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Prescription BlueSM PDP **Select Premium**

2027 Core Comprehensive Formulary

(List of Covered Drugs or “Drug List”)

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

This formulary was updated on September 1, 2026. For more recent information or other questions, please contact us, Prescription Blue PDP Customer Service, at 1-800-565-1770 (TTY users should call 711), Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit bcbsm.com/medicare.

When visiting your doctor(s), please bring your personal drug list and this 2027 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.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue Cross Blue Shield of Michigan. When it refers to “plan” or “our plan,” it means Prescription Blue PDP.

This document includes a drug list (formulary) for our plan which is current as of September 1, 2026. 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, 2028 and from time to time during the year.

What is the Prescription Blue PDP Core formulary?

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

Can the formulary change?

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

[cbcbm.com/medicare/resources/form s-documents/drug-lists](https://www.cbcbm.com/medicare/resources/form-s-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 iii titled "How do I request an exception to the Prescription Blue PDP formulary?"

Some of these drug types may be new to you. For more information, see the section 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 beginning on page iii entitled “How do I request an exception to the Prescription Blue PDP formulary?”

Changes that will not affect you if you are currently taking the drug: Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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, 2026. To get updated information about the drugs covered by Prescription Blue PDP, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes, you will be notified.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 62. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

Prior Authorization: Prescription Blue PDP requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Prescription Blue PDP based on specific criteria before you fill your prescriptions. If you don't get approval, Prescription Blue PDP may not cover the drug.

Quantity Limits: For certain drugs, Prescription Blue PDP limits the amount of the drug that Prescription Blue PDP will cover. For example, Prescription Blue PDP provides 31 tablets per prescription for *pioglitazone*. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the Prescription Blue PDP formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered 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, Prescription Blue PDP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

Generally, Prescription Blue PDP will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our 2027 formulary. Or, you may be taking a drug that is on our 2027 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 2027 formulary or has a new coverage restriction for 2027, 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 3, Section 5 of your *Evidence of Coverage* or visit our website at:

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 Prescription Blue PDP prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

Prescription Blue PDP Core formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Prescription Blue PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 62.

The first column of the chart lists the drug name.

Brand-name drugs are capitalized (e.g., HUMALOG®) and generic drugs are listed in lower-case italics (e.g., *pioglitazone*).

The information in the Requirements/Limits column tells you if Prescription Blue PDP has any special requirements for coverage of your drug.

Prescription Blue PDP Drug Tier Costs (Up to a 31-day supply)					
Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)	Long-term care (LTC) cost sharing	Out-of-network cost sharing
Tier 1	Preferred Generic	See your <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			

Prescription Blue PDP Drug Tier Costs (32- to 90-day supply*)			
Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1	Preferred Generic	See your <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	Available for a maximum of 31 days' supply per fill	

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. Tier 1 drugs allow for a 100-day supply at the same cost share as a 90-day supply. If you are taking a Tier 1 drug, talk with your doctor about whether a new prescription for a 100-day supply is appropriate.

Drug Notes Code Definitions	
Symbol	Definition
B/D	This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NDS	Non-Extended Day Supply. Most opioid analgesics are available for up to a 31-day supply and benzodiazepines are available for up to a 30-day supply through retail and mail.
OVM	Oncology Value Management. Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth. Your physician is required to submit more information to determine coverage.
PA	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
ST	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<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>	3	
<i>diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg</i>	2	
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	3	
<i>diclofenac sodium topical solution 1.5%</i>	4	QL(600 ML per 30 days)
<i>diflunisal tablet 500mg</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>	2	
<i>nabumetone tablet 500mg, 750mg</i>	2	
<i>naproxen dr tablet delayed release 375mg</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
SALSALATE TABLET 750MG	2	
<i>sulindac tablet 150mg, 200mg</i>	2	
Opioid Analgesics, Long-acting		
<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 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
METHADONE HYDROCHLORIDE SOLUTION 10MG/5ML	3	QL(1860 ML 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
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		
ACETAMINOPHEN/CODEINE SOLUTION 120MG/5ML; 12MG/5ML	3	QL(5167 ML per 31 days); NDS
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	3	QL(186 EA per 31 days); NDS
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	3	QL(372 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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	3	QL(155 EA 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
<i>morphine sulfate solution 10mg/5ml</i>	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 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		
Local Anesthetics		
<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>	4	
<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>	2	QL(360 EA per 90 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(630 EA per 90 days)
<i>buprenorphine hcl tablet sublingual 8mg</i>	3	QL(360 EA per 90 days)
<i>buprenorphine hcl tablet sublingual 2mg</i>	3	QL(630 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	4	QL(360 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg</i>	4	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 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	2	
OPVEE SOLUTION 2.7MG/0.1ML	3	QL(12 EA per 90 days)
REXTOVY LIQUID 4MG/0.25ML	3	
Smoking Cessation Agents		

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	3	QL(180 EA per 90 days)
NICOTROL NS SOLUTION 10MG/ML	4	
<i>varenicline starting month tablet therapy pack 0</i>	4	
<i>varenicline tartrate continuing month tablet 1mg</i>	4	
<i>varenicline tartrate tablet 0.5mg, 1mg</i>	4	
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
ARIKAYCE SUSPENSION 590MG/8.4ML	5	QL(235.2 ML per 28 days); PA
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.2MG/ML; 0.9%, 1.6MG/ML; 0.9%, 1MG/ML; 0.9%	4	
<i>gentamicin sulfate cream 0.1%</i>	3	
<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	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	4	
<i>Antibacterials, Other</i>		
<i>aztreonam injection 1gm</i>	4	
<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>	4	
<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>	4	

Last Updated: 09/01/2026

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>tigecycline injection 50mg</i>	4	
<i>tinidazole tablet 250mg, 500mg</i>	4	
<i>trimethoprim tablet 100mg</i>	2	
<i>vancomycin hcl injection 10gm</i>	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(360 EA per 90 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(720 EA per 90 days)
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	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		
CEFACLOX CAPSULE 250MG	3	
<i>cefadroxil capsule 500mg</i>	2	
<i>cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir 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	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil tablet 100mg, 200mg</i>	4	
<i>ceftaroline fosamil injection 400mg, 600mg</i>	5	
CEFTAZIDIME INJECTION 6GM	4	
<i>ceftazidime injection 1gm, 2gm</i>	4	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE INJECTION 20MG/ML; 0, 40MG/ML; 0	4	
CEFTRIAZONE SODIUM INJECTION 100GM, 1GM, 2GM	4	
<i>ceftriazone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAZONE/DEXTROSE INJECTION 1GM; 3.74%, 2GM; 2.22%	4	
<i>cefuroxime axetil tablet 250mg, 500mg</i>	3	
<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	

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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
Beta-lactam, Penicillins		
<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	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg, 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin capsule 250mg, 500mg</i>	2	
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml</i>	2	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	2	
<i>amoxicillin tablet 500mg, 875mg</i>	2	
AMPICILLIN SODIUM INJECTION 1GM, 2GM	4	
<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 2gm; 1gm</i>	4	
<i>ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	3	
<i>naftacillin sodium injection 10gm, 1gm</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	
<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 200mg/5ml</i>	3	
<i>azithromycin tablet 250mg, 500mg, 600mg</i>	2	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	
CLARITHROMYCIN SUSPENSION RECONSTITUTED 125MG/5ML, 250MG/5ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin tablet 250mg, 500mg</i>	3	
<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>	2	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	
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>	4	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	4	
<i>sulfadiazine tablet 500mg</i>	4	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	2	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	2	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	2	
Tetracyclines		
<i>doxy 100 injection 100mg</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	3	
<i>doxycycline hyclate tablet 100mg</i>	3	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	3	
<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		
<i>brivaracetam solution 10mg/ml</i>	3	QL(620 ML per 31 days); PA
<i>brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg</i>	3	QL(62 EA per 31 days); PA
EPIDIOLEX SOLUTION 100MG/ML	5	QL(600 ML per 30 days); 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

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine odt tablet disintegrating 200mg</i>	4	
<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>	3	
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(1080 EA per 90 days); PA
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(540 EA per 90 days); PA
<i>levetiracetam tablet 1000mg, 250mg, 500mg, 750mg</i>	3	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days); PA; NDS
<i>perampanel suspension 0.5mg/ml</i>	5	QL(720 ML per 30 days); PA
<i>perampanel tablet 10mg, 12mg, 4mg, 8mg</i>	4	QL(30 EA per 30 days); PA
<i>perampanel tablet 2mg</i>	4	QL(540 EA per 90 days); PA
<i>perampanel tablet 6mg</i>	4	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 500MG	4	QL(540 EA per 90 days); PA
SUBVENITE SUSPENSION 10MG/ML	4	PA
<i>subvenite tablet 100mg, 150mg, 200mg, 25mg</i>	2	
<i>topiramate capsule sprinkle 15mg, 25mg, 50mg</i>	3	
<i>topiramate solution 25mg/ml</i>	4	PA
<i>topiramate tablet 100mg, 200mg, 25mg, 50mg</i>	2	
<i>valproic acid capsule 250mg</i>	3	
<i>valproic acid solution 250mg/5ml</i>	3	
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
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	4	QL(5 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium dr capsule delayed release sprinkle 125mg</i>	4	
<i>divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg</i>	3	
<i>divalproex sodium er tablet extended release 24 hour 250mg, 500mg</i>	4	
<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)
PHENOBARBITAL ELIXIR 20MG/5ML	3	QL(4500 ML per 90 days); PA
PHENOBARBITAL TABLET 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG	3	QL(360 EA per 90 days); PA
PRIMIDONE TABLET 125MG	2	
<i>primidone tablet 250mg, 50mg</i>	2	
SYMPAZAN FILM 5MG	4	QL(60 EA per 30 days); PA; NDS
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); PA; NDS
TIAGABINE HYDROCHLORIDE TABLET 12MG, 16MG	4	
<i>tiagabine hydrochloride tablet 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	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)
<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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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin tablet chewable 50mg</i>	3	
<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>	3	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg</i>	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	3	
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating 10mg</i>	3	QL(180 EA per 90 days)
<i>donepezil hcl tablet disintegrating 5mg</i>	3	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(180 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>	4	QL(90 EA 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		
MEMANTINE HCL TITRATION PAK TABLET 0	3	QL(98 EA per 365 days); PA
<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>	3	QL(180 EA per 90 days); PA
Antidepressants		
<i>Antidepressants, Other</i>		

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Drug Name	Drug Tier	Requirements/Limits
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)
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	QL(32 EA per 14 days); ST
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	5	QL(31 EA per 31 days); ST
<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
Monoamine Oxidase Inhibitors		
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	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution 10mg/5ml</i>	3	QL(1800 ML per 90 days)
<i>citalopram hydrobromide tablet 20mg</i>	2	QL(180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	2	QL(360 EA per 90 days)
<i>citalopram hydrobromide tablet 40mg</i>	2	QL(90 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	4	QL(360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	4	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(270 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(360 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(540 EA per 90 days); PA
<i>escitalopram oxalate solution 5mg/5ml</i>	4	QL(1800 ML per 90 days)
<i>escitalopram oxalate tablet 10mg</i>	2	QL(180 EA per 90 days)
<i>escitalopram oxalate tablet 5mg</i>	2	QL(360 EA per 90 days)
<i>escitalopram oxalate tablet 20mg</i>	2	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
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
<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	4	
<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>	4	
<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>	2	
TRINTELLIX TABLET 10MG	4	QL(180 EA per 90 days); ST
TRINTELLIX TABLET 5MG	4	QL(360 EA per 90 days); ST
TRINTELLIX TABLET 20MG	4	QL(90 EA per 90 days); ST
<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)
Tricyclics		
<i>amitriptyline hcl tablet 150mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i>	3	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl capsule 75mg</i>	3	
DOXEPIN HCL CONCENTRATE 10MG/ML	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>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		
<i>Antiemetics, Other</i>		
<i>meclizine hcl tablet 12.5mg, 25mg</i>	2	
<i>meclizine hydrochloride tablet 25mg</i>	2	
<i>prochlorperazine maleate tablet 10mg, 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hydrochloride tablet 12.5mg, 25mg, 50mg</i>	2	
<i>scopolamine patch 72 hour 1mg/3days</i>	4	QL(30 EA per 90 days)
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant capsule therapy pack 0</i>	4	B/D; PAK 125mg & 80mg
<i>aprepitant capsule 40mg, 80mg</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
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
<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>	3	
<i>clotrimazole troche 10mg</i>	3	
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	
<i>fluconazole suspension reconstituted 10mg/ml, 40mg/ml</i>	3	
<i>fluconazole tablet 150mg</i>	2	
<i>fluconazole tablet 100mg, 200mg, 50mg</i>	3	
<i>flucytosine capsule 250mg, 500mg</i>	5	
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<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>	4	QL(180 GM per 90 days)
<i>miconazole injection 100mg, 50mg</i>	4	
<i>nyamyc powder 100000unit/gm</i>	4	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>	4	QL(180 GM per 90 days)
<i>nystatin suspension 100000unit/ml</i>	3	
<i>nystatin tablet 500000unit</i>	4	
<i>nystop powder 100000unit/gm</i>	4	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>terconazole cream 0.4%, 0.8%</i>	3	
<i>terconazole suppository 80mg</i>	4	
VORICONAZOLE INJECTION 200MG/20ML	5	PA
<i>voriconazole injection 200mg</i>	4	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
UBRELVIY 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
<i>ergotamine tartrate/cafeine tablet 100mg; 1mg</i>	3	QL(120 EA per 84 days)
<i>Serotonin (5-HT) Receptor Agonist</i>		

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>sumatriptan succinate injection 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)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<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 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
LEUKERAN TABLET 2MG	5	
<i>lomustine capsule 10mg, 40mg</i>	4	
<i>lomustine capsule 100mg</i>	5	
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	PA; OVM
<i>Antiandrogens</i>		
<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
NILUTAMIDE TABLET 150MG	5	
NUBEQA TABLET 300MG	5	PA; OVM
XTANDI CAPSULE 40MG	5	PA; OVM

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Drug Name	Drug Tier	Requirements/Limits
XTANDI TABLET 40MG, 80MG	5	PA; OVM
YONSA TABLET 125MG	5	PA; OVM
Antiangiogenic Agents		
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg</i>	5	QL(31 EA per 31 days); PA
<i>pomalidomide capsule 1mg, 2mg, 3mg, 4mg</i>	5	PA; OVM
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	5	PA; OVM
THALOMID CAPSULE 100MG, 50MG	5	PA; OVM
Antiestrogens/Modifiers		
INLURIYO TABLET 200MG	5	PA; OVM
ORSERDU TABLET 345MG, 86MG	5	PA; OVM
SOLTAMOX SOLUTION 10MG/5ML	5	
<i>tamoxifen citrate tablet 10mg, 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	4	
VEPPANU TABLET 100MG, 200MG	5	PA; OVM
Antimetabolites		
DROXIA CAPSULE 200MG, 300MG, 400MG	4	
<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
INREBIC CAPSULE 100MG	5	PA; OVM
ITOVEBI TABLET 3MG, 9MG	5	PA; OVM
IWILFIN TABLET 192MG	5	PA; OVM
KOMZIFTI CAPSULE 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, 5mg</i>	3	
<i>leucovorin calcium tablet 25mg</i>	4	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA; OVM
LYSODREN TABLET 500MG	5	
MODEYSO CAPSULE 125MG	5	PA; OVM
OGSIVEO TABLET 100MG, 150MG	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
<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	

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Drug Name	Drug Tier	Requirements/Limits
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	PA; OVM
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	PA; OVM
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, 500MG	5	PA; OVM
<i>bosutinib tablet 100mg, 400mg, 500mg</i>	5	PA; OVM
BRAFTOVI CAPSULE 75MG	5	PA; OVM
BRUKINSA CAPSULE 80MG	5	PA; OVM
BRUKINSA TABLET 160MG	5	PA; OVM
CABOMETYX TABLET 20MG, 40MG, 60MG	5	PA; OVM
CALQUENCE TABLET 100MG	5	PA; OVM
CAPRELSA TABLET 100MG, 300MG	5	PA; OVM
CAVHANZA TABLET DISINTEGRATING 60MG, 80MG	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>	4	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
HERNEXEOS TABLET 60MG	5	PA; OVM
HYRNUO TABLET 10MG	5	PA; OVM
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA; OVM
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA; OVM
IBTROZI CAPSULE 200MG	5	PA; OVM
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	5	PA; OVM
IDHIFA TABLET 100MG, 50MG	5	PA; OVM

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Drug Name	Drug Tier	Requirements/Limits
<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 XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	PA; OVM
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	PA; OVM
JAYPIRCA TABLET 100MG, 50MG	5	PA; OVM
KISQALI TABLET THERAPY PACK 200MG	5	PA; OVM
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	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
LIFYORLI CAPSULE THERAPY PACK 0	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

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Drug Name	Drug Tier	Requirements/Limits
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA; OVM
ODOMZO CAPSULE 200MG	5	PA; OVM
OJJAARA TABLET 100MG, 150MG, 200MG	5	PA; OVM
PAZOPANIB HYDROCHLORIDE TABLET 400MG	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
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, 200MG	5	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
TAGRISSO 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

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Drug Name	Drug Tier	Requirements/Limits
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
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	5	PA; OVM
<i>yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	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		
HERCEPTIN HYLECTA INJECTION 10000UNIT/5ML; 600MG/5ML	5	
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	QL(93 EA per 31 days); PA

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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	
<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 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>	3	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg</i>	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 hydrochloride concentrate 100mg/ml, 30mg/ml</i>	4	
<i>chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
FLUPHENAZINE HCL CONCENTRATE 5MG/ML	4	
FLUPHENAZINE HYDROCHLORIDE ELIXIR 2.5MG/5ML	4	

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Drug Name	Drug Tier	Requirements/Limits
FLUPHENAZINE HYDROCHLORIDE INJECTION 2.5MG/ML	4	
<i>fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg</i>	4	
<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>	3	
<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	
<i>pimozide tablet 1mg, 2mg</i>	4	
<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>	4	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL(2.4 ML per 56 days); ST
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL(3.2 ML per 56 days); ST
ABILIFY MAINTENA 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)
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	4	QL(8 EA per 31 days); PA
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	4	QL(12 EA per 31 days); PA
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	4	QL(8 EA per 31 days); PA
BYSANTI TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(62 EA per 31 days); PA
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

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Drug Name	Drug Tier	Requirements/Limits
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(62 EA per 31 days); PA
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL(3.5 ML per 180 days); ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL(5 ML per 180 days); ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL(0.25 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL(0.5 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL(0.75 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL(1 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 28 days); ST
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 90 days); ST
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 90 days); ST
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>	4	
<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)
<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)
QUETIAPINE FUMARATE TABLET 150MG	3	QL(450 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	3	QL(270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	3	QL(360 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); ST
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); ST
<i>risperidone er injection 25mg, 37.5mg</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 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 0.75MG, 3MG, 4.5MG, 6MG	3	QL(31 EA per 31 days)
VRAYLAR CAPSULE 1.5MG	3	QL(62 EA per 31 days)
VRAYLAR CAPSULE 0.5MG	3	QL(93 EA per 31 days)
<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>	4	
<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 odt tablet disintegrating 100mg</i>	4	QL(810 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>	4	
<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	QL(1116 ML per 31 days)
<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
RIBAVIRIN CAPSULE 200MG	3	
RIBAVIRIN TABLET 200MG	3	
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(31 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
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	4	QL(372 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	
EDURANT PED TABLET SOLUBLE 2.5MG	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	4	
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE TABLET 400MG; 300MG; 300MG	5	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 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</i>	4	
<i>etravirine tablet 200mg</i>	5	
IDVYNZO TABLET 100MG; 0.25MG	5	QL(31 EA per 31 days)
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>rilpivirine hydrochloride tablet 25mg</i>	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<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>	4	
<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	5	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		
<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 tablet 100mg; 25mg, 200mg; 50mg</i>	4	
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)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABLET 75MG	4	QL(1440 EA per 90 days)
PREZISTA TABLET 150MG	4	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 hydrochloride 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 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>buspirone hcl tablet 15mg</i>	2	
<i>buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg, 2mg</i>	3	QL(150 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days); NDS
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days); NDS
<i>diazepam intensol concentrate 5mg/ml</i>	2	QL(240 ML per 30 days); NDS
<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>	3	QL(150 ML per 30 days); NDS
<i>lorazepam tablet 0.5mg, 1mg, 2mg</i>	2	QL(150 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate er tablet extended release 300mg, 450mg</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	2	
<i>lithium carbonate capsule 150mg, 300mg</i>	2	
<i>lithium carbonate tablet 300mg</i>	2	
<i>lithium solution 8meq/5ml</i>	4	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet 100mg, 25mg, 50mg</i>	3	
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	5	QL(102 EA per 365 days); PA
<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 15mg</i>	1	QL(180 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)
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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
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>	2	QL(270 EA per 90 days)
<i>nateglinide tablet 60mg</i>	2	QL(540 EA per 90 days)
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC TABLET 1.5MG, 4MG, 9MG	3	QL(90 EA per 90 days); PA
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg</i>	2	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 14MG, 3MG, 7MG	3	QL(90 EA per 90 days); PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	QL(60 ML per 90 days)
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
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	5	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	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 1MG/0.2ML	3	
Insulins		
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	
FIASP PENFILL INJECTION 100UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
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 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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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 CAPSULE SPRINKLE 0.15MG	3	QL(194 EA per 90 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(1164 EA per 90 days); 3x0.5mg=1.5mg dose
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(1552 EA per 90 days); 4x0.5mg=2mg dose
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(388 EA per 90 days); 0.5mg dose
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
<i>rivaroxaban suspension reconstituted 1mg/ml</i>	3	QL(2700 ML per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rivaroxaban tablet 2.5mg</i>	3	QL(180 EA 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 TABLET 15MG	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
FULPHILA INJECTION 6MG/0.6ML	5	PA; OVM
LEUKINE INJECTION 250MCG	5	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	PA; OVM
Hemostasis Agents		
<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)
<i>cilostazol tablet 100mg, 50mg</i>	2	
<i>clopidogrel tablet 75mg</i>	2	QL(90 EA per 90 days)
<i>prasugrel hydrochloride tablet 10mg, 5mg</i>	3	
<i>ticagrelor tablet 60mg, 90mg</i>	4	QL(180 EA per 90 days)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	2	
<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>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil tablet 8mg</i>	1	QL(360 EA per 90 days)
<i>candesartan cilexetil tablet 4mg</i>	1	QL(720 EA per 90 days)
<i>candesartan cilexetil tablet 32mg</i>	1	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<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 10mg, 20mg, 40mg, 5mg</i>	1	
<i>captopril tablet 25mg</i>	2	QL(1620 EA per 90 days)
<i>captopril tablet 12.5mg</i>	2	QL(3240 EA per 90 days)
<i>captopril tablet 100mg</i>	2	QL(405 EA per 90 days)
<i>captopril tablet 50mg</i>	2	QL(810 EA per 90 days)
<i>enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg</i>	1	
<i>fosinopril sodium tablet 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg</i>	1	
<i>moexipril hydrochloride tablet 15mg, 7.5mg</i>	1	
<i>perindopril erbumine tablet 2mg, 4mg, 8mg</i>	1	
<i>quinapril hydrochloride tablet 5mg</i>	2	QL(1440 EA per 90 days)
<i>quinapril hydrochloride tablet 40mg</i>	2	QL(180 EA per 90 days)
<i>quinapril hydrochloride tablet 20mg</i>	2	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 10mg</i>	2	QL(720 EA per 90 days)
<i>ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg</i>	1	
<i>trandolapril tablet 1mg, 2mg, 4mg</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	4	
DIGOXIN SOLUTION 0.05MG/ML	3	
<i>digoxin tablet 125mcg, 250mcg</i>	3	QL(90 EA per 90 days)
<i>dofetilide capsule 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate tablet 100mg, 150mg, 50mg</i>	3	
<i>pacerone tablet 200mg</i>	2	
<i>pacerone tablet 100mg, 400mg</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	

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tablet 120mg, 160mg, 240mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg</i>	4	
<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>bisoprolol fumarate tablet 10mg, 5mg</i>	2	
<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>	4	
<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	
<i>propranolol hcl tablet 40mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg</i>	4	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	3	
TIMOLOL MALEATE TABLET 20MG, 5MG	3	
<i>timolol maleate tablet 10mg</i>	3	
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>	3	
<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>	3	
<i>dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	3	
<i>diltiazem hcl er capsule extended release 12 hour 120mg, 60mg, 90mg</i>	4	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	3	
<i>diltiazem hcl tablet 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	3	
<i>diltiazem hydrochloride tablet 120mg, 90mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	3	
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	
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 sr capsule extended release 24 hour 240mg</i>	4	
<i>verapamil hydrochloride tablet 120mg, 40mg, 80mg</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/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	1	QL(180 EA per 90 days)
<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>	2	QL(180 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	2	QL(90 EA per 90 days)
<i>amlodipine/olmesartan medoxomil 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>	2	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	QL(180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	QL(180 EA per 90 days)
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	2	QL(90 EA per 90 days)
CORLANOR SOLUTION 5MG/5ML	4	QL(1350 ML 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)
FILSPARI TABLET 200MG	5	QL(124 EA per 31 days); PA
FILSPARI TABLET 400MG	5	QL(62 EA per 31 days); PA
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg</i>	1	
<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>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>	3	
<i>metyrosine capsule 250mg</i>	5	QL(496 EA per 31 days); PA
<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 12.5MG; 10MG, 12.5MG; 20MG	2	QL(180 EA per 90 days)
QUINAPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 20MG	2	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine er tablet extended release 12 hour 1000mg, 500mg</i>	4	
<i>sacubitril/valsartan tablet 49mg; 51mg, 97mg; 103mg</i>	3	QL(180 EA per 90 days)
<i>sacubitril/valsartan tablet 24mg; 26mg</i>	3	QL(540 EA per 90 days)
<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>	2	QL(180 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	2	QL(90 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG	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>	2	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg</i>	1	
<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)
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 10MG/ML, 40MG/5ML	2	
<i>furosemide tablet 20mg, 40mg, 80mg</i>	1	
<i>torsemide 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>	3	QL(90 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 45mg</i>	3	QL(270 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 135mg</i>	3	QL(90 EA per 90 days)
<i>gemfibrozil tablet 600mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
<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)
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)
<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)
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light packet 4gm</i>	4	
<i>cholestyramine light powder 4gm/dose</i>	4	
<i>cholestyramine packet 4gm</i>	4	
<i>cholestyramine powder 4gm/dose</i>	4	
<i>colestipol hydrochloride granules 5gm</i>	4	
<i>colestipol hydrochloride packet 5gm</i>	4	
<i>colestipol hydrochloride tablet 1gm</i>	4	
<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>	3	QL(90 EA per 90 days)
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>	4	
<i>prevalite powder 4gm/dose</i>	4	
VASCEPA CAPSULE 0.5GM, 1GM	4	
<i>Mineralocorticoid Receptor Antagonists</i>		
<i>eplerenone tablet 25mg, 50mg</i>	4	
KERENDIA TABLET 10MG, 20MG, 40MG	4	QL(90 EA per 90 days); PA
<i>spironolactone tablet 100mg, 25mg, 50mg</i>	2	
<i>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</i>		
<i>dapagliflozin tablet 10mg, 5mg</i>	2	QL(90 EA per 90 days)
FARXIGA TABLET 10MG, 5MG	3	QL(90 EA per 90 days); ST

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>isosorbide mononitrate tablet 10mg, 20mg</i>	2	
<i>nitro-bid ointment 2%</i>	3	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	
<i>nitroglycerin transdermal ointment 2%</i>	3	
<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)

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Drug Name	Drug Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<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)
<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, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg</i>	4	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 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		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG, 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(90 EA per 30 days); PA
AUSTEDO TABLET 12MG, 9MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABLET 6MG	5	QL(60 EA per 30 days); PA
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
NUEDEXTA CAPSULE 20MG; 10MG	5	QL(180 EA per 90 days); PA
<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	QL(90 EA per 90 days); PA
Fibromyalgia Agents		
<i>duloxetine hydrochloride dr capsule delayed release particles 60mg</i>	3	QL(180 EA per 90 days)
<i>duloxetine hydrochloride dr capsule delayed release particles 20mg, 30mg</i>	3	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)

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Drug Name	Drug Tier	Requirements/Limits
Multiple Sclerosis Agents		
BETASERON INJECTION 0.3MG	5	QL(14 EA per 28 days); PA
dalfampridine er tablet extended release 12 hour 10mg	3	QL(62 EA per 31 days); PA
dimethyl fumarate starterpack capsule delayed release therapy pack 0	3	QL(120 EA per 365 days); PA
dimethyl fumarate capsule delayed release 120mg, 240mg	4	QL(62 EA per 31 days); PA
fingolimod hydrochloride capsule 0.5mg	5	QL(31 EA per 31 days); PA
glatiramer acetate injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatiramer acetate injection 20mg/ml	5	QL(31 ML per 31 days); PA
glatopa injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatopa injection 20mg/ml	5	QL(31 ML per 31 days); PA
teriflunomide tablet 14mg	4	QL(31 EA per 31 days); PA
teriflunomide tablet 7mg	4	QL(62 EA per 31 days); PA
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate solution 0.12%	2	
doxycycline hyclate tablet 20mg	3	
kourzeq paste 0.1%	4	
lidocaine hydrochloride viscous solution 2%	2	
lidocaine viscous solution 2%	2	
oralone dental paste paste 0.1%	4	
periogard solution 0.12%	2	
pilocarpine hydrochloride tablet 5mg, 7.5mg	4	
PREVIDENT 5000 BOOSTER PLUS PASTE 1.1%	4	
PREVIDENT 5000 DRY MOUTH GEL 1.1%	4	
PREVIDENT 5000 KIDS PASTE 1.1%	4	
triamcinolone acetonide dental paste paste 0.1%	4	
Dermatological Agents		
Acne and Rosacea Agents		
accutane capsule 10mg, 20mg, 30mg, 40mg	4	PA
acitretin capsule 10mg, 17.5mg, 25mg	4	PA
amnesteem capsule 10mg, 20mg, 30mg, 40mg	4	PA
claravis capsule 10mg, 20mg, 30mg, 40mg	4	PA
isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	PA
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	4	
tazarotene cream 0.1%	4	QL(180 GM per 90 days); PA
tazarotene gel 0.05%	4	QL(180 GM per 90 days); PA
tretinoin cream 0.025%, 0.05%, 0.1%	4	QL(45 GM per 30 days); PA
tretinoin gel 0.01%, 0.025%	4	QL(45 GM per 30 days); PA
zenatane capsule 10mg, 20mg, 30mg, 40mg	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
ala-cort cream 2.5%	2	QL(90 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
ALCLOMETASONE DIPROPIONATE OINTMENT 0.05%	3	
<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	
<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 gel 0.05%</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate ointment 0.05%</i>	4	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>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	
EBGLYSS INJECTION 250MG/2ML	5	QL(8 ML per 28 days); PA
EUCRISA OINTMENT 2%	4	QL(300 GM per 90 days); PA
<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)
<i>hydrocortisone valerate cream 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%	3	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>	3	
<i>mometasone furoate ointment 0.1%</i>	3	
<i>mometasone furoate solution 0.1%</i>	3	
<i>pimecrolimus cream 1%</i>	4	
SELENIUM SULFIDE LOTION 2.5%	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	
TRIAMCINOLONE ACETONIDE LOTION 0.025%	3	
<i>triamcinolone acetonide lotion 0.1%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
Dermatological Agents, Other		
<i>calcipotriene cream 0.005%</i>	4	QL(360 GM per 90 days); PA
CALCIPOTRIENE SOLUTION 0.005%	3	QL(180 ML per 90 days); PA
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	3	QL(135 GM 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)
<i>imiquimod cream 5%</i>	3	
<i>nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	2	
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	5	QL(31 EA per 31 days); PA
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA
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	
SANTYL OINTMENT 250UNIT/GM	4	QL(180 GM per 90 days)
<i>silver sulfadiazine cream 1%</i>	3	
<i>ssd cream 1%</i>	3	
Pediculicides/Scabicides		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
Topical Anti-infectives		
<i>ciclopirox nail lacquer solution 8%</i>	3	QL(19.8 ML per 90 days)
<i>ciclopirox olamine cream 0.77%</i>	3	QL(270 GM per 90 days)
<i>ciclopirox shampoo 1%</i>	3	QL(360 ML per 90 days)
<i>clindamycin phosphate (once-daily) gel 1%</i>	3	QL(225 ML per 90 days)
<i>clindamycin phosphate (twice-daily) gel 1%</i>	3	QL(225 GM per 90 days)
<i>clindamycin phosphate lotion 1%</i>	3	QL(180 ML per 90 days)
<i>clindamycin phosphate topical solution 1%</i>	3	QL(180 ML per 90 days)
<i>erythromycin solution 2%</i>	3	QL(180 ML per 90 days)
<i>mupirocin ointment 2%</i>	3	QL(90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	4	

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Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.3% INJECTION 5%; 0.3%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	4	
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	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	
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	
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	
KCL 0.075%/D5W/NACL 0.45% INJECTION 5%; 10MEQ/L; 0.45%	4	
KCL 0.15%/D5W/NACL 0.2% INJECTION 5%; 20MEQ/L; 0.2%	4	
KCL 0.15%/D5W/NACL 0.45% INJECTION 5%; 20MEQ/L; 0.45%	4	
KCL 0.15%/D5W/NACL 0.9% INJECTION 5%; 20MEQ/L; 0.9%	4	
KCL 0.3%/D5W/NACL 0.45% INJECTION 5%; 40MEQ/L; 0.45%	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>klor-con 10 tablet extended release 10meq</i>	3	
<i>klor-con 8 tablet extended release 8meq</i>	3	
<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>potassium chloride er capsule extended release 10meq, 8meq</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq</i>	2	
<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	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<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
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 180mg, 360mg</i>	4	PA
<i>penicillamine tablet 250mg</i>	5	
<i>tolvaptan tablet 15mg, 30mg</i>	5	QL(124 EA per 31 days); PA; Generic Jynarque
<i>trientine hydrochloride capsule 250mg</i>	5	PA
XPHOZAH TABLET 20MG, 30MG	5	QL(62 EA per 31 days); PA
Phosphate Binders		

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate capsule 667mg</i>	3	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate tablet 800mg</i>	4	QL(1620 EA per 90 days)
Potassium Binders		
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	3	
<i>sps suspension 15gm/60ml</i>	3	
VELTASSA PACKET 8.4GM	3	QL(270 EA per 90 days)
VELTASSA PACKET 16.8GM, 25.2GM	3	QL(90 EA per 90 days)
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 hydrochloride capsule 10mg</i>	3	
<i>dicyclomine hydrochloride tablet 20mg</i>	3	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	
Gastrointestinal Agents, Other		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo capsule 140mg; 125mg; 125mg</i>	4	QL(120 EA per 30 days)
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	
<i>nitroglycerin rectal 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	

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Drug Name	Drug Tier	Requirements/Limits
<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 200MG	3	QL(9 EA per 30 days)
XIFAXAN TABLET 550MG	3	QL(93 EA per 31 days); PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine tablet 20mg, 40mg</i>	2	
NIZATIDINE CAPSULE 300MG	4	
<i>nizatidine capsule 150mg</i>	4	
Protectants		
<i>misoprostol tablet 100mcg, 200mcg</i>	3	
<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, 40mg</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>	2	QL(180 EA per 90 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous powder 0</i>	5	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG, 50MG	4	
<i>l-glutamine packet 5gm</i>	5	QL(180 EA per 30 days); PA
<i>nitisinone capsule 10mg, 20mg, 2mg, 5mg</i>	5	PA
OPFOLDA CAPSULE 65MG	4	QL(24 EA per 90 days); PA
PROLASTIN-C INJECTION 1000MG/20ML	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 tablet 500mg</i>	5	
WELIREG TABLET 40MG	5	PA; OVM

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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>	3	
<i>oxybutynin chloride tablet 5mg</i>	3	
<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>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	3	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	
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>	3	
DEXAMETHASONE SOLUTION 0.5MG/5ML	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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</i>	2	
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	3	
<i>prednisolone solution 15mg/5ml</i>	2	
PREDNISONO INTENSOL CONCENTRATE 5MG/ML	4	
PREDNISONO SOLUTION 5MG/5ML	4	
<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	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg, 0.2mg</i>	3	
GENOTROPIN MINISQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINISQUICK 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
INCRELEX INJECTION 40MG/4ML	5	PA
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<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
<i>Estrogens</i>		
<i>altavera tablet 30mcg; 0.15mg</i>	2	
<i>aviane tablet 20mcg; 0.1mg</i>	2	
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg</i>	3	
<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>estradiol valerate injection 10mg/ml, 20mg/ml</i>	4	
<i>estradiol cream 0.1mg/gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	QL(24 EA per 84 days)
<i>estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	4	QL(12 EA per 84 days)
<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>fyavolv tablet 2.5mcg; 0.5mg</i>	4	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	3	QL(3 EA per 84 days)
<i>jasmiel tablet 3mg; 0.02mg</i>	3	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	2	
<i>lessina tablet 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	2	QL(91 EA per 91 days)
<i>lo-zumandimine tablet 3mg; 0.02mg</i>	3	
<i>loryna tablet 3mg; 0.02mg</i>	3	
<i>luteria tablet 20mcg; 0.1mg</i>	2	
<i>nikki tablet 3mg; 0.02mg</i>	3	
<i>norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	4	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	2	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	2	
<i>sronyx tablet 20mcg; 0.1mg</i>	2	
<i>valtya 1/35 tablet 35mcg; 1mg</i>	4	
<i>valtya 1/50 tablet 50mcg; 1mg</i>	4	
<i>vestura tablet 3mg; 0.02mg</i>	3	
<i>vienva tablet 20mcg; 0.1mg</i>	2	
<i>xulane patch weekly 35mcg/24hr; 150mcg/24hr</i>	3	
<i>yuvaferm 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>emzahh 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>lyleq tablet 0.35mg</i>	3	
<i>lyza tablet 0.35mg</i>	3	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	
<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>norlyda 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>milophene tablet 50mg</i>	2	PA
<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>levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liomny tablet 25mcg, 50mcg, 5mcg</i>	3	
<i>liothyronine sodium tablet 25mcg, 50mcg, 5mcg</i>	3	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(31 EA per 31 days); PA
<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	
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA
<i>leuprolide acetate injection 1mg/0.2ml, 22.5mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
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 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA; OVM
<i>octreotide acetate injection 500mcg/ml</i>	5	PA; OVM
ORGOVYX TABLET 120MG	5	PA; OVM
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA
SOMATULINE DEPOT INJECTION 90MG/0.3ML	5	PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA
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
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	
<i>Immunological Agents, Other</i>		
ARCALYST INJECTION 220MG	5	PA
AVTOZMA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
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
ENTYVIO PEN INJECTION 108MG/0.68ML	5	QL(1.36 ML per 28 days); PA
KINERET INJECTION 100MG/0.67ML	5	QL(18.8 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

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Drug Name	Drug Tier	Requirements/Limits
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(93 EA per 31 days); PA
STEQUEYMA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
STEQUEYMA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
TAVNEOS CAPSULE 10MG	5	QL(180 EA per 30 days); PA
<i>tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg</i>	5	QL(30 EA per 30 days); PA
<i>tofacitinib citrate solution 1mg/ml</i>	5	QL(720 ML per 30 days); PA
<i>tofacitinib citrate tablet 10mg, 5mg</i>	5	QL(60 EA per 30 days); PA
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	5	QL(4 ML per 28 days); PA
TREMFYA INJECTION 100MG/ML	5	QL(1 ML per 28 days); PA
TREMFYA INJECTION 200MG/2ML	5	QL(4 ML per 28 days); PA
TYENNE INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
VELSIPITY TABLET 2MG	5	QL(31 EA per 31 days); PA
XOLAIR INJECTION 75MG/0.5ML	5	QL(1 ML per 28 days); PA
XOLAIR INJECTION 150MG	5	QL(8 EA per 28 days); PA
XOLAIR INJECTION 150MG/ML, 300MG/2ML	5	QL(8 ML per 28 days); 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; Prefilled Syringe
YESINTEK INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA
BESREMI PEN INJECTION 500MCG/0.5ML	5	PA
BESREMI INJECTION 500MCG/ML	5	PA; OVM
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-FKJP INJECTION 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>	4	B/D
<i>cyclosporine modified solution 100mg/ml</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine capsule 100mg, 25mg</i>	4	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
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG, 4MG	4	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>engraf capsule 100mg, 25mg</i>	4	B/D
<i>engraf solution 100mg/ml</i>	4	B/D
JYLAMVO SOLUTION 2MG/ML	4	PA; OVM
<i>leflunomide tablet 10mg, 20mg</i>	3	QL(90 EA per 90 days)
METHOTREXATE SODIUM INJECTION 250MG/10ML, 50MG/2ML	3	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml</i>	3	
<i>methotrexate sodium tablet 2.5mg</i>	4	
<i>methotrexate injection 50mg/2ml</i>	3	
<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
<i>sirolimus solution 1mg/ml</i>	4	B/D
<i>sirolimus tablet 0.5mg, 1mg, 2mg</i>	4	B/D
<i>tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	PA; OVM
ZYMFENTRA 2-PEN INJECTION 120MG/ML	5	QL(4 EA per 28 days); PA
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	5	QL(4 EA per 28 days); PA
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	
DENG VAXIA INJECTION 0	3	

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	3	B/D
GARDASIL 9 INJECTION 0.5ML	3	
HAVRIX INJECTION 1440UNIT/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	
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	
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	
PEDVAXHIB 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); Vial
SHINGRIX INJECTION 50MCG/0.5ML	3	QL(2 ML per 999 days); Prefilled Syringe
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
MESALAMINE DR CAPSULE DELAYED RELEASE 400MG	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)
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	PA
<i>budesonide capsule delayed release particles 3mg</i>	4	
<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)
<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)
TARPEYO CAPSULE DELAYED RELEASE 4MG	5	QL(124 EA per 31 days); PA
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium tablet 35mg, 70mg</i>	2	QL(12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	2	QL(90 EA per 90 days)
<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)
<i>ibandronate sodium tablet 150mg</i>	3	QL(3 EA per 84 days)
JUBBONTI INJECTION 60MG/ML	4	QL(1 ML per 180 days); PA
OSENVELT INJECTION 120MG/1.7ML	5	PA; OVM
<i>paricalcitol capsule 1mcg, 2mcg, 4mcg</i>	4	
STOBOCLO INJECTION 60MG/ML	4	QL(1 ML per 180 days); PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
WYOST INJECTION 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PAD 70%	2	ST

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Drug Name	Drug Tier	Requirements/Limits
CURITY GAUZE PADS 2"X2" 12 PLY PAD	2	ST
INSULIN SYRINGES, NEEDLES MISCELLANEOUS	2	
INTRALIPID INJECTION 20GM/100ML	4	B/D
<i>levocarnitine solution 1gm/10ml</i>	4	
<i>levocarnitine tablet 330mg</i>	4	
<i>sodium chloride 0.9% solution 0.9%</i>	3	
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	3	QL(2 ML per 28 days); PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	3	QL(3 ML per 28 days); PA
WEGOVY TABLET 1.5MG, 25MG, 4MG, 9MG	3	QL(90 EA per 90 days); PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
BACITRACIN/POLYMYXIN B OINTMENT 500UNIT/GM; 10000UNIT/GM	2	
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	3	
CYSTARAN SOLUTION 0.44%	5	PA
<i>dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml</i>	3	
MIEBO SOLUTION 1.338GM/ML	4	QL(36 ML per 90 days)
NEOMYCIN/POLYMYXIN/BACITRACIN OINTMENT 400UNIT/GM; 5MG/GM; 10000UNIT/GM	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 OPTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
<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)
XIIDRA SOLUTION 5%	4	QL(180 EA per 90 days)
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl solution 0.05%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
CROMOLYN SODIUM SOLUTION 4%	2	
Ophthalmic Anti-Infectives		
BACITRACIN OINTMENT 500UNIT/GM	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	Twice daily
NATACYN SUSPENSION 5%	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM SOLUTION 10%	2	QL(30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	2	
TRIFLURIDINE SOLUTION 1%	4	
XDEMIVY SOLUTION 0.25%	5	QL(10 ML per 31 days); PA
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatory		
DEXAMETHASONE SODIUM PHOSPHATE OPTHALMIC 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	
<i>ketorolac tromethamine solution 0.5%</i>	3	
<i>loteprednol etabonate suspension 0.5%</i>	4	
<i>prednisolone acetate suspension 1%</i>	3	
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
BETAXOLOL HCL SOLUTION 0.5%	3	
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>	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	4	
<i>acetazolamide tablet 125mg, 250mg</i>	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 hcl solution 1%, 2%, 4%</i>	3	
<i>pilocarpine hydrochloride solution 1%, 2%, 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	3	ST
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost solution 0.03%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost solution 0.005%</i>	2	
LUMIGAN SOLUTION 0.01%	3	
<i>travoprost solution 0.004%</i>	4	
VYZULTA SOLUTION 0.024%	4	
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid solution 2%</i>	3	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>neomycin/polymyxin/hc 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		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
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>	4	B/D
<i>flunisolide solution 0.025%</i>	3	QL(225 ML per 90 days)
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL(48 GM per 90 days)
QVAR REDHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	3	QL(64 GM per 90 days)
<i>Antihistamines</i>		
<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	
<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>Antileukotrienes</i>		
<i>montelukast sodium packet 4mg</i>	3	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)
<i>Bronchodilators, Anticholinergic</i>		
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 HANDHALER CAPSULE 18MCG	3	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
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	
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL(6 EA per 90 days)
<i>epinephrine injection 0.3mg/0.3ml</i>	3	QL(6 EA per 90 days)
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	3	QL(90 GM per 90 days)
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
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
TOBI PODHALER CAPSULE 28MG	5	QL(224 EA per 56 days); PA
<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>	4	
<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 62.5mg</i>	5	QL(120 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 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, 5MG	5	QL(279 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
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		
<i>nintedanib esylate capsule 100mg, 150mg</i>	5	QL(62 EA per 31 days); PA
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
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)
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>breyna 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; 18MCG/ACT, 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(32.1 GM per 90 days)
<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	QL(1 ML per 28 days); PA
FASENRA INJECTION 10MG/0.5ML	5	QL(0.5 ML per 28 days); PA
FASENRA INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	3	QL(180 EA per 90 days)
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
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</i>	3	QL(30 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
<i>sodium oxybate solution 500mg/ml</i>	5	QL(558 ML per 31 days); PA
SUNOSI TABLET 150MG, 75MG	4	QL(90 EA per 90 days); PA

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<i>everolimus</i>	53	<i>fluoxetine hydrochloride</i>	11
EVOTAZ	25	<i>fluphenazine decanoate</i>	20
<i>exemestane</i>	15	FLUPHENAZINE HCL	20
EXXUA	10	FLUPHENAZINE HYDROCHLORIDE	20
EXXUA TITRATION PACK	10	FLURBIPROFEN	1
<i>ezetimibe</i>	37	FLURBIPROFEN SODIUM	57
<i>ezetimibe/simvastatin</i>	37	FLUTICASONE FUROATE/VILANTEROL	60
<i>famciclovir</i>	26	ELLIPTA	
<i>famotidine</i>	46	<i>fluticasone propionate</i>	41
FANAPT	22	<i>fluticasone propionate</i>	58
FANAPT TITRATION PACK A	21	<i>fluticasone propionate/salmeterol</i>	61
FANAPT TITRATION PACK B	21	<i>fluticasone propionate/salmeterol diskus</i>	60
FANAPT TITRATION PACK C	21	<i>fluvoxamine maleate</i>	11
FARXIGA	37	<i>fondaparinux sodium</i>	30
FASENRA	60	<i>fosamprenavir calcium</i>	25
FASENRA PEN	60	<i>fosfomycin tromethamine</i>	3
<i>febuxostat</i>	13	<i>fosinopril sodium</i>	32
<i>felbamate</i>	6	<i>fosinopril sodium/hydrochlorothiazide</i>	35
<i>felodipine er</i>	33	<i>fosphenytoin sodium</i>	8
<i>fenofibrate</i>	36	FOTIVDA	16
<i>fenofibrate micronized</i>	36	FRUZAQLA	16
<i>fenofibric acid dr</i>	36	FULPHILA	31
<i>fentanyl</i>	1	<i>furosemide</i>	36
<i>fesoterodine fumarate er</i>	47	<i>fyavolv</i>	49
FETZIMA	11	<i>gabapentin</i>	8
FETZIMA TITRATION PACK	11	<i>galantamine hydrobromide</i>	9
FIASP	29	<i>galantamine hydrobromide er</i>	9
FIASP FLEXTOUCH	28	<i>gallifrey</i>	49
FIASP PENFILL	28	GAMUNEX-C	51
<i>fidaxomicin</i>	6	GARDASIL 9	54
FILSPARI	35	GAVILYTE-C	45
<i>finasteride</i>	47	<i>gavilyte-g</i>	45
<i>fingolimod hydrochloride</i>	40	<i>gavilyte-n/flavor pack</i>	45
FINTEPLA	6	GAVRETO	16
FIRMAGON	50	<i>gefitinib</i>	16
<i>flecainide acetate</i>	32	<i>gemfibrozil</i>	36
<i>fluconazole</i>	12	GEMTESA	47
<i>fluconazole in sodium chloride</i>	12	<i>generlac</i>	45
<i>flucytosine</i>	12	<i>gengraf</i>	53
<i>fludrocortisone acetate</i>	48	GENOTROPIN	48
<i>flunisolide</i>	58	GENOTROPIN MINISQUICK	48
<i>fluocinolone acetonide</i>	41	<i>gentamicin sulfate</i>	3
<i>fluocinolone acetonide</i>	58	<i>gentamicin sulfate</i>	57
<i>fluocinonide</i>	41	GENTAMICIN SULFATE/0.9% SODIUM	3
<i>fluocinonide emulsified base</i>	41	CHLORIDE	
<i>fluorometholone</i>	57	GENVOYA	24

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GILOTRIF	16	<i>humulin n</i>	29
<i>glatiramer acetate</i>	40	HUMULIN N KWIKPEN	29
<i>glatopa</i>	40	HUMULIN R	29
<i>glimepiride</i>	27	HUMULIN R U-500 KWIKPEN	29
<i>glipizide</i>	27	<i>hydralazine hydrochloride</i>	38
<i>glipizide er</i>	27	<i>hydrochlorothiazide</i>	36
<i>glipizide/metformin hydrochloride</i>	27	<i>hydrocodone bitartrate/acetaminophen</i>	2
GLUCAGON EMERGENCY KIT FOR LOW	28	<i>hydrocodone/acetaminophen</i>	2
BLOOD SUGAR		<i>hydrocodone/ibuprofen</i>	2
GLUCOSE (DEXTROSE) 50%	43	<i>hydrocortisone</i>	41
GLUCOSE (DEXTROSE) 70%	43	<i>hydrocortisone</i>	48
<i>glyburide</i>	27	<i>hydrocortisone</i>	55
GLYBURIDE MICRONIZED	27	<i>hydrocortisone valerate</i>	41
<i>glyburide/metformin hydrochloride</i>	27	<i>hydromorphone hcl</i>	2
<i>glycopyrrolate</i>	45	<i>hydroxychloroquine sulfate</i>	19
GOMEKLI	16	<i>hydroxyurea</i>	15
<i>granisetron hydrochloride</i>	12	<i>hydroxyzine hcl</i>	58
<i>griseofulvin microsize</i>	12	<i>hydroxyzine hydrochloride</i>	58
<i>griseofulvin ultramicrosize</i>	13	<i>hydroxyzine pamoate</i>	58
<i>guanfacine hydrochloride</i>	31	HYPERHEP B	51
<i>guanfacine hydrochloride er</i>	39	HYRNUO	16
GVOKE HYPOPEN 1-PACK	28	<i>ibandronate sodium</i>	55
GVOKE HYPOPEN 2-PACK	28	IBRANCE	16
GVOKE KIT	28	IBTROZI	16
GVOKE PFS	28	<i>ibu</i>	1
HAEGARDA	51	<i>ibuprofen</i>	1
<i>halobetasol propionate</i>	41	<i>icatibant acetate</i>	51
<i>haloette</i>	49	ICLUSIG	16
<i>haloperidol</i>	21	IDHIFA	16
<i>haloperidol decanoate</i>	21	IDVYN SO	24
<i>haloperidol lactate</i>	21	<i>imatinib mesylate</i>	17
HAVRIX	54	IMBRUVICA	17
<i>heather</i>	49	IMIPENEM/CILASTATIN	5
<i>heparin sodium</i>	30	<i>imipramine hcl</i>	12
HEPLISAV-B	54	<i>imipramine hydrochloride</i>	12
HERCEPTIN HYLECTA	19	<i>imiquimod</i>	42
HERNEXEOS	16	IMKELDI	17
HIBERIX	54	IMOVAX RABIES (H.D.C.V.)	54
HUMALOG	29	IMPAVIDO	3
HUMALOG JUNIOR KWIKPEN	29	<i>incassia</i>	49
HUMALOG KWIKPEN	29	INCRELEX	48
HUMALOG MIX 50/50 KWIKPEN	29	INCRUSE ELLIPTA	58
HUMALOG MIX 75/25	29	<i>indapamide</i>	36
HUMALOG MIX 75/25 KWIKPEN	29	INFANRIX	54
HUMALOG TEMPO PEN	29	INLURIYO	15
HUMULIN 70/30	29	INLYTA	17
HUMULIN 70/30 KWIKPEN	29	INQOVI	17

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INREBIC	15	JENTADUETO	27
INSULIN ASPART	29	JENTADUETO XR	27
INSULIN ASPART FLEXPEN	29	JUBBONTI	55
INSULIN ASPART PENFILL	29	JULUCA	24
INSULIN LISPRO	29	JYLAMVO	53
INSULIN LISPRO JUNIOR KWIKPEN	29	JYNNEOS	54
INSULIN LISPRO KWIKPEN	29	KALETRA	25
INSULIN LISPRO PROTAMINE/INSULIN	29	KALYDECO	59
LISPRO KWIKPEN		KCL 0.075%/D5W/NACL 0.45%	43
INSULIN SYRINGES, NEEDLES	56	KCL 0.15%/D5W/NACL 0.2%	43
INTELENCE	24	KCL 0.15%/D5W/NACL 0.45%	43
INTRALIPID	56	KCL 0.15%/D5W/NACL 0.9%	43
INVEGA HAFYERA	22	KCL 0.3%/D5W/NACL 0.45%	43
INVEGA SUSTENNA	22	KCL 0.3%/D5W/NACL 0.9%	43
INVEGA TRINZA	22	KERENDIA	37
IPOL INACTIVATED IPV	54	<i>ketoconazole</i>	13
<i>ipratropium bromide</i>	58	<i>ketorolac tromethamine</i>	57
<i>ipratropium bromide/albuterol sulfate</i>	61	KINERET	51
<i>irbesartan</i>	32	KINRIX	54
<i>irbesartan/hydrochlorothiazide</i>	35	KISQALI	17
ISENTRESS	24	<i>klayesta</i>	13
ISENTRESS HD	24	<i>klor-con 10</i>	43
ISOLYTE-P/DEXTROSE 5%	43	<i>klor-con 8</i>	43
ISOLYTE-S	43	<i>klor-con m10</i>	43
ISOLYTE-S PH 7.4	43	<i>klor-con m15</i>	43
<i>isoniazid</i>	14	<i>klor-con m20</i>	43
<i>isosorbide dinitrate</i>	38	KLOXXADO	2
<i>isosorbide mononitrate</i>	38	KOMZIFTI	15
<i>isosorbide mononitrate er</i>	38	KOSELUGO	17
ISOTONIC GENTAMICIN	3	<i>kourzeq</i>	40
<i>isotretinoin</i>	40	KRAZATI	17
ITOVEBI	15	<i>kurvelo</i>	49
<i>itraconazole</i>	13	<i>labetalol hydrochloride</i>	33
<i>ivabradine hydrochloride</i>	35	<i>lacosamide</i>	8
<i>ivermectin</i>	19	<i>lactulose</i>	45
IWILFIN	15	LAGEVRIO	26
IXIARO	54	<i>lamivudine</i>	23
JAKAFI	17	<i>lamivudine</i>	25
JAKAFI XR	17	<i>lamivudine/zidovudine</i>	25
<i>jantoven</i>	30	<i>lamotrigine</i>	7
JANUMET	27	<i>lamotrigine odt</i>	7
JANUMET XR	27	<i>lanreotide acetate</i>	50
JANUVIA	27	<i>lansoprazole</i>	46
JARDIANCE	38	LANTUS	29
<i>jasmiel</i>	49	LANTUS SOLOSTAR	29
JAYPIRCA	17	<i>lapatinib ditosylate</i>	17
<i>jencycla</i>	49	<i>latanoprost</i>	58

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LAZCLUZE	15	LIVTENCITY	23
<i>leflunomide</i>	53	<i>lomustine</i>	14
<i>lenalidomide</i>	15	LONSURF	15
LENVIMA 10 MG DAILY DOSE	17	<i>loperamide hydrochloride</i>	45
LENVIMA 12MG DAILY DOSE	17	<i>lopinavir/ritonavir</i>	25
LENVIMA 14 MG DAILY DOSE	17	<i>lorazepam</i>	26
LENVIMA 18 MG DAILY DOSE	17	<i>lorazepam intensol</i>	26
LENVIMA 20 MG DAILY DOSE	17	LORBRENA	17
LENVIMA 24 MG DAILY DOSE	17	<i>loryna</i>	49
LENVIMA 4 MG DAILY DOSE	17	<i>losartan potassium</i>	32
LENVIMA 8 MG DAILY DOSE	17	<i>losartan potassium/hydrochlorothiazide</i>	35
<i>lessina</i>	49	<i>loteprednol etabonate</i>	57
<i>letrozole</i>	15	<i>lovastatin</i>	37
<i>leucovorin calcium</i>	15	<i>loxapine</i>	21
LEUKERAN	14	<i>lo-zumandimine</i>	49
LEUKINE	31	<i>lubiprostone</i>	45
<i>leuprolide acetate</i>	50	LUMAKRAS	17
LEVALBUTEROL TARTRATE HFA	59	LUMIGAN	58
<i>levetiracetam</i>	7	LUPRON DEPOT (1-MONTH)	51
<i>levetiracetam er</i>	7	LUPRON DEPOT (3-MONTH)	51
LEVOBUNOLOL HCL	57	LUPRON DEPOT (4-MONTH)	51
<i>levocarnitine</i>	56	LUPRON DEPOT (6-MONTH)	51
<i>levocetirizine dihydrochloride</i>	58	<i>lurasidone hydrochloride</i>	22
<i>levofloxacin</i>	6	<i>lutura</i>	49
<i>levofloxacin in d5w</i>	6	LYBALVI	22
<i>levonorgestrel/ethinyl estradiol</i>	49	<i>lyleq</i>	50
<i>levo-t</i>	50	LYNPARZA	17
<i>levothyroxine sodium</i>	50	LYSODREN	15
<i>levoxyl</i>	50	LYTGOBI	17
<i>l-glutamine</i>	46	LYUMJEV	29
<i>lidocaine</i>	2	LYUMJEV KWIKPEN	29
<i>lidocaine hydrochloride viscous</i>	40	LYUMJEV TEMPO PEN	29
<i>lidocaine viscous</i>	40	<i>lyza</i>	50
<i>lidocaine/prilocaine</i>	2	<i>magnesium sulfate</i>	43
LIFYORLI	17	<i>malathion</i>	42
LILETTA	49	<i>maraviroc</i>	25
LINEZOLID	3	MARPLAN	10
LINZESS	45	MATULANE	14
<i>liomny</i>	50	MAVYRET	23
<i>liothyronine sodium</i>	50	<i>meclizine hcl</i>	12
<i>liraglutide</i>	28	<i>meclizine hydrochloride</i>	12
<i>lisinopril</i>	32	<i>medroxyprogesterone acetate</i>	50
<i>lisinopril/hydrochlorothiazide</i>	35	<i>mefloquine hydrochloride</i>	19
<i>lithium</i>	27	MEGESTROL ACETATE	50
LITHIUM CARBONATE	27	MEKINIST	17
<i>lithium carbonate er</i>	27	MEKTOVI	17
LIVALO	37	<i>meleya</i>	50

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<i>meloxicam</i>	1	<i>minocycline hydrochloride</i>	6
MEMANTINE HCL TITRATION PAK	9	<i>minoxidil</i>	38
<i>memantine hydrochloride</i>	9	<i>mirtazapine</i>	10
<i>memantine hydrochloride er</i>	9	<i>mirtazapine odt</i>	10
<i>memantine/donepezil hydrochloride er</i>	9	<i>misoprostol</i>	46
MENQUADFI	54	M-M-R II	54
MENVEO	54	<i>modafinil</i>	61
<i>mercaptopurine</i>	15	MODEYSO	15
MEROPENEM	5	<i>moexipril hydrochloride</i>	32
MEROPENEM/SODIUM CHLORIDE	5	MOLINDONE HYDROCHLORIDE	21
<i>mesalamine</i>	55	<i>mometasone furoate</i>	41
MESALAMINE DR	55	<i>montelukast sodium</i>	58
<i>mesalamine er</i>	55	MORPHINE SULFATE	2
<i>mesna</i>	19	<i>morphine sulfate er</i>	1
<i>metformin hydrochloride</i>	28	MOUNJARO	28
<i>metformin hydrochloride er</i>	28	MOVANTIK	45
METHADONE HCL	1	MOXIFLOXACIN	6
METHADONE HYDROCHLORIDE	1	HYDROCHLORIDE/SODIUM	
<i>methazolamide</i>	57	HYDROCHLORIDE	
<i>methenamine hippurate</i>	3	<i>moxifloxacin hydrochloride</i>	6
<i>methimazole</i>	51	<i>moxifloxacin hydrochloride</i>	57
<i>methocarbamol</i>	61	MRESVIA	54
<i>methotrexate</i>	53	MULTIPLE ELECTROLYTES INJECTION	43
METHOTREXATE SODIUM	53	TYPE 1	
<i>methsuximide</i>	7	<i>mupirocin</i>	42
<i>methylphenidate hydrochloride</i>	39	<i>mycophenolate mofetil</i>	53
<i>methylprednisolone</i>	48	<i>mycophenolic acid dr</i>	53
<i>methylprednisolone acetate</i>	48	MYRBETRIQ	47
<i>methylprednisolone dose pack</i>	48	NABI-HB	51
<i>methylprednisolone sodium succinate</i>	48	<i>nabumetone</i>	1
<i>methylprednisolone sodiumsuccinate</i>	48	<i>nadolol</i>	33
<i>metoclopramide hcl</i>	45	<i>nafacillin sodium</i>	5
<i>metoclopramide hydrochloride</i>	45	<i>naloxone hcl</i>	2
<i>metolazone</i>	36	NALOXONE HYDROCHLORIDE	2
<i>metoprolol succinate er</i>	33	<i>naltrexone hydrochloride</i>	2
<i>metoprolol tartrate</i>	33	NAMZARIC	9
<i>metoprolol/hydrochlorothiazide</i>	35	<i>naproxen</i>	1
<i>metronidazole</i>	4	<i>naproxen dr</i>	1
<i>metronidazole</i>	40	<i>naratriptan hcl</i>	14
<i>metronidazole vaginal</i>	4	NATACYN	57
<i>metyrosine</i>	35	<i>nateglinide</i>	28
<i>micafungin</i>	13	NAYZILAM	7
<i>midodrine hydrochloride</i>	31	<i>nebivolol hydrochloride</i>	33
MIEBO	56	NEFAZODONE HYDROCHLORIDE	11
<i>mifepristone</i>	51	<i>neomycin sulfate</i>	3
<i>milophene</i>	50	NEOMYCIN/POLYMYXIN/BACITRACIN	56
<i>minocycline hcl</i>	6	<i>neomycin/polymyxin/dexamethasone</i>	56

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<i>neomycin/polymyxin/hc</i>	58	NOVOLIN R	30
NEOMYCIN/POLYMYXIN/HYDROCORTI	56	NOVOLIN R FLEXPEN	30
SONE		NOVOLIN R FLEXPEN RELION	30
<i>neomycin/polymyxin/hydrocortisone</i>	58	NOVOLIN R RELION	30
NERLYNX	17	NOVOLOG	30
NEVIRAPINE	24	NOVOLOG FLEXPEN	30
<i>nevirapine er</i>	24	NOVOLOG FLEXPEN RELION	30
NEXLETOL	37	NOVOLOG MIX 70/30	30
NEXLIZET	37	NOVOLOG MIX 70/30 PREFILLED	30
NEXPLANON	50	FLEXPEN	
<i>niacin er</i>	37	NOVOLOG MIX 70/30 PREFILLED	30
NICOTROL NS	3	FLEXPEN RELION	
<i>nifedipine er</i>	33	NOVOLOG MIX 70/30 RELION	30
<i>nikki</i>	49	NOVOLOG PENFILL	30
<i>nilotinib hydrochloride</i>	17	NOVOLOG RELION	30
NILUTAMIDE	14	NUBEQA	14
<i>nimodipine</i>	33	NUCALA	61
NINLARO	18	NUEDEXTA	39
<i>nintedanib esylate</i>	60	NUPLAZID	22
<i>nitazoxanide</i>	19	NURTEC	13
<i>nitisinone</i>	46	<i>nyamyc</i>	13
<i>nitro-bid</i>	38	<i>nystatin</i>	13
<i>nitrofurantoin macrocrystals</i>	4	<i>nystatin/triamcinolone acetonide</i>	42
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	<i>nystop</i>	13
<i>nitroglycerin</i>	38	<i>octreotide acetate</i>	51
<i>nitroglycerin</i>	45	ODEFSEY	25
<i>nitroglycerin transdermal</i>	38	ODOMZO	18
NIZATIDINE	46	OFEV	60
<i>nora-be</i>	50	<i>ofloxacin</i>	57
<i>norelgestromin/ethinyl estradiol</i>	49	<i>ofloxacin</i>	58
<i>norethindrone</i>	50	OGSIVEO	15
<i>norethindrone acetate</i>	50	OJEMDA	15
<i>norethindrone acetate/ethinyl estradiol</i>	49	OJJAARA	18
<i>norlyda</i>	50	<i>olanzapine</i>	22
<i>norlyroc</i>	50	<i>olanzapine odt</i>	22
<i>nortrel 1/35</i>	49	<i>olmesartan medoxomil</i>	32
<i>nortriptyline hcl</i>	12	<i>olmesartan</i>	35
<i>nortriptyline hydrochloride</i>	12	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NORVIR	25	<i>olmesartan medoxomil/hydrochlorothiazide</i>	35
NOVOLIN 70/30	29	<i>omega-3-acid ethyl esters</i>	37
NOVOLIN 70/30 FLEXPEN	29	<i>omeprazole</i>	46
NOVOLIN 70/30 FLEXPEN RELION	29	<i>omeprazole dr</i>	46
NOVOLIN 70/30 RELION	29	<i>ondansetron hcl</i>	12
NOVOLIN N	30	<i>ondansetron hydrochloride</i>	12
NOVOLIN N FLEXPEN	29	<i>ondansetron odt</i>	12
NOVOLIN N FLEXPEN RELION	29	ONUREG	15

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OPIPZA	22	<i>permethrin</i>	42
OPVEE	2	<i>perphenazine</i>	21
<i>oralone dental paste</i>	40	PHENELZINE SULFATE	10
ORENITRAM	60	PHENOBARBITAL	8
ORGOVYX	51	<i>phenytoin</i>	8
ORKAMBI	59	<i>phenytoin sodium extended</i>	8
<i>orquidea</i>	50	PIFELTRO	24
ORSERDU	15	<i>pilocarpine hcl</i>	57
<i>oseltamivir phosphate</i>	26	<i>pilocarpine hydrochloride</i>	40
OSENVELT	55	<i>pilocarpine hydrochloride</i>	57
OTEZLA	42	<i>pimecrolimus</i>	41
OTEZLA XR	42	<i>pimozide</i>	21
OTEZLA/OTEZLA XR 28 DAY	42	<i>pindolol</i>	33
TREATMENT INITIATION PACK		<i>pioglitazone hcl</i>	28
<i>oxcarbazepine</i>	8	<i>pioglitazone hcl/metformin hcl</i>	28
<i>oxybutynin chloride</i>	47	<i>pioglitazone hydrochloride</i>	28
<i>oxybutynin chloride er</i>	47	<i>piperacillin sodium/tazobactam sodium</i>	5
<i>oxycodone hydrochloride</i>	2	PIQRAY 200MG DAILY DOSE	18
<i>oxycodone/acetaminophen</i>	2	PIQRAY 250MG DAILY DOSE	18
OZEMPIC	28	PIQRAY 300MG DAILY DOSE	18
<i>pacerone</i>	32	<i>pirfenidone</i>	60
<i>paliperidone er</i>	22	PODOFILOX	42
PANRETIN	19	<i>polymyxin b sulfate/trimethoprim sulfate</i>	56
<i>pantoprazole sodium</i>	46	<i>pomalidomide</i>	15
<i>paricalcitol</i>	55	POMALYST	15
<i>paroxetine hcl</i>	11	<i>portia-28</i>	49
PAROXETINE HYDROCHLORIDE	11	<i>posaconazole dr</i>	13
PAXLOVID	26	POTASSIUM CHLORIDE	44
PAZOPANIB HYDROCHLORIDE	18	<i>potassium chloride er</i>	43
PEDIARIX	54	<i>potassium chloride/dextrose</i>	44
PEDVAXHIB	54	<i>potassium chloride/dextrose/sodium chloride</i>	44
<i>peg-3350/electrolytes</i>	45	<i>potassium chloride/sodium chloride</i>	44
<i>peg-3350/nacl/na bicarbonate/kcl</i>	46	<i>potassium citrate er</i>	44
PEGASYS	53	PRALUENT	37
PEMAZYRE	18	<i>pramipexole dihydrochloride</i>	20
PENBRAYA	54	<i>prasugrel hydrochloride</i>	31
<i>penicillamine</i>	44	<i>pravastatin sodium</i>	37
<i>penicillin g potassium</i>	5	<i>praziquantel</i>	19
PENICILLIN G SODIUM	5	<i>prazosin hydrochloride</i>	31
PENICILLIN V POTASSIUM	5	<i>prednisolone</i>	48
PENMENVY	54	<i>prednisolone acetate</i>	57
PENTACEL	54	<i>prednisolone sodium phosphate</i>	48
<i>pentamidine isethionate</i>	19	PREDNISOLONE SODIUM PHOSPHATE	57
<i>pentoxifylline er</i>	35	PREDNISONE	48
<i>perampanel</i>	7	PREDNISONE INTENSOL	48
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PREVIDENT 5000 BOOSTER PLUS	40	RALDESY	11
PREVIDENT 5000 DRY MOUTH	40	<i>raloxifene hydrochloride</i>	50
PREVIDENT 5000 KIDS	40	<i>ramipril</i>	32
PREVYMIS	23	<i>ranolazine er</i>	36
PREZCOBIX	25	<i>rasagiline mesylate</i>	20
PREZISTA	25	RECOMBIVAX HB	54
PRIFTIN	14	RELENZA DISKHALER	26
PRIMAQUINE PHOSPHATE	19	<i>repaglinide</i>	28
PRIMIDONE	8	RESTASIS	56
PRIORIX	54	RESTASIS MULTIDOSE	56
<i>probenecid</i>	13	RETEVMO	18
<i>probenecid/colchicine</i>	13	REVCovi	46
<i>prochlorperazine</i>	12	REVUFORJ	15
<i>prochlorperazine maleate</i>	12	REXTOVY	2
PROCRIT	31	REXULTI	22
<i>procto-med hc</i>	55	REYATAZ	26
<i>proctosol hc</i>	55	REZDIFFRA	50
<i>proctozone-hc</i>	55	REZLIDHIA	18
<i>progesterone</i>	50	RHOPRESSA	57
PROGRAF	53	RIBAVIRIN	23
PROLASTIN-C	46	<i>rifabutin</i>	14
<i>promethazine hydrochloride</i>	12	<i>rifampin</i>	14
<i>propafenone hydrochloride</i>	32	<i>rilpivirine hydrochloride</i>	24
<i>propafenone hydrochloride er</i>	32	<i>riluzole</i>	39
<i>propranolol hcl</i>	33	RIMANTADINE HYDROCHLORIDE	26
<i>propranolol hydrochloride</i>	33	RINVOQ	51
<i>propranolol hydrochloride er</i>	33	RINVOQ LQ	51
<i>propylthiouracil</i>	51	<i>risperidone</i>	23
PROQUAD	54	<i>risperidone er</i>	22
PROSOL	44	<i>risperidone odt</i>	22
<i>protriptyline hcl</i>	12	<i>ritonavir</i>	26
PULMOZYME	59	<i>rivaroxaban</i>	30
<i>pyrazinamide</i>	14	<i>rivastigmine tartrate</i>	9
<i>pyridostigmine bromide</i>	14	<i>rivastigmine transdermal system</i>	9
<i>pyridostigmine bromide er</i>	14	<i>rizatriptan benzoate</i>	14
<i>pyrimethamine</i>	19	<i>rizatriptan benzoate odt</i>	14
QINLOCK	18	ROCKLATAN	56
QUADRACEL	54	<i>roflumilast</i>	59
QUETIAPINE FUMARATE	22	ROMVIMZA	18
<i>quetiapine fumarate er</i>	22	<i>ropinirole hcl</i>	20
<i>quinapril hydrochloride</i>	32	<i>ropinirole hydrochloride</i>	20
QUINAPRIL/HYDROCHLOROTHIAZIDE	35	<i>rosuvastatin calcium</i>	37
QUINIDINE SULFATE	32	ROTARIX	54
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ROZLYTREK	18	<i>sotalol hcl</i>	33
RUBRACA	18	<i>sotalol hydrochloride</i>	33
<i>rufinamide</i>	9	<i>sotalol hydrochloride (af)</i>	33
RUKOBIA	25	SPIRIVA HANDIHALER	58
RYBELSUS	28	SPIRIVA RESPIMAT	59
RYDAPT	18	<i>spironolactone</i>	37
RYKINDO	23	<i>spironolactone/hydrochlorothiazide</i>	36
RYTARY	20	SPRITAM	7
<i>sacubitril/valsartan</i>	36	<i>sps</i>	45
SALSALATE	1	<i>sronyx</i>	49
SANTYL	42	<i>ssd</i>	42
<i>sapropterin dihydrochloride</i>	46	STEQEYMA	52
SCSEMBLIX	18	STIOLTO RESPIMAT	61
<i>scopolamine</i>	12	STIVARGA	18
SECUADO	23	STOBOCLO	55
<i>selegiline hcl</i>	20	STREPTOMYCIN SULFATE	3
SELENIUM SULFIDE	41	STRIBILD	24
SELZENTRY	25	SUBVENITE	7
SEREVENT DISKUS	59	<i>sucrafate</i>	46
<i>sertraline hcl</i>	11	<i>sulfacetamide sodium</i>	6
<i>sertraline hydrochloride</i>	11	SULFACETAMIDE SODIUM	57
<i>sevelamer carbonate</i>	45	SULFACETAMIDE	56
<i>sharobel</i>	50	SODIUM/PREDNISOLONE SODIUM	
SHINGRIX	54	PHOSPHATE	
SIGNIFOR	51	<i>sulfadiazine</i>	6
<i>sildenafil citrate</i>	60	<i>sulfamethoxazole/trimethoprim</i>	6
<i>silver sulfadiazine</i>	42	<i>sulfamethoxazole/trimethoprim ds</i>	6
SIMBRINZA	56	<i>sulfasalazine</i>	55
<i>simvastatin</i>	37	<i>sulindac</i>	1
<i>sirolimus</i>	53	<i>sumatriptan</i>	14
SIRTURO	14	<i>sumatriptan succinate</i>	14
<i>sodium chloride</i>	44	<i>sunitinib malate</i>	18
<i>sodium chloride 0.45%</i>	44	SUNLENCA	25
<i>sodium chloride 0.9%</i>	56	SUNOSI	61
<i>sodium oxybate</i>	61	SYMBICORT	61
<i>sodium phenylbutyrate</i>	46	SYMPAZAN	8
<i>sodium polystyrene sulfonate</i>	45	SYM TUZA	26
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	46	TABLOID	15
<i>solifenacin succinate</i>	47	TABRECTA	18
SOLQUA 100/33	28	<i>tacrolimus</i>	41
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SOMATULINE DEPOT	51	<i>tadalafil</i>	47
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<i>tamoxifen citrate</i>	15	<i>tobramycin</i>	57
<i>tamsulosin hydrochloride</i>	47	<i>tobramycin</i>	59
TARPEYO	55	TOBRAMYCIN SULFATE	3
<i>tasimelteon</i>	61	<i>tobramycin/dexamethasone</i>	56
TAVNEOS	52	<i>tofacitinib citrate</i>	52
<i>tazarotene</i>	40	<i>tofacitinib citrate er</i>	52
<i>tazicef</i>	4	<i>tolterodine tartrate</i>	47
TAZVERIK	18	<i>tolterodine tartrate er</i>	47
<i>telmisartan</i>	32	<i>tolvaptan</i>	44
TELMISARTAN/AMLODIPINE	36	<i>topiramate</i>	7
<i>telmisartan/hydrochlorothiazide</i>	36	<i>toremifene citrate</i>	15
<i>temazepam</i>	61	<i>torpenz</i>	18
TENIVAC	54	<i>torsemede</i>	36
<i>tenofovir disoproxil fumarate</i>	25	TOUJEO MAX SOLOSTAR	30
TEPMETKO	18	TOUJEO SOLOSTAR	30
<i>terazosin hcl</i>	31	TRADJENTA	28
<i>terazosin hydrochloride</i>	31	TRAMADOL HCL ER	1
<i>terbinafine hcl</i>	13	<i>tramadol hydrochloride</i>	2
<i>terconazole</i>	13	<i>tramadol hydrochloride er</i>	1
<i>teriflunomide</i>	40	<i>tramadol hydrochloride/acetaminophen</i>	2
<i>testosterone cypionate</i>	48	<i>trandolapril</i>	32
TESTOSTERONE ENANTHATE	48	TRANDOLAPRIL/VERAPAMIL HCL ER	36
<i>testosterone pump</i>	48	<i>tranexamic acid</i>	31
<i>tetrabenazine</i>	39	<i>tranylcypromine sulfate</i>	10
<i>tetracycline hydrochloride</i>	6	TRAVASOL	44
THALOMID	15	<i>travoprost</i>	58
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<i>tigecycline</i>	4	<i>tretinoin</i>	40
TIMOLOL MALEATE	33	<i>triamcinolone acetonide</i>	42
<i>timolol maleate</i>	57	<i>triamcinolone acetonide</i>	48
<i>timolol maleate ophthalmic gel forming</i>	57	<i>triamcinolone acetonide dental paste</i>	40
<i>tinidazole</i>	4	<i>triamterene</i>	36
<i>tiotropium bromide</i>	59	<i>triamterene/hydrochlorothiazide</i>	36
TIVICAY	24	<i>trientine hydrochloride</i>	44
TIVICAY PD	24	<i>trifluoperazine hcl</i>	21
<i>tizanidine hcl</i>	23	<i>trifluoperazine hydrochloride</i>	21
<i>tizanidine hydrochloride</i>	23	TRIFLURIDINE	57
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TYRVAYA	56	<i>vilazodone hydrochloride</i>	11
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<i>ursodiol</i>	46	VIREAD	25
<i>valacyclovir hydrochloride</i>	26	VITRAKVI	19
VALCHLOR	14	VIVOTIF	55
<i>valganciclovir</i>	23	VIZIMPRO	19
<i>valganciclovir hydrochloride</i>	23	VONJO	15
<i>valproic acid</i>	7	VOQUEZNA DUAL PAK	4
<i>valrubicin</i>	15	VOQUEZNA TRIPLE PAK	4
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VALTOCO 20 MG DOSE	8	VRAYLAR	23
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<i>vancomycin hydrochloride</i>	4	WINREVAIR	60
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<i>zafemy</i>	49
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<i>zaleplon</i>	61
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<i>zenatane</i>	40
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<i>zidovudine</i>	25
<i>ziprasidone hcl</i>	23
<i>ziprasidone mesylate</i>	23
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<i>zolpidem tartrate</i>	61
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<i>zonisamide</i>	9
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This formulary was updated on September 1, 2026. For more recent information or other questions, please contact Prescription Blue PDP Customer Service at 1-800-565-1770 or, for TTY users, 711, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit bcbsm.com/medicare.

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