2024

Medicare Plus Blue℠ Group PPO

2024 UAW Trust Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on December 1, 2024. For more recent information or other questions, please contact us, **Medicare Plus Blue Group Customer Service**, at 1-888-322-5616 or, for TTY users 711, Monday through Friday, 8 a.m. to 7 p.m. Eastern time or visit **www.bcbsm.com/uawtrust**.

TIP When visiting your doctor(s), please bring your personal drug list and this 2024 Blue Cross Drug List with you.

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

Updated: 12/01/2024
Formulary 24436, Version 18

www.bcbsm.com/uawtrust

Medicare Advantage Plans

Note to existing members:

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

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Medicare Plus Blue Group PPO UAW Trust Comprehensive Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add drugs to the Drug List during the year. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** When a new generic of a covered drug is released, the brand continues to stay on the formulary for the remainder of the plan year. If you are currently taking that brand-name drug, we may not tell you in advance before adding the new generic to the formulary, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the **Medicare Plus Blue Group PPO UAW Trust Comprehensive** Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, or quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the **Medicare Plus Blue Group PPO UAW Trust Comprehensive** Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 1, 2024. To get updated information about the drugs covered by **Medicare Plus Blue Group PPO**, 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 80. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Medicare Plus Blue Group PPO covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization: Medicare Plus Blue Group PPO** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Medicare Plus Blue Group PPO** before you fill your prescriptions. If you don't get approval, **Medicare Plus Blue Group PPO** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Medicare Plus Blue Group PPO** limits the amount of the drug that **Medicare Plus Blue Group PPO** will cover. For example, **Medicare Plus Blue Group PPO** provides 31 tablets per prescription for *pioglitazone*.
- **Step Therapy:** In some cases, **Medicare Plus Blue Group PPO** requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, **Medicare Plus Blue Group PPO** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Medicare Plus Blue Group PPO** will then cover Drug B.

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

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Medicare Plus Blue Group PPO UAW Trust Comprehensive Formulary?

You can ask **Medicare Plus Blue Group PPO** 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 3 and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug. This can only be requested for a Tier 3 drug to a Tier 2 drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **Medicare Plus Blue Group PPO** limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, **Medicare Plus Blue Group PPO** will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

If you are a new member in the plan, for each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If you were in the plan last year and your drug is no longer on our formulary or is now restricted in some way, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to Chapter 5, Section 5.2 of your *Evidence of Coverage* or visit our website at **www.bcbsm.com/medicare/help/understanding-plans/pharmacy-prescription-drugs/transition.html**.

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

For more information

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

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

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

Medicare Plus Blue Group PPO UAW Trust Comprehensive Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **Medicare Plus Blue Group PPO**. If you have trouble finding your drug in the list, turn to the Index that begins on page 80.

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

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

Tier	Standard retail cost sharing (up to a 31-day supply)	Standard retail cost sharing (up to a 90-day supply)*	Mail order cost sharing (up to a 90-day supply)*
Tier 1	$0	$0	$0
Tier 2	$33	$99	$33
Tier 3	$115	$345	$115

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 medication. Check with your pharmacist.

Drug Tier	Includes
Tier 1	Most generic drugs
Tier 2	Many common brand-name drugs, called preferred brands, and some higher-cost generic drugs
Tier 3	Non-preferred generic and non-preferred brand-name drugs

Drug Notes Code Definitions	
Symbol	**Definition**
B/D	This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EX	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for this drug.
NDS	Non-Extended Day Supply. Most specialty and opioid drugs are limited to a 31-day supply through retail and mail.
PA	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
ST	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule	1	QL(62 EA per 31 days)
diclofenac potassium tablet 50mg	1	
diclofenac sodium dr	1	
diclofenac sodium er	1	
diclofenac sodium/misoprostol	1	
diclofenac sodium gel 1%	1	QL(1000 GM per 30 days)
diclofenac sodium external solution 1.5%	1	QL(300 ML per 30 days)
diflunisal tablet 500mg	1	
ec-naproxen	1	
etodolac er	1	
etodolac capsule, tablet	1	
flurbiprofen tablet 100mg	1	
ibu	1	
ibuprofen suspension	1	
ibuprofen tablet 400mg, 600mg, 800mg	1	
ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml	1	
meloxicam tablet	1	
nabumetone tablet	1	
naproxen dr	1	
naproxen sodium tablet 275mg, 550mg	1	
naproxen suspension	1	NDS
naproxen tablet delayed release 500mg	1	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet	1	
piroxicam capsule	1	
sulindac tablet	1	
Opioid Analgesics, Long-acting		
buprenorphine	1	QL(4 EA per 28 days); PA; NDS
fentanyl	1	QL(15 EA per 30 days); PA; NDS
methadone hcl injection	1	PA; NDS
methadone hcl oral solution 10mg/5ml	1	QL(1860 ML per 31 days); PA; NDS
methadone hcl oral solution 5mg/5ml	1	QL(3720 ML per 31 days); PA; NDS
methadone hcl tablet 5mg	1	QL(248 EA per 31 days); PA; NDS
methadone hcl tablet 10mg	1	QL(372 EA per 31 days); PA; NDS
methadone hydrochloride intensol	1	QL(372 ML per 31 days); PA; NDS
methadone hydrochloride concentrate	1	QL(372 ML per 31 days); PA; NDS
mitigo	1	B/D; NDS
morphine sulfate er capsule extended release 24 hour 75mg, 90mg	1	QL(124 EA per 31 days); PA; NDS
morphine sulfate er capsule extended release 24 hour 10mg, 20mg, 30mg, 45mg, 50mg, 60mg	1	QL(62 EA per 31 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate er capsule extended release 24 hour 100mg, 120mg, 60mg, 80mg	1	QL(93 EA per 31 days); PA; NDS
morphine sulfate er tablet extended release 30mg, 60mg	1	QL(124 EA per 31 days); PA; NDS
morphine sulfate er tablet extended release 200mg	1	QL(62 EA per 31 days); PA; NDS
morphine sulfate er tablet extended release 100mg, 15mg	1	QL(93 EA per 31 days); PA; NDS
oxymorphone hydrochloride er tablet extended release 12 hour 30mg	1	QL(124 EA per 31 days); PA; NDS
oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 5mg, 7.5mg	1	QL(62 EA per 31 days); PA; NDS
oxymorphone hydrochlorideer	1	QL(93 EA per 31 days); PA; NDS
tramadol hcl er tablet extended release 24 hour	1	QL(31 EA per 31 days); NDS
tramadol hydrochloride er	1	QL(31 EA per 31 days); NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine tablet	1	QL(403 EA per 31 days); NDS
acetaminophen/codeine solution	1	QL(4650 ML per 31 days); NDS
butorphanol tartrate injection	1	NDS
butorphanol tartrate nasal solution	1	QL(5 ML per 30 days); NDS
codeine sulfate tablet	1	QL(186 EA per 31 days); NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	QL(372 EA per 31 days); NDS
fentanyl citrate oral transmucosal	1	QL(124 EA per 31 days); PA; NDS
FENTANYL CITRATE INJECTION 25MCG/0.5ML	1	B/D
fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 500mcg/10ml, 50mcg/ml	1	B/D; NDS
hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml	1	QL(5580 ML per 31 days); NDS
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg	1	QL(372 EA per 31 days); NDS
hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg	1	QL(403 EA per 31 days); NDS
hydrocodone/acetaminophen tablet 325mg; 7.5mg	1	QL(372 EA per 31 days); NDS
hydromorphone hcl liquid	1	QL(1550 ML per 31 days); NDS
hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml	1	NDS
hydromorphone hcl tablet 8mg	1	QL(186 EA per 31 days); NDS
hydromorphone hcl tablet 2mg, 4mg	1	QL(248 EA per 31 days); NDS
hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml	1	NDS
morphine sulfate injection 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml	1	NDS
morphine sulfate oral solution 20mg/5ml	1	QL(1550 ML per 31 days); NDS
morphine sulfate oral solution 100mg/5ml	1	QL(310 ML per 31 days); NDS
morphine sulfate oral solution 10mg/5ml	1	QL(3100 ML per 31 days); NDS
morphine sulfate tablet 30mg	1	QL(186 EA per 31 days); NDS
morphine sulfate tablet 15mg	1	QL(248 EA per 31 days); NDS

Drug Name	Drug Tier	Requirements/Limits
nalbuphine hydrochloride	1	NDS
oxycodone hcl capsule	1	QL(372 EA per 31 days); NDS
oxycodone hydrochloride concentrate	1	QL(186 ML per 31 days); NDS
oxycodone hydrochloride capsule	1	QL(372 EA per 31 days); NDS
oxycodone hydrochloride solution	1	QL(4030 ML per 31 days); NDS
oxycodone hydrochloride tablet 20mg, 30mg	1	QL(186 EA per 31 days); NDS
oxycodone hydrochloride tablet 15mg	1	QL(248 EA per 31 days); NDS
oxycodone hydrochloride tablet 10mg, 5mg	1	QL(372 EA per 31 days); NDS
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	QL(372 EA per 31 days); NDS
oxymorphone hydrochloride	1	QL(186 EA per 31 days); NDS
tramadol hydrochloride/acetaminophen	1	QL(248 EA per 31 days); NDS
tramadol hydrochloride tablet 50mg	1	QL(248 EA per 31 days); NDS
Anesthetics		
Local Anesthetics		
glydo	1	QL(60 ML per 30 days)
lidocaine hcl jelly	1	QL(60 ML per 30 days)
lidocaine hcl injection 0.5%, 1%, 1.5%, 2%, 4%	1	B/D
lidocaine hcl prefilled syringe 2%	1	QL(60 ML per 30 days)
lidocaine hcl mouth/throat solution 4%	1	
lidocaine hydrochloride viscous	1	
lidocaine hydrochloride external solution	1	
lidocaine hydrochloride injection 1%, 2%	1	B/D
lidocaine viscous	1	
lidocaine/epinephrine injection 1:100000; 1%, 1:100000; 2%, 1:200000; 0.5%, 1:200000; 1.5%, 1:200000; 2%	1	
lidocaine/prilocaine cream	1	QL(60 GM per 30 days)
lidocaine ointment 5%	1	QL(152 GM per 30 days)
lidocaine patch 5%	1	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	1	
disulfiram tablet	1	
naltrexone hcl tablet	1	
VIVITROL	2	NDS
Opioid Dependence		
buprenorphine hcl/naloxone hcl	1	QL(93 EA per 31 days); NDS
buprenorphine hcl injection	1	NDS
buprenorphine hcl tablet sublingual	1	QL(93 EA per 31 days); NDS
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg	1	QL(62 EA per 31 days); NDS
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	1	QL(93 EA per 31 days); NDS
buprenorphine hydrochloride injection	1	NDS

Drug Name	Drug Tier	Requirements/Limits
Opioid Reversal Agents		
naloxone hcl injection 4mg/10ml	1	
naloxone hydrochloride liquid	1	
naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml	1	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	1	QL(62 EA per 31 days)
NICOTROL INHALER	3	
NICOTROL NS	3	
varenicline starting month	1	
varenicline tartrate	1	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 1gm/4ml, 500mg/2ml	1	
ARIKAYCE	2	QL(235.2 ML per 28 days); PA; NDS
gentamicin sulfate pediatric	1	
gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	1	
gentamicin sulfate injection 40mg/ml	1	
isotonic gentamicin injection 0.8mg/ml; 0.9%	1	
neomycin sulfate	1	
paromomycin sulfate	1	
streptomycin sulfate injection 1gm	1	NDS
tobramycin sulfate injection	1	
Antibacterials, Other		
aztreonam	1	
chloramphenicol sodium succinate	1	
clindamycin hcl capsule 300mg	1	
clindamycin hydrochloride capsule 150mg, 75mg	1	
clindamycin palmitate hydrochloride	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate/dextrose	1	
clindamycin phosphate cream 2%	1	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 9000mg/60ml, 900mg/6ml	1	
clindamycin/sodium chloride	1	
colistimethate sodium	1	
daptomycin	1	
linezolid injection	1	
linezolid suspension reconstituted	1	QL(1800 ML per 30 days); NDS
linezolid tablet	1	QL(56 EA per 28 days)
methenamine hippurate	1	

Drug Name	Drug Tier	Requirements/Limits
metronidazole vaginal	1	
metronidazole cream, gel, lotion, tablet	1	
metronidazole injection 500mg/100ml	1	
nitrofurantoin macrocrystals	1	
nitrofurantoin monohydrate/macrocrystals	1	
nitrofurantoin suspension 25mg/5ml	1	NDS
SYNERCID INJECTION 350MG; 150MG	2	
tigecycline	1	NDS
tinidazole	1	
trimethoprim tablet	1	
vancomycin hcl injection 0.9%; 1gm/200ml, 100gm, 10gm	1	
vancomycin hydrochloride/dextrose injection 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml	1	
vancomycin hydrochloride capsule 125mg	1	QL(40 EA per 10 days)
vancomycin hydrochloride capsule 250mg	1	QL(80 EA per 10 days)
vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1000mg/200ml, 1gm, 2gm, 500mg/100ml, 500mg, 5gm, 750mg/150ml, 750mg	1	
vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml	1	
XIFAXAN TABLET 200MG	2	QL(9 EA per 30 days); PA
XIFAXAN TABLET 550MG	2	QL(93 EA per 31 days); PA; NDS
Beta-lactam, Cephalosporins		
cefaclor capsule	1	
cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml	1	
cefadroxil	1	
cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%	1	
cefazolin sodium injection 100gm, 10gm, 1gm/50ml; 4%, 1gm, 2gm, 300gm, 500mg	1	
cefazolin/dextrose injection 3gm/150ml; 4%	1	
cefazolin injection 2gm/100ml; 4%, 2gm, 3gm	1	
cefdinir	1	
cefepime	1	
cefepime hydrochloride injection 1gm, 2gm	1	
cefepime/dextrose	1	
cefixime	1	
CEFOTAXIME SODIUM INJECTION 1GM, 2GM	3	
cefoxitin sodium	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime/dextrose	1	
ceftazidime injection 1gm, 2gm, 6gm	1	
ceftriaxone in iso-osmotic dextrose	1	
ceftriaxone sodium injection	1	

Drug Name	Drug Tier	Requirements/Limits
ceftriaxone/dextrose	1	
cefuroxime axetil tablet	1	
cefuroxime sodium injection 1.5gm, 750mg	1	
cephalexin capsule 250mg, 500mg	1	
cephalexin suspension reconstituted, tablet	1	
tazicef injection 1gm, 2gm, 6gm	1	
TEFLARO	2	NDS
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium	1	
amoxicillin/clavulanate potassium er	1	
amoxicillin capsule, suspension reconstituted, tablet	1	
amoxicillin tablet chewable 125mg, 250mg	1	
ampicillin sodium injection	1	
ampicillin-sulbactam	1	
ampicillin/sulbactam injection 2gm; 1gm	1	
ampicillin capsule 500mg	1	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	2	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	2	
dicloxacillin sodium	1	
EXTENCILLINE	2	
nafcillin	1	
nafcillin sodium injection 10gm, 1gm, 2gm	1	
nafcillin sodium injection 1gm, 2gm	2	
oxacillin sodium injection 10gm, 1gm, 2gm	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
penicillin g potassium injection 20000000unit, 5000000unit	1	
penicillin g procaine	1	
penicillin g sodium	1	
penicillin v potassium	1	
piperacillin sodium/tazobactam sodium	1	
Carbapenems		
ertapenem	1	
ertapenem sodium	1	
imipenem/cilastatin	1	
meropenem/sodium chloride	1	
meropenem injection 1gm, 500mg	1	
Macrolides		
azithromycin suspension reconstituted, tablet	1	
azithromycin injection 500mg	1	
clarithromycin er	1	
clarithromycin suspension reconstituted, tablet	1	

Drug Name	Drug Tier	Requirements/Limits
DIFICID SUSPENSION RECONSTITUTED	2	QL(136 ML per 10 days); NDS
DIFICID TABLET	2	QL(20 EA per 10 days); NDS
erythromycin base tablet 250mg	1	
erythromycin dr tablet delayed release	1	
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml	1	
erythromycin lactobionate	1	
erythromycin tablet 250mg	1	
Quinolones		
ciprofloxacin hcl tablet 100mg, 750mg	1	
ciprofloxacin hydrochloride tablet 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w	1	
levofloxacin	1	
levofloxacin in d5w	1	
moxifloxacin hydrochloride/sodium hydrochloride	1	
moxifloxacin hydrochloride injection 400mg/250ml	1	
moxifloxacin hydrochloride tablet 400mg	1	
ofloxacin tablet 400mg	1	
Sulfonamides		
sulfadiazine tablet	1	
sulfamethoxazole/trimethoprim	1	
sulfamethoxazole/trimethoprim ds	1	
Tetracyclines		
demeclocycline hcl tablet	1	
doxy 100	1	
doxycycline hyclate capsule, injection	1	
doxycycline hyclate tablet 100mg, 20mg	1	
doxycycline suspension reconstituted	1	
MINOCIN INJECTION	2	NDS
minocycline hcl capsule 75mg	1	
minocycline hydrochloride capsule 100mg, 50mg	1	
tetracycline hydrochloride capsule	1	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INJECTION	2	PA
BRIVIACT ORAL SOLUTION	2	QL(600 ML per 30 days); PA
BRIVIACT TABLET	2	QL(62 EA per 31 days); PA
ELEPSIA XR	2	
EPIDIOLEX	2	PA
EPRONTIA	3	
felbamate	1	
FINTEPLA	2	QL(360 ML per 30 days); PA
FYCOMPA TABLET	2	QL(31 EA per 31 days)
FYCOMPA SUSPENSION	2	QL(720 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
lamotrigine er	1	
lamotrigine odt	1	
lamotrigine starter kit/blue	1	
lamotrigine starter kit/green	1	
lamotrigine starter kit/orange	1	
lamotrigine tablet chewable, tablet	1	
levetiracetam er	1	
levetiracetam/sodium chloride	1	
levetiracetam injection, oral solution, tablet	1	
roweepra tablet 500mg	1	
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	2	QL(124 EA per 31 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG, 500MG	2	QL(62 EA per 31 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	2	QL(93 EA per 31 days)
subvenite	1	
subvenite starter kit/blue	1	
subvenite starter kit/green	1	
subvenite starter kit/orange	1	
topiramate capsule sprinkle, tablet	1	
valproate sodium injection 100mg/ml	1	
valproic acid	1	
XCOPRI TABLET THERAPY PACK 0	2	QL(56 EA per 28 days); PA
XCOPRI TABLET THERAPY PACK 0	2	QL(56 EA per 365 days); PA
XCOPRI TABLET 100MG, 25MG, 50MG	2	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	2	QL(62 EA per 31 days); PA
Calcium Channel Modifying Agents		
ethosuximide	1	
methsuximide	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam suspension	1	QL(480 ML per 30 days); PA
clobazam tablet	1	QL(62 EA per 31 days); PA
DIACOMIT CAPSULE 500MG	2	QL(186 EA per 31 days)
DIACOMIT CAPSULE 250MG	2	QL(372 EA per 31 days)
DIACOMIT PACKET 500MG	2	QL(186 EA per 31 days)
DIACOMIT PACKET 250MG	2	QL(372 EA per 31 days)
diazepam rectal gel	1	QL(5 EA per 30 days)
gabapentin solution	1	QL(2232 ML per 31 days)
gabapentin capsule	1	QL(279 EA per 31 days)
gabapentin tablet 800mg	1	QL(124 EA per 31 days)
gabapentin tablet 600mg	1	QL(186 EA per 31 days)
LIBERVANT	2	QL(10 EA per 30 days); PA
NAYZILAM	2	QL(10 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
pentobarbital sodium injection	1	PA
phenobarbital sodium injection 130mg/ml, 65mg/ml	1	
phenobarbital elixir 20mg/5ml	1	
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	1	
primidone tablet	1	
SYMPAZAN	2	QL(62 EA per 31 days); PA
tiagabine hydrochloride	1	
VALTOCO 10 MG DOSE	2	QL(10 EA per 30 days); PA
VALTOCO 15 MG DOSE	2	QL(10 EA per 30 days); PA; NDS
VALTOCO 20 MG DOSE	2	QL(10 EA per 30 days); PA; NDS
VALTOCO 5 MG DOSE	2	QL(10 EA per 30 days); PA
vigabatrin	1	QL(186 EA per 31 days); PA
vigadrone	1	QL(186 EA per 31 days); PA
VIGAFYDE	2	PA
vigpoder	1	QL(186 EA per 31 days); PA
ZTALMY	2	PA
Sodium Channel Agents		
APTIOM TABLET 200MG, 400MG	2	QL(31 EA per 31 days)
APTIOM TABLET 600MG, 800MG	2	QL(62 EA per 31 days)
carbamazepine er	1	
carbamazepine tablet chewable, suspension, tablet	1	
DILANTIN CAPSULE 30MG	2	
epitol	1	
fosphenytoin sodium	1	
lacosamide injection	1	
lacosamide oral solution	1	QL(1200 ML per 30 days)
lacosamide tablet	1	QL(62 EA per 31 days)
oxcarbazepine	1	
phenytek	1	
phenytoin sodium extended	1	
phenytoin sodium injection	1	
phenytoin tablet chewable, suspension	1	
rufinamide suspension	1	QL(2480 ML per 31 days)
rufinamide tablet 200mg	1	QL(186 EA per 31 days)
rufinamide tablet 400mg	1	QL(248 EA per 31 days)
ZONISADE	3	ST; NDS
zonisamide	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tablet	1	
Cholinesterase Inhibitors		
donepezil hcl tablet disintegrating 5mg	1	QL(31 EA per 31 days)
donepezil hcl tablet disintegrating 10mg	1	QL(62 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
donepezil hcl tablet 10mg	1	QL(62 EA per 31 days)
donepezil hydrochloride odt tablet disintegrating 5mg	1	QL(31 EA per 31 days)
donepezil hydrochloride odt tablet disintegrating 10mg	1	QL(62 EA per 31 days)
donepezil hydrochloride tablet 5mg	1	QL(31 EA per 31 days)
galantamine hydrobromide er	1	QL(31 EA per 31 days)
galantamine hydrobromide solution	1	QL(186 ML per 31 days)
galantamine hydrobromide tablet	1	QL(62 EA per 31 days)
rivastigmine tartrate	1	QL(62 EA per 31 days)
rivastigmine transdermal system	1	QL(31 EA per 31 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak	2	QL(98 EA per 365 days); PA
memantine hydrochloride er	1	QL(31 EA per 31 days); PA
memantine hydrochloride solution	1	QL(310 ML per 31 days); PA
memantine hydrochloride tablet 10mg	1	QL(62 EA per 31 days); PA
memantine hydrochloride tablet 5mg	1	QL(93 EA per 31 days); PA
Antidepressants		
Antidepressants, Other		
AUVELITY	2	QL(62 EA per 31 days); ST
bupropion hcl tablet 100mg	1	
bupropion hydrochloride er (sr) tablet extended release 12 hour 200mg	1	QL(62 EA per 31 days)
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg	1	QL(93 EA per 31 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	1	QL(31 EA per 31 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	1	QL(93 EA per 31 days)
bupropion hydrochloride tablet 75mg	1	
chlordiazepoxide/amitriptyline	1	
mirtazapine odt	1	QL(31 EA per 31 days)
mirtazapine tablet	1	QL(31 EA per 31 days)
olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg	1	QL(31 EA per 31 days); ST
olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg	1	QL(93 EA per 31 days); ST
perphenazine/amitriptyline	1	
SPRAVATO 56MG DOSE	2	QL(16 EA per 28 days); PA; NDS
SPRAVATO 84MG DOSE	2	QL(24 EA per 28 days); PA; NDS
ZURZUVAE CAPSULE 30MG	2	QL(14 EA per 14 days); PA; NDS
ZURZUVAE CAPSULE 20MG, 25MG	2	QL(28 EA per 14 days); PA; NDS
Monoamine Oxidase Inhibitors		
EMSAM	2	QL(31 EA per 31 days); NDS
MARPLAN	2	
phenelzine sulfate	1	
tranylcypromine sulfate	1	

Drug Name	Drug Tier	Requirements/Limits
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide tablet	1	QL(31 EA per 31 days)
citalopram hydrobromide solution	1	QL(620 ML per 31 days)
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 50MG	2	QL(31 EA per 31 days); ST
desvenlafaxine er tablet extended release 24 hour 100mg, 25mg, 50mg	1	QL(31 EA per 31 days)
escitalopram oxalate tablet	1	QL(31 EA per 31 days)
escitalopram oxalate solution	1	QL(620 ML per 31 days)
FETZIMA	2	QL(31 EA per 31 days); ST
FETZIMA TITRATION PACK	2	QL(56 EA per 365 days); ST
fluoxetine dr	1	QL(4 EA per 28 days); ST
fluoxetine hydrochloride capsule 10mg, 20mg	1	QL(31 EA per 31 days)
fluoxetine hydrochloride capsule 40mg	1	QL(62 EA per 31 days)
fluoxetine hydrochloride tablet	1	QL(31 EA per 31 days)
fluoxetine hydrochloride solution	1	QL(620 ML per 31 days)
fluvoxamine maleate	1	QL(93 EA per 31 days)
fluvoxamine maleate er	1	QL(62 EA per 31 days); ST
nefazodone hydrochloride	1	
paroxetine hcl er tablet extended release 24 hour 12.5mg, 37.5mg	1	QL(62 EA per 31 days)
paroxetine hcl er tablet extended release 24 hour 25mg	1	QL(93 EA per 31 days)
paroxetine hcl tablet 40mg	1	QL(47 EA per 31 days)
paroxetine hcl tablet 30mg	1	QL(62 EA per 31 days)
paroxetine hydrochloride er tablet extended release 24 hour 12.5mg	1	QL(62 EA per 31 days)
paroxetine hydrochloride er tablet extended release 24 hour 25mg	1	QL(93 EA per 31 days)
paroxetine hydrochloride tablet	1	QL(31 EA per 31 days)
paroxetine hydrochloride suspension	1	QL(930 ML per 31 days)
sertraline hcl concentrate	1	
sertraline hcl tablet	1	QL(93 EA per 31 days)
sertraline hydrochloride	1	QL(62 EA per 31 days)
trazodone hydrochloride	1	
TRINTELLIX	2	QL(31 EA per 31 days); ST
VENLAFAXINE BESYLATE ER	3	QL(62 EA per 31 days)
venlafaxine hydrochloride	1	QL(93 EA per 31 days)
venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg	1	QL(31 EA per 31 days)
venlafaxine hydrochloride er capsule extended release 24 hour 150mg	1	QL(62 EA per 31 days)
venlafaxine hydrochloride er capsule extended release 24 hour 75mg	1	QL(93 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hydrochloride er tablet extended release 24 hour	3	QL(31 EA per 31 days)
VIIBRYD STARTER PACK	2	QL(60 EA per 365 days); ST
vilazodone hydrochloride	1	QL(31 EA per 31 days); ST
Tricyclics		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	1	
amitriptyline hydrochloride tablet 100mg, 10mg, 50mg	1	
amoxapine	1	
clomipramine hydrochloride	1	
desipramine hydrochloride	1	
doxepin hcl capsule 75mg	1	
doxepin hcl concentrate	1	
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	1	
imipramine hcl tablet 25mg, 50mg	1	
imipramine hydrochloride tablet 10mg	1	
imipramine pamoate	1	
nortriptyline hcl capsule 25mg, 75mg	1	
nortriptyline hcl solution	1	
nortriptyline hydrochloride capsule 10mg, 50mg	1	
protriptyline hcl	1	
trimipramine maleate capsule	1	
Antiemetics		
Antiemetics, Other		
compro	1	
meclizine hcl 12.5mg, 25mg tablet	1	
metoclopramide hcl injection, oral solution	1	
metoclopramide hcl tablet 5mg	1	
metoclopramide hydrochloride injection	1	
metoclopramide hydrochloride oral solution 10mg/10ml	1	
metoclopramide hydrochloride tablet 10mg	1	
perphenazine tablet	1	
prochlorperazine edisylate injection 10mg/2ml, 50mg/10ml	1	
prochlorperazine maleate tablet	1	
prochlorperazine suppository 25mg	1	
promethazine hcl injection	1	
promethazine hcl suppository 12.5mg, 25mg	1	
promethazine hcl tablet 12.5mg	1	
promethazine hydrochloride plain	1	
promethazine hydrochloride tablet 25mg, 50mg	1	
promethegan	1	
scopolamine	1	QL(10 EA per 30 days)
Emetogenic Therapy Adjuncts		
aprepitant	1	B/D
dronabinol	1	B/D

Drug Name	Drug Tier	Requirements/Limits
fosaprepitant dimeglumine	1	
granisetron hydrochloride tablet	1	B/D
ondansetron hcl solution	1	B/D
ondansetron hcl tablet 24mg	1	B/D
ondansetron hydrochloride injection	1	
ondansetron hydrochloride tablet	1	B/D
ondansetron odt tablet disintegrating 4mg, 8mg	1	B/D
SANCUSO	2	QL(4 EA per 28 days); NDS
Antifungals		
Antifungals		
ABELCET	2	B/D
amphotericin b liposome	1	B/D; NDS
amphotericin b injection	1	B/D
caspofungin acetate	1	
clotrimazole troche 10mg	1	
CRESEMBA	2	PA; NDS
fluconazole in sodium chloride	1	
fluconazole suspension reconstituted, tablet	1	
flucytosine capsule	1	NDS
griseofulvin microsize	1	
griseofulvin ultramicrosize tablet 125mg, 250mg	1	
itraconazole solution	1	PA; NDS
itraconazole capsule	1	QL(124 EA per 31 days); PA
ketoconazole tablet 200mg	1	
micafungin	1	
NOXAFIL SUSPENSION	2	QL(600 ML per 30 days); NDS
nystatin suspension 100000unit/ml	1	
nystatin tablet 500000unit	1	
posaconazole dr	1	QL(186 EA per 31 days); PA; NDS
posaconazole suspension	1	QL(600 ML per 30 days); NDS
terbinafine hcl tablet	1	QL(62 EA per 31 days)
terconazole cream	1	
voriconazole injection	1	PA; NDS
voriconazole suspension reconstituted	1	QL(600 ML per 30 days); NDS
voriconazole tablet 200mg	1	QL(124 EA per 31 days)
voriconazole tablet 50mg	1	QL(496 EA per 31 days)
Antigout Agents		
Antigout Agents		
allopurinol sodium	1	
allopurinol tablet 100mg, 300mg	1	
colchicine tablet 0.6mg	1	QL(124 EA per 31 days)
febuxostat	1	QL(31 EA per 31 days); ST
KRYSTEXXA	2	PA; NDS
probenecid/colchicine	1	

Drug Name	Drug Tier	Requirements/Limits
probenecid tablet	1	
Antimigraine Agents		
Acute		
almotriptan	1	QL(12 EA per 28 days); ST
almotriptan malate	1	QL(12 EA per 28 days); ST
eletriptan hydrobromide	1	QL(12 EA per 28 days); ST
frovatriptan succinate	1	QL(12 EA per 28 days); ST
naratriptan hcl	1	QL(12 EA per 28 days)
NURTEC	3	QL(18 EA per 30 days); PA; NDS
rizatriptan benzoate	1	QL(12 EA per 28 days)
rizatriptan benzoate odt	1	QL(12 EA per 28 days)
sumatriptan	1	QL(12 EA per 28 days)
sumatriptan succinate refill	1	QL(6 ML per 28 days); NDS
sumatriptan succinate injection	1	QL(6 ML per 28 days)
sumatriptan succinate tablet	1	QL(9 EA per 28 days)
UBRELVY	3	QL(16 EA per 30 days); PA; NDS
zolmitriptan	1	QL(12 EA per 28 days); ST
zolmitriptan odt	1	QL(12 EA per 28 days); ST
Ergot Alkaloids		
dihydroergotamine mesylate solution	1	QL(16 ML per 28 days); PA; NDS
ergotamine tartrate/caffeine	1	
Prophylactic		
AIMOVIG	2	QL(1 ML per 28 days); PA
AJOVY	2	QL(1.5 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	2	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	2	QL(3 ML per 28 days); PA
QULIPTA	3	QL(31 EA per 31 days); PA; NDS
timolol maleate tablet 10mg, 20mg, 5mg	1	
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er	1	
pyridostigmine bromide solution	1	
pyridostigmine bromide tablet 60mg	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet	1	
rifabutin	1	
Antituberculars		
cycloserine	1	NDS
ethambutol hydrochloride	1	
isoniazid injection, syrup, tablet	1	
PRIFTIN	2	
pyrazinamide tablet	1	
rifampin capsule, injection	1	

Drug Name	Drug Tier	Requirements/Limits
SIRTURO	2	PA; NDS
TRECATOR	2	
Antineoplastics		
Alkylating Agents		
BELRAPZO	2	PA; NDS
BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	2	PA; NDS
bendamustine hydrochloride injection 100mg, 25mg	1	PA; NDS
BENDEKA	2	PA; NDS
busulfan	1	NDS
carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml	1	
carmustine injection 300mg, 50mg	1	
carmustine injection 100mg	1	NDS
CISPLATIN INJECTION 50MG	2	
cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION	2	NDS
CYCLOPHOSPHAMIDE TABLET	2	B/D
cyclophosphamide capsule	1	B/D
CYCLOPHOSPHAMIDE INJECTION 2GM, 500MG/ML	1	
CYCLOPHOSPHAMIDE INJECTION 1GM/2ML, 2GM/4ML	1	NDS
CYCLOPHOSPHAMIDE INJECTION 1000MG/10ML, 1GM/5ML, 2000MG/20ML, 2GM/10ML, 500MG/2.5ML, 500MG/5ML	2	NDS
cyclophosphamide injection 1gm, 500mg	1	
dacarbazine injection 100mg, 200mg	1	
GLEOSTINE CAPSULE 10MG, 40MG	2	
GLEOSTINE CAPSULE 100MG	2	NDS
ifosfamide	1	
KEMOPLAT	2	
LEUKERAN	2	NDS
MATULANE	2	NDS
melphalan hydrochloride	1	
oxaliplatin	1	
paraplatin injection 1000mg/100ml, 450mg/45ml, 50mg/5ml	1	
TEMODAR INJECTION	2	NDS
thiotepa injection 100mg, 15mg	1	NDS
VALCHLOR	2	QL(60 GM per 30 days); PA; NDS
VIVIMUSTA	2	PA; NDS
YONDELIS	2	PA; NDS
ZANOSAR	2	
ZEPZELCA	2	PA; NDS
Antiandrogens		

Drug Name	Drug Tier	Requirements/Limits
abiraterone acetate tablet 250mg	1	QL(124 EA per 31 days); PA
abiraterone acetate tablet 500mg	1	QL(62 EA per 31 days); PA; NDS
bicalutamide	1	
ERLEADA TABLET 60MG	2	QL(120 EA per 30 days); PA; NDS
ERLEADA TABLET 240MG	2	QL(30 EA per 30 days); PA; NDS
EULEXIN	2	NDS
flutamide	1	NDS
nilutamide	1	NDS
NUBEQA	2	QL(124 EA per 31 days); PA; NDS
XTANDI CAPSULE	2	QL(124 EA per 31 days); PA; NDS
XTANDI TABLET 40MG	2	QL(124 EA per 31 days); PA; NDS
XTANDI TABLET 80MG	2	QL(62 EA per 31 days); PA; NDS
YONSA	2	QL(124 EA per 31 days); PA; NDS
Antiangiogenic Agents		
FOTIVDA	2	QL(21 EA per 28 days); PA; NDS
lenalidomide	1	QL(28 EA per 28 days); PA; NDS
POMALYST	2	QL(21 EA per 28 days); PA; NDS
QINLOCK	2	QL(93 EA per 31 days); PA; NDS
REVLIMID	2	QL(28 EA per 28 days); PA; NDS
TABRECTA	2	QL(124 EA per 31 days); PA; NDS
THALOMID CAPSULE 100MG	2	QL(124 EA per 31 days); PA; NDS
THALOMID CAPSULE 200MG	2	QL(56 EA per 28 days); PA; NDS
THALOMID CAPSULE 150MG	2	QL(62 EA per 31 days); PA; NDS
THALOMID CAPSULE 50MG	2	QL(93 EA per 31 days); PA; NDS
Antiestrogens/Modifiers		
EMCYT	2	
fulvestrant	1	NDS
ORSERDU TABLET 345MG	2	QL(31 EA per 31 days); PA; NDS
ORSERDU TABLET 86MG	2	QL(93 EA per 31 days); PA; NDS
SOLTAMOX	2	NDS
tamoxifen citrate tablet	1	
toremifene citrate	1	NDS
Antimetabolites		
azacitidine	1	PA; NDS
cladribine	1	B/D; NDS
clofarabine	1	NDS
cytarabine aqueous	1	B/D
cytarabine injection 100mg/ml, 20mg/ml	1	B/D
DROXIA	2	
floxuridine injection	1	B/D; NDS
fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml	1	B/D
FOLOTYN	2	NDS
gemcitabine hcl	1	

Drug Name	Drug Tier	Requirements/Limits
gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/10ml, 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/20ml, 2gm/52.6ml	1	
hydroxyurea capsule	1	
mercaptopurine tablet	1	
NIPENT	2	NDS
ONUREG	2	QL(14 EA per 28 days); PA; NDS
pemetrexed disodium	1	PA; NDS
PEMETREXED INJECTION 100MG/4ML, 1GM/40ML, 500MG/20ML, 850MG/34ML	3	PA
PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	3	PA; NDS
pemetrexed injection 1000mg, 100mg, 500mg, 750mg	1	PA; NDS
PEMFEXY	3	PA
PEMRYDI RTU	3	PA; NDS
PURIXAN	2	PA; NDS
TABLOID	2	PA; NDS
Antineoplastics, Other		
ABRAXANE	2	PA; NDS
adriamycin injection 10mg, 2mg/ml, 50mg	1	B/D
ADSTILADRIN	2	PA; NDS
AKEEGA	2	QL(62 EA per 31 days); PA; NDS
ANKTIVA	2	PA; NDS
arsenic trioxide	1	NDS
ASPARLAS	2	NDS
bleomycin sulfate	1	B/D
BORTEZOMIB INJECTION 3.5MG	2	PA; NDS
bortezomib injection 1mg, 2.5mg, 3.5mg/1.4ml	1	PA
bortezomib injection 3.5mg	1	PA; NDS
dactinomycin	1	NDS
daunorubicin hydrochloride	1	
decitabine	1	NDS
docetaxel injection 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml	1	
doxorubicin hcl injection 2mg/ml, 50mg	1	B/D
doxorubicin hydrochloride liposomal	1	NDS
doxorubicin hydrochloride injection 10mg, 2mg/ml	1	B/D
ELLENCE	2	
ELREXFIO	2	PA; NDS
ELZONRIS	2	PA; NDS
epirubicin hcl injection 200mg/100ml, 50mg/25ml	1	
eribulin mesylate	1	PA; NDS
ERWINASE	2	NDS
fludarabine phosphate injection 50mg/2ml, 50mg	1	NDS

Drug Name	Drug Tier	Requirements/Limits
HALAVEN	2	PA; NDS
idarubicin hcl	1	NDS
IDHIFA	2	QL(31 EA per 31 days); PA; NDS
IMDELLTRA	2	PA; NDS
irinotecan hydrochloride	1	
irinotecan injection 500mg/25ml	1	
IWILFIN	2	QL(248 EA per 31 days); PA; NDS
IXEMPRA KIT	2	NDS
KIMMTRAK	2	PA; NDS
KRAZATI	2	QL(186 EA per 31 days); PA; NDS
KYPROLIS	2	PA; NDS
LAZCLUZE TABLET 240MG	2	QL(31 EA per 31 days); PA; NDS
LAZCLUZE TABLET 80MG	2	QL(62 EA per 31 days); PA; NDS
LONSURF TABLET 6.14MG; 15MG	2	QL(100 EA per 28 days); PA; NDS
LONSURF TABLET 8.19MG; 20MG	2	QL(80 EA per 28 days); PA; NDS
LUMAKRAS TABLET 120MG	2	QL(248 EA per 31 days); PA; NDS
LUMAKRAS TABLET 320MG	2	QL(93 EA per 31 days); PA; NDS
MARQIBO	2	B/D
mitomycin injection 20mg, 40mg, 5mg	1	NDS
mitoxantrone hcl injection 2mg/ml	1	
mutamycin	1	NDS
nelarabine	1	NDS
NINLARO	2	QL(3 EA per 28 days); PA; NDS
OGSIVEO TABLET 50MG	2	QL(186 EA per 31 days); PA; NDS
OGSIVEO TABLET 100MG, 150MG	2	QL(62 EA per 31 days); PA; NDS
ONCASPAR	2	NDS
ONIVYDE	2	NDS
paclitaxel	1	
paclitaxel protein-bound particles	1	PA; NDS
PEMAZYRE	2	QL(14 EA per 21 days); PA; NDS
PHOTOFRIN	2	
PROLEUKIN	2	PA
QUADRAMET	2	
RETEVMO CAPSULE 80MG	2	QL(124 EA per 31 days); PA; NDS
RETEVMO CAPSULE 40MG	2	QL(186 EA per 31 days); PA; NDS
RETEVMO TABLET 120MG, 160MG, 80MG	2	QL(62 EA per 31 days); PA; NDS
RETEVMO TABLET 40MG	2	QL(93 EA per 31 days); PA; NDS
ROMIDEPSIN INJECTION 27.5MG/5.5ML	2	PA; NDS
romidepsin injection 10mg	1	PA; NDS
RYLAZE	2	NDS
SYNRIBO	2	PA; NDS
TALVEY	2	PA; NDS
TAZVERIK	2	QL(248 EA per 31 days); PA; NDS
TECVAYLI INJECTION 30MG/3ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
TECVAYLI INJECTION 153MG/1.7ML	2	PA; NDS
TICE BCG	2	
TRUSELTIQ CAPSULE THERAPY PACK 100MG	2	QL(21 EA per 28 days); PA; NDS
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	2	QL(42 EA per 28 days); PA; NDS
TRUSELTIQ CAPSULE THERAPY PACK 25MG	2	QL(63 EA per 28 days); PA; NDS
TUKYSA TABLET 150MG	2	QL(124 EA per 31 days); PA; NDS
TUKYSA TABLET 50MG	2	QL(248 EA per 31 days); PA; NDS
UVADEX	2	NDS
valrubicin	1	PA; NDS
vinblastine sulfate injection 1mg/ml	1	B/D
vincasar pfs	1	B/D
vincristine sulfate	1	B/D
vinorelbine tartrate	1	
VONJO	2	QL(124 EA per 31 days); PA; NDS
VYXEOS	2	PA; NDS
XPOVIO 60 MG TWICE WEEKLY	2	QL(24 EA per 28 days); PA; NDS
XPOVIO 80 MG TWICE WEEKLY	2	QL(32 EA per 28 days); PA; NDS
XPOVIO TABLET THERAPY PACK 40MG, 60MG	2	QL(4 EA per 28 days); PA; NDS
XPOVIO TABLET THERAPY PACK 40MG, 50MG	2	QL(8 EA per 28 days); PA; NDS
ZALTRAP	2	PA; NDS
ZOLINZA	2	QL(124 EA per 31 days); PA; NDS
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet	1	
exemestane	1	QL(62 EA per 31 days)
letrozole	1	QL(31 EA per 31 days)
Enzyme Inhibitors		
ETOPOPHOS	2	
etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml	1	
toposar injection 100mg/5ml, 1gm/50ml, 500mg/25ml	1	
topotecan hcl	1	
Molecular Target Inhibitors		
ALECENSA	2	QL(248 EA per 31 days); PA; NDS
ALIQOPA	2	PA; NDS
ALUNBRIG TABLET THERAPY PACK	2	QL(60 EA per 365 days); PA; NDS
ALUNBRIG TABLET 30MG	2	QL(124 EA per 31 days); PA; NDS
ALUNBRIG TABLET 180MG, 90MG	2	QL(31 EA per 31 days); PA; NDS
AUGTYRO	2	QL(248 EA per 31 days); PA; NDS
AYVAKIT	2	QL(31 EA per 31 days); PA; NDS
BALVERSA TABLET 5MG	2	QL(28 EA per 28 days); PA; NDS
BALVERSA TABLET 4MG	2	QL(56 EA per 28 days); PA; NDS
BALVERSA TABLET 3MG	2	QL(84 EA per 28 days); PA; NDS
BELEODAQ	2	PA; NDS
BOSULIF CAPSULE 100MG	2	QL(186 EA per 31 days); PA; NDS
BOSULIF CAPSULE 50MG	2	QL(341 EA per 31 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABLET 400MG, 500MG	2	QL(31 EA per 31 days); PA; NDS
BOSULIF TABLET 100MG	2	QL(93 EA per 31 days); PA; NDS
BRAFTOVI CAPSULE 75MG	2	QL(186 EA per 31 days); PA; NDS
BRUKINSA	2	QL(124 EA per 31 days); PA; NDS
CABOMETYX	2	QL(31 EA per 31 days); PA; NDS
CALQUENCE	2	QL(62 EA per 31 days); PA; NDS
CAPRELSA TABLET 300MG	2	QL(31 EA per 31 days); PA; NDS
CAPRELSA TABLET 100MG	2	QL(62 EA per 31 days); PA; NDS
COMETRIQ KIT 0	2	QL(112 EA per 28 days); PA; NDS
COMETRIQ KIT 0	2	QL(56 EA per 28 days); PA; NDS
COMETRIQ KIT 20MG	2	QL(84 EA per 28 days); PA; NDS
COPIKTRA	2	QL(56 EA per 28 days); PA; NDS
COTELLIC	2	QL(63 EA per 28 days); PA; NDS
CYRAMZA	2	PA; NDS
dasatinib tablet 100mg, 140mg, 50mg, 80mg	1	QL(31 EA per 31 days); PA; NDS
dasatinib tablet 70mg	1	QL(62 EA per 31 days); PA; NDS
dasatinib tablet 20mg	1	QL(93 EA per 31 days); PA; NDS
DAURISMO TABLET 100MG	2	QL(31 EA per 31 days); PA; NDS
DAURISMO TABLET 25MG	2	QL(62 EA per 31 days); PA; NDS
ERIVEDGE	2	QL(31 EA per 31 days); PA; NDS
erlotinib hydrochloride tablet 100mg, 150mg	1	QL(31 EA per 31 days); PA
erlotinib hydrochloride tablet 25mg	1	QL(93 EA per 31 days); PA
everolimus tablet soluble 2mg, 3mg, 5mg	1	PA; NDS
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	1	QL(31 EA per 31 days); PA; NDS
EXKIVITY	2	QL(124 EA per 31 days); PA; NDS
FARYDAK	2	QL(6 EA per 21 days); PA; NDS
FRUZAQLA CAPSULE 5MG	2	QL(21 EA per 28 days); PA; NDS
FRUZAQLA CAPSULE 1MG	2	QL(84 EA per 28 days); PA; NDS
FYARRO	2	PA; NDS
GAVRETO	2	QL(124 EA per 31 days); PA; NDS
gefitinib	1	QL(62 EA per 31 days); PA; NDS
GILOTRIF	2	QL(31 EA per 31 days); PA; NDS
IBRANCE	2	QL(21 EA per 28 days); PA; NDS
ICLUSIG	2	QL(31 EA per 31 days); PA; NDS
imatinib mesylate tablet 400mg	1	QL(62 EA per 31 days); PA
imatinib mesylate tablet 100mg	1	QL(93 EA per 31 days); PA
IMBRUVICA SUSPENSION	2	QL(248 ML per 31 days); PA; NDS
IMBRUVICA CAPSULE, TABLET	2	QL(31 EA per 31 days); PA; NDS
INLYTA	2	QL(124 EA per 31 days); PA; NDS
INQOVI	2	QL(5 EA per 28 days); PA; NDS
INREBIC	2	QL(124 EA per 31 days); PA; NDS
JAKAFI	2	QL(62 EA per 31 days); PA; NDS
JAYPIRCA TABLET 50MG	2	QL(31 EA per 31 days); PA; NDS
JAYPIRCA TABLET 100MG	2	QL(93 EA per 31 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
JEVTANA	2	PA; NDS
KISQALI FEMARA 200 DOSE	2	QL(49 EA per 28 days); PA; NDS
KISQALI FEMARA 400 DOSE	2	QL(70 EA per 28 days); PA; NDS
KISQALI FEMARA 600 DOSE	2	QL(91 EA per 28 days); PA; NDS
KISQALI TABLET THERAPY PACK 200MG	2	QL(21 EA per 28 days); PA; NDS
KISQALI TABLET THERAPY PACK 200MG	2	QL(42 EA per 28 days); PA; NDS
KISQALI TABLET THERAPY PACK 200MG	2	QL(63 EA per 28 days); PA; NDS
KOSELUGO CAPSULE 25MG	2	QL(124 EA per 31 days); PA; NDS
KOSELUGO CAPSULE 10MG	2	QL(248 EA per 31 days); PA; NDS
lapatinib ditosylate	1	QL(186 EA per 31 days); PA; NDS
LENVIMA 10 MG DAILY DOSE	2	QL(30 EA per 30 days); PA; NDS
LENVIMA 12MG DAILY DOSE	2	QL(90 EA per 30 days); PA; NDS
LENVIMA 14 MG DAILY DOSE	2	QL(60 EA per 30 days); PA; NDS
LENVIMA 18 MG DAILY DOSE	2	QL(90 EA per 30 days); PA; NDS
LENVIMA 20 MG DAILY DOSE	2	QL(60 EA per 30 days); PA; NDS
LENVIMA 24 MG DAILY DOSE	2	QL(90 EA per 30 days); PA; NDS
LENVIMA 4 MG DAILY DOSE	2	QL(30 EA per 30 days); PA; NDS
LENVIMA 8 MG DAILY DOSE	2	QL(60 EA per 30 days); PA; NDS
LORBRENA TABLET 100MG	2	QL(31 EA per 31 days); PA; NDS
LORBRENA TABLET 25MG	2	QL(93 EA per 31 days); PA; NDS
LYNPARZA TABLET	2	QL(124 EA per 31 days); PA; NDS
LYTGOBI TABLET THERAPY PACK 4MG	2	QL(112 EA per 28 days); PA; NDS
LYTGOBI TABLET THERAPY PACK 4MG	2	QL(140 EA per 28 days); PA; NDS
LYTGOBI TABLET THERAPY PACK 4MG	2	QL(84 EA per 28 days); PA; NDS
MEKINIST SOLUTION RECONSTITUTED	2	QL(1240 ML per 31 days); PA; NDS
MEKINIST TABLET 0.5MG	2	QL(124 EA per 31 days); PA; NDS
MEKINIST TABLET 2MG	2	QL(31 EA per 31 days); PA; NDS
MEKTOVI	2	QL(186 EA per 31 days); PA; NDS
NERLYNX	2	QL(186 EA per 31 days); PA; NDS
ODOMZO	2	QL(31 EA per 31 days); PA; NDS
OJEMDA TABLET	2	QL(24 EA per 28 days); PA; NDS
OJEMDA SUSPENSION RECONSTITUTED	2	QL(96 ML per 28 days); PA; NDS
OJJAARA	2	QL(31 EA per 31 days); PA; NDS
pazopanib hydrochloride	1	QL(124 EA per 31 days); PA; NDS
PIQRAY 200MG DAILY DOSE	2	QL(28 EA per 28 days); PA; NDS
PIQRAY 250MG DAILY DOSE	2	QL(56 EA per 28 days); PA; NDS
PIQRAY 300MG DAILY DOSE	2	QL(56 EA per 28 days); PA; NDS
REZLIDHIA	2	QL(62 EA per 31 days); PA; NDS
ROZLYTREK PACKET	2	QL(372 EA per 31 days); PA; NDS
ROZLYTREK CAPSULE 100MG	2	QL(155 EA per 31 days); PA; NDS
ROZLYTREK CAPSULE 200MG	2	QL(93 EA per 31 days); PA; NDS
RUBRACA	2	QL(124 EA per 31 days); PA; NDS
RYDAPT	2	QL(224 EA per 28 days); PA; NDS
RYTELO	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABLET 100MG	2	QL(124 EA per 31 days); PA; NDS
SCEMBLIX TABLET 40MG	2	QL(310 EA per 31 days); PA; NDS
SCEMBLIX TABLET 20MG	2	QL(62 EA per 31 days); PA; NDS
sorafenib	1	QL(124 EA per 31 days); PA; NDS
sorafenib tosylate	1	QL(124 EA per 31 days); PA; NDS
SPRYCEL TABLET 100MG, 140MG, 50MG, 80MG	2	QL(31 EA per 31 days); PA; NDS
SPRYCEL TABLET 70MG	2	QL(62 EA per 31 days); PA; NDS
SPRYCEL TABLET 20MG	2	QL(93 EA per 31 days); PA; NDS
STIVARGA	2	QL(84 EA per 28 days); PA; NDS
sunitinib malate	1	QL(31 EA per 31 days); PA; NDS
TAFINLAR TABLET SOLUBLE	2	QL(930 EA per 31 days); PA; NDS
TAFINLAR CAPSULE 75MG	2	QL(124 EA per 31 days); PA; NDS
TAFINLAR CAPSULE 50MG	2	QL(186 EA per 31 days); PA; NDS
TAGRISSO	2	QL(31 EA per 31 days); PA; NDS
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	2	QL(31 EA per 31 days); PA; NDS
TALZENNA CAPSULE 0.25MG	2	QL(93 EA per 31 days); PA; NDS
TASIGNA CAPSULE 150MG, 200MG	2	QL(112 EA per 28 days); PA; NDS
TASIGNA CAPSULE 50MG	2	QL(434 EA per 31 days); PA; NDS
temsirolimus	1	NDS
TEPMETKO	2	QL(62 EA per 31 days); PA; NDS
TIBSOVO	2	QL(62 EA per 31 days); PA; NDS
torpenz	1	QL(31 EA per 31 days); PA; NDS
TRUQAP	2	QL(64 EA per 28 days); PA; NDS
TURALIO	2	QL(124 EA per 31 days); PA; NDS
VANFLYTA	2	QL(62 EA per 31 days); PA; NDS
VENCLEXTA STARTING PACK	2	QL(84 EA per 365 days); PA; NDS
VENCLEXTA TABLET 100MG	2	QL(124 EA per 31 days); PA; NDS
VENCLEXTA TABLET 50MG	2	QL(31 EA per 31 days); PA; NDS
VENCLEXTA TABLET 10MG	2	QL(62 EA per 31 days); PA
VERZENIO	2	QL(62 EA per 31 days); PA; NDS
VITRAKVI SOLUTION	2	QL(300 ML per 30 days); PA; NDS
VITRAKVI CAPSULE 25MG	2	QL(186 EA per 31 days); PA; NDS
VITRAKVI CAPSULE 100MG	2	QL(62 EA per 31 days); PA; NDS
VIZIMPRO	2	QL(31 EA per 31 days); PA; NDS
VORANIGO TABLET 40MG	2	QL(31 EA per 31 days); PA; NDS
VORANIGO TABLET 10MG	2	QL(62 EA per 31 days); PA; NDS
VOTRIENT	2	QL(124 EA per 31 days); PA; NDS
WELIREG	2	QL(93 EA per 31 days); PA; NDS
XALKORI CAPSULE	2	QL(62 EA per 31 days); PA; NDS
XALKORI CAPSULE SPRINKLE 50MG	2	QL(124 EA per 31 days); PA; NDS
XALKORI CAPSULE SPRINKLE 150MG	2	QL(186 EA per 31 days); PA; NDS
XALKORI CAPSULE SPRINKLE 20MG	2	QL(248 EA per 31 days); PA; NDS
XOSPATA	2	QL(93 EA per 31 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TABLET	2	QL(31 EA per 31 days); PA; NDS
ZEJULA CAPSULE	2	QL(93 EA per 31 days); PA; NDS
ZELBORAF	2	QL(248 EA per 31 days); PA; NDS
ZYDELIG	2	QL(62 EA per 31 days); PA; NDS
ZYKADIA TABLET	2	QL(155 EA per 31 days); PA; NDS
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS	2	PA; NDS
ARZERRA	2	PA; NDS
AVASTIN	2	PA; NDS
BAVENCIO	2	PA; NDS
BESPONSA	2	PA; NDS
BLINCYTO	2	B/D; NDS
COLUMVI	2	PA; NDS
DANYELZA	2	PA; NDS
DARZALEX	2	PA; NDS
DARZALEX FASPRO	2	PA; NDS
ELAHERE	2	PA
EMPLICITI	2	PA; NDS
ENHERTU	2	PA; NDS
EPKINLY	2	PA; NDS
ERBITUX	2	PA; NDS
GAZYVA	2	PA; NDS
HERCEPTIN HYLECTA	2	PA; NDS
HERCEPTIN INJECTION 150MG	2	PA; NDS
IMFINZI	2	PA; NDS
IMJUDO	2	PA; NDS
JEMPERLI	2	PA; NDS
KADCYLA	2	PA; NDS
KANJINTI	2	PA; NDS
KEYTRUDA INJECTION 100MG/4ML	2	PA; NDS
LIBTAYO	2	PA; NDS
LOQTORZI	2	PA; NDS
LUMOXITI	2	PA; NDS
LUNSUMIO	2	PA; NDS
MARGENZA	2	PA; NDS
MONJUVI	2	PA; NDS
MVASI	2	PA; NDS
MYLOTARG	2	PA; NDS
OPDIVO	2	PA; NDS
OPDUALAG	2	PA; NDS
PADCEV	2	PA; NDS
PERJETA	2	PA; NDS
PHESGO	2	PA; NDS
POLIVY	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
PORTRAZZA	2	PA; NDS
POTELIGEO	2	PA; NDS
RITUXAN	2	PA; NDS
RUXIENCE	2	PA; NDS
RYBREVANT	2	PA; NDS
SARCLISA	2	PA; NDS
TECENTRIQ	2	PA; NDS
TECENTRIQ HYBREZA	2	QL(15 ML per 21 days); PA; NDS
TEVIMBRA	2	PA; NDS
TIVDAK	2	PA; NDS
TRAZIMERA	2	PA; NDS
TRODELVY	2	PA; NDS
UNITUXIN	2	PA; NDS
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	2	PA; NDS
VYLOY	2	PA; NDS
YERVOY	2	PA; NDS
ZEVALIN Y-90	2	PA; NDS
ZIRABEV	2	PA; NDS
ZYNLONTA	2	PA; NDS
ZYNYZ	2	PA; NDS
Retinoids		
bexarotene capsule	1	PA; NDS
bexarotene gel	1	QL(60 GM per 30 days); PA; NDS
PANRETIN	2	PA; NDS
tretinoin capsule 10mg	1	NDS
Treatment Adjuncts		
dexrazoxane	1	PA; NDS
ELITEK	2	NDS
KEPIVANCE	2	NDS
leucovorin calcium tablet	1	
leucovorin calcium injection 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg	1	
levoleucovorin	1	
levoleucovorin calcium	1	
mesna	1	
MESNEX TABLET	2	
VISTOGARD	2	NDS
Antiparasitics		
Anthelmintics		
albendazole tablet	1	QL(496 EA per 31 days)
emverm	3	QL(6 EA per 30 days); NDS
ivermectin tablet	1	PA
praziquantel tablet	1	
Antiprotozoals		

Drug Name	Drug Tier	Requirements/Limits
atovaquone	1	QL(420 ML per 30 days)
atovaquone/proguanil hcl	1	
BENZNIDAZOLE	2	
chloroquine phosphate tablet	1	QL(62 EA per 31 days)
COARTEM	2	QL(24 EA per 30 days)
hydroxychloroquine sulfate tablet 200mg	1	QL(124 EA per 31 days)
IMPAVIDO	2	NDS
LAMPIT	2	PA
mefloquine hcl	1	
nitazoxanide	1	QL(62 EA per 31 days); NDS
pentamidine isethionate injection	1	
pentamidine isethionate inhalation solution reconstituted	1	QL(1 EA per 28 days); B/D
primaquine phosphate tablet	1	
pyrimethamine tablet	1	NDS
quinine sulfate capsule 324mg	1	QL(42 EA per 30 days); PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet	1	
trihexyphenidyl hcl solution	1	
trihexyphenidyl hydrochloride	1	
Antiparkinson Agents, Other		
amantadine hcl capsule, solution, tablet	1	
carbidopa/levodopa/entacapone	1	
entacapone	1	
NOURIANZ	2	QL(31 EA per 31 days); PA; NDS
ONGENTYS	2	QL(31 EA per 31 days); ST
tolcapone	1	QL(186 EA per 31 days); NDS
Dopamine Agonists		
apomorphine hydrochloride injection	1	QL(60 ML per 30 days); PA; NDS
bromocriptine mesylate capsule, tablet	1	
KYNMOBI	2	QL(155 EA per 31 days); PA; NDS
NEUPRO	2	QL(31 EA per 31 days)
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
ropinirole er	1	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	1	
ropinirole hydrochloride tablet 0.25mg, 3mg	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa	1	
carbidopa/levodopa er	1	
carbidopa/levodopa odt	1	
carbidopa tablet	1	
Monoamine Oxidase B (MAO-B) Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
rasagiline mesylate tablet	1	
selegiline hcl capsule, tablet	1	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl injection, tablet	1	
chlorpromazine hydrochloride tablet	1	
chlorpromazine hydrochloride concentrate	3	
fluphenazine decanoate injection	1	
fluphenazine hcl concentrate	1	
fluphenazine hcl tablet 1mg	1	
fluphenazine hydrochloride elixir, injection	1	
fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg	1	
haloperidol decanoate injection	1	
haloperidol lactate	1	
haloperidol concentrate, tablet	1	
loxapine	1	
molindone hydrochloride	1	
pimozide	1	
thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg	1	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	1	
trifluoperazine hcl tablet 10mg, 2mg, 5mg	1	
trifluoperazine hydrochloride tablet 1mg	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	2	QL(1 EA per 28 days); NDS
aripiprazole odt	1	QL(62 EA per 31 days); ST
aripiprazole tablet	1	QL(31 EA per 31 days)
aripiprazole solution	1	QL(750 ML per 30 days)
ARISTADA INITIO	2	QL(2.4 ML per 180 days); NDS
ARISTADA INJECTION 441MG/1.6ML	2	QL(1.6 ML per 28 days); NDS
ARISTADA INJECTION 662MG/2.4ML	2	QL(2.4 ML per 28 days); NDS
ARISTADA INJECTION 882MG/3.2ML	2	QL(3.2 ML per 28 days); NDS
ARISTADA INJECTION 1064MG/3.9ML	2	QL(3.9 ML per 56 days); NDS
asenapine maleate sl	1	QL(62 EA per 31 days); ST
CAPLYTA	2	QL(31 EA per 31 days); PA
FANAPT	2	QL(62 EA per 31 days); PA
FANAPT TITRATION PACK	2	QL(16 EA per 365 days); PA
INVEGA HAFYERA	2	NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	2	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	2	NDS
INVEGA TRINZA	2	NDS
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	1	QL(31 EA per 31 days); ST
lurasidone hydrochloride tablet 80mg	1	QL(62 EA per 31 days); ST
NUPLAZID CAPSULE	2	QL(31 EA per 31 days); PA

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID TABLET 10MG	2	QL(31 EA per 31 days); PA
olanzapine odt tablet disintegrating 15mg, 20mg	1	QL(31 EA per 31 days)
olanzapine odt tablet disintegrating 10mg, 5mg	1	QL(62 EA per 31 days)
olanzapine injection	1	QL(31 EA per 31 days)
olanzapine tablet 15mg, 20mg	1	QL(31 EA per 31 days)
olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg	1	QL(62 EA per 31 days)
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	1	QL(31 EA per 31 days); ST
paliperidone er tablet extended release 24 hour 6mg	1	QL(62 EA per 31 days); ST
quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg	1	QL(31 EA per 31 days)
quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg	1	QL(62 EA per 31 days)
quetiapine fumarate tablet 300mg, 400mg	1	QL(62 EA per 31 days)
quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg	1	QL(93 EA per 31 days)
REXULTI	2	QL(31 EA per 31 days); PA
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	2	
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	2	NDS
risperidone er injection 12.5mg, 25mg	1	
risperidone er injection 37.5mg, 50mg	1	NDS
risperidone odt	1	QL(62 EA per 31 days); ST
risperidone solution	1	QL(248 ML per 31 days)
risperidone tablet	1	QL(62 EA per 31 days)
SECUADO	2	QL(31 EA per 31 days); PA; NDS
VRAYLAR CAPSULE THERAPY PACK	2	QL(14 EA per 365 days); PA
VRAYLAR CAPSULE	2	QL(31 EA per 31 days); PA
ziprasidone hcl	1	QL(62 EA per 31 days)
ziprasidone mesylate	1	QL(62 EA per 31 days)
ZYPREXA RELPREVV INJECTION 210MG, 300MG	2	
ZYPREXA RELPREVV INJECTION 405MG	2	NDS
Treatment-Resistant		
clozapine odt tablet disintegrating 100mg, 25mg	1	QL(279 EA per 31 days); ST
clozapine odt tablet disintegrating 12.5mg	1	QL(93 EA per 31 days); ST
clozapine odt tablet disintegrating 200mg	3	QL(124 EA per 31 days); ST
clozapine odt tablet disintegrating 150mg	3	QL(186 EA per 31 days); ST
clozapine tablet 200mg	1	QL(120 EA per 31 days)
clozapine tablet 50mg	1	QL(186 EA per 31 days)
clozapine tablet 100mg, 25mg	1	QL(279 EA per 31 days)
VERSACLOZ	2	QL(558 ML per 31 days); ST; NDS
Antispasticity Agents		
Antispasticity Agents		
baclofen injection 20000mcg/20ml, 500mcg/ml	1	B/D
baclofen injection 40mg/20ml	1	B/D; NDS

Drug Name	Drug Tier	Requirements/Limits
baclofen tablet 10mg, 20mg, 5mg	1	
BOTOX	2	PA
dantrolene sodium capsule	1	
tizanidine hcl tablet 2mg	1	
tizanidine hydrochloride tablet 4mg	1	
XEOMIN	2	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir	1	
ganciclovir injection 500mg/10ml, 500mg	1	B/D
LIVTENCITY	2	QL(372 EA per 31 days); PA; NDS
PREVYMIS INJECTION 240MG/12ML	2	QL(372 ML per 31 days); PA; NDS
PREVYMIS INJECTION 480MG/24ML	2	QL(744 ML per 31 days); PA; NDS
PREVYMIS TABLET 240MG	2	QL(28 EA per 28 days); PA; NDS
PREVYMIS TABLET 480MG	2	QL(30 EA per 30 days); PA; NDS
valganciclovir	1	QL(124 EA per 31 days)
valganciclovir hydrochloride	1	QL(1116 ML per 31 days); NDS
ZIRGAN	2	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	1	
BARACLUDE SOLUTION	2	QL(630 ML per 31 days)
entecavir	1	QL(31 EA per 31 days)
EPIVIR HBV SOLUTION	2	
lamivudine tablet 100mg	1	QL(31 EA per 31 days)
VEMLIDY	2	QL(31 EA per 31 days); NDS
Anti-hepatitis C (HCV) Agents		
EPCLUSA	2	QL(28 EA per 28 days); PA; NDS
HARVONI	2	QL(28 EA per 28 days); PA; NDS
MAVYRET PACKET	2	QL(140 EA per 28 days); PA; NDS
MAVYRET TABLET	2	QL(84 EA per 28 days); PA; NDS
ribavirin capsule	1	
VOSEVI	2	QL(28 EA per 28 days); PA; NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	2	QL(31 EA per 31 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	2	QL(4 ML per 30 days); NDS
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	2	QL(6 ML per 30 days); NDS
DOVATO	2	QL(31 EA per 31 days)
GENVOYA	2	QL(31 EA per 31 days)
ISENTRESS HD	2	QL(62 EA per 31 days)
ISENTRESS TABLET CHEWABLE	2	QL(186 EA per 31 days)
ISENTRESS PACKET, TABLET	2	QL(62 EA per 31 days)
JULUCA	2	QL(31 EA per 31 days)
STRIBILD	2	QL(31 EA per 31 days)
TIVICAY PD	2	QL(186 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABLET 10MG	2	QL(31 EA per 31 days)
TIVICAY TABLET 25MG, 50MG	2	QL(62 EA per 31 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	2	QL(31 EA per 31 days)
DELSTRIGO	2	QL(31 EA per 31 days)
EDURANT	2	QL(31 EA per 31 days)
efavirenz/emtricitabine/tenofovir disoproxil fumarate	1	QL(31 EA per 31 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate	1	QL(31 EA per 31 days)
efavirenz tablet	1	QL(31 EA per 31 days)
efavirenz capsule	1	QL(93 EA per 31 days)
etravirine	1	QL(62 EA per 31 days)
INTELENCE TABLET 25MG	2	QL(124 EA per 31 days)
nevirapine er tablet extended release 24 hour 400mg	1	QL(31 EA per 31 days)
nevirapine er tablet extended release 24 hour 100mg	1	QL(62 EA per 31 days)
nevirapine suspension	1	QL(1240 ML per 31 days)
nevirapine tablet	1	QL(62 EA per 31 days)
PIFELTRO	2	QL(31 EA per 31 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine	1	QL(31 EA per 31 days)
abacavir sulfate/lamivudine/zidovudine	1	QL(62 EA per 31 days)
abacavir tablet	1	QL(62 EA per 31 days)
abacavir solution	1	QL(960 ML per 30 days)
CIMDUO	2	QL(31 EA per 31 days)
DESCOVY	2	QL(31 EA per 31 days)
emtricitabine	1	QL(31 EA per 31 days)
emtricitabine/tenofovir disoproxil	1	QL(31 EA per 31 days)
emtricitabine/tenofovir disoproxil fumarate	1	QL(31 EA per 31 days)
EMTRIVA SOLUTION	2	QL(850 ML per 30 days)
lamivudine/zidovudine	1	QL(62 EA per 31 days)
lamivudine solution 10mg/ml	1	QL(960 ML per 30 days)
lamivudine tablet 300mg	1	QL(31 EA per 31 days)
lamivudine tablet 150mg	1	QL(62 EA per 31 days)
ODEFSEY	2	QL(31 EA per 31 days)
RETROVIR IV INFUSION	2	
stavudine capsule	1	QL(62 EA per 31 days)
TEMIXYS	2	QL(31 EA per 31 days)
tenofovir disoproxil fumarate	1	QL(31 EA per 31 days)
TRIUMEQ	2	QL(31 EA per 31 days)
TRIUMEQ PD	2	QL(186 EA per 31 days)
TRIZIVIR	2	QL(62 EA per 31 days)
VIREAD POWDER	2	QL(240 GM per 30 days)
VIREAD TABLET 150MG, 200MG, 250MG	2	QL(31 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
zidovudine capsule	1	QL(186 EA per 31 days)
zidovudine syrup	1	QL(1920 ML per 30 days)
zidovudine tablet	1	QL(62 EA per 31 days)
Anti-HIV Agents, Other		
FUZEON	2	QL(62 EA per 31 days); NDS
maraviroc tablet 300mg	1	QL(124 EA per 31 days)
maraviroc tablet 150mg	1	QL(62 EA per 31 days)
RUKOBIA	2	QL(62 EA per 31 days)
SELZENTRY SOLUTION	2	QL(1840 ML per 30 days)
SELZENTRY TABLET 25MG	2	QL(496 EA per 31 days)
SELZENTRY TABLET 75MG	2	QL(62 EA per 31 days)
SUNLENCA INJECTION	2	QL(9 ML per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	2	QL(10 EA per 365 days)
SUNLENCA TABLET THERAPY PACK 300MG	2	QL(8 EA per 365 days)
TROGARZO	2	NDS
TYBOST	2	QL(31 EA per 31 days)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	2	QL(124 EA per 31 days)
atazanavir sulfate	1	QL(31 EA per 31 days)
atazanavir capsule 150mg	1	QL(31 EA per 31 days)
atazanavir capsule 200mg	1	QL(62 EA per 31 days)
darunavir tablet 800mg	1	QL(31 EA per 31 days)
darunavir tablet 600mg	1	QL(62 EA per 31 days)
EVOTAZ	2	QL(31 EA per 31 days)
fosamprenavir calcium	1	QL(124 EA per 31 days)
LEXIVA	2	QL(1800 ML per 30 days)
lopinavir/ritonavir solution	1	QL(496 ML per 31 days)
lopinavir/ritonavir tablet 200mg; 50mg	1	QL(124 EA per 31 days)
lopinavir/ritonavir tablet 100mg; 25mg	1	QL(248 EA per 31 days)
NORVIR PACKET	2	QL(372 EA per 31 days)
NORVIR SOLUTION	2	QL(480 ML per 30 days)
PREZCOBIX	2	QL(31 EA per 31 days)
PREZISTA SUSPENSION	2	QL(400 ML per 30 days)
PREZISTA TABLET 150MG	2	QL(186 EA per 31 days)
PREZISTA TABLET 75MG	2	QL(310 EA per 31 days)
REYATAZ	2	QL(186 EA per 31 days)
ritonavir	1	QL(372 EA per 31 days)
SYMTUZA	2	QL(31 EA per 31 days)
VIRACEPT TABLET 625MG	2	QL(124 EA per 31 days)
VIRACEPT TABLET 250MG	2	QL(310 EA per 31 days)
Anti-influenza Agents		
oseltamivir phosphate capsule 30mg	1	QL(168 EA per 365 days)
oseltamivir phosphate capsule 45mg, 75mg	1	QL(84 EA per 365 days)
oseltamivir phosphate suspension reconstituted	1	QL(1080 ML per 365 days)

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER	2	QL(60 EA per 180 days)
rimantadine hydrochloride	1	
XOFLUZA TABLET THERAPY PACK 80MG	2	QL(1 EA per 30 days)
XOFLUZA TABLET THERAPY PACK 40MG	2	QL(2 EA per 30 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	1	B/D
acyclovir capsule, suspension, tablet	1	
acyclovir ointment	1	QL(30 GM per 30 days)
famciclovir tablet	1	
penciclovir cream	1	
valacyclovir hydrochloride tablet 1gm	1	QL(124 EA per 31 days)
valacyclovir hydrochloride tablet 500mg	1	QL(62 EA per 31 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	1	
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	1	
hydroxyzine hcl tablet 50mg	1	
hydroxyzine hydrochloride tablet 10mg, 25mg	1	
Benzodiazepines		
alprazolam tablet 0.25mg, 0.5mg, 1mg	1	QL(124 EA per 31 days)
alprazolam tablet 2mg	1	QL(155 EA per 31 days)
chlordiazepoxide hcl capsule 10mg, 5mg	1	QL(124 EA per 31 days)
chlordiazepoxide hydrochloride capsule 25mg	1	QL(124 EA per 31 days)
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	1	QL(124 EA per 31 days)
clonazepam odt tablet disintegrating 2mg	1	QL(310 EA per 31 days)
clonazepam tablet 0.5mg, 1mg	1	QL(124 EA per 31 days)
clonazepam tablet 2mg	1	QL(310 EA per 31 days)
clorazepate dipotassium tablet 3.75mg, 7.5mg	1	QL(124 EA per 31 days)
clorazepate dipotassium tablet 15mg	1	QL(186 EA per 31 days)
diazepam intensol	1	QL(248 ML per 31 days)
diazepam injection	1	
diazepam tablet	1	QL(124 EA per 31 days)
diazepam oral solution	1	QL(1240 ML per 31 days)
diazepam concentrate	1	QL(248 ML per 31 days)
lorazepam intensol	1	QL(155 ML per 31 days)
lorazepam injection 2mg/ml, 4mg/ml	1	
lorazepam tablet 0.5mg, 1mg	1	QL(124 EA per 31 days)
lorazepam tablet 2mg	1	QL(155 EA per 31 days)
oxazepam	1	QL(124 EA per 31 days)
Bipolar Agents		
Mood Stabilizers		
divalproex sodium dr	1	
divalproex sodium er	1	

Drug Name	Drug Tier	Requirements/Limits
divalproex sodium capsule delayed release sprinkle	1	
EQUETRO	2	
lithium	1	
lithium carbonate er	1	
lithium carbonate capsule, tablet	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet 50mg	1	QL(186 EA per 31 days)
acarbose tablet 25mg	1	QL(372 EA per 31 days)
acarbose tablet 100mg	1	QL(93 EA per 31 days)
BYDUREON BCISE	2	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	2	QL(1.2 ML per 30 days); PA
BYETTA INJECTION 10MCG/0.04ML	2	QL(2.4 ML per 30 days); PA
glimepiride tablet 2mg	1	QL(124 EA per 31 days)
glimepiride tablet 1mg	1	QL(248 EA per 31 days)
glimepiride tablet 4mg	1	QL(62 EA per 31 days)
glipizide er tablet extended release 24 hour 5mg	1	QL(124 EA per 31 days)
glipizide er tablet extended release 24 hour 2.5mg	1	QL(248 EA per 31 days)
glipizide er tablet extended release 24 hour 10mg	1	QL(62 EA per 31 days)
glipizide xl tablet extended release 24 hour 5mg	1	QL(124 EA per 31 days)
glipizide xl tablet extended release 24 hour 2.5mg	1	QL(248 EA per 31 days)
glipizide xl tablet extended release 24 hour 10mg	1	QL(62 EA per 31 days)
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL(124 EA per 31 days)
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL(248 EA per 31 days)
glipizide tablet 10mg	1	QL(124 EA per 31 days)
glipizide tablet 5mg	1	QL(248 EA per 31 days)
glipizide tablet 2.5mg	1	QL(62 EA per 31 days)
glyburide micronized tablet 3mg	1	QL(124 EA per 31 days)
glyburide micronized tablet 1.5mg	1	QL(248 EA per 31 days)
glyburide micronized tablet 6mg	1	QL(62 EA per 31 days)
glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL(124 EA per 31 days)
glyburide/metformin hydrochloride tablet 1.25mg; 250mg	1	QL(248 EA per 31 days)
glyburide tablet 5mg	1	QL(124 EA per 31 days)
glyburide tablet 2.5mg	1	QL(248 EA per 31 days)
glyburide tablet 1.25mg	1	QL(496 EA per 31 days)
GLYXAMBI	2	QL(31 EA per 31 days)
INVOKAMET	2	QL(62 EA per 31 days)
INVOKAMET XR	2	QL(62 EA per 31 days)
INVOKANA	2	QL(31 EA per 31 days)
JANUMET	2	QL(62 EA per 31 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG, 500MG; 50MG	2	QL(31 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG	2	QL(62 EA per 31 days)
JANUVIA	2	QL(31 EA per 31 days)
JARDIANCE	2	QL(31 EA per 31 days)
JENTADUETO	2	QL(62 EA per 31 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL(31 EA per 31 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL(62 EA per 31 days)
LIRAGLUTIDE	2	QL(9 ML per 30 days); PA
metformin hydrochloride er tablet extended release 24 hour 500mg	1	QL(124 EA per 31 days)
metformin hydrochloride er tablet extended release 24 hour 750mg	1	QL(62 EA per 31 days)
metformin hydrochloride solution	1	QL(791 ML per 31 days)
metformin hydrochloride tablet 500mg	1	QL(155 EA per 31 days)
metformin hydrochloride tablet 1000mg	1	QL(78 EA per 31 days)
metformin hydrochloride tablet 850mg	1	QL(93 EA per 31 days)
miglitol tablet 50mg	1	QL(186 EA per 31 days)
miglitol tablet 25mg	1	QL(372 EA per 31 days)
miglitol tablet 100mg	1	QL(93 EA per 31 days)
MOUNJARO	2	QL(2 ML per 28 days); PA
nateglinide tablet 60mg	1	QL(186 EA per 31 days)
nateglinide tablet 120mg	1	QL(93 EA per 31 days)
NESINA	2	QL(31 EA per 31 days); ST
OSENI	2	QL(31 EA per 31 days)
OZEMPIC INJECTION 2MG/1.5ML	2	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL(3 ML per 28 days); PA
pioglitazone hcl-glimepiride	1	QL(31 EA per 31 days)
pioglitazone hcl/metformin hcl	1	QL(93 EA per 31 days)
pioglitazone hcl tablet 45mg	1	QL(31 EA per 31 days)
pioglitazone hydrochloride tablet 15mg, 30mg	1	QL(31 EA per 31 days)
repaglinide tablet 2mg	1	QL(248 EA per 31 days)
repaglinide tablet 1mg	1	QL(496 EA per 31 days)
repaglinide tablet 0.5mg	1	QL(992 EA per 31 days)
RYBELSUS	2	QL(31 EA per 31 days); PA
saxagliptin hydrochloride	1	QL(31 EA per 31 days)
saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg	1	QL(31 EA per 31 days)
saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg	1	QL(62 EA per 31 days)
SOLIQUA 100/33	2	QL(15 ML per 24 days)
SYMLINPEN 120	2	QL(10.8 ML per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60	2	QL(6 ML per 30 days); NDS
SYNJARDY	2	QL(62 EA per 31 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL(31 EA per 31 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL(62 EA per 31 days)
TRADJENTA	2	QL(31 EA per 31 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL(31 EA per 31 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL(62 EA per 31 days)
TRULICITY	2	QL(2 ML per 28 days); PA
VICTOZA	2	QL(9 ML per 30 days); PA
XULTOPHY 100/3.6	2	QL(15 ML per 30 days); ST
Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide suspension	1	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	2	
glucagon emergency kit for low blood sugar injection 1mg	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
Insulins		
APIDRA	2	ST
APIDRA SOLOSTAR	2	ST
HUMALOG	1	
HUMALOG JUNIOR KWIKPEN	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 75/25	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMULIN 70/30	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN N	1	
HUMULIN N KWIKPEN	1	
HUMULIN R	1	
HUMULIN R U-500 (CONCENTRATED)	1	
HUMULIN R U-500 KWIKPEN	1	

Drug Name	Drug Tier	Requirements/Limits
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	ST
NOVOLIN 70/30 FLEXPEN	2	ST
NOVOLIN 70/30 FLEXPEN RELION	2	ST
NOVOLIN 70/30 RELION	2	ST
NOVOLIN N	2	ST
NOVOLIN N FLEXPEN	2	ST
NOVOLIN N FLEXPEN RELION	2	ST
NOVOLIN N RELION	2	ST
NOVOLIN R	2	ST
NOVOLIN R FLEXPEN	2	ST
NOVOLIN R FLEXPEN RELION	2	ST
NOVOLIN R RELION	2	ST
NOVOLOG	2	ST
NOVOLOG FLEXPEN	2	ST
NOVOLOG FLEXPEN RELION	2	ST
NOVOLOG MIX 70/30	2	ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	ST
NOVOLOG MIX 70/30 RELION	2	ST
NOVOLOG PENFILL	2	ST
NOVOLOG RELION	2	ST
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
Anticoagulants		
CEPROTIN	2	NDS
dabigatran etexilate	1	QL(62 EA per 31 days)
ELIQUIS	2	QL(62 EA per 31 days)
ELIQUIS STARTER PACK	2	QL(148 EA per 365 days)
enoxaparin sodium injection 300mg/3ml	1	
enoxaparin sodium injection 40mg/0.4ml	1	QL(11.2 ML per 28 days)
enoxaparin sodium injection 30mg/0.3ml, 60mg/0.6ml	1	QL(16.8 ML per 28 days)
enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml	1	QL(22.4 ML per 28 days)
enoxaparin sodium injection 100mg/ml, 150mg/ml	1	QL(28 ML per 28 days)
fondaparinux sodium injection 2.5mg/0.5ml	1	
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	1	NDS

Drug Name	Drug Tier	Requirements/Limits
heparin sodium/d5w injection 5%; 100unit/ml, 5%; 25000unit/500ml, 5%; 40unit/ml	1	
heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml	1	
heparin sodium/nacl 0.45% injection 25000unit/250ml; 0.45%	1	
heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%	1	
heparin sodium/sodium chloride 0.9% injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%	1	
heparin sodium/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%	1	
heparin sodium injection 10000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	1	
heparin sodium injection 1000unit/ml	1	B/D
jantoven	1	
PRADAXA CAPSULE 110MG	3	QL(62 EA per 31 days)
warfarin sodium tablet	1	
XARELTO STARTER PACK	2	QL(102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED	2	QL(600 ML per 30 days)
XARELTO TABLET 10MG, 20MG	2	QL(31 EA per 31 days)
XARELTO TABLET 15MG, 2.5MG	2	QL(62 EA per 31 days)
Blood Products and Modifiers, Other		
ADAKVEO	2	PA; NDS
anagrelide hydrochloride	1	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	3	PA; NDS
FULPHILA	2	ST; NDS
GRANIX	2	ST; NDS
LEUKINE INJECTION 250MCG	2	PA; NDS
MOZOBIL	2	NDS
MULPLETA	2	QL(7 EA per 7 days); PA; NDS
NEULASTA	2	NDS
NEULASTA ONPRO KIT	2	NDS
NEUPOGEN	2	ST; NDS
NIVESTYM	1	ST; NDS
NPLATE	2	PA; NDS
plerixafor	1	NDS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	2	PA; NDS
PROMACTA PACKET	2	QL(186 EA per 31 days); PA; NDS
PROMACTA TABLET 12.5MG, 25MG	2	QL(31 EA per 31 days); PA; NDS
PROMACTA TABLET 50MG, 75MG	2	QL(62 EA per 31 days); PA; NDS
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	2	QL(14 EA per 14 days); PA; NDS
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	2	QL(7 EA per 7 days); PA; NDS
PYRUKYND TABLET 50MG	2	QL(112 EA per 28 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	2	QL(56 EA per 28 days); PA; NDS
REBLOZYL	2	PA; NDS
RETACRIT	2	PA
UDENYCA	2	NDS
UDENYCA ONBODY	2	NDS
XOLREMDI	2	QL(124 EA per 31 days); PA; NDS
ZARXIO	1	NDS
ZIEXTENZO	2	ST; NDS
Hemostasis Agents		
aminocaproic acid solution	1	NDS
aminocaproic acid tablet 500mg	1	
aminocaproic acid tablet 1000mg	1	NDS
tranexamic acid tablet	1	QL(30 EA per 5 days)
Platelet Modifying Agents		
aspirin/dipyridamole er	1	QL(62 EA per 31 days)
BRILINTA	2	QL(62 EA per 31 days)
CABLIVI	2	QL(31 EA per 31 days); PA; NDS
cilostazol	1	
clopidogrel tablet 300mg	1	QL(1 EA per 31 days)
clopidogrel tablet 75mg	1	QL(31 EA per 31 days)
dipyridamole tablet	1	
DOPTELET	2	QL(93 EA per 31 days); PA; NDS
prasugrel hydrochloride	1	QL(31 EA per 31 days)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	1	QL(4 EA per 28 days)
clonidine hydrochloride tablet	1	
droxidopa capsule 200mg, 300mg	1	QL(186 EA per 31 days); PA
droxidopa capsule 100mg	1	QL(93 EA per 31 days); PA
midodrine hcl	1	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate tablet 1mg, 2mg, 4mg	1	QL(31 EA per 31 days)
doxazosin mesylate tablet 8mg	1	QL(62 EA per 31 days)
phenoxybenzamine hydrochloride	1	NDS
prazosin hydrochloride capsule	1	
Angiotensin II Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil tablet 16mg, 32mg, 4mg	1	QL(31 EA per 31 days)
candesartan cilexetil tablet 8mg	1	QL(93 EA per 31 days)
irbesartan tablet 150mg, 300mg	1	QL(31 EA per 31 days)
irbesartan tablet 75mg	1	QL(93 EA per 31 days)
losartan potassium tablet 100mg	1	QL(31 EA per 31 days)
losartan potassium tablet 25mg, 50mg	1	QL(62 EA per 31 days)
olmesartan medoxomil tablet 20mg, 40mg	1	QL(31 EA per 31 days)
olmesartan medoxomil tablet 5mg	1	QL(62 EA per 31 days)
telmisartan	1	QL(31 EA per 31 days)
valsartan tablet 320mg	1	QL(31 EA per 31 days)
valsartan tablet 160mg, 40mg, 80mg	1	QL(62 EA per 31 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl tablet 10mg, 40mg, 5mg	1	QL(62 EA per 31 days)
benazepril hydrochloride tablet 20mg	1	QL(62 EA per 31 days)
captopril tablet 100mg	1	QL(124 EA per 31 days)
captopril tablet 50mg	1	QL(279 EA per 31 days)
captopril tablet 12.5mg, 25mg	1	QL(93 EA per 31 days)
enalapril maleate tablet	1	QL(62 EA per 31 days)
fosinopril sodium	1	QL(62 EA per 31 days)
lisinopril tablet	1	QL(62 EA per 31 days)
moexipril hcl	1	QL(62 EA per 31 days)
perindopril erbumine	1	QL(62 EA per 31 days)
quinapril hydrochloride	1	QL(62 EA per 31 days)
ramipril	1	QL(62 EA per 31 days)
trandolapril tablet 1mg, 2mg	1	QL(31 EA per 31 days)
trandolapril tablet 4mg	1	QL(62 EA per 31 days)
Antiarrhythmics		
adenosine injection 12mg/4ml, 6mg/2ml	1	
amiodarone hcl injection 900mg/18ml	1	
amiodarone hydrochloride	1	
dofetilide capsule 125mcg	1	QL(186 EA per 31 days)
dofetilide capsule 250mcg, 500mcg	1	QL(62 EA per 31 days)
flecainide acetate	1	
ibutilide fumarate	1	
lidocaine hcl injection 100mg/5ml, 50mg/5ml	1	B/D
mexiletine hcl	1	
MULTAQ	2	
procainamide hcl injection	1	
procainamide hydrochloride injection 100mg/ml	1	
propafenone hcl	1	
propafenone hydrochloride er	1	
propafenone hydrochloride tablet 300mg	1	
quinidine gluconate cr	1	
quinidine gluconate er	1	

Drug Name	Drug Tier	Requirements/Limits
quinidine sulfate tablet	1	
sorine	1	
sotalol hcl	1	
sotalol hydrochloride (af)	1	
sotalol hydrochloride tablet 120mg, 160mg, 80mg	1	
SOTYLIZE	2	PA
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride	1	
atenolol tablet	1	
betaxolol hcl tablet 10mg, 20mg	1	
bisoprolol fumarate	1	
carvedilol	1	
labetalol hydrochloride tablet	1	
metoprolol succinate er	1	
metoprolol tartrate injection 5mg/5ml	1	
metoprolol tartrate tablet 100mg, 25mg, 50mg	1	
nadolol tablet 20mg, 40mg, 80mg	1	
nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg	1	QL(31 EA per 31 days)
nebivolol hydrochloride tablet 20mg	1	QL(62 EA per 31 days)
pindolol tablet	1	
propranolol hcl er capsule extended release 24 hour 120mg, 160mg	1	
propranolol hcl solution	1	
propranolol hcl tablet 40mg	1	
propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg	1	
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tablet	1	
felodipine er	1	
isradipine	1	
nicardipine hcl capsule	1	
nifedipine er	1	
nimodipine capsule	1	
nisoldipine er	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR 120MG	3	
cartia xt	1	
dilt-xr	1	
diltiazem hcl cd	1	
diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour	1	
diltiazem hcl injection 100mg, 125mg/25ml, 50mg/10ml	1	
diltiazem hcl tablet 30mg, 60mg, 90mg	1	
diltiazem hydrochloride er capsule extended release 24 hour	1	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hydrochloride injection 25mg/5ml	1	
diltiazem hydrochloride tablet 120mg	1	
matzim la	1	
taztia xt	1	
tiadylt er	1	
verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg	1	
verapamil hcl er tablet extended release 120mg, 240mg	1	
verapamil hcl sr capsule extended release 24 hour	1	
verapamil hcl tablet 40mg, 80mg	1	
verapamil hydrochloride er capsule extended release 24 hour 200mg	1	
verapamil hydrochloride er tablet extended release 120mg, 180mg	1	
verapamil hydrochloride tablet 120mg	1	
Cardiovascular Agents, Other		
acetazolamide	1	
acetazolamide er	1	
acetazolamide sodium	1	
ALDACTAZIDE TABLET 50MG; 50MG	3	
aliskiren	1	QL(31 EA per 31 days); ST
amiloride/hydrochlorothiazide	1	
amlodipine besylate/atorvastatin calcium	1	QL(31 EA per 31 days)
amlodipine besylate/benazepril hydrochloride	1	QL(31 EA per 31 days)
amlodipine besylate/valsartan	1	QL(31 EA per 31 days)
amlodipine/olmesartan medoxomil	1	QL(31 EA per 31 days)
amlodipine/valsartan/hydrochlorothiazide	1	QL(31 EA per 31 days)
atenolol/chlorthalidone	1	
benazepril hydrochloride/hydrochlorothiazide	1	QL(31 EA per 31 days)
bisoprolol fumarate/hydrochlorothiazide	1	QL(62 EA per 31 days)
candesartan cilexetil/hydrochlorothiazide	1	QL(31 EA per 31 days)
captopril/hydrochlorothiazide tablet 25mg; 25mg, 50mg; 25mg	1	QL(62 EA per 31 days)
captopril/hydrochlorothiazide tablet 25mg; 15mg, 50mg; 15mg	1	QL(93 EA per 31 days)
CORLANOR SOLUTION	2	QL(465 ML per 31 days); PA
CORLANOR TABLET	2	QL(62 EA per 31 days); PA

Drug Name	Drug Tier	Requirements/Limits
DEMSER	2	NDS
digoxin solution	1	QL(155 ML per 31 days)
digoxin tablet 125mcg, 250mcg, 62.5mcg	1	QL(31 EA per 31 days)
enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg	1	QL(31 EA per 31 days)
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg	1	QL(62 EA per 31 days)
ENTRESTO CAPSULE SPRINKLE	2	QL(248 EA per 31 days)
ENTRESTO TABLET	2	QL(62 EA per 31 days)
fosinopril sodium/hydrochlorothiazide	1	QL(124 EA per 31 days)
irbesartan/hydrochlorothiazide	1	QL(31 EA per 31 days)
isosorbide dinitrate/hydralazine hydrochloride	1	QL(186 EA per 31 days)
ivabradine hydrochloride	1	QL(62 EA per 31 days); PA
KERENDIA	2	QL(30 EA per 30 days); PA
lisinopril/hydrochlorothiazide tablet 12.5mg; 20mg	1	QL(124 EA per 31 days)
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg	1	QL(31 EA per 31 days)
lisinopril/hydrochlorothiazide tablet 25mg; 20mg	1	QL(62 EA per 31 days)
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg	1	QL(31 EA per 31 days)
losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg	1	QL(62 EA per 31 days)
metoprolol/hydrochlorothiazide	1	
metyrosine	1	NDS
olmesartan medoxomil/amlodipine/hydrochlorothiazide	1	QL(31 EA per 31 days)
olmesartan medoxomil/hydrochlorothiazide	1	QL(31 EA per 31 days)
pentoxifylline er	1	
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg	1	QL(31 EA per 31 days)
quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg	1	QL(62 EA per 31 days)
ranolazine er	1	QL(62 EA per 31 days)
spironolactone/hydrochlorothiazide	1	
telmisartan/amlodipine	1	QL(31 EA per 31 days)
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg	1	QL(31 EA per 31 days)
telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg	1	QL(62 EA per 31 days)
trandolapril/verapamil hcl er	1	QL(31 EA per 31 days)
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tablet	1	
valsartan/hydrochlorothiazide	1	QL(31 EA per 31 days)
Diuretics, Loop		
bumetanide injection, tablet	1	
ethacrynic acid tablet	1	QL(496 EA per 31 days)
furosemide oral solution, tablet	1	
furosemide injection	1	B/D
torsemide tablet	1	
Diuretics, Potassium-sparing		
amiloride hcl tablet	1	

Drug Name	Drug Tier	Requirements/Limits
eplerenone	1	
spironolactone tablet	1	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	1	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	1	
fenofibrate capsule 130mg, 43mg	1	
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	1	
fenofibric acid dr	1	
gemfibrozil tablet	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium	1	QL(31 EA per 31 days)
fluvastatin capsule 20mg	1	QL(31 EA per 31 days)
fluvastatin capsule 40mg	1	QL(62 EA per 31 days)
lovastatin tablet 10mg, 20mg	1	QL(31 EA per 31 days)
lovastatin tablet 40mg	1	QL(62 EA per 31 days)
pravastatin sodium	1	QL(31 EA per 31 days)
rosuvastatin calcium tablet	1	QL(31 EA per 31 days)
simvastatin tablet	1	QL(31 EA per 31 days)
Dyslipidemics, Other		
cholestyramine light	1	
cholestyramine packet, powder	1	
colesevelam hydrochloride	1	
colestipol hcl	1	
ezetimibe	1	QL(31 EA per 31 days)
ezetimibe/simvastatin	1	QL(31 EA per 31 days)
icosapent ethyl capsule 1gm	1	QL(124 EA per 31 days)
icosapent ethyl capsule 0.5gm	1	QL(248 EA per 31 days)
JUXTAPID CAPSULE 10MG, 5MG	2	QL(31 EA per 31 days); PA; NDS
JUXTAPID CAPSULE 20MG, 30MG	2	QL(62 EA per 31 days); PA; NDS
niacin er	1	
niacin tablet 500mg	1	
niacor	1	
omega-3-acid ethyl esters	1	QL(124 EA per 31 days)
PRALUENT	2	QL(2 ML per 28 days); PA
prevalite	1	
REPATHA	2	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	2	QL(7 ML per 28 days); PA
REPATHA SURECLICK	2	QL(3 ML per 28 days); PA
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
nitro-bid	1	
nitroglycerin transdermal	1	
nitroglycerin solution	1	
nitroglycerin ointment	1	QL(30 GM per 30 days)
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	1	
RECTIV	2	QL(30 GM per 30 days)
VERQUVO	2	QL(31 EA per 31 days); PA
Vasodilators, Direct-acting Arterial		
hydralazine hcl tablet 10mg	1	
hydralazine hydrochloride tablet 100mg, 25mg, 50mg	1	
minoxidil tablet	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg	1	QL(62 EA per 31 days); 10MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	1	QL(62 EA per 31 days); 15MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	1	QL(62 EA per 31 days); 20MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	1	QL(62 EA per 31 days); 25MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	1	QL(62 EA per 31 days); 30MG ER Oral Capsule
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	1	QL(62 EA per 31 days); 5MG ER Oral Capsule
amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg	1	QL(62 EA per 31 days); 10MG Oral Tablet
amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg	1	QL(62 EA per 31 days); 12.5MG Oral Tablet
amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg	1	QL(62 EA per 31 days); 15MG Oral Tablet
amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg	1	QL(62 EA per 31 days); 30MG Oral Tablet
amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg	1	QL(62 EA per 31 days); 5MG Oral Tablet
amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg	1	QL(62 EA per 31 days); 7.5MG Oral Tablet
amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg	1	QL(93 EA per 31 days); 20MG Oral Tablet
dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 15mg	1	QL(124 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate er capsule extended release 24 hour 5mg	1	QL(93 EA per 31 days)
dextroamphetamine sulfate tablet 10mg	1	QL(186 EA per 31 days)
dextroamphetamine sulfate tablet 5mg	1	QL(93 EA per 31 days)
lisdexamfetamine dimesylate	1	QL(31 EA per 31 days)
VYVANSE	2	QL(31 EA per 31 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride capsule 10mg, 25mg	1	QL(31 EA per 31 days)
atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg	1	QL(31 EA per 31 days)
clonidine hydrochloride er	1	PA
dexmethylphenidate hcl tablet 10mg, 5mg	1	QL(62 EA per 31 days)
dexmethylphenidate hydrochloride tablet 2.5mg	1	QL(62 EA per 31 days)
guanfacine hydrochloride er	1	
methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg	1	QL(31 EA per 31 days)
methylphenidate hydrochloride er capsule extended release 40mg	1	QL(31 EA per 31 days)
methylphenidate hydrochloride er tablet extended release 24 hour 18mg	1	QL(31 EA per 31 days)
methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg	1	QL(31 EA per 31 days)
methylphenidate hydrochloride er tablet extended release 36mg	1	QL(62 EA per 31 days)
methylphenidate hydrochloride er tablet extended release 10mg, 20mg	1	QL(93 EA per 31 days)
methylphenidate hydrochloride tablet	1	QL(93 EA per 31 days)
methylphenidate hydrochloride solution 5mg/5ml	1	QL(1860 ML per 31 days)
methylphenidate hydrochloride solution 10mg/5ml	1	QL(930 ML per 31 days)
methylphenidate hydrochloride tablet chewable 10mg	1	QL(186 EA per 31 days)
methylphenidate hydrochloride tablet chewable 2.5mg, 5mg	1	QL(93 EA per 31 days)
Central Nervous System, Other		
edaravone	1	PA; NDS
FIRDAPSE	2	QL(310 EA per 31 days); PA; NDS
NUEDEXTA	2	QL(62 EA per 31 days); PA; NDS
RADICAVA	2	PA; NDS
RADICAVA ORS	2	QL(70 ML per 28 days); PA; NDS
RADICAVA ORS STARTER KIT	2	QL(70 ML per 28 days); PA; NDS
riluzole	1	
SKYCLARYS	2	QL(93 EA per 31 days); PA; NDS
tetrabenazine tablet 25mg	1	QL(124 EA per 31 days); PA; NDS
tetrabenazine tablet 12.5mg	1	QL(93 EA per 31 days); PA
Fibromyalgia Agents		

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 40MG, 60MG	2	QL(62 EA per 31 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	2	QL(93 EA per 31 days); PA
duloxetine hcl capsule delayed release particles 40mg	1	QL(62 EA per 31 days)
duloxetine hydrochloride capsule delayed release particles 20mg, 60mg	1	QL(62 EA per 31 days)
duloxetine hydrochloride capsule delayed release particles 30mg	1	QL(93 EA per 31 days)
pregabalin capsule 100mg, 25mg, 50mg, 75mg	1	QL(124 EA per 31 days)
pregabalin capsule 225mg, 300mg	1	QL(62 EA per 31 days)
pregabalin capsule 150mg, 200mg	1	QL(93 EA per 31 days)
pregabalin solution	1	QL(930 ML per 31 days)
SAVELLA	2	QL(62 EA per 31 days)
SAVELLA TITRATION PACK	2	QL(55 EA per 180 days)
Multiple Sclerosis Agents		
AVONEX PEN	2	QL(1 EA per 28 days); NDS
AVONEX INJECTION 30MCG/0.5ML	2	QL(4 EA per 28 days); NDS
BETASERON	2	QL(15 EA per 30 days); NDS
dalfampridine er	1	QL(62 EA per 31 days)
dimethyl fumarate starterpack	1	QL(120 EA per 365 days)
dimethyl fumarate capsule delayed release 120mg	1	QL(14 EA per 31 days)
dimethyl fumarate capsule delayed release 240mg	1	QL(62 EA per 31 days)
EXTAVIA	2	QL(15 EA per 30 days); NDS
fingolimod hydrochloride	1	QL(31 EA per 31 days); NDS
GILENYA CAPSULE 0.25MG	2	QL(62 EA per 31 days); NDS
glatiramer acetate injection 40mg/ml	1	QL(12 ML per 28 days); NDS
glatiramer acetate injection 20mg/ml	1	QL(30 ML per 30 days); NDS
glatopa injection 40mg/ml	1	QL(12 ML per 28 days); NDS
glatopa injection 20mg/ml	1	QL(30 ML per 30 days); NDS
KESIMPTA	2	NDS
LEMTRADA	2	PA; NDS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	2	QL(14 EA per 365 days)
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	2	QL(24 EA per 365 days)
MAYZENT TABLET 0.25MG	2	QL(124 EA per 31 days); NDS
MAYZENT TABLET 1MG, 2MG	2	QL(31 EA per 31 days); NDS
OCREVUS	2	PA; NDS
OCREVUS ZUNOVO	2	QL(23 ML per 168 days); PA; NDS
PLEGRIDY	2	QL(1 ML per 28 days); NDS
PLEGRIDY STARTER PACK	2	QL(2 ML per 365 days); NDS
REBIF	2	QL(6 ML per 28 days); NDS
REBIF REBIDOSE	2	QL(6 ML per 28 days); NDS

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK	2	QL(8.4 ML per 365 days); NDS
REBIF TITRATION PACK	2	QL(8.4 ML per 365 days); NDS
teriflunomide tablet 14mg	1	QL(31 EA per 31 days); NDS
teriflunomide tablet 7mg	1	QL(62 EA per 31 days); NDS
TYSABRI	2	PA; NDS
ZEPOSIA	2	QL(31 EA per 31 days); PA; NDS
ZEPOSIA 7-DAY STARTER PACK	2	QL(14 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	2	QL(56 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	2	QL(74 EA per 365 days); PA
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hydrochloride	1	
chlorhexidine gluconate solution	1	
kourzeq	1	
oralone dental paste	1	
periogard	1	
pilocarpine hydrochloride	1	
triamcinolone acetonide dental paste	1	
Dermatological Agents		
Acne and Rosacea Agents		
accutane	1	PA
acitretin	1	
adapalene pump	1	PA
adapalene cream, gel	1	PA
amnesteem	1	PA
azelaic acid	1	QL(50 GM per 30 days)
claravis	1	PA
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	1	
clindamycin/benzoyl peroxide	1	
erythromycin/benzoyl peroxide	1	
isotretinoin capsule	1	PA
myorisan	1	PA
neuac	1	
tazarotene gel	1	QL(100 GM per 30 days); PA
tazarotene cream	1	QL(60 GM per 30 days); PA
TAZORAC CREAM 0.05%	2	QL(60 GM per 30 days); PA
tretinoin cream 0.025%, 0.05%, 0.1%	1	PA
tretinoin gel 0.01%, 0.025%, 0.05%	1	PA
zenatane	1	PA
Dermatitis and Pruritus Agents		
ala-cort	1	
alclometasone dipropionate	1	
ammonium lactate	1	
betamethasone dipropionate	1	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate augmented	1	
betamethasone valerate	1	
clobetasol propionate e	1	QL(120 GM per 30 days)
clobetasol propionate emollient	1	QL(100 GM per 30 days)
clobetasol propionate foam	1	QL(100 GM per 30 days)
clobetasol propionate lotion	1	QL(118 ML per 30 days)
clobetasol propionate cream, gel, ointment	1	QL(120 GM per 30 days)
clobetasol propionate shampoo, solution	1	QL(120 ML per 30 days)
clodan	1	QL(120 ML per 30 days)
desonide lotion	1	QL(118 ML per 30 days)
desonide ointment	1	QL(120 GM per 30 days)
desonide cream	1	QL(60 GM per 30 days)
desoximetasone gel, ointment	1	
desoximetasone cream	1	QL(100 GM per 30 days)
doxepin hydrochloride cream 5%	1	QL(90 GM per 30 days); PA
fluocinolone acetonide body	1	
fluocinolone acetonide scalp	1	
fluocinolone acetonide topical	1	
fluocinolone acetonide cream 0.01%, 0.025%	1	
fluocinolone acetonide ointment 0.025%	1	
fluocinolone acetonide solution 0.01%	1	
fluocinonide emulsified base	1	QL(60 GM per 30 days)
fluocinonide cream, gel, ointment	1	QL(60 GM per 30 days)
fluocinonide solution	1	QL(60 ML per 30 days)
fluticasone propionate cream 0.05%	1	
fluticasone propionate lotion 0.05%	1	
fluticasone propionate ointment 0.005%	1	
halobetasol propionate	1	
hydrocortisone butyrate	1	
hydrocortisone butyrate (lipid)	1	
hydrocortisone butyrate (lipophilic)	1	
hydrocortisone valerate	1	
hydrocortisone cream 1%, 2.5%	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone ointment 2.5%	1	
mometasone furoate	1	
pimecrolimus	1	QL(100 GM per 30 days); ST
prednicarbate	1	
selenium sulfide	1	
tacrolimus ointment 0.03%, 0.1%	1	QL(100 GM per 30 days); ST
tovet	1	QL(100 GM per 30 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	1	
triamcinolone acetonide lotion 0.025%, 0.1%	1	
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	1	

Drug Name	Drug Tier	Requirements/Limits
triderm	1	
Dermatological Agents, Other		
calcipotriene/betamethasone dipropionate	1	QL(400 GM per 30 days)
calcipotriene cream, ointment	1	QL(120 GM per 30 days)
calcipotriene solution	1	QL(120 ML per 30 days)
calcitriol ointment 3mcg/gm	1	NDS
clotrimazole/betamethasone dipropionate lotion	1	QL(60 ML per 30 days)
clotrimazole/betamethasone dipropionate cream	1	QL(90 GM per 30 days)
diclofenac sodium gel 3%	1	QL(100 GM per 30 days)
fluorouracil cream 0.5%	1	QL(30 GM per 30 days); PA; NDS
fluorouracil cream 5%	1	QL(40 GM per 30 days)
fluorouracil external solution 2%, 5%	1	
imiquimod cream 5%	1	QL(24 EA per 30 days)
methoxsalen capsule	1	NDS
nystatin/triamcinolone	1	QL(60 GM per 30 days)
nystatin/triamcinolone acetonide ointment	1	QL(60 GM per 30 days)
podofilox solution	1	
REGRANEX	2	PA; NDS
SANTYL	2	
silver sulfadiazine	1	
ssd	1	
VYJUVEK	2	PA; NDS
Pediculicides/Scabicides		
malathion	1	
permethrin cream	1	
Topical Anti-infectives		
ciclodan solution	1	
ciclopirox nail lacquer	1	
ciclopirox olamine	1	QL(90 GM per 30 days)
ciclopirox shampoo	1	QL(120 ML per 30 days)
ciclopirox gel	1	QL(45 GM per 30 days)
ciclopirox suspension	1	QL(60 ML per 30 days)
clindacin etz pledgets	1	QL(69 EA per 30 days)
clindacin-p	1	QL(69 EA per 30 days)
clindamycin phosphate gel 1%	1	QL(75 GM per 30 days)
clindamycin phosphate gel 1%	1	QL(75 ML per 30 days)
clindamycin phosphate lotion 1%	1	QL(60 ML per 30 days)
clindamycin phosphate external solution 1%	1	QL(60 ML per 30 days)
clindamycin phosphate swab 1%	1	QL(69 EA per 30 days)
clotrimazole cream 1%	1	QL(45 GM per 30 days)
clotrimazole solution 1%	1	QL(30 ML per 30 days)
econazole nitrate	1	QL(90 GM per 30 days)
ery	1	
erythromycin gel 2%	1	

Drug Name	Drug Tier	Requirements/Limits
erythromycin solution 2%	1	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate ointment 0.1%	1	
ketoconazole cream 2%	1	QL(90 GM per 30 days)
ketoconazole shampoo 2%	1	QL(120 ML per 30 days)
klayesta	1	QL(120 GM per 30 days)
mupirocin cream	1	
mupirocin ointment	1	QL(110 GM per 30 days)
nyamyc	1	QL(120 GM per 30 days)
nystatin cream 100000unit/gm	1	QL(30 GM per 30 days)
nystatin ointment 100000unit/gm	1	QL(30 GM per 30 days)
nystatin powder 100000unit/gm	1	QL(120 GM per 30 days)
nystop	1	QL(120 GM per 30 days)
sulfacetamide sodium lotion 10%	1	PA
SULFAMYLON CREAM	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML	2	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	2	B/D
carglumic acid	1	NDS
CLINIMIX 4.25%/DEXTROSE 10%	2	B/D
CLINIMIX 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX 5%/DEXTROSE 15%	2	B/D
CLINIMIX 5%/DEXTROSE 20%	2	B/D
CLINIMIX 6/5	2	B/D
CLINIMIX 8/10	2	B/D
CLINIMIX 8/14	2	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	2	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	2	B/D
CLINIMIX E 5%/DEXTROSE 15%	2	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 20%	2	B/D
CLINIMIX E 8/10	2	B/D
CLINIMIX E 8/14	2	B/D
CLINPRO 5000	2	
denta 5000 plus	1	
dentagel	1	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
dextrose 10%	1	
dextrose 10%/sodium chloride 0.2%	1	
dextrose 10%/sodium chloride 0.45%	1	
dextrose 2.5%/sodium chloride 0.45%	1	
dextrose 25% injection 250mg/ml	1	
dextrose 5%	1	B/D
dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l	1	
dextrose 5%/sodium chloride 0.2%	1	
dextrose 5%/sodium chloride 0.3%	1	
dextrose 5%/sodium chloride 0.33%	1	
dextrose 5%/sodium chloride 0.45%	1	
dextrose 5%/sodium chloride 0.9%	1	B/D
dextrose 50%	1	
dextrose 70%	1	
dextrose/sodium chloride	1	
ENDARI	2	PA; NDS
fluoride tablet chewable 1mg	1	
fluoridex daily renewal	1	
FLUORIDEX SENSITIVITY RELIEF	2	
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	2	B/D
INTRALIPID	2	B/D
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S PH 7.4	2	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	
JUST RIGHT 5000 GEL	2	
just right 5000 paste	1	
kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%	1	
kcl 0.15%/d5w/nacl 0.2%	1	
kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%	1	

Drug Name	Drug Tier	Requirements/Limits
kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%	1	
kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%	1	
kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%	1	
kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%	1	
klor-con	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
l-glutamine	1	PA; NDS
lactated ringers irrigation	1	
lactated ringers injection 3meq/l; 109meq/l; 4meq/l; 130meq/l; 28meq/l	1	B/D
magnesium sulfate injection 50%	1	
multiple electrolytes injection type 1	1	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
PLENAMINE	2	B/D
potassium chloride cr tablet extended release 10meq	1	
potassium chloride er	1	
potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l	1	
potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 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%	1	
potassium chloride/dextrose injection 5%; 10meq/l, 5%; 20meq/l	1	B/D
potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%	1	B/D
potassium chloride packet, oral solution	1	
potassium chloride injection 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml	1	B/D
potassium citrate er	1	
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	2	B/D
PREVIDENT 5000 BOOSTER PLUS	2	
PREVIDENT 5000 DRY MOUTH	2	
PREVIDENT 5000 ENAMEL PROTECT	2	

Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 ORTHO DEFENSE	2	
PREVIDENT 5000 PLUS	2	
PREVIDENT 5000 SENSITIVE	2	
PREVIDENT FLUORIDE	2	
PREVIDENT RINSE	2	
PROCALAMINE	2	B/D
PROSOL	2	B/D
ringers injection injection 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	1	
ringers irrigation	1	
sf	1	
sf 5000 plus	1	
sodium chloride 0.45% injection	1	
sodium chloride 0.9% solution	1	
sodium chloride injection 0.45%	1	
sodium chloride injection 0.9%, 3%, 5%	1	B/D
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 ppm dry mouth	1	
sodium fluoride 5000 ppm enamel protect	1	
sodium fluoride 5000 ppm sensitive	1	
sodium fluoride/potassium nitrate/sensitive	1	
sodium fluoride cream, gel, solution	1	
sodium fluoride tablet chewable 1mg	1	
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	2	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	2	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	2	NDS
deferasirox tablet	1	PA
deferasirox packet, tablet soluble	1	PA; NDS
deferiprone	1	PA; NDS
deferoxamine mesylate	1	B/D
FERRIPROX SOLUTION	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE TABLET	2	QL(112 EA per 28 days); PA; NDS
JYNARQUE TABLET THERAPY PACK	2	QL(56 EA per 28 days); PA; NDS
tolvaptan tablet 15mg	1	QL(124 EA per 31 days); PA; NDS
tolvaptan tablet 30mg	1	QL(62 EA per 31 days); PA; NDS
trientine hydrochloride capsule 500mg	1	QL(124 EA per 31 days); PA; NDS
trientine hydrochloride capsule 250mg	1	QL(248 EA per 31 days); PA; NDS
Phosphate Binders		
calcium acetate capsule	1	
calcium acetate tablet 667mg	1	
FOSRENOL PACKET	2	NDS
lanthanum carbonate	1	NDS
PHOSLYRA	2	
sevelamer carbonate	1	
sevelamer hydrochloride	1	
Potassium Binders		
LOKELMA	2	QL(93 EA per 31 days)
sodium polystyrene sulfonate powder	1	
sps	1	
VELTASSA PACKET 1GM	2	QL(124 EA per 31 days)
VELTASSA PACKET 16.8GM, 25.2GM, 8.4GM	2	QL(31 EA per 31 days)
Vitamins		
prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	1	
enulose	1	
generlac	1	
lactulose solution 10gm/15ml	1	
LINZESS	2	QL(31 EA per 31 days)
lubiprostone	1	QL(62 EA per 31 days)
MOVANTIK	2	QL(31 EA per 31 days)
RELISTOR TABLET	2	QL(93 EA per 31 days); PA; NDS
RELISTOR INJECTION 8MG/0.4ML	2	QL(12.4 ML per 31 days); PA; NDS
RELISTOR INJECTION 12MG/0.6ML	2	QL(18.6 ML per 31 days); PA; NDS
Anti-Diarrheal Agents		
alosetron hydrochloride tablet 0.5mg	1	
alosetron hydrochloride tablet 1mg	1	NDS
diphenoxylate hydrochloride/atropine sulfate	1	
diphenoxylate/atropine liquid	1	
loperamide hcl capsule	1	
MYTESI	2	QL(62 EA per 31 days); PA; NDS
XERMELO	2	QL(84 EA per 28 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
Antispasmodics, Gastrointestinal		
dicyclomine hcl solution	1	
dicyclomine hydrochloride capsule, tablet	1	
glycopyrrolate tablet 1mg, 2mg	1	PA
Gastrointestinal Agents, Other		
CHENODAL	2	PA; NDS
GATTEX	2	PA; NDS
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
MYALEPT	2	PA; NDS
OCALIVA	2	QL(31 EA per 31 days); PA; NDS
peg-3350/electrolytes	1	
peg-3350/nacl/na bicarbonate/kcl	1	
ursodiol capsule 300mg	1	
ursodiol tablet	1	
VOWST	2	PA; NDS
ZINPLAVA	2	PA; NDS
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl solution	1	
cimetidine hydrochloride solution 400mg/6.67ml	1	
cimetidine tablet	1	
famotidine premixed	1	
famotidine suspension reconstituted	1	
famotidine injection 200mg/20ml, 20mg/2ml, 40mg/4ml	1	
famotidine tablet 20mg, 40mg	1	
nizatidine capsule	1	
Protectants		
misoprostol	1	
sucralfate suspension, tablet	1	
Proton Pump Inhibitors		
lansoprazole capsule delayed release 15mg	2	QL(31 EA per 31 days)
lansoprazole capsule delayed release 30mg	2	QL(62 EA per 31 days)
omeprazole dr capsule delayed release 10mg	2	QL(31 EA per 31 days)
omeprazole capsule delayed release 40mg	2	
omeprazole capsule delayed release 20mg	2	QL(31 EA per 31 days)
pantoprazole sodium injection	2	
pantoprazole sodium tablet delayed release 20mg	2	QL(31 EA per 31 days)
pantoprazole sodium tablet delayed release 40mg	2	QL(62 EA per 31 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	2	NDS

Drug Name	Drug Tier	Requirements/Limits
ARALAST NP INJECTION 1000MG, 500MG	2	PA; NDS
betaine anhydrous	1	NDS
CERDELGA	2	QL(62 EA per 31 days); PA; NDS
CEREZYME	2	PA; NDS
CHOLBAM	2	PA; NDS
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
cromolyn sodium concentrate 100mg/5ml	1	
CRYSVITA	2	PA; NDS
CYSTAGON	2	
ELAPRASE	2	NDS
ELELYSO	2	PA; NDS
EVRYSDI	2	QL(248 ML per 31 days); PA; NDS
FABRAZYME	2	NDS
GIVLAARI	2	PA; NDS
GLASSIA	2	PA; NDS
KANUMA	2	PA; NDS
levocarnitine	1	
LUMIZYME	2	NDS
MEPSEVII	2	PA; NDS
miglustat	1	PA; NDS
NAGLAZYME	2	NDS
nitisinone	1	NDS
NULIBRY	2	PA; NDS
ONPATTRO	2	PA; NDS
ORFADIN SUSPENSION	2	NDS
OXLUMO	2	PA; NDS
PALYNZIQ INJECTION 10MG/0.5ML	2	QL(28 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 2.5MG/0.5ML	2	QL(8 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 20MG/ML	2	QL(93 ML per 31 days); PA; NDS
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	2	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	2	ST; NDS
PROLASTIN-C	2	PA; NDS
RAVICTI	2	QL(525 ML per 30 days); NDS
REVCOVI	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride	1	NDS
sodium phenylacetate/sodium benzoate	1	NDS
STRENSIQ	2	PA; NDS
SUCRAID	2	NDS
VIMIZIM	2	PA; NDS
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	2	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	2	ST; NDS
VYNDAQEL	2	QL(124 EA per 31 days); PA; NDS
XENPOZYME	2	PA; NDS
XIAFLEX	2	NDS
XURIDEN	2	PA; NDS
yargesa	1	PA; NDS
ZEMAIRA	2	PA; NDS
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	2	
ZOKINVY	2	QL(124 EA per 31 days); PA; NDS
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	1	QL(31 EA per 31 days)
flavoxate hcl	1	
GEMTESA	3	
mirabegron er	1	QL(31 EA per 31 days)
MYRBETRIQ SUSPENSION RECONSTITUTED ER	2	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	2	QL(31 EA per 31 days)
oxybutynin chloride er	1	
oxybutynin chloride solution	1	
oxybutynin chloride tablet 5mg	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	QL(31 EA per 31 days)
trospium chloride	1	
trospium chloride er	1	QL(31 EA per 31 days)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	QL(31 EA per 31 days)
dutasteride/tamsulosin hydrochloride	1	QL(31 EA per 31 days); ST
dutasteride capsule	1	QL(31 EA per 31 days)
finasteride 5mg tablet	1	
tadalafil tablet 2.5mg, 5mg	1	QL(31 EA per 31 days); PA
tamsulosin hydrochloride	1	QL(62 EA per 31 days)
terazosin hcl capsule 1mg, 5mg	1	QL(31 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
terazosin hcl capsule 10mg	1	QL(62 EA per 31 days)
terazosin hydrochloride capsule 2mg	1	QL(31 EA per 31 days)
Genitourinary Agents, Other		
acetic acid 0.25%	1	
bethanechol chloride tablet	1	
ELMIRON	2	
penicillamine tablet	1	NDS
penicillamine capsule	1	PA; NDS
RENACIDIN SOLUTION 1980.6MG/30ML; 59.4MG/30ML; 980.4MG/30ML	2	
THIOLA EC	2	NDS
tiopronin	1	NDS
tiopronin dr	1	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	2	PA; NDS
ACTHAR GEL	2	PA; NDS
betamethasone sodium phosphate/betamethasone acetate injection 3mg/ml; 3mg/ml	1	
DEPO-MEDROL INJECTION 20MG/ML	2	
dexamethasone sodium phosphate +rfid	1	
dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml	1	
dexamethasone elixir, solution	1	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	1	
fludrocortisone acetate tablet	1	
HEMADY	2	QL(24 EA per 28 days)
hydrocortisone sodium succinate injection 100mg	1	
hydrocortisone tablet 10mg, 20mg, 5mg	1	
methylprednisolone acetate injection 40mg/ml, 80mg/ml	1	
methylprednisolone dose pack tablet therapy pack	1	
methylprednisolone sodium succinate	1	
methylprednisolone sodiumsuccinate injection 40mg	1	
methylprednisolone tablet	1	
MILLIPRED TABLET	2	
prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	1	
prednisolone solution, tablet	1	
prednisone intensol	1	
prednisone solution	1	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
SOLU-CORTEF	2	
SOLU-MEDROL INJECTION 2GM	2	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide injection 400mg/10ml, 40mg/ml	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate tablet	1	
desmopressin acetate solution 0.01%	1	
GENOTROPIN MINIQUICK INJECTION 0.2MG	2	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	2	PA; NDS
GENOTROPIN INJECTION 5MG	2	PA
GENOTROPIN INJECTION 12MG	2	PA; NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	2	PA; NDS
INCRELEX	2	PA; NDS
NORDITROPIN FLEXPRO	2	PA; NDS
NOVAREL	2	PA
NUTROPIN AQ NUSPIN 10	2	PA; NDS
NUTROPIN AQ NUSPIN 20	2	PA; NDS
NUTROPIN AQ NUSPIN 5	2	PA; NDS
OMNITROPE	2	PA; NDS
SEROSTIM	2	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	2	QL(124 EA per 31 days); PA; NDS
mifepristone tablet 200mg	1	PA
mifepristone tablet 300mg	1	QL(124 EA per 31 days); PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
oxandrolone tablet 2.5mg	1	QL(248 EA per 31 days); PA
oxandrolone tablet 10mg	1	QL(62 EA per 31 days); PA
Androgens		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	2	QL(30 EA per 30 days); PA
danazol capsule	1	
testosterone cypionate injection 100mg/ml, 200mg/ml	1	PA
testosterone enanthate injection	1	PA
testosterone pump gel 1.62%	1	QL(150 GM per 30 days); PA
testosterone pump gel 1%	1	QL(300 GM per 30 days); PA
testosterone gel 10mg/act	1	QL(120 GM per 30 days); PA
testosterone gel 40.5mg/2.5gm	1	QL(150 GM per 30 days); PA
testosterone gel 25mg/2.5gm, 50mg/5gm	1	QL(300 GM per 30 days); PA
testosterone gel 20.25mg/1.25gm	1	QL(37.5 GM per 30 days); PA
testosterone solution	1	QL(180 ML per 30 days); PA
Estrogens		

Drug Name	Drug Tier	Requirements/Limits
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amabelz	1	
amethia	1	
amethyst	1	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	
camrese lo	1	
chateal eq	1	
COMBIPATCH	3	
cryselle-28	1	
cyred	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
delyla	1	
DEPO-ESTRADIOL INJECTION 5MG/ML	2	
desogestrel/ethinyl estradiol	1	
dolishale	1	
dotti	1	QL(8 EA per 28 days)
drospirenone/ethinyl estradiol	1	
elinest	1	
eluryng	1	
emoquette	1	
enilloring	1	

Drug Name	Drug Tier	Requirements/Limits
enpresse-28	1	
enskyce	1	
estarylla	1	
estradiol valerate injection	1	
estradiol/norethindrone acetate	1	
estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm	1	QL(31 EA per 31 days)
estradiol gel 1mg/gm	1	QL(31 GM per 31 days)
estradiol gel 1.25mg/1.25gm	1	QL(38.75 GM per 31 days)
estradiol cream, oral tablet, vaginal tablet	1	
estradiol patch weekly	1	QL(4 EA per 28 days)
estradiol patch twice weekly	1	QL(8 EA per 28 days)
ESTRING	2	
ethynodiol diacetate/ethinyl estradiol	1	
etonogestrel/ethinyl estradiol	1	
EVAMIST	2	QL(16.2 ML per 30 days)
falmina	1	
fayosim	1	
FEMRING	2	
femynor	1	
fyavolv	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	
iclevia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jinteli	1	
jolessa	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	

Drug Name	Drug Tier	Requirements/Limits
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
larissia	1	
leena	1	
lessina	1	
levonest	1	
levonorgestrel and ethinyl estradiol	1	
levonorgestrel/ethinyl estradiol	1	
levora 0.15/30-28	1	
lillow	1	
lo-zumandimine	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
lutera	1	
lyllana	1	QL(8 EA per 28 days)
marlissa	1	
MENEST	2	
MENOSTAR	2	QL(4 EA per 28 days)
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	1	
mono-linyah	1	
necon 0.5/35-28	1	
nikki	1	
norelgestromin/ethinyl estradiol	1	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet	1	
norethindrone acetate/ethinyl estradiol tablet	1	
norgestimate/ethinyl estradiol	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
nymyo	1	
ocella	1	
philith	1	

Drug Name	Drug Tier	Requirements/Limits
pimtrea	1	
pirmella 1/35	1	
pirmella 7/7/7	1	
portia-28	1	
PREMARIN CREAM	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	2	QL(31 EA per 31 days)
previfem	1	
reclipsen	1	
rivelsa	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
tilia fe	1	
tri femynor	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
trivora-28	1	
turqoz	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
xulane	1	
yuvafem	1	

Drug Name	Drug Tier	Requirements/Limits
zafemy	1	
zovia 1/35	1	
zumandimine	1	
Progestins		
camila	1	
CRINONE	2	PA
deblitane	1	
DEPO-SUBQ PROVERA 104	2	
emzahh	1	
errin	1	
heather	1	
HYDROXYPROGESTERONE CAPROATE INJECTION 1.25GM/5ML	3	PA; NDS
incassia	1	
jencycla	1	
lyleq	1	
lyza	1	
medroxyprogesterone acetate injection, tablet	1	
megestrol acetate suspension, tablet	1	PA
nora-be	1	
norethindrone acetate tablet	1	
norethindrone tablet	1	
norlyda	1	
norlyroc	1	
progesterone capsule	1	
sharobel	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	2	QL(31 EA per 31 days); PA
raloxifene hydrochloride	1	QL(31 EA per 31 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
levo-t	1	
levothyroxine sodium tablet	1	
levothyroxine sodium injection	1	NDS
levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	1	
liothyronine sodium injection, tablet	1	
unithroid	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	2	PA; NDS
LYSODREN	2	NDS

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	1	
CAMCEVI	2	QL(1 EA per 168 days); PA
ELIGARD INJECTION 30MG	2	QL(1 EA per 112 days); PA
ELIGARD INJECTION 45MG	2	QL(1 EA per 168 days); PA
ELIGARD INJECTION 7.5MG	2	QL(1 EA per 28 days); PA
ELIGARD INJECTION 22.5MG	2	QL(1 EA per 84 days); PA
FIRMAGON INJECTION 80MG	2	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	2	QL(4 EA per 365 days); PA; NDS
lanreotide acetate	1	NDS
leuprolide acetate injection 1mg/0.2ml	1	QL(2 EA per 28 days); PA
LUPRON DEPOT (1-MONTH)	2	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH)	2	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH)	2	QL(1 EA per 112 days); PA
LUPRON DEPOT (6-MONTH)	2	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH)	2	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH)	2	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT-PED (6-MONTH)	2	QL(1 EA per 168 days); PA; NDS
MYFEMBREE	2	QL(28 EA per 28 days); PA; NDS
octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ml, 20mg, 30mg, 500mcg/ml, 50mcg/ml	1	PA
octreotide acetate injection 500mcg/ml	1	PA; NDS
ORGOVYX	2	QL(31 EA per 31 days); PA; NDS
ORIAHNN	2	QL(56 EA per 28 days); PA
SANDOSTATIN LAR DEPOT	2	PA; NDS
SIGNIFOR	2	QL(62 ML per 31 days); PA; NDS
SOMATULINE DEPOT	2	NDS
SOMAVERT	2	QL(31 EA per 31 days); PA; NDS
SYNAREL	2	QL(32 ML per 26 days); NDS
TRELSTAR MIXJECT INJECTION 22.5MG	2	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 3.75MG	2	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	2	QL(1 EA per 84 days); PA
ZOLADEX INJECTION 3.6MG	2	QL(1 EA per 28 days); PA
ZOLADEX INJECTION 10.8MG	2	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	1	
propylthiouracil tablet	1	
Immunological Agents		
Angioedema Agents		
BERINERT	2	PA; NDS
CINRYZE	2	PA; NDS
icatibant acetate	1	QL(36 ML per 31 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
sajazir	1	QL(36 ML per 31 days); PA; NDS
Immunoglobulins		
ATGAM	2	NDS
BIVIGAM INJECTION 10%, 5GM/50ML	2	PA; NDS
FLEBOGAMMA DIF	2	PA; NDS
GAMASTAN	2	PA
GAMMAGARD LIQUID	2	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	2	PA; NDS
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	2	PA; NDS
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	2	PA; NDS
GAMUNEX-C	2	PA; NDS
HIZENTRA	2	PA; NDS
HYPERRHO S/D MINI-DOSE	2	
HYPERRHO S/D INJECTION 1500UNIT	2	
HYQVIA	2	PA; NDS
MICRHOGAM ULTRA-FILTERED PLUS	2	
NABI-HB INJECTION 312UNIT/ML	2	B/D
OCTAGAM	2	PA; NDS
PANZYGA	2	PA; NDS
PRIVIGEN	2	PA; NDS
RHOGAM ULTRA-FILTERED PLUS	2	
THYMOGLOBULIN	2	NDS
VARIZIG INJECTION 125UNIT/1.2ML	2	NDS
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	2	NDS
Immunological Agents, Other		
ACTEMRA ACTPEN	2	QL(3.6 ML per 28 days); PA; NDS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	2	PA; NDS
ACTEMRA INJECTION 162MG/0.9ML	2	QL(3.6 ML per 28 days); PA; NDS
ARCALYST	2	PA; NDS
BENLYSTA	2	QL(4 ML per 28 days); PA; NDS
BEYFORTUS	2	NDS
COSENTYX SENSOREADY PEN	2	QL(8 ML per 28 days); PA; NDS
COSENTYX UNOREADY	2	QL(8 ML per 28 days); PA; NDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	2	QL(8 ML per 28 days); PA; NDS
DUPIXENT INJECTION 100MG/0.67ML	2	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	2	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	2	QL(8 ML per 28 days); PA; NDS
EMPAVELI	2	QL(160 ML per 28 days); PA; NDS
ENJAYMO	2	PA; NDS
ENTYVIO	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
GAMIFANT	2	PA; NDS
ILARIS INJECTION 150MG/ML	2	PA; NDS
KINERET	2	QL(18.8 ML per 28 days); PA; NDS
NULOJIX	2	PA; NDS
ORENCIA CLICKJECT	2	QL(4 ML per 28 days); PA; NDS
ORENCIA INJECTION 250MG	2	PA; NDS
ORENCIA INJECTION 50MG/0.4ML	2	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJECTION 87.5MG/0.7ML	2	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJECTION 125MG/ML	2	QL(4 ML per 28 days); PA; NDS
OTEZLA TABLET THERAPY PACK	2	QL(110 EA per 365 days); PA; NDS
OTEZLA TABLET	2	QL(62 EA per 31 days); PA; NDS
PROVENGE	2	
RIDAURA	2	NDS
RINVOQ	2	QL(31 EA per 31 days); PA; NDS
RINVOQ LQ	2	QL(372 ML per 31 days); PA; NDS
SIMULECT	2	NDS
SKYRIZI PEN	2	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 150MG/ML	2	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 180MG/1.2ML	2	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJECTION 360MG/2.4ML	2	QL(2.4 ML per 56 days); PA; NDS
SKYRIZI INJECTION 600MG/10ML	2	QL(30 ML per 365 days); PA; NDS
SOLIRIS	2	QL(180 ML per 30 days); PA; NDS
STELARA INJECTION 130MG/26ML	2	QL(104 ML per 365 days); PA; NDS
STELARA INJECTION 45MG/0.5ML, 90MG/ML	2	QL(3 ML per 84 days); PA; NDS
SYLVANT	2	PA; NDS
SYNAGIS	2	NDS
TEPEZZA	2	PA; NDS
VEOPOZ	2	PA; NDS
XELJANZ XR	2	QL(31 EA per 31 days); PA; NDS
XELJANZ SOLUTION	2	QL(300 ML per 30 days); PA; NDS
XELJANZ TABLET	2	QL(62 EA per 31 days); PA; NDS
XOLAIR INJECTION 75MG/0.5ML	2	QL(1 ML per 28 days); PA; NDS
XOLAIR INJECTION 150MG	2	QL(8 EA per 28 days); PA; NDS
XOLAIR INJECTION 150MG/ML, 300MG/2ML	2	QL(8 ML per 28 days); PA; NDS
Immunostimulants		
ACTIMMUNE	2	NDS
ALFERON N INJECTION 5000000UNIT/ML	2	
BESREMI	2	PA; NDS
INTRON A INJECTION 10000000UNIT, 18000000UNIT, 50000000UNIT	2	PA; NDS
PEGASYS INJECTION 180MCG/0.5ML	2	QL(2 ML per 28 days); NDS
PEGASYS INJECTION 180MCG/ML	2	QL(4 ML per 28 days); NDS
Immunosuppressants		
AVSOLA	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
azathioprine injection	1	B/D; NDS
azathioprine tablet 50mg	1	B/D
CIMZIA STARTER KIT	2	PA; NDS
CIMZIA INJECTION 200MG	2	QL(1 EA per 28 days); PA; NDS
CIMZIA INJECTION 200MG/ML	2	QL(2 EA per 28 days); PA; NDS
cyclosporine modified	1	B/D
cyclosporine capsule 100mg, 25mg	1	B/D
cyclosporine injection 50mg/ml	1	NDS
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	2	PA; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS	2	PA; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	2	PA; NDS
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	2	QL(2 EA per 28 days); PA; NDS
CYLTEZO INJECTION 40MG/0.4ML	2	QL(4 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	2	QL(4 EA per 28 days); PA; NDS
ENBREL MINI	2	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK	2	QL(8 ML per 28 days); PA; NDS
ENBREL INJECTION 25MG/0.5ML	2	QL(4 ML per 28 days); PA; NDS
ENBREL INJECTION 25MG	2	QL(8 EA per 28 days); PA; NDS
ENBREL INJECTION 50MG/ML	2	QL(8 ML per 28 days); PA; NDS
ENSPRYNG	2	PA; NDS
ENVARSUS XR	2	B/D
everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg	1	B/D
gengraf capsule 100mg, 25mg	1	B/D
gengraf solution	1	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	2	QL(4 EA per 365 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	2	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER	2	PA; NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	2	PA; NDS
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	2	PA; NDS
HUMIRA PEN-PS/UV STARTER INJECTION 0	2	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN INJECTION 80MG/0.8ML	2	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	2	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN INJECTION 40MG/0.4ML	2	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	2	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	2	QL(4 EA per 28 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJECTION 40MG/0.4ML	2	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
INFLECTRA	2	PA; NDS
JYLAMVO	2	PA; NDS
leflunomide	1	QL(31 EA per 31 days)
methotrexate sodium tablet	1	
methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml	1	
methotrexate injection 50mg/2ml	1	
mycophenolate mofetil capsule, injection, suspension reconstituted, tablet	1	B/D
mycophenolic acid dr	1	B/D
PROGRAF PACKET	2	B/D
PROGRAF INJECTION	2	PA
REMICADE	2	PA; NDS
RENFLEXIS	2	PA; NDS
REZUROCK	2	QL(62 EA per 31 days); PA; NDS
SANDIMMUNE SOLUTION	2	B/D
SIMPONI INJECTION 50MG/0.5ML	2	QL(0.5 ML per 28 days); PA; NDS
SIMPONI INJECTION 100MG/ML	2	QL(3 ML per 28 days); PA; NDS
sirolimus solution, tablet	1	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	1	B/D
XATMEP	3	PA
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	2	QL(2 EA per 28 days); PA; NDS
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	2	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-PEN KIT	2	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	2	QL(1 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	2	QL(3 EA per 28 days); PA; NDS
YUFLYMA CD/UC/HS STARTER	2	PA; NDS
Vaccines		
ABRYSVO	2	QL(1 EA per 1 days); PA
ACTHIB INJECTION 0	2	QL(1 EA per 1 days)
ADACEL	2	QL(0.5 ML per 1 days)
AREXVY	2	QL(1 EA per 1 days); PA
BCG VACCINE INJECTION 50MG	2	QL(1 EA per 1 days)
BEXSERO	2	QL(0.5 ML per 1 days)
BOOSTRIX	2	QL(0.5 ML per 1 days)
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	QL(0.5 ML per 1 days)
DENGVAXIA	2	QL(1 EA per 1 days)
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	QL(0.5 ML per 1 days)
ENGERIX-B INJECTION 10MCG/0.5ML	2	QL(0.5 ML per 1 days); B/D
ENGERIX-B INJECTION 20MCG/ML	2	QL(1 ML per 1 days); B/D

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9	2	QL(0.5 ML per 1 days)
HAVRIX INJECTION 720ELU/0.5ML	2	QL(1 ML per 999 days)
HAVRIX INJECTION 1440ELU/ML	2	QL(2 ML per 999 days)
HEPLISAV-B	2	QL(0.5 ML per 1 days); B/D
HIBERIX	2	QL(1 EA per 1 days)
IMOVAX RABIES (H.D.C.V.)	2	QL(1 EA per 1 days); B/D
INFANRIX	2	QL(0.5 ML per 1 days)
IPOL INACTIVATED IPV	2	QL(0.5 ML per 1 days)
IXCHIQ	2	QL(1 EA per 1 days)
IXIARO	2	QL(0.5 ML per 1 days)
JYNNEOS	2	QL(0.5 ML per 1 days)
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	QL(0.5 ML per 1 days)
M-M-R II	2	QL(1 EA per 1 days)
MENACTRA	2	QL(0.5 ML per 1 days)
MENQUADFI	2	QL(0.5 ML per 1 days)
MENVEO INJECTION 0	2	QL(1 EA per 1 days)
MENVEO INJECTION 0	2	QL(1 ML per 1 days)
MRESVIA	2	QL(0.5 ML per 1 days); PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	QL(0.5 ML per 1 days)
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	QL(0.5 ML per 1 days)
PENBRAYA	2	QL(1 EA per 1 days)
PENTACEL	2	QL(1 EA per 1 days)
PREHEVBRIO	2	QL(1 ML per 1 days); B/D
PRIORIX	2	QL(1 EA per 1 days)
PROQUAD	2	QL(1 EA per 1 days)
QUADRACEL	2	QL(0.5 ML per 1 days)
RABAVERT	2	QL(1 EA per 1 days); B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	2	QL(0.5 ML per 1 days); B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML	2	QL(1 ML per 1 days); B/D
ROTARIX SUSPENSION RECONSTITUTED	2	QL(1 ML per 1 days)
ROTARIX SUSPENSION	2	QL(1.5 ML per 1 days)
ROTATEQ SOLUTION	2	QL(2 ML per 1 days)
SHINGRIX	2	QL(1 EA per 1 days)
STAMARIL	2	QL(1 EA per 1 days)
TDVAX	2	QL(0.5 ML per 1 days)
TENIVAC	2	QL(0.5 ML per 1 days)
TICOVAC INJECTION 1.2MCG/0.25ML	2	QL(0.25 ML per 1 days)
TICOVAC INJECTION 2.4MCG/0.5ML	2	QL(0.5 ML per 1 days)
TRUMENBA	2	QL(0.5 ML per 1 days)
TWINRIX	2	QL(1 ML per 1 days)
TYPHIM VI	2	QL(0.5 ML per 1 days)
VAQTA INJECTION 25UNIT/0.5ML	2	QL(1 ML per 999 days)

Drug Name	Drug Tier	Requirements/Limits
VAQTA INJECTION 50UNIT/ML	2	QL(2 ML per 999 days)
VARIVAX	2	QL(1 EA per 1 days)
VAXCHORA	2	QL(100 ML per 1 days); PA
YF-VAX	2	QL(1 EA per 1 days)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	1	
DIPENTUM	2	NDS
mesalamine dr capsule delayed release	1	
mesalamine dr tablet delayed release 1.2gm	1	QL(124 EA per 31 days)
mesalamine dr tablet delayed release 800mg	1	QL(186 EA per 31 days)
mesalamine er capsule extended release 24 hour	1	QL(124 EA per 31 days)
mesalamine er capsule extended release	1	QL(248 EA per 31 days)
mesalamine enema	1	QL(1860 ML per 31 days)
mesalamine suppository	1	QL(31 EA per 31 days)
mesalamine kit	1	QL(4 EA per 28 days)
PENTASA CAPSULE EXTENDED RELEASE 250MG	2	QL(496 EA per 31 days)
SFROWASA	3	QL(1860 ML per 31 days); NDS
sulfasalazine tablet, tablet delayed release	1	
Glucocorticoids		
budesonide er	1	NDS
budesonide capsule delayed release particles 3mg	1	
hydrocortisone cream 1%, 2.5%	1	
hydrocortisone enema 100mg/60ml	1	
procto-med hc	1	
procto-pak	1	
proctosol hc	1	
proctozone-hc	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium solution	1	QL(300 ML per 28 days)
alendronate sodium tablet 10mg	1	QL(31 EA per 31 days)
alendronate sodium tablet 35mg, 70mg	1	QL(4 EA per 28 days)
calcitonin-salmon solution	1	QL(3.7 ML per 30 days)
calcitriol capsule 0.25mcg, 0.5mcg	1	B/D
calcitriol injection 1mcg/ml	1	B/D
calcitriol oral solution 1mcg/ml	1	B/D
cinacalcet hydrochloride tablet 90mg	1	QL(124 EA per 31 days); B/D
cinacalcet hydrochloride tablet 30mg, 60mg	1	QL(62 EA per 31 days); B/D
doxercalciferol	1	B/D
FORTEO INJECTION 600MCG/2.4ML	2	QL(2.4 ML per 28 days); PA; NDS
ibandronate sodium injection	1	B/D
ibandronate sodium tablet	1	QL(1 EA per 28 days)
NATPARA	2	QL(2 EA per 28 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
paricalcitol capsule	1	B/D
PROLIA	2	QL(1 ML per 180 days)
risedronate sodium dr	1	QL(4 EA per 28 days); ST
risedronate sodium tablet 150mg	1	QL(1 EA per 28 days); ST
risedronate sodium tablet 30mg	1	QL(31 EA per 31 days)
risedronate sodium tablet 5mg	1	QL(31 EA per 31 days); ST
risedronate sodium tablet 35mg	1	QL(4 EA per 28 days); ST
TERIPARATIDE INJECTION 620MCG/2.48ML	2	QL(2.48 ML per 28 days); PA; NDS
teriparatide injection 600mcg/2.4ml	1	QL(2.4 ML per 28 days); PA; NDS
TYMLOS	2	QL(1.56 ML per 30 days); PA; NDS
XGEVA	2	PA; NDS
zoledronic acid injection 4mg/100ml, 4mg/5ml, 5mg/100ml	1	B/D
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
alcohol prep pads	1	
b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"	1	QL(200 EA per 30 days)
bd insulin syringe safetyglide/1ml/29g x 1/2"	1	QL(200 EA per 30 days)
bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm	1	QL(200 EA per 30 days)
bd insulin syringe ultra-fine/1ml/31g x 8mm	1	QL(200 EA per 30 days)
bd pen needle/original/ultra-fine/29g x 12.7mm	1	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2"	2	
curity gauze pads 2"x2" 12 ply	2	
IGALMI	2	PA
LAGEVRIO	2	QL(40 EA per 5 days)
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	2	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 LIBRE2 PLUS G6	2	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	
OMNIPOD GO 10 UNITS/DAY	2	
OMNIPOD GO 15 UNITS/DAY	2	
OMNIPOD GO 20 UNITS/DAY	2	
OMNIPOD GO 25 UNITS/DAY	2	
OMNIPOD GO 30 UNITS/DAY	2	
OMNIPOD GO 35 UNITS/DAY	2	
OMNIPOD GO 40 UNITS/DAY	2	
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(30 EA per 5 days)

Drug Name	Drug Tier	Requirements/Limits
sterile water for irrigation	1	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VEKLURY INJECTION 100MG	2	QL(4 EA per 3 days); NDS
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	1	
brimonidine tartrate/timolol maleate	1	
BYOOVIZ	2	NDS
CEQUA	2	QL(60 EA per 30 days); PA
cyclosporine emulsion 0.05%	1	QL(60 EA per 30 days)
CYSTADROPS	2	QL(20 ML per 28 days); NDS
CYSTARAN	2	QL(60 ML per 28 days); NDS
dorzolamide hcl/timolol maleate	1	
EYLEA	2	NDS
LACRISERT	2	
LUCENTIS	2	NDS
neo-polycin hc	1	
neomycin/polymyxin/bacitracin/hydrocortisone	1	
neomycin/polymyxin/dexamethasone	1	
neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml	1	
OXERVATE	2	QL(56 ML per 28 days); PA; NDS
sulfacetamide sodium/prednisolone sodium phosphate	1	
SYFOVRE	2	PA; NDS
TOBRADEX OINTMENT	2	
tobramycin/dexamethasone	1	
XIIDRA	2	QL(60 EA per 30 days); PA
ZYLET	2	
Ophthalmic Anti-allergy Agents		
ALOCRIL	2	
ALOMIDE	2	
azelastine hcl ophthalmic solution 0.05%	1	
cromolyn sodium solution 4%	1	
epinastine hcl	1	
olopatadine hcl ophthalmic solution 0.1%	1	
olopatadine hydrochloride solution 0.2%	1	
Ophthalmic Anti-Infectives		
ak-poly-bac	1	
AZASITE	2	
bacitracin	1	
bacitracin/polymyxin b	1	
BESIVANCE	2	

Drug Name	Drug Tier	Requirements/Limits
CILOXAN OINTMENT	2	
ciprofloxacin hydrochloride solution 0.3%	1	
erythromycin ointment 5mg/gm	1	
gatifloxacin	1	
gentak ointment	1	
gentamicin sulfate ophthalmic solution 0.3%	1	
moxifloxacin hydrochloride ophthalmic solution 0.5%	1	
NATACYN	2	
neo-polycin	1	
neomycin/bacitracin/polymyxin	1	
neomycin/polymyxin/bacitracin	1	
neomycin/polymyxin/gramicidin	1	
ofloxacin ophthalmic solution 0.3%	1	
polycin	1	
polymyxin b sulfate/trimethoprim sulfate	1	
sulfacetamide sodium ointment 10%	1	
sulfacetamide sodium solution 10%	1	
tobramycin solution 0.3%	1	
TOBREX OINTMENT	2	
trifluridine	1	
trimethoprim sulfate/polymyxin b sulfate	1	
Ophthalmic Anti-inflammatories		
ALREX	2	
bromfenac	1	
bromfenac sodium solution 0.07%	1	
dexamethasone sodium phosphate ophthalmic solution 0.1%	1	
diclofenac sodium ophthalmic solution 0.1%	1	
difluprednate	1	
FLAREX	2	
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	2	
ILEVRO	2	QL(6 ML per 31 days)
ketorolac tromethamine ophthalmic solution 0.4%, 0.5%	1	
LOTEMAX SM	2	
LOTEMAX OINTMENT	2	
loteprednol etabonate	1	
MAXIDEX SUSPENSION	2	
NEVANAC	2	QL(6 ML per 31 days)
OZURDEX	2	
PRED MILD	2	
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic solution 1%	1	
PROLENSA	3	

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	1	
BETOPTIC-S	2	
carteolol hcl	1	
levobunolol hcl solution 0.5%	1	
timolol maleate ophthalmic gel forming	1	
timolol maleate solution 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
apraclonidine	1	
brimonidine tartrate	1	
brinzolamide	1	
dorzolamide hydrochloride	1	
IOPIDINE SOLUTION 1%	2	
methazolamide tablet	1	
pilocarpine hcl solution 1%, 2%, 4%	1	
SIMBRINZA	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost	1	QL(5 ML per 31 days)
latanoprost solution	1	QL(2.5 ML per 25 days)
LUMIGAN	2	QL(2.5 ML per 25 days)
tafluprost	1	
travoprost	1	QL(2.5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid	1	
CIPRO HC	2	
ciprofloxacin	1	
ciprofloxacin/dexamethasone	1	
flac	1	
fluocinolone acetonide ear drops	1	
fluocinolone acetonide oil 0.01%	1	
hydrocortisone/acetic acid	1	
neomycin/polymyxin/hc	1	
neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	1	
ofloxacin otic solution 0.3%	1	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO AEROSOL SOLUTION 160MCG/ACT	2	QL(12.2 GM per 30 days)
ALVESCO AEROSOL SOLUTION 80MCG/ACT	2	QL(6.1 GM per 30 days)
ASMANEX HFA	2	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	2	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	2	QL(1 EA per 14 days)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	2	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	2	QL(2 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	2	QL(1 EA per 30 days)
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	1	B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/BLIST	2	QL(120 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	2	QL(240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST	2	QL(60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	2	QL(10.6 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT	2	QL(12 GM per 30 days)
FLOVENT HFA AEROSOL 220MCG/ACT	2	QL(24 GM per 30 days)
flunisolide solution 0.025%	1	QL(50 ML per 31 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/ACT	2	QL(240 EA per 30 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT	2	QL(60 EA per 30 days)
fluticasone propionate diskus aerosol powder breath activated 50mcg/act	2	QL(120 EA per 30 days)
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	2	QL(10.6 GM per 30 days)
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT	2	QL(12 GM per 30 days)
FLUTICASONE PROPIONATE HFA AEROSOL 220MCG/ACT	2	QL(24 GM per 30 days)
fluticasone propionate suspension 50mcg/act	1	QL(16 GM per 30 days)
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90MCG/ACT	2	QL(1 EA per 30 days)
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180MCG/ACT	2	QL(2 EA per 30 days)
QVAR REDIHALER	2	QL(21.2 GM per 30 days)
Antihistamines		
azelastine hcl nasal solution 0.15%	1	QL(60 ML per 31 days)
azelastine hydrochloride solution 0.1%	1	QL(60 ML per 31 days)
cetirizine hydrochloride solution 5mg/5ml	1	QL(330 ML per 31 days)
cyproheptadine hcl syrup	1	
cyproheptadine hydrochloride tablet	1	
desloratadine	1	QL(31 EA per 31 days)
diphenhydramine hcl injection 50mg/ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
diphenhydramine hydrochloride injection	1	B/D
levocetirizine dihydrochloride solution	1	
levocetirizine dihydrochloride tablet	1	QL(31 EA per 31 days)
olopatadine hcl nasal solution 0.6%	1	QL(30.5 GM per 31 days)
Antileukotrienes		
montelukast sodium tablet chewable, packet, tablet	1	QL(31 EA per 31 days)
zafirlukast	1	QL(62 EA per 31 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	2	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)
ipratropium bromide inhalation solution	1	B/D
ipratropium bromide nasal solution 0.03%	1	QL(30 ML per 28 days)
ipratropium bromide nasal solution 0.06%	1	QL(45 ML per 30 days)
SPIRIVA HANDIHALER	2	QL(31 EA per 31 days)
SPIRIVA RESPIMAT	2	QL(4 GM per 30 days)
tiotropium bromide	1	QL(31 EA per 31 days)
TUDORZA PRESSAIR	2	QL(1 EA per 30 days); ST
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL(13.4 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	1	QL(17 GM per 30 days)
albuterol sulfate syrup, tablet	1	
albuterol sulfate nebulization solution	1	B/D
arformoterol tartrate	1	QL(124 ML per 31 days); B/D
epinephrine injection 1mg/ml, 30mg/30ml	1	
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	1	QL(4 EA per 31 days)
formoterol fumarate nebulization solution	1	QL(124 ML per 31 days); B/D
levalbuterol hcl nebulization solution 0.31mg/3ml, 1.25mg/3ml	1	B/D
levalbuterol hydrochloride nebulization solution 0.63mg/3ml	1	B/D
levalbuterol nebulization solution	1	B/D
PROAIR RESPICLICK	2	QL(2 EA per 30 days); ST
SEREVENT DISKUS	2	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	2	QL(4 GM per 30 days)
SYMJEPI	2	QL(4 EA per 31 days)
terbutaline sulfate injection, tablet	1	
VENTOLIN HFA	2	QL(36 GM per 30 days)
XOPENEX HFA	2	QL(30 GM per 30 days); ST
Cystic Fibrosis Agents		
CAYSTON	2	QL(84 ML per 28 days); NDS
KALYDECO PACKET	2	QL(56 EA per 28 days); PA; NDS
KALYDECO TABLET	2	QL(62 EA per 31 days); PA; NDS
ORKAMBI TABLET	2	QL(124 EA per 31 days); PA; NDS
ORKAMBI PACKET	2	QL(56 EA per 28 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME	2	QL(155 ML per 31 days); B/D; NDS
SYMDEKO	2	QL(56 EA per 28 days); PA; NDS
tobramycin nebulization solution 300mg/5ml	1	QL(280 ML per 28 days); B/D; NDS
TRIKAFTA THERAPY PACK	2	QL(56 EA per 28 days); PA; NDS
TRIKAFTA TABLET THERAPY PACK	2	QL(84 EA per 28 days); PA; NDS
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin	1	
roflumilast	1	QL(31 EA per 31 days); PA
theophylline	1	
theophylline er tablet extended release 12 hour, tablet extended release 24 hour	1	
Pulmonary Antihypertensives		
ADEMPAS	2	QL(93 EA per 31 days); PA; NDS
alyq (pulmonary arterial hypertension) oral tablet 20mg	1	QL(62 EA per 31 days); PA
ambrisentan	1	QL(31 EA per 31 days); PA; NDS
bosentan	1	QL(62 EA per 31 days); PA; NDS
epoprostenol sodium	1	B/D; NDS
OPSUMIT	2	QL(31 EA per 31 days); PA; NDS
sildenafil citrate (pulmonary arterial hypertension) 10mg/ml suspension reconstituted	1	QL(231 ML per 31 days); PA
sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg	1	QL(93 EA per 31 days); PA
tadalafil (pulmonary arterial hypertension) oral tablet 20mg	1	QL(62 EA per 31 days); PA
TRACLEER TABLET SOLUBLE	2	QL(124 EA per 31 days); PA; NDS
treprostinil	1	PA; NDS
TYVASO	2	B/D; NDS
TYVASO DPI INSTITUTIONAL KIT	2	PA; NDS
TYVASO DPI MAINTENANCE KIT	2	PA; NDS
TYVASO DPI TITRATION KIT	2	PA; NDS
TYVASO REFILL KIT	2	B/D; NDS
TYVASO STARTER KIT	2	B/D; NDS
UPTRAVI TITRATION PACK	2	QL(400 EA per 365 days); PA; NDS
UPTRAVI INJECTION	2	PA; NDS
UPTRAVI TABLET 200MCG	2	QL(150 EA per 30 days); PA; NDS
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	2	QL(62 EA per 31 days); PA; NDS
VENTAVIS	2	B/D; NDS
Pulmonary Fibrosis Agents		
OFEV	2	QL(62 EA per 31 days); PA; NDS
pirfenidone tablet 267mg	1	QL(186 EA per 31 days); PA; NDS
pirfenidone tablet 534mg, 801mg	1	QL(93 EA per 31 days); PA; NDS
Respiratory Tract Agents, Other		

Drug Name	Drug Tier	Requirements/Limits
acetylcysteine solution	1	B/D
ADVAIR HFA	2	QL(12 GM per 30 days)
ANORO ELLIPTA	2	QL(60 EA per 30 days)
BREO ELLIPTA	2	QL(60 EA per 30 days)
breyna	1	QL(10.3 GM per 30 days)
BRONCHITOL	2	QL(560 EA per 28 days); PA; NDS
budesonide/formoterol fumarate dihydrate	1	QL(10.2 GM per 30 days)
COMBIVENT RESPIMAT	2	QL(8 GM per 30 days)
DULERA	2	QL(13 GM per 30 days); PA
FASENRA PEN	2	QL(1 ML per 28 days); PA; NDS
FASENRA INJECTION 10MG/0.5ML	2	QL(0.5 ML per 28 days); PA; NDS
FASENRA INJECTION 30MG/ML	2	QL(1 ML per 28 days); PA; NDS
fluticasone propionate/salmeterol diskus	1	QL(60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	2	QL(1 EA per 30 days)
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	1	QL(60 EA per 30 days)
ipratropium bromide/albuterol sulfate	1	B/D
NUCALA INJECTION 40MG/0.4ML	2	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJECTION 100MG	2	QL(3 EA per 28 days); PA; NDS
NUCALA INJECTION 100MG/ML	2	QL(3 ML per 28 days); PA; NDS
promethazine vc	1	
promethazine/phenylephrine	1	
STIOLTO RESPIMAT	2	QL(4 GM per 30 days)
SYMBICORT	2	QL(10.2 GM per 30 days)
TRELEGY ELLIPTA	2	QL(60 EA per 30 days)
wixela inhub	1	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
chlorzoxazone tablet 500mg	1	
cyclobenzaprine hydrochloride tablet 10mg, 5mg	1	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	2	QL(31 EA per 31 days)
DAYVIGO	2	QL(31 EA per 31 days)
eszopiclone	1	QL(31 EA per 31 days)
ramelteon	1	QL(31 EA per 31 days)
tasimelteon	1	QL(31 EA per 31 days); PA; NDS
temazepam	1	QL(31 EA per 31 days)
zaleplon capsule 5mg	1	QL(31 EA per 31 days)
zaleplon capsule 10mg	1	QL(62 EA per 31 days)
zolpidem tartrate tablet	1	QL(31 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
Wakefulness Promoting Agents		
armodafinil tablet 150mg, 200mg, 250mg	1	QL(31 EA per 31 days); PA
armodafinil tablet 50mg	1	QL(62 EA per 31 days); PA
modafinil tablet 100mg	1	QL(31 EA per 31 days); PA
modafinil tablet 200mg	1	QL(62 EA per 31 days); PA
XYREM	2	QL(540 ML per 30 days); PA; NDS

Index of Drugs

This formulary was updated on **December 1, 2024**. For more recent information or other questions, please contact us, **UAW Trust Medicare Advantage Service Center**, at **1-888-322-5616** or, for TTY users **711**, Monday through Friday, 8 a.m. to 7 p.m. Eastern time or visit **www.bcbsm.com/uawtrust.**

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