, 20%</i>	4	B/D
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL(36 GM per 90 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(180 EA per 90 days)
<i>benzonatate capsule 100mg, 150mg, 200mg</i>	2	EX
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(180 EA per 90 days)
<i>breyana aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	3	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(32.1 GM per 90 days)
<i>bromphen/pseudoephedrine hcl/dextromethorphan hbr syrup 2mg/5ml; 10mg/5ml; 30mg/5ml</i>	4	EX
BRONCHITOL CAPSULE 40MG	5	QL(560 EA per 28 days); PA
<i>budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	3	QL(30.6 GM per 90 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	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 PEN INJECTION 30MG/ML	5	PA
FASENRA INJECTION 10MG/0.5ML, 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
HYCODAN TABLET 1.5MG; 5MG	4	EX
<i>hydrocodone bitartrate/homatropine methylbromide solution 1.5mg/5ml; 5mg/5ml</i>	2	EX
<i>hydrocodone bitartrate/homatropine methylbromide tablet 1.5mg; 5mg</i>	2	EX
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX SUSPENSION EXTENDED RELEASE 8MG/5ML; 10MG/5ML	2	EX
<i>hydrocodone/homatropine solution 1.5mg/5ml; 5mg/5ml</i>	2	EX
<i>hydromet solution 1.5mg/5ml; 5mg/5ml</i>	2	EX
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
NUCALA INJECTION 100MG/ML, 100MG, 40MG/0.4ML	5	PA
<i>promethazine dm syrup 15mg/5ml; 6.25mg/5ml</i>	2	EX
<i>promethazine/codeine solution 10mg/5ml; 6.25mg/5ml</i>	2	EX
<i>promethazine/phenylephrine/codeine syrup 10mg/5ml; 5mg/5ml; 6.25mg/5ml</i>	2	EX
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(12 GM per 90 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT, 80MCG/ACT; 4.5MCG/ACT	3	QL(30.6 GM per 90 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(180 EA per 90 days)
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	
<i>methocarbamol tablet 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>tasimelteon capsule 20mg</i>	5	QL(31 EA per 31 days); PA
<i>temazepam capsule 15mg, 30mg, 7.5mg</i>	3	QL(30 EA per 30 days); NDS
<i>triazolam tablet 0.25mg</i>	3	QL(60 EA per 30 days); NDS
<i>zaleplon capsule 10mg, 5mg</i>	3	QL(90 EA per 90 days)
<i>zolpidem tartrate tablet 10mg, 5mg</i>	2	QL(90 EA per 90 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg, 50mg</i>	3	QL(90 EA per 90 days); PA
<i>modafinil tablet 100mg, 200mg</i>	3	QL(180 EA per 90 days); PA
SODIUM OXYBATE SOLUTION 500MG/ML	5	QL(558 ML per 31 days); PA
SUNOSI TABLET 150MG, 75MG	4	QL(90 EA per 90 days); PA

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OTC products

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
IODOSORB GEL 0.9%	4	EX
Respiratory Tract/Pulmonary Agents		
<i>Antihistamines</i>		
<i>alavert allergy/sinus tablet extended release 12 hour 5mg; 120mg</i>	No Copay	EX
<i>alavert d-12 hour allergy & congestion tablet extended release 12 hour 5mg; 120mg</i>	No Copay	EX
<i>alavert tablet disintegrating 10mg</i>	No Copay	EX
ALLEGRA ALLERGY TABLET 180MG, 60MG	No Copay	EX
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TABLET EXTENDED RELEASE 12 HOUR 60MG; 120MG	No Copay	EX
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TABLET EXTENDED RELEASE 24 HOUR 180MG; 240MG	No Copay	EX
<i>allergy 24-hr tablet 180mg</i>	No Copay	EX
<i>allergy relief 24hr tablet 180mg</i>	No Copay	EX
<i>allergy relief nasal decongestant tablet extended release 12 hour 5mg; 120mg</i>	No Copay	EX
<i>allergy relief/nasal decongestant tablet extended release 24 hour 10mg; 240mg</i>	No Copay	EX
<i>allergy relief capsule 10mg</i>	No Copay	EX
<i>allergy relief tablet 10mg, 180mg, 60mg</i>	No Copay	EX
<i>cetirizine hcl childrens allergy solution 1mg/ml</i>	No Copay	EX
<i>cetirizine hcl tablet chewable 5mg</i>	No Copay	EX
<i>cetirizine hcl tablet 5mg</i>	No Copay	EX
<i>cetirizine hydrochloride/pseudoephedrine hydrochloride tablet extended release 12 hour 5mg; 120mg</i>	No Copay	EX
<i>cetirizine hydrochloride tablet chewable 10mg</i>	No Copay	EX
<i>cetirizine hydrochloride tablet 10mg</i>	No Copay	EX

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Drug Name	Drug Tier	Requirements/Limits
<i>childrens loratadine solution 5mg/5ml</i>	No Copay	EX
CLARITIN ALLERGY CHILDRENS SOLUTION 5MG/5ML	No Copay	EX
CLARITIN CHILDRENS TABLET CHEWABLE 5MG	No Copay	EX
CLARITIN REDITABS TABLET DISINTEGRATING 10MG, 5MG	No Copay	EX
CLARITIN-D 12 HOUR TABLET EXTENDED RELEASE 12 HOUR 5MG; 120MG	No Copay	EX
CLARITIN-D 24 HOUR TABLET EXTENDED RELEASE 24 HOUR 10MG; 240MG	No Copay	EX
CLARITIN CAPSULE 10MG	No Copay	EX
CLARITIN TABLET 10MG	No Copay	EX
<i>fexofenadine hcl/pseudoephedrine hcl er tablet extended release 24 hour 180mg; 240mg</i>	No Copay	EX
<i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er tablet extended release 12 hour 60mg; 120mg</i>	No Copay	EX
<i>fexofenadine hydrochloride tablet 180mg, 60mg</i>	No Copay	EX
<i>loratadine-d 12hr tablet extended release 12 hour 5mg; 120mg</i>	No Copay	EX
<i>loratadine-d 24hr tablet extended release 24 hour 10mg; 240mg</i>	No Copay	EX
<i>loratadine solution 5mg/5ml</i>	No Copay	EX
<i>loratadine tablet 10mg</i>	No Copay	EX
ZYRTEC ALLERGY CAPSULE 10MG	No Copay	EX
ZYRTEC-D ALLERGY/CONGESTION TABLET EXTENDED RELEASE 12 HOUR 5MG; 120MG	No Copay	EX
<i>Respiratory Tract Agents, Other</i>		
<i>guaifenesin/codeine solution 10mg/5ml; 100mg/5ml</i>	2	EX
RYDEX LIQUID 1.33MG/5ML; 6.33MG/5ML; 10MG/5ML	2	EX

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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.

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<i>fluocinolone acetonide scalp</i>	47	<i>gallifrey</i>	59
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<i>gengraf</i>	63	<i>haloperidol decanoate</i>	24
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GENOTROPIN MINIQUICK	56	HAVRIX	64
<i>gentamicin sulfate</i>	3	<i>heather</i>	59
<i>gentamicin sulfate</i>	69	<i>hemmorex-hc</i>	66
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<i>glimepiride</i>	30	HUMALOG KWIKPEN	32
<i>glipizide</i>	30	HUMALOG MIX 50/50 KWIKPEN	32
<i>glipizide er</i>	30	HUMALOG MIX 75/25	32
<i>glipizide/metformin hydrochloride</i>	30	HUMALOG MIX 75/25 KWIKPEN	32
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<i>hyosyne</i>	53	IODOSORB	75
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<i>ibuprofen</i>	1	<i>irbesartan/hydrochlorothiazide</i>	40
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<i>incassia</i>	59	<i>itraconazole</i>	15
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<i>jasmiel</i>	58	<i>lacosamide</i>	10
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<i>levocetirizine dihydrochloride</i>	71	<i>lovastatin</i>	41
<i>levofloxacin</i>	7	<i>loxapine</i>	24
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<i>levothyroxine sodium</i>	60	LUPRON DEPOT (3-MONTH)	61
<i>levoxyl</i>	60	LUPRON DEPOT (4-MONTH)	61
<i>l-glutamine</i>	54	LUPRON DEPOT (6-MONTH)	61
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<i>lidocaine</i>	3	LYBALVI	25
<i>lidocaine hydrochloride</i>	3	<i>lyleq</i>	59
<i>lidocaine hydrochloride viscous</i>	45	LYNPARZA	20
<i>lidocaine/prilocaine</i>	3	LYSODREN	18
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<i>naltrexone hydrochloride</i>	3	NITRO-BID	42
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<i>naproxen</i>	1	<i>nitrofurantoin monohydrate/macrocrystals</i>	4
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<i>naproxen sodium</i>	1	<i>nitroglycerin</i>	53
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<i>neomycin sulfate</i>	4	<i>norethindrone acetate/ethinyl estradiol</i>	59
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NP THYROID 30	60	ORGOVYX	61
NP THYROID 60	60	ORKAMBI	72
NP THYROID 90	60	<i>orquidea</i>	60
NUBEQA	17	ORSERDU	17
NUCALA	74	<i>oseltamivir phosphate</i>	29
NUEDEXTA	44	OTEZLA	48
NUPLAZID	25	OVIDREL	57
NURTEC	16	OXACILLIN SODIUM	6
<i>nyamyc</i>	15	<i>oxaprozin</i>	1
<i>nystatin</i>	15	<i>oxcarbazepine</i>	10
<i>nystatin/triamcinolone</i>	48	<i>oxybutynin chloride</i>	55
<i>nystatin/triamcinolone acetonide</i>	48	<i>oxybutynin chloride er</i>	55
<i>nystop</i>	15	<i>oxycodone hydrochloride</i>	2
<i>octreotide acetate</i>	61	<i>oxycodone/acetaminophen</i>	2
ODEFSEY	28	OXYMORPHONE HYDROCHLORIDE	2
ODOMZO	20	ER	
OFEV	72	OXYMORPHONE	2
OFLOXACIN	7	HYDROCHLORIDEER	
<i>ofloxacin</i>	69	OZEMPIC	31
<i>ofloxacin</i>	70	<i>pacerone</i>	36
OGSIVEO	18	PADCEV	22
OJEMDA	18	<i>paliperidone er</i>	25
OJJAARA	20	PANCREAZE	54
<i>olanzapine</i>	25	PANRETIN	22
<i>olanzapine odt</i>	25	<i>pantoprazole sodium</i>	54
<i>olmesartan medoxomil</i>	35	<i>paricalcitol</i>	66
<i>olmesartan</i>	40	<i>paroxetine hcl</i>	13
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		<i>paroxetine hcl er</i>	13
<i>olmesartan medoxomil/hydrochlorothiazide</i>	40	PAROXETINE HYDROCHLORIDE	13
<i>olopatadine hcl</i>	71	PAXLOVID	29
<i>olopatadine hydrochloride</i>	68	<i>pazopanib hydrochloride</i>	20
<i>omega-3-acid ethyl esters</i>	42	PEDIARIX	65
<i>omeprazole</i>	54	PEDVAX HIB	65
<i>omeprazole dr</i>	54	<i>peg-3350/electrolytes</i>	53
<i>ondansetron hcl</i>	14	<i>peg-3350/nacl/na bicarbonate/kcl</i>	53
<i>ondansetron hydrochloride</i>	14	PEGASYS	64
<i>ondansetron odt</i>	14	PEMAZYRE	20
ONUREG	18	PENBRAYA	65
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PENICILLIN G SODIUM	6	<i>portia-28</i>	59
PENICILLIN V POTASSIUM	6	<i>posaconazole dr</i>	15
PENMENVY	65	POTASSIUM CHLORIDE	51
PENTACEL	65	<i>potassium chloride er</i>	50
<i>pentamidine isethionate</i>	22	<i>potassium chloride/dextrose</i>	50
<i>pentoxifylline er</i>	40	POTASSIUM	50
<i>perampanel</i>	9	CHLORIDE/DEXTROSE/LACTATED	
<i>perindopril erbumine</i>	36	RINGERS	
<i>periogard</i>	45	<i>potassium chloride/dextrose/sodium</i>	50
<i>permethrin</i>	48	<i>chloride</i>	
<i>perphenazine</i>	24	<i>potassium chloride/sodium chloride</i>	50
PERSERIS	25	<i>potassium citrate er</i>	51
<i>phendimetrazine tartrate</i>	44	PRALUENT	42
PHENDIMETRAZINE TARTRATE ER	44	<i>pramipexole dihydrochloride</i>	23
PHENELZINE SULFATE	12	PRAMOSONE	48
<i>phenobarbital</i>	10	<i>prasugrel hydrochloride</i>	34
<i>phenobarbital/hyoscyamine sulfate/atropine</i>	53	<i>pravastatin sodium</i>	41
<i>sulfate/scopolami</i>		<i>praziquantel</i>	22
<i>phentermine hcl</i>	44	<i>prazosin hydrochloride</i>	35
<i>phentermine hydrochloride</i>	44	<i>prednisolone</i>	56
<i>phenytoin</i>	10	<i>prednisolone acetate</i>	69
<i>phenytoin sodium extended</i>	10	<i>prednisolone sodium phosphate</i>	56
<i>phytonadione</i>	52	PREDNISOLONE SODIUM PHOSPHATE	69
PIFELTRO	27	PREDNISONE	56
<i>pilocarpine hydrochloride</i>	45	PREDNISONE INTENSOL	56
<i>pilocarpine hydrochloride</i>	69	<i>pregabalin</i>	45
<i>pimecrolimus</i>	47	PREMARIN	59
PIMOZIDE	24	PREMASOL	51
<i>pindolol</i>	37	PRENATAL	52
<i>pioglitazone hcl</i>	31	PRETOMANID	17
<i>pioglitazone hcl/metformin hcl</i>	31	<i>prevalite</i>	42
<i>pioglitazone hcl-glimepiride</i>	31	PREVIDENT 5000 BOOSTER PLUS	45
<i>pioglitazone hydrochloride</i>	31	PREVIDENT 5000 DRY MOUTH	45
<i>piperacillin sodium/tazobactam sodium</i>	7	PREVIDENT 5000 KIDS	46
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<i>pirfenidone</i>	72	PREZCOBIX	29
<i>piroxicam</i>	1	PREZISTA	29
<i>plenamine</i>	50	PRIFTIN	17
PODOFILOX	48	PRIMAQUINE PHOSPHATE	22
POLIVY	22	PRIMIDONE	10
<i>polycin</i>	68	PRIORIX	65
<i>polymyxin b sulfate</i>	4	<i>probenecid</i>	16
<i>polymyxin b sulfate/trimethoprim sulfate</i>	68	<i>probenecid/colchicine</i>	16

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<i>prochlorperazine maleate</i>	14	RABAVERT	65
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PROCRT	34	<i>raloxifene hydrochloride</i>	60
PROCTOCORT	66	<i>ramipril</i>	36
<i>procto-med hc</i>	66	<i>ranolazine er</i>	40
<i>proctosol hc</i>	66	<i>rasagiline mesylate</i>	23
<i>proctozone-hc</i>	66	RASUVO	64
<i>progesterone</i>	60	RAVICTI	54
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<i>promethazine dm</i>	74	RELENZA DISKHALER	29
<i>promethazine hcl</i>	14	RENOVA	48
<i>promethazine hydrochloride</i>	14	<i>repaglinide</i>	31
<i>promethazine hydrochloride plain</i>	14	RESTASIS	68
<i>promethazine/codeine</i>	74	RESTASIS MULTIDOSE	68
<i>promethazine/phenylephrine/codeine</i>	74	RETEVMO	21
<i>promethegan</i>	14	REVCOVI	54
<i>propafenone hcl</i>	36	REVUFORJ	18
<i>propafenone hydrochloride</i>	36	REXTOVY	3
<i>propafenone hydrochloride er</i>	36	REXULTI	25
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PROPRANOLOL HCL	37	REZDIFFRA	60
PROPRANOLOL HYDROCHLORIDE	37	REZLIDHIA	21
<i>propranolol hydrochloride er</i>	37	REZUROCK	64
<i>propylthiouracil</i>	61	RHOPRESSA	69
PROQUAD	65	RIBAVIRIN	27
PROSOL	51	<i>rifabutin</i>	17
<i>protriptyline hcl</i>	14	<i>rifampin</i>	17
PROVOCHOLINE	67	<i>riluzole</i>	45
PULMOZYME	72	RIMANTADINE HYDROCHLORIDE	29
<i>pyrazinamide</i>	17	RINVOQ	62
<i>pyridostigmine bromide</i>	17	RINVOQ LQ	62
<i>pyridostigmine bromide er</i>	17	<i>risedronate sodium</i>	66
<i>pyrimethamine</i>	22	<i>risperidone</i>	26
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<i>quetiapine fumarate</i>	25	<i>ritonavir</i>	29
<i>quetiapine fumarate er</i>	25	<i>rivaroxaban</i>	34
<i>quinapril hydrochloride</i>	36	<i>rivastigmine tartrate</i>	11
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ROMVIMZA	21	<i>simvastatin</i>	42
<i>ropinirole er</i>	23	<i>sirolimus</i>	64
<i>ropinirole hcl</i>	23	SIRTURO	17
<i>ropinirole hydrochloride</i>	23	SITZMARKS	67
<i>rosuvastatin calcium</i>	42	SKYRIZI	62
ROTARIX	65	SKYRIZI PEN	62
ROTATEQ	65	<i>sodium chloride</i>	51
<i>roweepra</i>	9	<i>sodium chloride 0.45%</i>	51
ROZLYTREK	21	<i>sodium chloride 0.9%</i>	67
RUBRACA	21	<i>sodium fluoride</i>	46
<i>rufinamide</i>	11	<i>sodium fluoride 5000 ppm</i>	46
RUKOBIA	28	<i>sodium fluoride 5000 ppm dry mouth</i>	46
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RYBREVANT	22	<i>sodium phenylbutyrate</i>	54
RYDAPT	21	<i>sodium polystyrene sulfonate</i>	52
RYDEX	76	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	53
RYKINDO	26	SOHONOS	26
RYLAZE	18	<i>solifenacin succinate</i>	55
RYTARY	23	SOLQUA 100/33	31
<i>salicylic acid wart remover</i>	48	SOLTAMOX	17
<i>salsalate</i>	1	SOMATULINE DEPOT	61
SALVAX DUO PLUS	48	SOMAVERT	61
SANTYL	48	<i>sorafenib</i>	21
<i>sapropterin dihydrochloride</i>	54	<i>sorafenib tosylate</i>	21
SARCLISA	22	<i>sotalol hcl</i>	36
SCALACORT DK	48	<i>sotalol hydrochloride</i>	37
SCSEMBLIX	21	<i>sotalol hydrochloride (af)</i>	36
<i>scopolamine</i>	14	SPIRIVA HANDIHALER	71
SECUADO	26	SPIRIVA RESPIMAT	71
<i>selegiline hcl</i>	23	<i>spironolactone</i>	42
<i>selenium sulfide</i>	47	<i>spironolactone/hydrochlorothiazide</i>	40
SELZENTRY	28	<i>sprintec 28</i>	59
SEREVENT DISKUS	71	SPRITAM	9
<i>sertraline hcl</i>	13	<i>sps</i>	52
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<i>sf</i>	46	SSKI	67
<i>sharobel</i>	60	STAMARIL	65
SHINGRIX	65	STELARA	62
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<i>sildenafil citrate</i>	55	STIVARGA	21
<i>sildenafil citrate</i>	72	STREPTOMYCIN SULFATE	4
<i>silver nitrate</i>	4	STRIBILD	27
<i>silver sulfadiazine</i>	48	<i>subvenite</i>	9
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<i>subvenite starter kit/orange</i>	9	TELMISARTAN/AMLODIPINE	40
<i>sucralfate</i>	54	<i>telmisartan/hydrochlorothiazide</i>	40
<i>sulfacetamide sodium</i>	7	<i>temazepam</i>	74
SULFACETAMIDE SODIUM	69	TENIVAC	65
SULFACETAMIDE	68	<i>tenofovir disoproxil fumarate</i>	28
SODIUM/PREDNISOLONE SODIUM		TEPMETKO	21
PHOSPHATE		<i>terazosin hcl</i>	35
<i>sulfadiazine</i>	8	<i>terazosin hydrochloride</i>	35
<i>sulfamethoxazole/trimethoprim</i>	8	<i>terbinafine hcl</i>	15
<i>sulfamethoxazole/trimethoprim ds</i>	8	<i>terbinafine hydrochloride</i>	15
<i>sulfasalazine</i>	66	<i>terconazole</i>	15
<i>sulindac</i>	1	<i>teriflunomide</i>	45
<i>sumatriptan</i>	16	TERIPARATIDE	66
<i>sumatriptan succinate</i>	16	<i>testosterone cypionate</i>	57
SUMATRIPTAN SUCCINATE REFILL	16	TESTOSTERONE ENANTHATE	57
<i>sunitinib malate</i>	21	<i>testosterone pump</i>	57
SUNLENCA	28	<i>tetrabenazine</i>	45
SUNOSI	74	<i>tetracycline hydrochloride</i>	8
SYMBICORT	74	THALOMID	17
SYMLINPEN 120	31	<i>theophylline er</i>	72
SYMLINPEN 60	31	<i>thioridazine hydrochloride</i>	24
SYMPAZAN	10	<i>thiothixene</i>	24
SYMTUZA	29	THYROID	60
SYNAGIS	61	<i>tiadylt er</i>	38
SYNAREL	61	<i>tiagabine hydrochloride</i>	10
TABLOID	18	TIBSOVO	21
TABRECTA	21	TICOVAC	65
<i>tacrolimus</i>	47	<i>tigecycline</i>	4
<i>tacrolimus</i>	64	<i>timolol maleate</i>	37
<i>tadalafil</i>	55	<i>timolol maleate</i>	69
<i>tadalafil</i>	55	<i>timolol maleate ophthalmic gel forming</i>	69
<i>tadalafil</i>	72	<i>tinidazole</i>	4
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TALZENNA	21	TIVICAY	27
<i>tamoxifen citrate</i>	18	TIVICAY PD	27
<i>tamsulosin hydrochloride</i>	55	<i>tizanidine hcl</i>	26
<i>tarina fe 1/20 eq</i>	59	<i>tizanidine hydrochloride</i>	26
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<i>tolvaptan</i>	51	<i>tri-mili</i>	59
<i>topiramate</i>	9	<i>trimipramine maleate</i>	14
<i>toremifene citrate</i>	18	TRINTELLIX	13
<i>torpenz</i>	21	<i>tri-previfem</i>	59
<i>torseamide</i>	41	<i>tri-sprintec</i>	59
TOUJEO MAX SOLOSTAR	33	TRIUMEQ	28
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TRACLEER	72	<i>tri-vylibra</i>	59
TRADJENTA	31	<i>tri-vylibra lo</i>	59
TRAMADOL HCL ER	2	TRODELVY	22
<i>tramadol hydrochloride</i>	2	TROGARZO	28
<i>tramadol hydrochloride er</i>	2	<i>trospium chloride</i>	55
<i>tramadol hydrochloride/acetaminophen</i>	2	<i>trospium chloride er</i>	55
<i>trandolapril</i>	36	TRULICITY	31
TRANDOLAPRIL/VERAPAMIL HCL ER	40	TRUMENBA	65
<i>tranexamic acid</i>	34	TRUQAP	21
<i>tranlycypromine sulfate</i>	12	TUKYSA	21
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<i>travoprost</i>	70	TWINRIX	65
<i>trazodone hydrochloride</i>	13	TYBOST	28
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TRELEGY ELLIPTA	74	TYMLOS	66
<i>tretinoin</i>	22	TYPHIM VI	65
<i>tretinoin</i>	46	TYRVAYA	68
<i>triamcinolone acetonide</i>	48	TYVASO	72
<i>triamcinolone acetonide</i>	56	TYVASO REFILL KIT	72
<i>triamcinolone acetonide dental paste</i>	46	TYVASO STARTER KIT	72
<i>triamterene</i>	41	UBRELVY	16
<i>triamterene/hydrochlorothiazide</i>	40	<i>unithroid</i>	60
<i>triazolam</i>	74	<i>urelle</i>	55
<i>triderm</i>	48	<i>ursodiol</i>	53
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<i>tri-estarylla</i>	59	<i>valacyclovir hydrochloride</i>	29
<i>trifluoperazine hcl</i>	24	VALCHLOR	17
<i>trifluoperazine hydrochloride</i>	24	<i>valganciclovir</i>	26
TRIFLURIDINE	69	<i>valganciclovir hydrochloride</i>	26
TRIHXYPHENIDYL HCL	23	<i>valproic acid</i>	9
<i>trihexyphenidyl hydrochloride</i>	23	<i>valrubicin</i>	18
TRIKAFTA	72	<i>valsartan</i>	35
<i>tri-linyah</i>	59	<i>valsartan/hydrochlorothiazide</i>	41
<i>tri-lo-estarylla</i>	59	VALTOCO 10 MG DOSE	10
<i>tri-lo-marzia</i>	59	VALTOCO 15 MG DOSE	10
<i>tri-lo-mili</i>	59	VALTOCO 20 MG DOSE	10
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<i>zolmitriptan odt</i>	16
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<i>zonisamide</i>	11
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This formulary was updated on September 1, 2025. For more recent information or other questions, please contact us, Medicare Plus Blue Group PPO and Prescription Blue Group PDP Customer Service, at 1-866-684-8216 or, for TTY users 711, Monday through Friday, 8:30 a.m. to 5 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.

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