2025

Medicare Plus Blue℠ Group PPO
UAW Trust

Comprehensive Formulary

(List of Covered Drugs or "Drug List")

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

This formulary was updated on November 1, 2025. For more recent information or other questions, please contact us, UAW Trust Medicare Advantage Service Center, at 1-888-322-5616 (TTY users should call 711), Monday through Friday, 8 a.m. to 7 p.m. Eastern time or visit **www.bcbsm.com/uawtrust**.

When visiting your doctor(s), please bring your personal drug list and this 2025 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: 11/01/2025
Formulary 25360
www.bcbsm.com/uawtrust

UAW RETIREE Medical Benefits Trust

Note to existing members:

This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to "we," "us," or "our," it means Blue Cross Blue Shield of Michigan. When it refers to "plan" or "our plan," it means Medicare Plus Blue Group PPO.

This document includes a Drug List (formulary) for our plan which is current as of November 1, 2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

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

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Medicare Plus Blue Group PPO 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 change?

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

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** Typically, when a new generic or new biosimilar of a covered drug is released, the brand or original biologic continues to stay on the formulary for the remainder of the plan year. If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we add the generic or biosimilar, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the Medicare Plus Blue Group PPO UAW Trust Comprehensive Formulary?"
  - Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"
- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make 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 for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the 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 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it

is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of November 1, 2025. 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 77. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The "Drug List" tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Medicare Plus Blue Group PPO requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Medicare Plus Blue Group PPO 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. This may be in addition to a standard one-month or three-month supply.
- **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 at a pre-determined cost-sharing level (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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Medicare Plus Blue Group PPO limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug. This can only be requested for a Tier 3 drug to a Tier 2 drug.

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage

decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

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

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

If you move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to Chapter 5, Section 5.2 of your *Evidence of Coverage* or visit our website at **www.bcbsm.com/medicare/help/using-your-plan/rx-restrictions-no-coverage**.

We will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

For more detailed information about your 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 77.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ELIQUIS® 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.

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 caps	1	QL(62 EA per 31 days)
diclofenac potassium tabs 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 soln 1.5%	1	QL(300 ML per 30 days)
diflunisal tabs 500mg	1	
ec-naproxen	1	
etodolac er	1	
etodolac caps, tabs	1	
flurbiprofen tabs 100mg	1	
ibu	1	
ibuprofen susp	1	
ibuprofen tabs 400mg, 600mg, 800mg	1	
ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml	1	
meloxicam tabs	1	
nabumetone tabs	1	
naproxen dr	1	
naproxen sodium tabs 275mg, 550mg	1	
naproxen susp	1	QL(1800 ML per 30 days); NDS
naproxen tabs 250mg, 375mg, 500mg	1	
naproxen tbec 500mg	1	
oxaprozin tabs	1	
piroxicam caps	1	
sulindac tabs	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 inj	1	PA; NDS
methadone hcl oral soln 10mg/5ml	1	QL(1860 ML per 31 days); PA; NDS
methadone hcl oral soln 5mg/5ml	1	QL(3720 ML per 31 days); PA; NDS
methadone hcl tabs 5mg	1	QL(248 EA per 31 days); PA; NDS
methadone hcl tabs 10mg	1	QL(372 EA per 31 days); PA; NDS
methadone hydrochloride intensol	1	QL(372 ML per 31 days); PA
methadone hydrochloride conc	1	QL(372 ML per 31 days); PA; NDS
mitigo	1	B/D; NDS
morphine sulfate er cp24 75mg, 90mg	1	QL(124 EA per 31 days); PA; NDS
morphine sulfate er cp24 10mg, 20mg, 30mg, 45mg, 50mg, 60mg	1	QL(62 EA per 31 days); PA; NDS
morphine sulfate er cp24 100mg, 120mg, 60mg, 80mg	1	QL(93 EA per 31 days); PA; NDS
morphine sulfate er tbcr 30mg, 60mg	1	QL(124 EA per 31 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate er tbcr 200mg	1	QL(62 EA per 31 days); PA; NDS
morphine sulfate er tbcr 100mg, 15mg	1	QL(93 EA per 31 days); PA; NDS
oxymorphone hydrochloride er tb12 30mg	1	QL(124 EA per 31 days); PA; NDS
oxymorphone hydrochloride er tb12 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 tb24	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 phosphate tabs 300mg; 60mg	1	QL(403 EA per 31 days); NDS
acetaminophen/codeine soln	1	QL(4650 ML per 31 days); NDS
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	1	QL(403 EA per 31 days); NDS
butorphanol tartrate inj	1	NDS
butorphanol tartrate nasal soln	1	QL(5 ML per 30 days); NDS
CODEINE SULFATE TABS 15MG, 60MG	1	QL(186 EA per 31 days); NDS
codeine sulfate tabs 30mg	1	QL(186 EA per 31 days); NDS
endocet tabs 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 INJ 25MCG/0.5ML, 500MCG/10ML	1	B/D; NDS
fentanyl citrate inj 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 50mcg/ml	1	B/D; NDS
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	1	QL(5580 ML per 31 days); NDS
hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg	1	QL(248 EA per 31 days); NDS
hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 5mg	1	QL(372 EA per 31 days); NDS
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg	1	QL(403 EA per 31 days); NDS
hydrocodone/acetaminophen tabs 325mg; 7.5mg	1	QL(372 EA per 31 days); NDS
hydromorphone hcl liqd	1	QL(1550 ML per 31 days); NDS
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	1	NDS
hydromorphone hcl inj 10mg/ml, 1mg/ml	1	NDS
hydromorphone hcl tabs 8mg	1	QL(186 EA per 31 days); NDS
hydromorphone hcl tabs 2mg, 4mg	1	QL(248 EA per 31 days); NDS
HYDROMORPHONE HYDROCHLORIDE INJ 1MG/ML, 2MG/ML, 4MG/ML	1	NDS
hydromorphone hydrochloride inj 1mg/ml, 2mg/ml, 50mg/5ml	1	NDS
MORPHINE SULFATE INJ 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	1	NDS
morphine sulfate inj 2mg/ml	1	
morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 8mg/ml	1	NDS

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate oral soln 20mg/5ml	1	QL(1550 ML per 31 days); NDS
morphine sulfate oral soln 100mg/5ml	1	QL(310 ML per 31 days); NDS
morphine sulfate oral soln 10mg/5ml	1	QL(3100 ML per 31 days); NDS
morphine sulfate tabs 30mg	1	QL(186 EA per 31 days); NDS
morphine sulfate tabs 15mg	1	QL(248 EA per 31 days); NDS
nalbuphine hydrochloride	1	NDS
oxycodone hcl caps	1	QL(372 EA per 31 days); NDS
oxycodone hydrochloride conc	1	QL(186 ML per 31 days); NDS
oxycodone hydrochloride caps	1	QL(372 EA per 31 days); NDS
oxycodone hydrochloride soln	1	QL(4030 ML per 31 days); NDS
oxycodone hydrochloride tabs 20mg, 30mg	1	QL(186 EA per 31 days); NDS
oxycodone hydrochloride tabs 15mg	1	QL(248 EA per 31 days); NDS
oxycodone hydrochloride tabs 10mg, 5mg	1	QL(372 EA per 31 days); NDS
oxycodone/acetaminophen tabs 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 tabs 50mg	1	QL(248 EA per 31 days); NDS
Anesthetics		
Local Anesthetics		
glydo	1	QL(60 ML per 30 days)
lidocaine hcl jelly prsy	1	QL(60 ML per 30 days)
lidocaine hcl inj 0.5%, 1.5%, 4%	1	B/D
lidocaine hcl prsy 2%	1	QL(60 ML per 30 days)
lidocaine hcl mouth/throat soln 4%	1	
lidocaine hydrochloride jelly	1	QL(60 ML per 30 days)
lidocaine hydrochloride viscous	1	
lidocaine hydrochloride/epinephrine	1	
lidocaine hydrochloride inj 1%, 100mg/5ml, 2%, 4%	1	B/D
lidocaine hydrochloride external soln 4%	1	
lidocaine/epinephrine inj 1:100000; 1%, 1:100000; 2%, 1:200000; 0.5%, 1:200000; 1.5%, 1:200000; 2%	1	
lidocaine/prilocaine crea	1	QL(60 GM per 30 days)
lidocaine oint 5%	1	QL(152 GM per 30 days)
lidocaine ptch 5%	1	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	1	
disulfiram tabs	1	
naltrexone hydrochloride tabs	1	
VIVITROL	2	NDS
Opioid Dependence		
buprenorphine hcl/naloxone hcl	1	
buprenorphine hcl subl	1	

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

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl inj	1	NDS
buprenorphine hydrochloride/naloxone hydrochloride film	1	
buprenorphine hydrochloride inj	1	NDS
Opioid Reversal Agents		
KLOXXADO	3	
naloxone hcl inj 4mg/10ml	1	
naloxone hydrochloride liqd	1	
naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml, 4mg/10ml	1	
OPVEE	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	1	QL(62 EA per 31 days)
NICOTROL INHALER	3	
NICOTROL NS	3	
varenicline starting month	1	
varenicline starting pack	1	
varenicline tartrate	1	
Antibacterials		
Aminoglycosides		
amikacin sulfate inj 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 inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	1	
gentamicin sulfate inj 40mg/ml	1	
humatin	2	
isotonic gentamicin inj 0.8mg/ml; 0.9%	1	
neomycin sulfate	1	
streptomycin sulfate inj 1gm	1	NDS
tobramycin sulfate inj	1	
Antibacterials, Other		
aztreonam	1	
chloramphenicol sodium succinate	1	
clindamycin hcl caps 300mg	1	
clindamycin hydrochloride caps 150mg, 75mg	1	
clindamycin palmitate hydrochloride	1	
clindamycin phosphate in d5w	1	
clindamycin phosphate/dextrose	1	
clindamycin phosphate crea 2%	1	
clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 9000mg/60ml, 900mg/6ml	1	
clindamycin/sodium chloride	1	
colistimethate sodium	1	
daptomycin	1	

Drug Name	Drug Tier	Requirements/Limits
linezolid inj	1	
linezolid susr	1	QL(1800 ML per 30 days); NDS
linezolid tabs	1	QL(56 EA per 28 days)
methenamine hippurate	1	
metronidazole vaginal	1	
metronidazole crea, gel, lotn	1	
metronidazole inj 500mg/100ml	1	
metronidazole tabs 250mg, 500mg	1	
nitrofurantoin macrocrystals	1	
nitrofurantoin monohydrate/macrocrystals	1	
nitrofurantoin susp 25mg/5ml	1	NDS
tigecycline	1	NDS
tinidazole	1	
trimethoprim tabs	1	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	1	
vancomycin hcl inj 100gm, 10gm	1	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 1GM/200ML, 5%; 500MG/100ML, 5%; 750MG/150ML	1	
vancomycin hydrochloride caps 125mg	1	QL(40 EA per 10 days)
vancomycin hydrochloride caps 250mg	1	QL(80 EA per 10 days)
VANCOMYCIN HYDROCHLORIDE INJ 1.75GM, 1000MG/200ML, 2GM, 500MG/100ML, 750MG/150ML	1	
vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg	1	
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	1	
XIFAXAN TABS 200MG	2	QL(9 EA per 30 days); PA
XIFAXAN TABS 550MG	2	QL(93 EA per 31 days); PA; NDS
Beta-lactam, Cephalosporins		
cefaclor caps	1	
cefaclor susr 250mg/5ml	1	
cefadroxil	1	
CEFAZOLIN SODIUM/DEXTROSE INJ 3GM; 2%	1	
cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%	1	
cefazolin sodium inj 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg	1	
CEFAZOLIN/DEXTROSE INJ 3GM/150ML; 4%	1	
cefazolin inj 2gm/100ml; 4%, 2gm, 3gm	1	
cefdinir	1	
cefepime	1	
cefepime hydrochloride inj 1gm, 2gm	1	
cefepime/dextrose	1	
cefixime	1	
cefotaxime sodium inj 1gm, 2gm	3	

Drug Name	Drug Tier	Requirements/Limits
cefoxitin sodium	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime inj 1gm, 2gm, 6gm	1	
ceftriaxone in iso-osmotic dextrose	1	
ceftriaxone sodium inj	1	
ceftriaxone/dextrose	1	
cefuroxime axetil tabs	1	
cefuroxime sodium inj 1.5gm, 750mg	1	
cephalexin caps 250mg, 500mg	1	
cephalexin susr, tabs	1	
tazicef inj 1gm, 2gm, 6gm	1	
TEFLARO	2	NDS
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium	1	
amoxicillin/clavulanate potassium er	1	
amoxicillin chew 125mg, 250mg	1	
amoxicillin caps, susr, tabs	1	
ampicillin sodium inj	1	
ampicillin-sulbactam	1	
ampicillin/sulbactam inj 2gm; 1gm	1	
ampicillin caps 500mg	1	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	2	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	2	
dicloxacillin sodium	1	
extencilline	2	
lentocilin	2	
nafcillin	1	
nafcillin sodium inj 10gm, 1gm, 2gm	1	
oxacillin sodium inj 10gm, 1gm, 2gm	1	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	2	
penicillin g potassium inj 20000000unit, 5000000unit	1	
penicillin g sodium	1	
penicillin v potassium	1	
piperacillin sodium/tazobactam sodium	1	
Carbapenems		
ertapenem sodium	1	
imipenem/cilastatin	1	
meropenem	1	
meropenem/sodium chloride	1	
Macrolides		

Drug Name	Drug Tier	Requirements/Limits
azithromycin susr, tabs	1	
azithromycin inj 500mg	1	
clarithromycin er	1	
clarithromycin susr, tabs	1	
DIFICID SUSR	2	QL(136 ML per 10 days); NDS
DIFICID TABS	2	QL(20 EA per 10 days); NDS
erythromycin base tabs 250mg	1	
erythromycin dr tbec	1	
erythromycin ethylsuccinate susr 200mg/5ml	1	
erythromycin lactobionate	1	
fidaxomicin	1	QL(20 EA per 10 days); NDS
Quinolones		
ciprofloxacin hcl tabs 750mg	1	
ciprofloxacin hydrochloride tabs 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w	1	
levofloxacin	1	
levofloxacin in d5w	1	
moxifloxacin hydrochloride/sodium hydrochloride	1	
moxifloxacin hydrochloride inj 400mg/250ml	1	
moxifloxacin hydrochloride tabs 400mg	1	
ofloxacin tabs 400mg	1	
Sulfonamides		
sulfadiazine tabs	1	
sulfamethoxazole/trimethoprim	1	
sulfamethoxazole/trimethoprim ds	1	
Tetracyclines		
demeclocycline hcl tabs	1	
doxy 100	1	
doxycycline hyclate caps, inj	1	
doxycycline hyclate tabs 100mg, 20mg	1	
doxycycline susr	1	
MINOCIN INJ	2	NDS
minocycline hcl caps 75mg	1	
minocycline hydrochloride caps 100mg, 50mg	1	
NUZYRA TABS	3	QL(30 EA per 14 days); PA
tetracycline hydrochloride caps	1	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INJ	2	PA
BRIVIACT ORAL SOLN	2	QL(600 ML per 30 days); PA
BRIVIACT TABS	2	QL(62 EA per 31 days); PA
ELEPSIA XR	2	
EPIDIOLEX	2	PA
EPRONTIA	3	

Drug Name	Drug Tier	Requirements/Limits
felbamate	1	
FINTEPLA	2	QL(360 ML per 30 days); PA
FYCOMPA TABS	2	QL(31 EA per 31 days)
FYCOMPA SUSP	2	QL(720 ML per 30 days)
lamotrigine er	1	
lamotrigine odt	1	
lamotrigine starter kit/blue	1	
lamotrigine starter kit/green	1	
lamotrigine starter kit/orange	1	
lamotrigine chew, tabs	1	
levetiracetam er	1	
levetiracetam/sodium chloride	1	
levetiracetam inj, oral soln, tabs	1	
perampanel	1	QL(31 EA per 31 days)
roweepra tabs 500mg	1	
SPRITAM TB3D 750MG	2	QL(124 EA per 31 days)
SPRITAM TB3D 250MG, 500MG	2	QL(62 EA per 31 days)
SPRITAM TB3D 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 cpsp, soln, tabs	1	
valproate sodium	1	
valproic acid	1	
XCOPRI TABS 25MG	2	QL(31 EA per 31 days); PA
Calcium Channel Modifying Agents		
ethosuximide	1	
methsuximide	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
LIBERVANT	2	QL(10 EA per 30 days); PA
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam susp	1	QL(480 ML per 30 days); PA
clobazam tabs	1	QL(62 EA per 31 days); PA
DIACOMIT CAPS 500MG	2	QL(186 EA per 31 days)
DIACOMIT CAPS 250MG	2	QL(372 EA per 31 days)
DIACOMIT PACK 500MG	2	QL(186 EA per 31 days)
DIACOMIT PACK 250MG	2	QL(372 EA per 31 days)
diazepam rectal gel	1	QL(5 EA per 30 days)
gabapentin soln	1	QL(2232 ML per 31 days)
gabapentin caps	1	QL(279 EA per 31 days)
gabapentin tabs 800mg	1	QL(124 EA per 31 days)
gabapentin tabs 600mg	1	QL(186 EA per 31 days)
NAYZILAM	2	QL(10 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
pentobarbital sodium inj	1	PA
phenobarbital sodium inj 130mg/ml, 65mg/ml	1	
phenobarbital elix 20mg/5ml	1	
phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	1	
primidone tabs	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 TABS 200MG, 400MG	2	QL(31 EA per 31 days)
APTIOM TABS 600MG, 800MG	2	QL(62 EA per 31 days)
carbamazepine er	1	
carbamazepine chew, susp, tabs	1	
dilantin caps 30mg	2	
epitol	1	
eslicarbazepine acetate tabs 200mg, 400mg	1	QL(31 EA per 31 days)
eslicarbazepine acetate tabs 600mg, 800mg	1	QL(62 EA per 31 days)
fosphenytoin sodium	1	
lacosamide inj	1	
lacosamide oral soln	1	QL(1200 ML per 30 days)
lacosamide tabs	1	QL(62 EA per 31 days)
oxcarbazepine	1	
phenytek	1	
phenytoin sodium extended	1	
phenytoin sodium inj	1	
phenytoin chew, susp	1	
rufinamide susp	1	QL(2480 ML per 31 days)
rufinamide tabs 200mg	1	QL(186 EA per 31 days)
rufinamide tabs 400mg	1	QL(248 EA per 31 days)
XCOPRI TABS 100MG, 50MG	2	QL(31 EA per 31 days); PA
XCOPRI TABS 150MG, 200MG	2	QL(62 EA per 31 days); PA
XCOPRI TBPK 0	2	QL(56 EA per 28 days); PA; 250MG DAILY DOSE
XCOPRI TBPK 0	2	QL(56 EA per 28 days); PA; 350MG DAILY DOSE

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TBPK 0	2	QL(56 EA per 365 days); PA; 12.5MG-25MG
XCOPRI TBPK 0	2	QL(56 EA per 365 days); PA; 150MG-200MG
XCOPRI TBPK 0	2	QL(56 EA per 365 days); PA; 50MG-100MG
ZONISADE	3	ST
zonisamide	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tabs	1	PA
Cholinesterase Inhibitors		
donepezil hcl tabs 10mg	1	QL(62 EA per 31 days)
donepezil hcl tbdp 5mg	1	QL(31 EA per 31 days)
donepezil hcl tbdp 10mg	1	QL(62 EA per 31 days)
donepezil hydrochloride odt tbdp 5mg	1	QL(31 EA per 31 days)
donepezil hydrochloride odt tbdp 10mg	1	QL(62 EA per 31 days)
donepezil hydrochloride tabs 5mg	1	QL(31 EA per 31 days)
galantamine hydrobromide er	1	QL(31 EA per 31 days)
galantamine hydrobromide soln	1	QL(186 ML per 31 days)
galantamine hydrobromide tabs	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 soln	1	QL(310 ML per 31 days); PA
memantine hydrochloride tabs 10mg	1	QL(62 EA per 31 days); PA
memantine hydrochloride tabs 5mg	1	QL(93 EA per 31 days); PA
Antidepressants		
Antidepressants, Other		
AUVELITY	2	QL(62 EA per 31 days); ST
bupropion hydrochloride er (sr) tb12 200mg	1	QL(62 EA per 31 days)
bupropion hydrochloride er (sr) tb12 100mg, 150mg	1	QL(93 EA per 31 days)
bupropion hydrochloride er (xl) tb24 300mg	1	QL(31 EA per 31 days)
bupropion hydrochloride er (xl) tb24 150mg	1	QL(93 EA per 31 days)
bupropion hydrochloride tabs	1	
chlordiazepoxide/amitriptyline	1	
mirtazapine odt	1	QL(31 EA per 31 days)
mirtazapine tabs	1	QL(31 EA per 31 days)
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 CAPS 30MG	2	QL(14 EA per 14 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE CAPS 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	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide tabs	1	QL(31 EA per 31 days)
citalopram hydrobromide soln	1	QL(620 ML per 31 days)
DESVENLAFAXINE ER TB24 100MG, 50MG	2	QL(31 EA per 31 days); ST
desvenlafaxine er tb24 100mg, 25mg, 50mg	1	QL(31 EA per 31 days)
escitalopram oxalate tabs	1	QL(31 EA per 31 days)
escitalopram oxalate soln	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 caps 10mg, 20mg	1	QL(31 EA per 31 days)
fluoxetine hydrochloride caps 40mg	1	QL(62 EA per 31 days)
fluoxetine hydrochloride 60mg tabs	1	QL(31 EA per 31 days)
fluoxetine hydrochloride soln	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 tb24 12.5mg, 37.5mg	1	QL(62 EA per 31 days)
paroxetine hcl er tb24 25mg	1	QL(93 EA per 31 days)
paroxetine hcl tabs 40mg	1	QL(47 EA per 31 days)
paroxetine hcl tabs 30mg	1	QL(62 EA per 31 days)
paroxetine hydrochloride er tb24 12.5mg	1	QL(62 EA per 31 days)
paroxetine hydrochloride er tb24 25mg	1	QL(93 EA per 31 days)
paroxetine hydrochloride tabs	1	QL(31 EA per 31 days)
paroxetine hydrochloride susp	1	QL(930 ML per 31 days)
RALDESY	3	NDS
sertraline hcl conc	1	
sertraline hcl tabs 50mg	1	QL(93 EA per 31 days)
sertraline hydrochloride tabs 25mg, 100mg	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 cp24 37.5mg	1	QL(31 EA per 31 days)
venlafaxine hydrochloride er cp24 150mg	1	QL(62 EA per 31 days)
venlafaxine hydrochloride er cp24 75mg	1	QL(93 EA per 31 days)
venlafaxine hydrochloride er tb24	3	QL(31 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
vilazodone hydrochloride	1	QL(31 EA per 31 days); ST
Tricyclics		
amitriptyline hcl tabs 150mg, 25mg, 75mg	1	
amitriptyline hydrochloride tabs 100mg, 10mg, 25mg, 50mg, 75mg	1	
amoxapine	1	
clomipramine hydrochloride	1	
desipramine hydrochloride	1	
doxepin hcl caps 75mg	1	
doxepin hcl conc	1	
doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg	1	
imipramine hcl tabs 25mg, 50mg	1	
imipramine hydrochloride tabs 10mg	1	
imipramine pamoate	1	
nortriptyline hcl caps 25mg, 75mg	1	
nortriptyline hcl soln	1	
nortriptyline hydrochloride caps 10mg, 50mg	1	
nortriptyline hydrochloride soln	1	
protriptyline hcl	1	
trimipramine maleate caps	1	
Antiemetics		
Antiemetics, Other		
compro	1	
meclizine hcl 12.5mg, 25mg tabs	1	
metoclopramide hcl inj, oral soln	1	
metoclopramide hydrochloride inj, tabs	1	
metoclopramide hydrochloride oral soln 10mg/10ml	1	
perphenazine tabs	1	
prochlorperazine edisylate inj 10mg/2ml	1	
prochlorperazine maleate tabs	1	
prochlorperazine supp 25mg	1	
promethazine hcl inj	1	
promethazine hcl supp 12.5mg	1	
promethazine hydrochloride plain	1	
promethazine hydrochloride tabs	1	
promethazine hydrochloride soln 6.25mg/5ml	1	
promethazine hydrochloride supp 25mg	1	
promethegan	1	
scopolamine	1	QL(10 EA per 30 days)
Emetogenic Therapy Adjuncts		
aprepitant	1	B/D
dronabinol	1	B/D
fosaprepitant dimeglumine	1	

Drug Name	Drug Tier	Requirements/Limits
granisetron hydrochloride tabs	1	B/D
ondansetron hcl soln	1	B/D
ondansetron hcl tabs 24mg	1	B/D
ondansetron hydrochloride inj	1	
ondansetron hydrochloride tabs	1	B/D
ondansetron odt tbdp 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 inj	1	B/D
caspofungin acetate	1	
clotrimazole troc 10mg	1	
CRESEMBA	2	PA; NDS
fluconazole in sodium chloride	1	
fluconazole susr, tabs	1	
flucytosine caps	1	PA; NDS
griseofulvin microsize	1	
griseofulvin ultramicrosize tabs 125mg, 250mg	1	
itraconazole soln	1	PA
itraconazole caps	1	QL(124 EA per 31 days); PA
ketoconazole tabs 200mg	1	
micafungin	1	
nystatin susp 100000unit/ml	1	
nystatin tabs 500000unit	1	
posaconazole dr	1	QL(186 EA per 31 days); PA; NDS
posaconazole susp	1	QL(600 ML per 30 days); NDS
terbinafine hcl tabs	1	QL(62 EA per 31 days)
terconazole crea	1	
voriconazole inj	1	PA
voriconazole susr	1	QL(600 ML per 30 days); NDS
voriconazole tabs 200mg	1	QL(124 EA per 31 days)
voriconazole tabs 50mg	1	QL(496 EA per 31 days)
Antigout Agents		
Antigout Agents		
allopurinol sodium	1	
allopurinol tabs 100mg, 300mg	1	
colchicine tabs 0.6mg	1	QL(124 EA per 31 days)
febuxostat	1	QL(31 EA per 31 days); ST
KRYSTEXXA INJ 8MG/ML	2	PA; NDS
probenecid/colchicine	1	
probenecid tabs	1	
Antimigraine Agents		

Drug Name	Drug Tier	Requirements/Limits
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG	2	QL(1 ML per 28 days); PA
AJOVY	2	QL(1.5 ML per 28 days); PA
EMGALITY INJ 120MG/ML	2	QL(2 ML per 28 days); PA
EMGALITY INJ 100MG/ML	2	QL(3 ML per 28 days); PA
NURTEC	3	QL(18 EA per 30 days); PA; NDS
QULIPTA	3	QL(31 EA per 31 days); PA; NDS
UBRELVY	3	QL(16 EA per 30 days); PA; NDS
Ergot Alkaloids		
dihydroergotamine mesylate soln	1	QL(16 ML per 28 days); PA; NDS
ergotamine tartrate/caffeine	1	
Prophylactic		
timolol maleate tabs 10mg, 20mg, 5mg	1	
Serotonin (5-HT) Receptor Agonist		
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)
rizatriptan benzoate	1	QL(12 EA per 28 days)
rizatriptan benzoate odt	1	QL(12 EA per 28 days)
sumatriptan succinate refill	1	QL(6 ML per 28 days)
sumatriptan succinate inj	1	QL(6 ML per 28 days)
sumatriptan succinate tabs	1	QL(9 EA per 28 days)
sumatriptan soln	1	QL(12 EA per 28 days)
zolmitriptan odt	1	QL(12 EA per 28 days); ST
zolmitriptan tabs	1	QL(12 EA per 28 days); ST
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er tbcr	1	
pyridostigmine bromide soln	1	
pyridostigmine bromide tabs 60mg	1	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tabs	1	
rifabutin	1	
Antituberculars		
cycloserine	1	NDS
ethambutol hydrochloride	1	
isoniazid inj, syrp, tabs	1	
PRIFTIN	2	
pyrazinamide tabs	1	
rifampin caps, inj	1	
SIRTURO	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
TRECATOR	2	
Antineoplastics		
Alkylating Agents		
BELRAPZO	2	PA; NDS
BENDAMUSTINE HYDROCHLORIDE INJ 100MG/4ML	2	PA; NDS
bendamustine hydrochloride inj 100mg, 25mg	1	PA; NDS
BENDEKA	2	PA; NDS
busulfan	1	NDS
carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml	1	
carmustine	1	NDS
CISPLATIN INJ 50MG	2	
cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml	1	
CYCLOPHOSPHAMIDE MONOHYDRATE INJ	2	NDS
cyclophosphamide caps	1	B/D
CYCLOPHOSPHAMIDE INJ 500MG/ML	1	
CYCLOPHOSPHAMIDE INJ 1GM/2ML, 2GM/4ML	1	NDS
CYCLOPHOSPHAMIDE INJ 1000MG/10ML, 1GM/5ML, 2000MG/20ML, 2GM/10ML, 500MG/2.5ML, 500MG/5ML	2	NDS
cyclophosphamide inj 1gm, 2gm, 500mg	1	
CYCLOPHOSPHAMIDE TABS 50MG	2	B/D
cyclophosphamide tabs 25mg	2	B/D
dacarbazine inj 100mg, 200mg	1	
GLEOSTINE CAPS 10MG, 40MG	2	
GLEOSTINE CAPS 100MG	2	NDS
GRAFAPEX	2	PA; NDS
IFOSFAMIDE INJ 3GM	1	
ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml	1	
KEMOPLAT	2	
LEUKERAN	2	NDS
MATULANE	2	NDS
melphalan hydrochloride	1	
oxaliplatin	1	
paraplatin inj 1000mg/100ml, 450mg/45ml, 50mg/5ml	1	
TEMODAR INJ	2	NDS
thiotepa inj 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		
abiraterone acetate tabs 250mg	1	QL(124 EA per 31 days); PA
abiraterone acetate tabs 500mg	1	QL(62 EA per 31 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
bicalutamide	1	
ERLEADA TABS 60MG	2	QL(120 EA per 30 days); PA; NDS
ERLEADA TABS 240MG	2	QL(30 EA per 30 days); PA; NDS
eulexin	2	
flutamide	1	NDS
nilutamide	1	NDS
NUBEQA	2	QL(124 EA per 31 days); PA; NDS
XTANDI CAPS	2	QL(124 EA per 31 days); PA; NDS
XTANDI TABS 40MG	2	QL(124 EA per 31 days); PA; NDS
XTANDI TABS 80MG	2	QL(62 EA per 31 days); PA; NDS
YONSA	2	QL(124 EA per 31 days); PA; NDS
Antiangiogenic Agents		
lenalidomide	1	QL(28 EA per 28 days); PA; NDS
POMALYST	2	QL(21 EA per 28 days); PA; NDS
THALOMID CAPS 100MG	2	QL(124 EA per 31 days); PA; NDS
THALOMID CAPS 200MG	2	QL(56 EA per 28 days); PA; NDS
THALOMID CAPS 150MG	2	QL(62 EA per 31 days); PA; NDS
THALOMID CAPS 50MG	2	QL(93 EA per 31 days); PA; NDS
Antiestrogens/Modifiers		
fulvestrant	1	
ORSERDU TABS 345MG	2	QL(31 EA per 31 days); PA; NDS
ORSERDU TABS 86MG	2	QL(93 EA per 31 days); PA; NDS
SOLTAMOX	2	NDS
tamoxifen citrate tabs	1	
toremifene citrate	1	
Antimetabolites		
azacitidine	1	PA; NDS
cladribine	1	B/D; NDS
clofarabine	1	NDS
cytarabine aqueous	1	B/D
cytarabine inj 100mg/ml, 20mg/ml	1	B/D
floxuridine inj	1	B/D; NDS
fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml	1	B/D
FOLOTYN	2	NDS
gemcitabine hcl	1	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 200MG/2ML, 2GM/20ML	1	
gemcitabine hydrochloride inj 1.5gm/15ml, 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml	1	
hydroxyurea caps	1	
mercaptopurine tabs	1	
mercaptopurine susp	1	PA; NDS
NIPENT	2	NDS

Drug Name	Drug Tier	Requirements/Limits
ONUREG	2	QL(14 EA per 28 days); PA; NDS
pemetrexed disodium	1	PA
PEMETREXED INJ 1GM/40ML, 500MG/20ML	3	PA
PEMETREXED INJ 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG, 850MG/34ML	3	PA; NDS
pemetrexed inj 100mg, 500mg	1	PA
pemetrexed inj 1000mg, 750mg	1	PA; NDS
PEMFEXY	3	PA; NDS
PEMRYDI RTU	3	PA; NDS
PURIXAN	2	PA; NDS
TABLOID	2	PA; NDS
Antineoplastics, Other		
ABRAXANE	2	PA; NDS
adriamycin inj 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 INJ 1MG, 2.5MG	1	PA
bortezomib inj 3.5mg/1.4ml, 3.5mg	1	PA
dactinomycin	1	NDS
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	1	
daunorubicin hydrochloride inj 20mg/4ml	1	
decitabine	1	NDS
docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml	1	
DOCIVYX	2	NDS
doxorubicin hcl inj 2mg/ml, 50mg	1	B/D
doxorubicin hydrochloride liposomal	1	NDS
doxorubicin hydrochloride inj 10mg, 2mg/ml	1	B/D
DROXIA	2	
ELLENCE	2	
ELREXFIO	2	PA; NDS
ELZONRIS	2	PA; NDS
eribulin mesylate	1	PA; NDS
fludarabine phosphate	1	NDS
HALAVEN	2	PA; NDS
idarubicin hcl	1	NDS
IMDELLTRA	2	PA; NDS
INQOVI	2	QL(5 EA per 28 days); PA; NDS
irinotecan hydrochloride	1	
irinotecan inj 500mg/25ml	1	

Drug Name	Drug Tier	Requirements/Limits
IWILFIN	2	QL(248 EA per 31 days); PA; NDS
IXEMPRA KIT	2	NDS
KIMMTRAK	2	PA; NDS
KYPROLIS	2	PA; NDS
LAZCLUZE TABS 240MG	2	QL(31 EA per 31 days); PA; NDS
LAZCLUZE TABS 80MG	2	QL(62 EA per 31 days); PA; NDS
LONSURF TABS 6.14MG; 15MG	2	QL(100 EA per 28 days); PA; NDS
LONSURF TABS 8.19MG; 20MG	2	QL(80 EA per 28 days); PA; NDS
LYNOZYFIC	2	PA; NDS
LYSODREN	2	NDS
mitomycin inj 20mg, 40mg, 5mg	1	NDS
mitoxantrone hcl inj 2mg/ml	1	
MODEYSO	2	QL(20 EA per 28 days); PA; NDS
mutamycin	1	NDS
nelarabine	1	NDS
OGSIVEO TABS 50MG	2	QL(186 EA per 31 days); PA; NDS
OGSIVEO TABS 100MG, 150MG	2	QL(62 EA per 31 days); PA; NDS
ONCASPAR	2	NDS
ONIVYDE	2	NDS
ORGOVYX	2	QL(33 EA per 31 days); PA; NDS
paclitaxel	1	
paclitaxel protein-bound particles inj 900mg; 100mg	1	PA; NDS
PHOTOFRIN	2	PA; NDS
PROLEUKIN	2	PA; NDS
REVUFORJ TABS 110MG	2	QL(124 EA per 31 days); PA; NDS
REVUFORJ TABS 25MG	2	QL(248 EA per 31 days); PA; NDS
REVUFORJ TABS 160MG	2	QL(62 EA per 31 days); PA; NDS
romidepsin inj 10mg	1	PA; NDS
RYLAZE	2	NDS
TALVEY	2	PA; NDS
TECVAYLI INJ 30MG/3ML	2	PA
TECVAYLI INJ 153MG/1.7ML	2	PA; NDS
TICE BCG	2	
TRUSELTIQ CPPK 100MG	2	QL(21 EA per 28 days); PA; NDS
TRUSELTIQ CPPK 0, 25MG	2	QL(42 EA per 28 days); PA; NDS
TRUSELTIQ CPPK 25MG	2	QL(63 EA per 28 days); PA; NDS
UVADEX	2	NDS
valrubicin	1	PA; NDS
vinblastine sulfate inj 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

Drug Name	Drug Tier	Requirements/Limits
ZALTRAP	2	PA; NDS
ZOLINZA	2	QL(124 EA per 31 days); PA; NDS
Aromatase Inhibitors, 3rd Generation		
anastrozole tabs	1	
exemestane	1	QL(62 EA per 31 days)
letrozole	1	QL(31 EA per 31 days)
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK	2	QL(66 EA per 28 days); PA; NDS
ETOPOPHOS	2	
etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml	1	
toposar inj 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 TBPK	2	QL(60 EA per 365 days); PA; NDS
ALUNBRIG TABS 30MG	2	QL(124 EA per 31 days); PA; NDS
ALUNBRIG TABS 180MG, 90MG	2	QL(31 EA per 31 days); PA; NDS
AUGTYRO CAPS 40MG	2	QL(248 EA per 31 days); PA; NDS
AUGTYRO CAPS 160MG	2	QL(62 EA per 31 days); PA; NDS
AYVAKIT	2	QL(31 EA per 31 days); PA; NDS
BALVERSA TABS 5MG	2	QL(28 EA per 28 days); PA; NDS
BALVERSA TABS 4MG	2	QL(56 EA per 28 days); PA; NDS
BALVERSA TABS 3MG	2	QL(84 EA per 28 days); PA; NDS
BELEODAQ	2	PA; NDS
BOSULIF CAPS 100MG	2	QL(186 EA per 31 days); PA; NDS
BOSULIF CAPS 50MG	2	QL(341 EA per 31 days); PA; NDS
BOSULIF TABS 400MG, 500MG	2	QL(31 EA per 31 days); PA; NDS
BOSULIF TABS 100MG	2	QL(93 EA per 31 days); PA; NDS
BRAFTOVI CAPS 75MG	2	QL(186 EA per 31 days); PA; NDS
BRUKINSA CAPS	2	QL(124 EA per 31 days); PA; NDS
BRUKINSA TABS	2	QL(62 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 TABS 300MG	2	QL(31 EA per 31 days); PA; NDS
CAPRELSA TABS 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
DANZITEN	2	QL(124 EA per 31 days); PA; NDS
dasatinib tabs 100mg, 140mg, 50mg, 80mg	1	QL(31 EA per 31 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
dasatinib tabs 70mg	1	QL(62 EA per 31 days); PA; NDS
dasatinib tabs 20mg	1	QL(93 EA per 31 days); PA; NDS
DAURISMO TABS 100MG	2	QL(31 EA per 31 days); PA; NDS
DAURISMO TABS 25MG	2	QL(62 EA per 31 days); PA; NDS
ERIVEDGE	2	QL(31 EA per 31 days); PA; NDS
erlotinib hydrochloride tabs 100mg, 150mg	1	QL(31 EA per 31 days); PA
erlotinib hydrochloride tabs 25mg	1	QL(93 EA per 31 days); PA
everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg	1	QL(31 EA per 31 days); PA; NDS
everolimus tbso 2mg, 3mg, 5mg	1	PA; NDS
EXKIVITY	2	QL(124 EA per 31 days); PA; NDS
FOTIVDA	2	QL(21 EA per 28 days); PA; NDS
FRUZAQLA CAPS 5MG	2	QL(21 EA per 28 days); PA; NDS
FRUZAQLA CAPS 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
GOMEKLI TBSO	2	QL(168 EA per 28 days); PA; NDS
GOMEKLI CAPS 1MG	2	QL(126 EA per 28 days); PA; NDS
GOMEKLI CAPS 2MG	2	QL(84 EA per 28 days); PA; NDS
HERNEXEOS	2	QL(186 EA per 31 days); PA; NDS
IBRANCE	2	QL(21 EA per 28 days); PA; NDS
IBTROZI	2	QL(93 EA per 31 days); PA; NDS
ICLUSIG	2	QL(31 EA per 31 days); PA; NDS
IDHIFA	2	QL(31 EA per 31 days); PA; NDS
imatinib mesylate tabs 400mg	1	QL(62 EA per 31 days); PA
imatinib mesylate tabs 100mg	1	QL(93 EA per 31 days); PA
IMBRUVICA SUSP	2	QL(248 ML per 31 days); PA; NDS
IMBRUVICA CAPS, TABS	2	QL(31 EA per 31 days); PA; NDS
IMKELDI	2	QL(310 ML per 31 days); PA; NDS
INLYTA	2	QL(124 EA per 31 days); PA; NDS
INREBIC	2	QL(124 EA per 31 days); PA; NDS
ITOVEBI TABS 9MG	2	QL(31 EA per 31 days); PA; NDS
ITOVEBI TABS 3MG	2	QL(62 EA per 31 days); PA; NDS
JAKAFI	2	QL(62 EA per 31 days); PA; NDS
JAYPIRCA TABS 50MG	2	QL(31 EA per 31 days); PA; NDS
JAYPIRCA TABS 100MG	2	QL(93 EA per 31 days); PA; NDS
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 TBPK 200MG	2	QL(21 EA per 28 days); PA; NDS
KISQALI TBPK 200MG	2	QL(42 EA per 28 days); PA; NDS
KISQALI TBPK 200MG	2	QL(63 EA per 28 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAPS 25MG	2	QL(124 EA per 31 days); PA; NDS
KOSELUGO CAPS 10MG	2	QL(248 EA per 31 days); PA; NDS
KRAZATI	2	QL(186 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 TABS 100MG	2	QL(31 EA per 31 days); PA; NDS
LORBRENA TABS 25MG	2	QL(93 EA per 31 days); PA; NDS
LUMAKRAS TABS 240MG	2	QL(124 EA per 31 days); PA; NDS
LUMAKRAS TABS 120MG	2	QL(248 EA per 31 days); PA; NDS
LUMAKRAS TABS 320MG	2	QL(93 EA per 31 days); PA; NDS
LYNPARZA TABS	2	QL(124 EA per 31 days); PA; NDS
LYTGOBI TBPK 4MG	2	QL(112 EA per 28 days); PA; NDS; 16MG
LYTGOBI TBPK 4MG	2	QL(140 EA per 28 days); PA; NDS; 20MG
LYTGOBI TBPK 4MG	2	QL(84 EA per 28 days); PA; NDS; 12MG
MEKINIST SOLR	2	QL(1240 ML per 31 days); PA; NDS
MEKINIST TABS 0.5MG	2	QL(124 EA per 31 days); PA; NDS
MEKINIST TABS 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
nilotinib hydrochloride caps 150mg, 200mg	1	QL(112 EA per 28 days); PA; NDS
nilotinib hydrochloride caps 50mg	1	QL(434 EA per 31 days); PA; NDS
NINLARO	2	QL(3 EA per 28 days); PA; NDS
ODOMZO	2	QL(31 EA per 31 days); PA; NDS
OJEMDA TABS	2	QL(24 EA per 28 days); PA; NDS
OJEMDA SUSR	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
PEMAZYRE	2	QL(14 EA per 21 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
QINLOCK	2	QL(93 EA per 31 days); PA; NDS
RETEVMO CAPS 80MG	2	QL(124 EA per 31 days); PA; NDS
RETEVMO CAPS 40MG	2	QL(186 EA per 31 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
RETEVMO TABS 120MG, 160MG, 80MG	2	QL(62 EA per 31 days); PA; NDS
RETEVMO TABS 40MG	2	QL(93 EA per 31 days); PA; NDS
REZLIDHIA	2	QL(62 EA per 31 days); PA; NDS
ROMVIMZA	2	QL(8 EA per 28 days); PA; NDS
ROZLYTREK PACK	2	QL(372 EA per 31 days); PA; NDS
ROZLYTREK CAPS 100MG	2	QL(155 EA per 31 days); PA; NDS
ROZLYTREK CAPS 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
SCEMBLIX TABS 100MG	2	QL(124 EA per 31 days); PA; NDS
SCEMBLIX TABS 40MG	2	QL(310 EA per 31 days); PA; NDS
SCEMBLIX TABS 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 TABS 100MG, 140MG, 50MG, 80MG	2	QL(31 EA per 31 days); PA; NDS
SPRYCEL TABS 70MG	2	QL(62 EA per 31 days); PA; NDS
SPRYCEL TABS 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
TABRECTA	2	QL(124 EA per 31 days); PA; NDS
TAFINLAR TBSO	2	QL(930 EA per 31 days); PA; NDS
TAFINLAR CAPS 75MG	2	QL(124 EA per 31 days); PA; NDS
TAFINLAR CAPS 50MG	2	QL(186 EA per 31 days); PA; NDS
TAGRISSO	2	QL(31 EA per 31 days); PA; NDS
TALZENNA CAPS 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	2	QL(31 EA per 31 days); PA; NDS
TALZENNA CAPS 0.25MG	2	QL(93 EA per 31 days); PA; NDS
TASIGNA CAPS 150MG, 200MG	2	QL(112 EA per 28 days); PA; NDS
TASIGNA CAPS 50MG	2	QL(434 EA per 31 days); PA; NDS
TAZVERIK	2	QL(248 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
TUKYSA TABS 150MG	2	QL(124 EA per 31 days); PA; NDS
TUKYSA TABS 50MG	2	QL(248 EA per 31 days); PA; NDS
TURALIO CAPS 125MG	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 TABS 100MG	2	QL(124 EA per 31 days); PA; NDS
VENCLEXTA TABS 50MG	2	QL(31 EA per 31 days); PA; NDS
VENCLEXTA TABS 10MG	2	QL(62 EA per 31 days); PA
VERZENIO	2	QL(62 EA per 31 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOLN	2	QL(300 ML per 30 days); PA; NDS
VITRAKVI CAPS 25MG	2	QL(186 EA per 31 days); PA; NDS
VITRAKVI CAPS 100MG	2	QL(62 EA per 31 days); PA; NDS
VIZIMPRO	2	QL(31 EA per 31 days); PA; NDS
VORANIGO TABS 40MG	2	QL(31 EA per 31 days); PA; NDS
VORANIGO TABS 10MG	2	QL(62 EA per 31 days); PA; NDS
XALKORI CAPS	2	QL(62 EA per 31 days); PA; NDS
XALKORI CPSP 50MG	2	QL(124 EA per 31 days); PA; NDS
XALKORI CPSP 150MG	2	QL(186 EA per 31 days); PA; NDS
XALKORI CPSP 20MG	2	QL(248 EA per 31 days); PA; NDS
XOSPATA	2	QL(93 EA per 31 days); 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 TBPK 10MG	2	QL(16 EA per 28 days); PA; NDS
XPOVIO TBPK 40MG, 60MG	2	QL(4 EA per 28 days); PA; NDS
XPOVIO TBPK 40MG, 50MG	2	QL(8 EA per 28 days); PA; NDS
ZEJULA TABS	2	QL(31 EA per 31 days); PA; NDS
ZEJULA CAPS	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 TABS	2	QL(155 EA per 31 days); PA; NDS
Monoclonal Antibodies/Antibody-Drug Conjugates		
ADCETRIS	2	PA; NDS
AVASTIN	2	PA; NDS
BAVENCIO	2	PA; NDS
BESPONSA	2	PA; NDS
BIZENGRI	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
DATROWAY	2	PA; NDS
ELAHERE	2	PA; NDS
EMPLICITI	2	PA; NDS
EMRELIS	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 INJ 150MG	2	PA; NDS
IMFINZI	2	PA; NDS
IMJUDO	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
JEMPERLI	2	PA; NDS
KADCYLA	2	PA; NDS
KANJINTI	2	PA; NDS
KEYTRUDA INJ 100MG/4ML	2	PA; NDS
LIBTAYO	2	PA; NDS
LOQTORZI	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
OPDIVO QVANTIG	2	PA; NDS
OPDUALAG	2	PA; NDS
PADCEV	2	PA; NDS
PERJETA	2	PA; NDS
PHESGO	2	PA; NDS
POLIVY	2	PA; NDS
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
TIVDAK	2	PA; NDS
TRAZIMERA	2	PA; NDS
TRODELVY	2	PA; NDS
UNITUXIN	2	PA; NDS
VECTIBIX INJ 100MG/5ML, 400MG/20ML	2	PA; NDS
VYLOY INJ 300MG	2	PA; NDS
YERVOY	2	PA; NDS
ZEVALIN Y-90	2	PA; NDS
ZIIHERA	2	PA; NDS
ZIRABEV	2	PA; NDS
ZYNLONTA	2	PA; NDS
ZYNYZ	2	PA; NDS
Monoclonal Antibody/Antibody-Drug Conjugate		
TECENTRIQ HYBREZA	2	QL(15 ML per 21 days); PA; NDS
TEVIMBRA	2	PA; NDS
VYLOY INJ 100MG	2	PA; NDS
Retinoids		
bexarotene caps	1	PA; NDS
bexarotene gel	1	QL(60 GM per 30 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
PANRETIN	2	PA; NDS
tretinoin caps 10mg	1	NDS
Treatment Adjuncts		
dexrazoxane hydrochloride inj 250mg	1	PA
dexrazoxane hydrochloride inj 500mg	1	PA; NDS
dexrazoxane inj 250mg	1	PA
dexrazoxane inj 500mg	1	PA; NDS
ELITEK	2	NDS
leucovorin calcium tabs	1	
leucovorin calcium inj 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg	1	
levoleucovorin	1	
levoleucovorin calcium	1	
mesna	1	
MESNEX TABS	2	
VISTOGARD	2	NDS
Antiparasitics		
Anthelmintics		
albendazole tabs	1	QL(496 EA per 31 days)
emverm	3	QL(6 EA per 30 days); NDS
ivermectin tabs	1	PA
praziquantel tabs	1	
Antiprotozoals		
atovaquone	1	QL(420 ML per 30 days)
atovaquone/proguanil hcl tabs 62.5mg; 25mg	1	
atovaquone/proguanil hydrochloride	1	
BENZNIDAZOLE	2	
chloroquine phosphate tabs	1	QL(62 EA per 31 days)
COARTEM	2	QL(24 EA per 30 days)
hydroxychloroquine sulfate tabs 200mg	1	QL(124 EA per 31 days)
IMPAVIDO	2	NDS
LAMPIT	2	PA
mefloquine hydrochloride	1	
nitazoxanide	1	QL(62 EA per 31 days); NDS
pentamidine isethionate inj	1	
pentamidine isethionate inhalation solr	1	QL(1 EA per 28 days); B/D
primaquine phosphate tabs	1	
pyrimethamine tabs	1	NDS
quinine sulfate caps 324mg	1	QL(42 EA per 30 days); PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tabs	1	
trihexyphenidyl hcl soln	1	
trihexyphenidyl hydrochloride	1	

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Agents, Other		
amantadine hcl caps, soln, tabs	1	
amantadine hydrochloride soln	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 inj	1	QL(60 ML per 30 days); PA; NDS
NEUPRO	2	QL(31 EA per 31 days)
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
ropinirole er	1	
ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	1	
ropinirole hydrochloride tabs 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 tabs	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tabs	1	
selegiline hcl caps, tabs	1	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl inj	1	
chlorpromazine hydrochloride tabs	1	
chlorpromazine hydrochloride conc	3	
fluphenazine decanoate inj	1	
fluphenazine hcl conc	1	
fluphenazine hydrochloride	1	
haloperidol decanoate inj	1	
haloperidol lactate	1	
haloperidol conc, tabs	1	
loxapine	1	
molindone hydrochloride	1	
pimozide	1	
thioridazine hydrochloride	1	
thiothixene caps 10mg, 1mg, 2mg, 5mg	1	
trifluoperazine hcl tabs 10mg, 2mg, 5mg	1	
trifluoperazine hydrochloride tabs 1mg	1	
2nd Generation/Atypical		

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA	2	QL(31 EA per 31 days); PA
FANAPT	2	QL(62 EA per 31 days); PA
FANAPT TITRATION PACK A	2	QL(16 EA per 365 days); PA
FANAPT TITRATION PACK B	2	QL(24 EA per 365 days); PA
FANAPT TITRATION PACK C	2	QL(16 EA per 365 days); PA
INVEGA HAFYERA	2	NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	2	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	2	NDS
INVEGA TRINZA	2	NDS
NUPLAZID CAPS	2	QL(31 EA per 31 days); PA
NUPLAZID TABS 10MG	2	QL(31 EA per 31 days); PA
paliperidone er tb24 1.5mg, 3mg, 9mg	1	QL(31 EA per 31 days); ST
paliperidone er tb24 6mg	1	QL(62 EA per 31 days); ST
REXULTI	2	QL(31 EA per 31 days); PA
VRAYLAR CPPK	2	QL(14 EA per 365 days); PA
VRAYLAR CAPS	2	QL(31 EA per 31 days); PA
Treatment-Resistant		
clozapine odt tbdp 100mg, 25mg	1	QL(279 EA per 31 days); ST
clozapine odt tbdp 12.5mg	1	QL(93 EA per 31 days); ST
clozapine odt tbdp 200mg	3	QL(124 EA per 31 days); ST
clozapine odt tbdp 150mg	3	QL(186 EA per 31 days); ST
clozapine tabs 200mg	1	QL(120 EA per 31 days)
clozapine tabs 50mg	1	QL(186 EA per 31 days)
clozapine tabs 100mg, 25mg	1	QL(279 EA per 31 days)
VERSACLOZ	2	QL(558 ML per 31 days); ST
Antispasticity Agents		
Antispasticity Agents		
baclofen inj 20000mcg/20ml, 500mcg/ml	1	B/D
baclofen inj 40mg/20ml	1	B/D; NDS
baclofen tabs 10mg, 20mg, 5mg	1	
BOTOX	2	PA
dantrolene sodium caps	1	
tizanidine hcl tabs 2mg	1	
tizanidine hydrochloride tabs 4mg	1	
XEOMIN	2	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir	1	
ganciclovir inj 500mg/10ml, 500mg	1	B/D
LIVTENCITY	2	QL(372 EA per 31 days); PA; NDS
PREVYMIS PACK	2	QL(124 EA per 31 days); PA; NDS
PREVYMIS INJ 240MG/12ML	2	QL(372 ML per 31 days); PA; NDS
PREVYMIS INJ 480MG/24ML	2	QL(744 ML per 31 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABS 240MG	2	QL(28 EA per 28 days); PA; NDS
PREVYMIS TABS 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 SOLN	2	QL(630 ML per 31 days)
entecavir	1	QL(31 EA per 31 days)
EPIVIR HBV SOLN	2	
lamivudine tabs 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 PACK	2	QL(140 EA per 28 days); PA; NDS
MAVYRET TABS	2	QL(84 EA per 28 days); PA; NDS
ribavirin caps	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 INJ 400MG/2ML; 600MG/2ML	2	QL(4 ML per 30 days); NDS
CABENUVA INJ 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 CHEW	2	QL(186 EA per 31 days)
ISENTRESS PACK, TABS	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)
TIVICAY TABS 10MG	2	QL(31 EA per 31 days)
TIVICAY TABS 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)
EDURANT PED	2	QL(186 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 tabs	1	QL(31 EA per 31 days)
efavirenz caps	1	QL(93 EA per 31 days)
emtricitabine/rilpivirine/tenofovir disoproxil fumarate	1	QL(31 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
etravirine	1	QL(62 EA per 31 days)
INTELENCE TABS 25MG	2	QL(124 EA per 31 days)
nevirapine er tb24 400mg	1	QL(31 EA per 31 days)
nevirapine susp	1	QL(1240 ML per 31 days)
nevirapine tabs	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 tabs	1	QL(62 EA per 31 days)
abacavir soln	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 tabs 100mg; 150mg, 133mg; 200mg, 200mg; 300mg	1	QL(31 EA per 31 days)
EMTRIVA SOLN	2	QL(850 ML per 30 days)
lamivudine/zidovudine	1	QL(62 EA per 31 days)
lamivudine soln 10mg/ml	1	QL(960 ML per 30 days)
lamivudine tabs 300mg	1	QL(31 EA per 31 days)
lamivudine tabs 150mg	1	QL(62 EA per 31 days)
ODEFSEY	2	QL(31 EA per 31 days)
RETROVIR IV INFUSION	2	
stavudine caps	1	QL(62 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 POWD	2	QL(240 GM per 30 days)
VIREAD TABS 150MG, 200MG, 250MG	2	QL(31 EA per 31 days)
zidovudine caps	1	QL(186 EA per 31 days)
zidovudine syrp	1	QL(1920 ML per 30 days)
zidovudine tabs	1	QL(62 EA per 31 days)
Anti-HIV Agents, Other		
FUZEON	2	QL(62 EA per 31 days); NDS
maraviroc tabs 300mg	1	QL(124 EA per 31 days)
maraviroc tabs 150mg	1	QL(62 EA per 31 days)
RUKOBIA	2	QL(62 EA per 31 days)
SELZENTRY SOLN	2	QL(1840 ML per 30 days)
SELZENTRY TABS 25MG	2	QL(496 EA per 31 days)
SELZENTRY TABS 75MG	2	QL(62 EA per 31 days)
SUNLENCA TABS	2	QL(24 EA per 168 days)
SUNLENCA INJ	2	QL(9 ML per 365 days)

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA TBPK 300MG	2	QL(10 EA per 365 days)
SUNLENCA TBPK 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 caps 150mg	1	QL(31 EA per 31 days)
atazanavir caps 200mg	1	QL(62 EA per 31 days)
darunavir tabs 800mg	1	QL(31 EA per 31 days)
darunavir tabs 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)
KALETRA	2	QL(496 ML per 31 days)
LEXIVA	2	QL(1800 ML per 30 days)
lopinavir/ritonavir soln	1	QL(496 ML per 31 days)
lopinavir/ritonavir tabs 200mg; 50mg	1	QL(124 EA per 31 days)
lopinavir/ritonavir tabs 100mg; 25mg	1	QL(248 EA per 31 days)
NORVIR	2	QL(372 EA per 31 days)
PREZCOBIX	2	QL(31 EA per 31 days)
PREZISTA SUSP	2	QL(400 ML per 30 days)
PREZISTA TABS 150MG	2	QL(186 EA per 31 days)
PREZISTA TABS 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 TABS 625MG	2	QL(124 EA per 31 days)
VIRACEPT TABS 250MG	2	QL(310 EA per 31 days)
Anti-influenza Agents		
oseltamivir phosphate caps 30mg	1	QL(168 EA per 365 days)
oseltamivir phosphate caps 45mg, 75mg	1	QL(84 EA per 365 days)
oseltamivir phosphate susr	1	QL(1080 ML per 365 days)
RELENZA DISKHALER	2	QL(60 EA per 180 days)
rimantadine hydrochloride	1	
XOFLUZA TBPK 80MG	2	QL(1 EA per 30 days)
XOFLUZA TBPK 40MG	2	QL(2 EA per 30 days)
Antiherpetic Agents		
acyclovir sodium inj 50mg/ml	1	B/D
acyclovir caps, susp, tabs	1	
acyclovir oint	1	QL(30 GM per 30 days)
famciclovir tabs	1	
penciclovir crea	1	
valacyclovir hydrochloride tabs 1gm	1	QL(124 EA per 31 days)
valacyclovir hydrochloride tabs 500mg	1	QL(62 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
Antiviral, Coronavirus Agents		
PAXLOVID TBPK 150MG; 100MG	2	QL(11 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	2	QL(20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	2	QL(30 EA per 5 days); 300mg-100mg Pak
VEKLURY INJ 100MG	2	QL(4 EA per 3 days); NDS
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 15mg	1	
buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg	1	
hydroxyzine hcl tabs 50mg	1	
hydroxyzine hydrochloride tabs 10mg, 25mg	1	
Benzodiazepines		
alprazolam tabs 0.25mg, 0.5mg, 1mg	1	QL(124 EA per 31 days)
alprazolam tabs 2mg	1	QL(155 EA per 31 days)
chlordiazepoxide hcl caps 10mg, 5mg	1	QL(124 EA per 31 days)
chlordiazepoxide hydrochloride caps 25mg	1	QL(124 EA per 31 days)
clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg	1	QL(124 EA per 31 days)
clonazepam odt tbdp 2mg	1	QL(310 EA per 31 days)
clonazepam tabs 0.5mg, 1mg	1	QL(124 EA per 31 days)
clonazepam tabs 2mg	1	QL(310 EA per 31 days)
clorazepate dipotassium tabs 3.75mg, 7.5mg	1	QL(124 EA per 31 days)
clorazepate dipotassium tabs 15mg	1	QL(186 EA per 31 days)
diazepam intensol	1	QL(248 ML per 31 days)
diazepam tabs	1	QL(124 EA per 31 days)
diazepam oral soln	1	QL(1240 ML per 31 days)
diazepam conc	1	QL(248 ML per 31 days)
DIAZEPAM INJ 10MG/2ML	1	
diazepam inj 50mg/10ml, 5mg/ml	1	
lorazepam intensol	1	QL(155 ML per 31 days)
LORAZEPAM INJ 4MG/ML	1	
lorazepam inj 2mg/ml	1	
lorazepam tabs 0.5mg, 1mg	1	QL(124 EA per 31 days)
lorazepam tabs 2mg	1	QL(155 EA per 31 days)
oxazepam	1	QL(124 EA per 31 days)
Bipolar Agents		
Bipolar Agents, Other		
ABILIFY MAINTENA	2	QL(1 EA per 28 days); NDS
aripiprazole odt	1	QL(62 EA per 31 days); ST
aripiprazole tabs	1	QL(31 EA per 31 days)
aripiprazole soln	1	QL(750 ML per 30 days)
ARISTADA INITIO	2	QL(2.4 ML per 180 days); NDS
ARISTADA INJ 441MG/1.6ML	2	QL(1.6 ML per 28 days); NDS
ARISTADA INJ 662MG/2.4ML	2	QL(2.4 ML per 28 days); NDS

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 882MG/3.2ML	2	QL(3.2 ML per 28 days); NDS
ARISTADA INJ 1064MG/3.9ML	2	QL(3.9 ML per 56 days); NDS
asenapine maleate sl	1	QL(62 EA per 31 days); ST
lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg	1	QL(31 EA per 31 days); ST
lurasidone hydrochloride tabs 80mg	1	QL(62 EA per 31 days); ST
olanzapine odt tbdp 15mg, 20mg	1	QL(31 EA per 31 days)
olanzapine odt tbdp 10mg, 5mg	1	QL(62 EA per 31 days)
olanzapine/fluoxetine caps 25mg; 12mg, 50mg; 12mg, 50mg; 6mg	1	QL(31 EA per 31 days); ST
olanzapine/fluoxetine caps 25mg; 3mg, 25mg; 6mg	1	QL(93 EA per 31 days); ST
olanzapine inj	1	QL(31 EA per 31 days)
olanzapine tabs 15mg, 20mg	1	QL(31 EA per 31 days)
olanzapine tabs 10mg, 2.5mg, 5mg, 7.5mg	1	QL(62 EA per 31 days)
OPIPZA FILM 2MG	2	QL(31 EA per 31 days); PA
OPIPZA FILM 10MG, 5MG	2	QL(93 EA per 31 days); PA
quetiapine fumarate er tb24 150mg, 200mg	1	QL(31 EA per 31 days)
quetiapine fumarate er tb24 300mg, 400mg, 50mg	1	QL(62 EA per 31 days)
quetiapine fumarate tabs 300mg, 400mg	1	QL(62 EA per 31 days)
quetiapine fumarate tabs 100mg, 150mg, 200mg, 25mg, 50mg	1	QL(93 EA per 31 days)
risperidone er inj 12.5mg, 25mg, 37.5mg	1	
risperidone er inj 50mg	1	NDS
risperidone odt	1	QL(62 EA per 31 days); ST
risperidone soln	1	QL(248 ML per 31 days)
risperidone tabs	1	QL(62 EA per 31 days)
SECUADO	2	QL(31 EA per 31 days); PA; NDS
ziprasidone hcl	1	QL(62 EA per 31 days)
ziprasidone mesylate	1	QL(62 EA per 31 days)
ZYPREXA RELPREVV INJ 210MG, 300MG	2	
ZYPREXA RELPREVV INJ 405MG	2	NDS
Mood Stabilizers		
divalproex sodium dr	1	
divalproex sodium er	1	
EQUETRO	2	
lithium	1	
lithium carbonate er	1	
lithium carbonate caps, tabs	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tabs 50mg	1	QL(186 EA per 31 days)
acarbose tabs 25mg	1	QL(372 EA per 31 days)
acarbose tabs 100mg	1	QL(93 EA per 31 days)
exenatide inj 5mcg/0.02ml	2	QL(1.2 ML per 30 days); PA
exenatide inj 10mcg/0.04ml	2	QL(2.4 ML per 30 days); PA
glimepiride tabs 2mg	1	QL(124 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
glimepiride tabs 1mg	1	QL(248 EA per 31 days)
glimepiride tabs 4mg	1	QL(62 EA per 31 days)
glipizide er tb24 5mg	1	QL(124 EA per 31 days)
glipizide er tb24 2.5mg	1	QL(248 EA per 31 days)
glipizide er tb24 10mg	1	QL(62 EA per 31 days)
glipizide xl tb24 5mg	1	QL(124 EA per 31 days)
glipizide xl tb24 2.5mg	1	QL(248 EA per 31 days)
glipizide xl tb24 10mg	1	QL(62 EA per 31 days)
glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg	1	QL(124 EA per 31 days)
glipizide/metformin hydrochloride tabs 2.5mg; 250mg	1	QL(248 EA per 31 days)
glipizide tabs 10mg	1	QL(124 EA per 31 days)
glipizide tabs 5mg	1	QL(248 EA per 31 days)
glipizide tabs 2.5mg	1	QL(62 EA per 31 days)
glyburide micronized tabs 3mg	1	QL(124 EA per 31 days)
glyburide micronized tabs 1.5mg	1	QL(248 EA per 31 days)
glyburide micronized tabs 6mg	1	QL(62 EA per 31 days)
glyburide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg	1	QL(124 EA per 31 days)
glyburide/metformin hydrochloride tabs 1.25mg; 250mg	1	QL(248 EA per 31 days)
glyburide tabs 5mg	1	QL(124 EA per 31 days)
glyburide tabs 2.5mg	1	QL(248 EA per 31 days)
glyburide tabs 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)
JANUMET	2	QL(62 EA per 31 days)
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	2	QL(31 EA per 31 days)
JANUMET XR TB24 1000MG; 50MG	2	QL(62 EA per 31 days)
JANUVIA	2	QL(31 EA per 31 days)
JENTADUETO	2	QL(62 EA per 31 days)
JENTADUETO XR TB24 5MG; 1000MG	2	QL(31 EA per 31 days)
JENTADUETO XR TB24 2.5MG; 1000MG	2	QL(62 EA per 31 days)
liraglutide inj 6mg/ml	1	QL(9 ML per 30 days); PA
metformin hydrochloride er tb24 500mg	1	QL(124 EA per 31 days)
metformin hydrochloride er tb24 750mg	1	QL(62 EA per 31 days)
metformin hydrochloride soln	1	QL(791 ML per 31 days)
metformin hydrochloride tabs 500mg	1	QL(155 EA per 31 days)
metformin hydrochloride tabs 1000mg	1	QL(78 EA per 31 days)
metformin hydrochloride tabs 850mg	1	QL(93 EA per 31 days)
miglitol tabs 50mg	1	QL(186 EA per 31 days)
miglitol tabs 25mg	1	QL(372 EA per 31 days)
miglitol tabs 100mg	1	QL(93 EA per 31 days)
MOUNJARO	2	QL(2 ML per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
nateglinide tabs 60mg	1	QL(186 EA per 31 days)
nateglinide tabs 120mg	1	QL(93 EA per 31 days)
NESINA	2	QL(31 EA per 31 days); ST
OSENI TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	2	QL(31 EA per 31 days)
OZEMPIC INJ 2MG/1.5ML	2	QL(1.5 ML per 28 days); PA
OZEMPIC INJ 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 tabs 45mg	1	QL(31 EA per 31 days)
pioglitazone hydrochloride tabs 15mg, 30mg	1	QL(31 EA per 31 days)
repaglinide tabs 2mg	1	QL(248 EA per 31 days)
repaglinide tabs 1mg	1	QL(496 EA per 31 days)
repaglinide tabs 0.5mg	1	QL(992 EA per 31 days)
RYBELSUS TABS 14MG, 3MG, 7MG	2	QL(31 EA per 31 days); PA
saxagliptin hydrochloride	1	QL(31 EA per 31 days)
saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg, 500mg; 5mg	1	QL(31 EA per 31 days)
saxagliptin hydrochloride/metformin hydrochloride er tb24 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
SYMLINPEN 60	2	QL(6 ML per 30 days); NDS
SYNJARDY	2	QL(62 EA per 31 days)
SYNJARDY XR TB24 25MG; 1000MG	2	QL(31 EA per 31 days)
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL(62 EA per 31 days)
TRADJENTA	2	QL(31 EA per 31 days)
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL(31 EA per 31 days)
TRIJARDY XR TB24 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
XULTOPHY 100/3.6	2	QL(15 ML per 30 days); ST
Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide susp	1	
GLUCAGEN HYPOKIT	2	
glucagon emergency kit for low blood sugar	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS INJ 1MG/0.2ML	2	

Drug Name	Drug Tier	Requirements/Limits
Insulins		
APIDRA	2	ST
APIDRA SOLOSTAR	2	ST
HUMALOG	1	
HUMALOG JUNIOR KWIKPEN	1	
HUMALOG KWIKPEN	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	
LANTUS	2	
LANTUS SOLOSTAR	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		

Drug Name	Drug Tier	Requirements/Limits
Anticoagulants		
CEPROTIN	2	NDS
dabigatran etexilate	1	QL(62 EA per 31 days)
ELIQUIS STARTER PACK	2	QL(148 EA per 365 days)
ELIQUIS TABS	2	QL(62 EA per 31 days)
enoxaparin sodium inj 300mg/3ml	1	
enoxaparin sodium inj 40mg/0.4ml	1	QL(11.2 ML per 28 days)
enoxaparin sodium inj 30mg/0.3ml, 60mg/0.6ml	1	QL(16.8 ML per 28 days)
enoxaparin sodium inj 120mg/0.8ml, 80mg/0.8ml	1	QL(22.4 ML per 28 days)
enoxaparin sodium inj 100mg/ml, 150mg/ml	1	QL(28 ML per 28 days)
fondaparinux sodium inj 2.5mg/0.5ml	1	
fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	1	NDS
HEPARIN SODIUM/D5W INJ 5%; 100UNIT/ML, 5%; 25000UNIT/250ML, 5%; 25000UNIT/500ML, 5%; 40UNIT/ML	1	
HEPARIN SODIUM/DEXTROSE INJ 5%; 25000UNIT/250ML, 5%; 25000UNIT/500ML	1	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML; 0.45%	1	
heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%, 2000unit/l; 0.9%	1	
heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%, 2000unit/l; 0.9%	1	
HEPARIN SODIUM/SODIUM CHLORIDE INJ 25000UNIT/250ML; 0.45%, 25000UNIT/500ML; 0.45%	1	
HEPARIN SODIUM INJ 5000UNIT/0.5ML	1	
heparin sodium inj 10000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	1	
heparin sodium inj 1000unit/ml	1	B/D
jantoven	1	
rivaroxaban tabs	1	QL(372 EA per 31 days)
rivaroxaban susr	1	QL(600 ML per 30 days)
warfarin sodium tabs	1	
XARELTO STARTER PACK	2	QL(102 EA per 365 days)
XARELTO SUSR	2	QL(600 ML per 30 days)
XARELTO TABS 10MG, 20MG	2	QL(31 EA per 31 days)
XARELTO TABS 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 INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/ML	3	PA

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML	3	PA; NDS
eltrombopag olamine pack	1	QL(186 EA per 31 days); PA; NDS
eltrombopag olamine tabs 12.5mg, 25mg	1	QL(31 EA per 31 days); PA; NDS
eltrombopag olamine tabs 50mg, 75mg	1	QL(62 EA per 31 days); PA; NDS
FULPHILA	2	ST; NDS
GRANIX	2	ST; NDS
LEUKINE INJ 250MCG	2	PA; 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 INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	2	PA; NDS
PROMACTA PACK	2	QL(186 EA per 31 days); PA; NDS
PROMACTA TABS 12.5MG, 25MG	2	QL(31 EA per 31 days); PA; NDS
PROMACTA TABS 50MG, 75MG	2	QL(62 EA per 31 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 soln, tabs	1	
tranexamic acid tabs	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 tabs 300mg	1	QL(1 EA per 31 days)
clopidogrel tabs 75mg	1	QL(31 EA per 31 days)
dipyridamole tabs	1	
DOPTELET	2	QL(93 EA per 31 days); PA; NDS
prasugrel hydrochloride	1	QL(31 EA per 31 days)
ticagrelor	1	QL(62 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	1	QL(4 EA per 28 days)
clonidine hydrochloride tabs	1	
droxidopa caps 200mg, 300mg	1	QL(186 EA per 31 days); PA
droxidopa caps 100mg	1	QL(93 EA per 31 days); PA
midodrine hydrochloride	1	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate tabs 1mg, 2mg, 4mg	1	QL(31 EA per 31 days)
doxazosin mesylate tabs 8mg	1	QL(62 EA per 31 days)
phenoxybenzamine hydrochloride	1	NDS
prazosin hydrochloride caps	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	1	
irbesartan	1	
losartan potassium tabs	1	
olmesartan medoxomil tabs 20mg, 40mg	1	QL(31 EA per 31 days)
olmesartan medoxomil tabs 5mg	1	QL(62 EA per 31 days)
telmisartan	1	QL(31 EA per 31 days)
valsartan tabs 320mg	1	QL(31 EA per 31 days)
valsartan tabs 160mg, 40mg, 80mg	1	QL(62 EA per 31 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tabs	1	
captopril tabs 100mg	1	QL(124 EA per 31 days)
captopril tabs 50mg	1	QL(279 EA per 31 days)
captopril tabs 12.5mg, 25mg	1	QL(93 EA per 31 days)
enalapril maleate tabs	1	QL(62 EA per 31 days)
fosinopril sodium	1	
lisinopril tabs	1	QL(62 EA per 31 days)
moexipril hydrochloride	1	
perindopril erbumine	1	
quinapril hydrochloride	1	
ramipril	1	
trandolapril	1	
Antiarrhythmics		
adenosine inj 12mg/4ml, 6mg/2ml	1	
amiodarone hydrochloride tabs	1	
amiodarone hydrochloride inj 450mg/9ml, 50mg/ml, 900mg/18ml	1	
dofetilide caps 125mcg	1	QL(186 EA per 31 days)
dofetilide caps 250mcg, 500mcg	1	QL(62 EA per 31 days)
flecainide acetate	1	
ibutilide fumarate	1	
lidocaine hcl inj 100mg/5ml, 50mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
lidocaine hydrochloride inj 100mg/5ml	1	
mexiletine hydrochloride caps	1	
MULTAQ	2	
procainamide hydrochloride	1	
propafenone hcl	1	
propafenone hydrochloride	1	
propafenone hydrochloride er	1	
quinidine gluconate cr	1	
quinidine gluconate er	1	
quinidine sulfate tabs	1	
sorine	1	
sotalol hcl tabs 120mg, 160mg, 240mg	1	
sotalol hydrochloride (af)	1	
sotalol hydrochloride tabs 120mg, 160mg, 80mg	1	
SOTYLIZE	2	PA
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride	1	
atenolol tabs	1	
betaxolol hcl tabs 10mg, 20mg	1	
bisoprolol fumarate tabs 10mg, 5mg	1	
carvedilol	1	
labetalol hydrochloride tabs	1	
metoprolol succinate er	1	
metoprolol tartrate inj 5mg/5ml	1	
metoprolol tartrate tabs 100mg, 25mg, 50mg	1	
nadolol tabs 20mg, 40mg, 80mg	1	
nebivolol hydrochloride tabs 10mg, 2.5mg, 5mg	1	QL(31 EA per 31 days)
nebivolol hydrochloride tabs 20mg	1	QL(62 EA per 31 days)
pindolol tabs	1	
propranolol hcl soln 40mg/5ml	1	
propranolol hcl tabs 40mg	1	
propranolol hydrochloride er	1	
propranolol hydrochloride soln	1	
propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg	1	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tabs	1	
felodipine er	1	
isradipine	1	
nicardipine hcl caps	1	
nifedipine er	1	
nimodipine caps	1	
nisoldipine er	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	1	

Drug Name	Drug Tier	Requirements/Limits
dilt-xr	1	
diltiazem hcl cd	1	
diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg	1	
diltiazem hcl er cp12, tb24	1	
diltiazem hcl inj 100mg, 50mg/10ml	1	
diltiazem hcl tabs 30mg, 60mg	1	
diltiazem hydrochloride er cp12, cp24	1	
diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hydrochloride inj 125mg/25ml, 25mg/5ml	1	
diltiazem hydrochloride tabs 120mg, 90mg	1	
matzim la	1	
tiadylt er	1	
VERAPAMIL HCL ER CP24 100MG, 300MG	1	
verapamil hcl er cp24 120mg, 180mg, 240mg	1	
verapamil hcl er tbcr 120mg	1	
VERAPAMIL HCL SR CP24 360MG	1	
verapamil hcl sr cp24 120mg, 180mg, 240mg	1	
verapamil hcl tabs 40mg, 80mg	1	
VERAPAMIL HYDROCHLORIDE ER CP24	1	
verapamil hydrochloride er tbcr	1	
VERAPAMIL HYDROCHLORIDE SR CP24 360MG	1	
verapamil hydrochloride tabs 120mg	1	
Cardiovascular Agents, Other		
acetazolamide	1	
acetazolamide er	1	
acetazolamide sodium	1	
aliskiren	1	ST
amiloride/hydrochlorothiazide	1	
amlodipine besylate/atorvastatin calcium	1	
amlodipine besylate/benazepril hydrochloride	1	
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	
bisoprolol fumarate/hydrochlorothiazide	1	QL(62 EA per 31 days)
candesartan cilexetil/hydrochlorothiazide	1	
captopril/hydrochlorothiazide tabs 25mg; 25mg, 50mg; 25mg	1	QL(62 EA per 31 days)
captopril/hydrochlorothiazide tabs 25mg; 15mg, 50mg; 15mg	1	QL(93 EA per 31 days)
CORLANOR SOLN	2	QL(465 ML per 31 days); PA
digoxin soln	1	QL(155 ML per 31 days)
digoxin tabs 125mcg, 250mcg, 62.5mcg	1	QL(31 EA per 31 days)
enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg	1	QL(31 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg	1	QL(62 EA per 31 days)
ENTRESTO CPSP	2	QL(248 EA per 31 days)
ENTRESTO TABS	2	QL(62 EA per 31 days)
fosinopril sodium/hydrochlorothiazide	1	
irbesartan/hydrochlorothiazide	1	
isosorbide dinitrate/hydralazine hydrochloride	1	QL(186 EA per 31 days)
ivabradine hydrochloride	1	QL(62 EA per 31 days); PA
lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg	1	QL(124 EA per 31 days)
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg	1	QL(31 EA per 31 days)
lisinopril/hydrochlorothiazide tabs 25mg; 20mg	1	QL(62 EA per 31 days)
losartan potassium/hydrochlorothiazide	1	
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	1	
ranolazine er	1	QL(62 EA per 31 days)
sacubitril/valsartan	1	QL(62 EA per 31 days)
spironolactone/hydrochlorothiazide	1	
telmisartan/amlodipine	1	QL(31 EA per 31 days)
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg	1	QL(31 EA per 31 days)
telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg	1	QL(62 EA per 31 days)
trandolapril/verapamil hcl er	1	
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tabs	1	
valsartan/hydrochlorothiazide	1	QL(31 EA per 31 days)
Diuretics, Loop		
bumetanide inj, tabs	1	
ethacrynic acid tabs	1	QL(496 EA per 31 days)
furosemide inj, oral soln, tabs	1	
torsemide tabs	1	
Diuretics, Potassium-sparing		
amiloride hcl tabs	1	
Diuretics, Thiazide		
chlorthalidone tabs 25mg, 50mg	1	
hydrochlorothiazide caps, tabs	1	
indapamide tabs	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized caps 134mg, 200mg, 67mg	1	
fenofibrate caps 130mg, 43mg	1	
fenofibrate tabs 145mg, 160mg, 48mg, 54mg	1	

Drug Name	Drug Tier	Requirements/Limits
fenofibric acid dr	1	
gemfibrozil tabs	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium	1	
fluvastatin	1	
lovastatin tabs	1	
pravastatin sodium	1	
rosuvastatin calcium tabs	1	QL(31 EA per 31 days)
simvastatin tabs	1	QL(31 EA per 31 days)
Dyslipidemics, Other		
cholestyramine light	1	
cholestyramine pack, powd	1	
colesevelam hydrochloride	1	
colestipol hydrochloride	1	
ezetimibe	1	QL(31 EA per 31 days)
ezetimibe/simvastatin	1	
icosapent ethyl caps 1gm	1	QL(124 EA per 31 days)
icosapent ethyl caps 0.5gm	1	QL(248 EA per 31 days)
JUXTAPID CAPS 10MG, 5MG	2	QL(31 EA per 31 days); PA; NDS
JUXTAPID CAPS 20MG, 30MG	2	QL(62 EA per 31 days); PA; NDS
niacin er	1	
niacin tabs 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
Mineralocorticoid Receptor Antagonists		
eplerenone	1	
KERENDIA	2	QL(30 EA per 30 days); PA
spironolactone tabs	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
INVOKANA	2	QL(31 EA per 31 days)
JARDIANCE	2	QL(31 EA per 31 days)
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
nitro-bid	1	
nitroglycerin transdermal	1	
nitroglycerin soln	1	
nitroglycerin oint	1	QL(30 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin subl 0.3mg, 0.4mg, 0.6mg	1	
VERQUVO	2	QL(31 EA per 31 days); PA
Vasodilators, Direct-acting Arterial		
hydralazine hydrochloride tabs	1	
minoxidil tabs	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine er cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg	1	QL(62 EA per 31 days); 10MG ER Oral Capsule
amphetamine/dextroamphetamine er cp24 5mg; 5mg; 5mg; 5mg	1	QL(62 EA per 31 days); 20MG ER Oral Capsule
amphetamine/dextroamphetamine er cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg	1	QL(62 EA per 31 days); 30MG ER Oral Capsule
amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg	1	QL(62 EA per 31 days); 10MG ER Oral Capsule
amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg	1	QL(62 EA per 31 days); 15MG ER Oral Capsule
amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg	1	QL(62 EA per 31 days); 20MG ER Oral Capsule
amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg	1	QL(62 EA per 31 days); 25MG ER Oral Capsule
amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg	1	QL(62 EA per 31 days); 30MG ER Oral Capsule
amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg	1	QL(62 EA per 31 days); 5MG ER Oral Capsule
amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg	1	QL(62 EA per 31 days); 10MG Oral Tablet
amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg	1	QL(62 EA per 31 days); 12.5MG Oral Tablet
amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg	1	QL(62 EA per 31 days); 15MG Oral Tablet
amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg	1	QL(62 EA per 31 days); 30MG Oral Tablet
amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg	1	QL(62 EA per 31 days); 5MG Oral Tablet
amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg	1	QL(62 EA per 31 days); 7.5MG Oral Tablet
amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg	1	QL(93 EA per 31 days); 20MG Oral Tablet
dextroamphetamine sulfate er cp24 10mg, 15mg	1	QL(124 EA per 31 days)
dextroamphetamine sulfate er cp24 5mg	1	QL(93 EA per 31 days)
dextroamphetamine sulfate tabs 10mg	1	QL(186 EA per 31 days)
dextroamphetamine sulfate tabs 5mg	1	QL(93 EA per 31 days)
lisdexamfetamine dimesylate	1	QL(31 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine	1	QL(31 EA per 31 days)
atomoxetine hydrochloride caps 10mg, 25mg	1	QL(31 EA per 31 days)
clonidine hydrochloride er	1	PA
dexmethylphenidate hcl tabs 10mg, 5mg	1	QL(62 EA per 31 days)
dexmethylphenidate hydrochloride tabs 2.5mg	1	QL(62 EA per 31 days)
guanfacine hydrochloride er	1	
methylphenidate hydrochloride er (cd)	1	QL(31 EA per 31 days)
methylphenidate hydrochloride er (osm) tbcr 18mg, 27mg, 54mg	1	QL(31 EA per 31 days)
methylphenidate hydrochloride er (osm) tbcr 36mg	1	QL(62 EA per 31 days)
methylphenidate hydrochloride er tb24 18mg, 27mg, 54mg	1	QL(31 EA per 31 days)
methylphenidate hydrochloride er tb24 36mg	1	QL(62 EA per 31 days)
methylphenidate hydrochloride er tbcr 10mg, 20mg	1	QL(93 EA per 31 days)
methylphenidate hydrochloride chew 10mg	1	QL(186 EA per 31 days)
methylphenidate hydrochloride chew 2.5mg, 5mg	1	QL(93 EA per 31 days)
methylphenidate hydrochloride tabs	1	QL(93 EA per 31 days)
methylphenidate hydrochloride soln 5mg/5ml	1	QL(1860 ML per 31 days)
methylphenidate hydrochloride soln 10mg/5ml	1	QL(930 ML per 31 days)
Central Nervous System, Other		
COBENFY	2	QL(62 EA per 31 days); PA
COBENFY STARTER PACK	2	QL(112 EA per 365 days); PA
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 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 tabs 25mg	1	QL(124 EA per 31 days); PA
tetrabenazine tabs 12.5mg	1	QL(93 EA per 31 days); PA
VEOZAH	3	QL(31 EA per 31 days); PA
Fibromyalgia Agents		
DRIZALMA SPRINKLE CSDR 20MG, 40MG, 60MG	2	QL(62 EA per 31 days); PA
DRIZALMA SPRINKLE CSDR 30MG	2	QL(93 EA per 31 days); PA
duloxetine hydrochloride dr cpep 20mg, 40mg, 60mg	1	QL(62 EA per 31 days)
duloxetine hydrochloride dr cpep 30mg	1	QL(93 EA per 31 days)
pregabalin caps 100mg, 25mg, 50mg, 75mg	1	QL(124 EA per 31 days)
pregabalin caps 225mg, 300mg	1	QL(62 EA per 31 days)
pregabalin caps 150mg, 200mg	1	QL(93 EA per 31 days)
pregabalin soln	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)

Drug Name	Drug Tier	Requirements/Limits
Multiple Sclerosis Agents		
AVONEX PEN	2	QL(1 EA per 28 days); NDS
AVONEX INJ 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 cpdr 120mg	1	QL(14 EA per 31 days)
dimethyl fumarate cpdr 240mg	1	QL(62 EA per 31 days)
fingolimod hydrochloride	1	QL(31 EA per 31 days); NDS
GILENYA CAPS 0.25MG	2	QL(62 EA per 31 days); NDS
glatiramer acetate inj 40mg/ml	1	QL(12 ML per 28 days); NDS
glatiramer acetate inj 20mg/ml	1	QL(30 ML per 30 days); NDS
glatopa inj 40mg/ml	1	QL(12 ML per 28 days); NDS
glatopa inj 20mg/ml	1	QL(30 ML per 30 days); NDS
KESIMPTA	2	NDS
LEMTRADA	2	PA; NDS
MAYZENT STARTER PACK TBPK 0.25MG	2	QL(14 EA per 365 days)
MAYZENT STARTER PACK TBPK 0.25MG	2	QL(24 EA per 365 days)
MAYZENT TABS 0.25MG	2	QL(124 EA per 31 days); NDS
MAYZENT TABS 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
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	1	QL(31 EA per 31 days)
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	2	QL(56 EA per 365 days); PA; NDS
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hydrochloride	1	
chlorhexidine gluconate soln	1	
kourzeq	1	
oralone dental paste	1	
periogard	1	
pilocarpine hydrochloride tabs 5mg, 7.5mg	1	
triamcinolone acetonide dental paste	1	
triamcinolone acetonide pste 0.1%	1	
Dermatological Agents		

Drug Name	Drug Tier	Requirements/Limits
Acne and Rosacea Agents		
accutane	1	PA
acitretin	1	
adapalene pump	1	PA
adapalene crea, 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 caps	1	PA
myorisan	1	PA
neuac	1	
tazarotene gel	1	QL(100 GM per 30 days); PA
tazarotene crea	1	QL(60 GM per 30 days); PA
TAZORAC CREA 0.05%	2	QL(60 GM per 30 days); PA
tretinoin crea 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 crea, lotn	1	
betamethasone dipropionate augmented	1	
betamethasone dipropionate crea, lotn, oint	1	
betamethasone valerate	1	
clobetasol propionate e	1	QL(120 GM per 30 days)
clobetasol propionate emollient foam	1	QL(100 GM per 30 days)
clobetasol propionate crea 0.05%	1	QL(120 GM per 30 days)
clobetasol propionate foam	1	QL(100 GM per 30 days)
clobetasol propionate lotn	1	QL(118 ML per 30 days)
clobetasol propionate gel, oint	1	QL(120 GM per 30 days)
clobetasol propionate sham, soln	1	QL(120 ML per 30 days)
clodan	1	QL(120 ML per 30 days)
desonide lotn	1	QL(118 ML per 30 days)
desonide oint	1	QL(120 GM per 30 days)
desonide crea	1	QL(60 GM per 30 days)
desoximetasone gel, oint	1	
desoximetasone crea	1	QL(100 GM per 30 days)
doxepin hydrochloride crea 5%	1	QL(90 GM per 30 days); PA
fluocinolone acetonide body	1	
fluocinolone acetonide scalp	1	
fluocinolone acetonide topical	1	

Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide crea 0.01%, 0.025%	1	
fluocinolone acetonide oint 0.025%	1	
fluocinolone acetonide soln 0.01%	1	
fluocinonide emulsified base	1	QL(60 GM per 30 days)
fluocinonide crea 0.05%	1	QL(60 GM per 30 days)
fluocinonide gel, oint	1	QL(60 GM per 30 days)
fluocinonide soln	1	QL(60 ML per 30 days)
fluticasone propionate crea 0.05%	1	
fluticasone propionate lotn 0.05%	1	
fluticasone propionate oint 0.005%	1	
halobetasol propionate crea, oint	1	
hydrocortisone butyrate (lipid)	1	
hydrocortisone butyrate (lipophilic)	1	
hydrocortisone butyrate crea, oint, soln	1	
hydrocortisone valerate	1	
hydrocortisone crea 1%, 2.5%	1	
hydrocortisone lotn 2.5%	1	
hydrocortisone oint 2.5%	1	
mometasone furoate	1	
pimecrolimus	1	QL(100 GM per 30 days); ST
selenium sulfide	1	
tacrolimus oint 0.03%, 0.1%	1	QL(100 GM per 30 days); ST
tovet	1	QL(100 GM per 30 days)
triamcinolone acetonide crea 0.025%, 0.1%, 0.5%	1	
triamcinolone acetonide lotn 0.025%, 0.1%	1	
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	1	
triderm	1	
Dermatological Agents, Other		
calcipotriene/betamethasone dipropionate	1	QL(400 GM per 30 days)
calcipotriene crea, oint	1	QL(120 GM per 30 days)
calcipotriene soln	1	QL(120 ML per 30 days)
calcitriol oint 3mcg/gm	1	
clotrimazole/betamethasone dipropionate lotn	1	QL(60 ML per 30 days)
clotrimazole/betamethasone dipropionate crea	1	QL(90 GM per 30 days)
diclofenac sodium gel 3%	1	QL(100 GM per 30 days)
FLUOROURACIL CREA 0.5%	1	QL(30 GM per 30 days); PA; NDS
fluorouracil crea 5%	1	QL(40 GM per 30 days)
fluorouracil external soln 2%, 5%	1	
imiquimod crea 5%	1	QL(24 EA per 30 days)
methoxsalen caps	1	NDS
nystatin/triamcinolone acetonide oint	1	QL(60 GM per 30 days)
nystatin/triamcinolone crea	1	QL(60 GM per 30 days)
podofilox soln	1	
REGRANEX	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
SANTYL	2	
silver sulfadiazine	1	
VYJUVEK	2	PA; NDS
Pediculicides/Scabicides		
malathion	1	
permethrin crea	1	
Topical Anti-infectives		
ciclodan soln	1	
ciclopirox nail lacquer	1	
ciclopirox olamine	1	QL(90 GM per 30 days)
ciclopirox sham	1	QL(120 ML per 30 days)
ciclopirox gel	1	QL(45 GM per 30 days)
ciclopirox susp	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 lotn 1%	1	QL(60 ML per 30 days)
clindamycin phosphate external soln 1%	1	QL(60 ML per 30 days)
clindamycin phosphate swab 1%	1	QL(69 EA per 30 days)
clotrimazole crea 1%	1	QL(45 GM per 30 days)
clotrimazole soln 1%	1	QL(30 ML per 30 days)
econazole nitrate	1	QL(90 GM per 30 days)
ery	1	
erythromycin gel 2%	1	
erythromycin soln 2%	1	
gentamicin sulfate crea 0.1%	1	
gentamicin sulfate oint 0.1%	1	
ketoconazole crea 2%	1	QL(90 GM per 30 days)
ketoconazole sham 2%	1	QL(120 ML per 30 days)
klayesta	1	QL(120 GM per 30 days)
mupirocin crea	1	
mupirocin oint	1	QL(110 GM per 30 days)
nyamyc	1	QL(120 GM per 30 days)
nystatin crea 100000unit/gm	1	QL(30 GM per 30 days)
nystatin oint 100000unit/gm	1	QL(30 GM per 30 days)
nystatin powd 100000unit/gm	1	QL(120 GM per 30 days)
nystop	1	QL(120 GM per 30 days)
sulfacetamide sodium lotn 10%	1	PA
SULFAMYLON CREA	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	1	NDS
CLINIMIX 4.25%/DEXTROSE 10%	2	B/D

Drug Name	Drug Tier	Requirements/Limits
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
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% INJ 250MG/ML	1	
dextrose 5%	1	
DEXTROSE 5%/LACTATED RINGERS INJ 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	
DEXTROSE 50% INJ 50%	1	
dextrose 50% inj 50%	1	
DEXTROSE 70%	1	
dextrose/sodium chloride	1	
fluoride chew 1mg	1	
fluoridex daily renewal	1	
GLUCOSE (DEXTROSE) 70%	1	
INTRALIPID	2	B/D
ISOLYTE-P/DEXTROSE 5%	2	
ISOLYTE-S PH 7.4	2	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	2	
just right 5000	1	
kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%	1	

Drug Name	Drug Tier	Requirements/Limits
kcl 0.15%/d5w/nacl 0.2%	1	
kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%	1	
kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%	1	
kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%	1	
kcl 0.3%/d5w/nacl 0.9% inj 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 inj 3meq/l; 109meq/l; 4meq/l; 130meq/l; 28meq/l	1	
MAGNESIUM SULFATE INJ 50%	1	
magnesium sulfate inj 50%	1	
multiple electrolytes injection type 1	1	
plenamine	2	B/D
potassium chloride cr tbcr 10meq	1	
potassium chloride er	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	1	
potassium chloride/dextrose/sodium chloride inj 5%; 0.15%; 0.225%, 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 inj 5%; 10meq/l, 5%; 20meq/l	1	B/D
potassium chloride/sodium chloride inj 20meq/l; 0.45%, 40meq/l; 0.9%	1	
potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%	1	B/D
potassium chloride pack, oral soln	1	
potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml	1	
potassium chloride inj 10meq/50ml, 20meq/50ml	1	B/D
potassium citrate er	1	
premasol inj 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; NDS
prevident 5000 enamel protect	2	

Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 SENSITIVE	2	
prevident rinse	2	
PROSOL	2	B/D
RINGERS INJECTION INJ 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	1	
RINGERS IRRIGATION	1	
sf	1	
sf 5000 plus	1	
sodium chloride 0.45% inj	1	
SODIUM CHLORIDE 0.9% SOLN	1	
SODIUM CHLORIDE INJ 5%	1	
sodium chloride inj 0.45%, 0.9%, 3%	1	
sodium chloride inj 0.9%	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 chew 1mg	1	
sodium fluoride crea, gel, soln	1	
TRAVASOL INJ 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; NDS
TROPHAMINE INJ 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; NDS
Electrolyte/Mineral/Metal Modifiers		
CHEMET	2	NDS
deferasirox tabs	1	PA
deferasirox pack 90mg	1	PA
deferasirox pack 180mg, 360mg	1	PA; NDS
deferasirox tbso 125mg, 250mg	1	PA
deferasirox tbso 500mg	1	PA; NDS
deferiprone	1	PA; NDS
deferoxamine mesylate	1	B/D
FERRIPROX SOLN	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE TABS	2	QL(124 EA per 31 days); PA; NDS
JYNARQUE TBPK	2	QL(56 EA per 28 days); PA; NDS
tolvaptan tbpk	1	QL(56 EA per 28 days); PA; NDS
tolvaptan tabs 15mg, 30mg	1	QL(124 EA per 31 days); PA
tolvaptan tabs 15mg	1	QL(124 EA per 31 days); PA; NDS
tolvaptan tabs 30mg	1	QL(62 EA per 31 days); PA; NDS
trientine hydrochloride caps 500mg	1	QL(124 EA per 31 days); PA; NDS
trientine hydrochloride caps 250mg	1	QL(248 EA per 31 days); PA; NDS
Phosphate Binders		
calcium acetate caps	1	B/D
calcium acetate tabs 667mg	1	B/D
FOSRENOL PACK	2	B/D; NDS
lanthanum carbonate	1	B/D
sevelamer carbonate	1	B/D
sevelamer hydrochloride	1	B/D
Potassium Binders		
LOKELMA	2	QL(93 EA per 31 days)
sodium polystyrene sulfonate powd	1	
sps	1	
VELTASSA PACK 1GM	2	QL(124 EA per 31 days)
VELTASSA PACK 16.8GM, 25.2GM, 8.4GM	2	QL(31 EA per 31 days)
Vitamins		
prenatal tabs 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 soln	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 TABS	2	QL(93 EA per 31 days); PA; NDS
RELISTOR INJ 8MG/0.4ML	2	QL(12.4 ML per 31 days); PA; NDS
RELISTOR INJ 12MG/0.6ML	2	QL(18.6 ML per 31 days); PA; NDS
Anti-Diarrheal Agents		
alosetron hydrochloride tabs 0.5mg	1	
alosetron hydrochloride tabs 1mg	1	NDS
diphenoxylate hydrochloride/atropine sulfate	1	
diphenoxylate/atropine liqd	1	
loperamide hydrochloride caps	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 soln	1	
dicyclomine hydrochloride caps	1	
dicyclomine hydrochloride tabs 20mg	1	
glycopyrrolate tabs 1mg, 2mg	1	PA
Gastrointestinal Agents, Other		
BYLVAY	3	PA; NDS
BYLVAY (PELLETS)	3	PA; NDS
chenodal	2	PA; NDS
CTEXLI	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 caps 300mg	1	
ursodiol tabs	1	
VOWST	2	PA; NDS
ZINPLAVA	2	PA; NDS
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl soln	1	
cimetidine hydrochloride soln 300mg/5ml	1	
cimetidine tabs	1	
famotidine premixed	1	
famotidine susr	1	
famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml	1	
famotidine tabs 20mg, 40mg	1	
nizatidine caps	1	
Protectants		
misoprostol	1	
sucralfate susp, tabs	1	
Proton Pump Inhibitors		
lansoprazole cpdr 15mg	2	QL(31 EA per 31 days)
lansoprazole cpdr 30mg	2	QL(62 EA per 31 days)
omeprazole dr cpdr 10mg, 20mg	2	QL(31 EA per 31 days)
omeprazole cpdr 40mg	2	
omeprazole cpdr 20mg	2	QL(31 EA per 31 days)
pantoprazole sodium inj	2	
pantoprazole sodium tbec 20mg	2	QL(31 EA per 31 days)
pantoprazole sodium tbec 40mg	2	QL(62 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	2	NDS
ARALAST NP INJ 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 CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
cromolyn sodium conc 100mg/5ml	1	
CRYSVITA	2	PA; NDS
CYSTAGON	2	
ELAPRASE	2	NDS
ELELYSO	2	PA; NDS
EVRYSDI SOLR	2	QL(248 ML per 31 days); PA; NDS
EVRYSDI TABS	2	QL(31 EA 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 SUSP	2	NDS
OXLUMO	2	PA; NDS
PALYNZIQ INJ 10MG/0.5ML	2	QL(28 ML per 28 days); PA; NDS
PALYNZIQ INJ 2.5MG/0.5ML	2	QL(8 ML per 28 days); PA; NDS
PALYNZIQ INJ 20MG/ML	2	QL(93 ML per 31 days); PA; NDS
PANCREAZE CPEP 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	2	ST
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	2	ST; NDS

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INJ 1000MG/20ML	2	PA; NDS
PYRUKYND TAPER PACK TBPK 0	2	QL(14 EA per 14 days); PA; NDS
PYRUKYND TAPER PACK TBPK 5MG	2	QL(7 EA per 7 days); PA; NDS
PYRUKYND TABS 50MG	2	QL(112 EA per 28 days); PA; NDS
PYRUKYND TABS 20MG, 5MG	2	QL(56 EA per 28 days); PA; NDS
RAVICTI	2	QL(525 ML per 30 days); NDS
REVCOVI	2	PA; NDS
sapropterin dihydrochloride	1	NDS
sodium phenylacetate/sodium benzoate	1	NDS
STRENSIQ	2	PA; NDS
SUCRAID	2	NDS
VIMIZIM	2	PA; NDS
VIOKACE TABS 39150UNIT; 10440UNIT; 39150UNIT	2	ST
VIOKACE TABS 78300UNIT; 20880UNIT; 78300UNIT	2	ST; NDS
VYNDAMAX	2	QL(31 EA per 31 days); PA; NDS
VYNDAQEL	2	QL(124 EA per 31 days); PA; NDS
WELIREG	2	QL(93 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 CPEP 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 SRER	2	
MYRBETRIQ TB24	2	QL(31 EA per 31 days)
oxybutynin chloride er	1	
oxybutynin chloride soln	1	
oxybutynin chloride tabs 5mg	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	QL(31 EA per 31 days)
trospium chloride	1	

Drug Name	Drug Tier	Requirements/Limits
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 caps	1	QL(31 EA per 31 days)
finasteride 5mg tabs	1	
tadalafil tabs 2.5mg, 5mg	1	QL(31 EA per 31 days); PA
tamsulosin hydrochloride	1	QL(62 EA per 31 days)
terazosin hcl caps 1mg, 5mg	1	QL(31 EA per 31 days)
terazosin hcl caps 10mg	1	QL(62 EA per 31 days)
terazosin hydrochloride caps 2mg	1	QL(31 EA per 31 days)
Genitourinary Agents, Other		
ACETIC ACID 0.25%	1	
bethanechol chloride tabs	1	
ELMIRON	2	
penicillamine tabs	1	NDS
penicillamine caps	1	PA; NDS
RENACIDIN SOLN 1980.6MG/30ML; 59.4MG/30ML; 980.4MG/30ML	2	
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	1	
DEPO-MEDROL INJ 20MG/ML	2	
dexamethasone sodium phosphate +rfid	1	
dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml	1	
dexamethasone elix, soln	1	
dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	1	
fludrocortisone acetate tabs	1	
HEMADY	2	QL(24 EA per 28 days)
hydrocortisone sodium succinate inj 100mg	1	
hydrocortisone tabs 10mg, 20mg, 5mg	1	
methylprednisolone acetate inj 40mg/ml, 80mg/ml	1	
methylprednisolone dose pack tbpk	1	
methylprednisolone sodium succinate	1	
methylprednisolone sodiumsuccinate inj 40mg	1	
methylprednisolone tabs	1	
prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
prednisolone soln, tabs	1	
prednisone intensol	1	
prednisone soln	1	
prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	1	
SOLU-CORTEF	2	
SOLU-MEDROL INJ 2GM	2	
triamcinolone acetonide inj 400mg/10ml, 40mg/ml	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate tabs	1	
desmopressin acetate soln 0.01%	1	
GENOTROPIN MINIQUICK INJ 0.2MG	2	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	2	PA; NDS
GENOTROPIN INJ 5MG	2	PA
GENOTROPIN INJ 12MG	2	PA; NDS
HUMATROPE INJ 12MG, 24MG, 6MG	2	PA; NDS
INCRELEX	2	PA; NDS
NORDITROPIN FLEXPRO	2	PA; NDS
NOVAREL INJ 5000UNIT	2	PA
OMNITROPE INJ 5MG/1.5ML	2	PA
OMNITROPE INJ 10MG/1.5ML, 5.8MG	2	PA; NDS
SEROSTIM	2	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol caps	1	
testosterone cypionate inj 100mg/ml, 200mg/ml	1	PA
testosterone enanthate inj	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 soln	1	QL(180 ML per 30 days); PA
Estrogens		
abigale	1	
abigale lo	1	
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7 tabs 35mcg; 0	1	
amethia	1	

Drug Name	Drug Tier	Requirements/Limits
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	
chateal eq	1	
COMBIPATCH	3	
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
delyla	1	
depo-estradiol inj 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	
enilloring	1	
enpresse-28	1	
enskyce	1	
estarylla	1	
estradiol valerate inj	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 crea, oral tabs, vaginal tabs	1	

Drug Name	Drug Tier	Requirements/Limits
estradiol ptwk	1	QL(4 EA per 28 days)
estradiol pttw	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	
feirza 1.5/30	1	
feirza 1/20	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	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
leena	1	
lessina	1	
levonest	1	
levonorgestrel and ethinyl estradiol	1	

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel/ethinyl estradiol	1	
lo-zumandimine	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
luizza 1.5/30	1	
luizza 1/20	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 tabs	1	
norethindrone acetate/ethinyl estradiol tabs	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	
pimtrea	1	
portia-28	1	
PREMARIN CREA	2	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	2	QL(31 EA per 31 days)
reclipsen	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	

Drug Name	Drug Tier	Requirements/Limits
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
tilia fe	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	
valtya 1/50	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
xarah fe	1	
xulane	1	
yuvafem	1	
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	
gallifrey	1	
heather	1	
incassia	1	

Drug Name	Drug Tier	Requirements/Limits
jencycla	1	
LILETTA	2	
lyleq	1	
lyza	1	
medroxyprogesterone acetate inj, tabs	1	
megestrol acetate susp, tabs	1	PA
meleya	1	
NEXPLANON	2	
nora-be	1	
norethindrone acetate tabs	1	
norethindrone tabs	1	
norlyroc	1	
orquidea	1	
progesterone caps	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 TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	
LEVO-T	1	
levothyroxine sodium tabs	1	
LEVOTHYROXINE SODIUM INJ 100MCG/5ML, 100MCG/ML, 200MCG/5ML, 500MCG/5ML	1	NDS
levothyroxine sodium inj 100mcg, 200mcg, 500mcg	1	NDS
LEVOXYL TABS 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	1	
liothyronine sodium inj, tabs	1	
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
bromocriptine mesylate caps, tabs	1	
cabergoline	1	
CAMCEVI	2	QL(1 EA per 168 days); PA; NDS
ELIGARD INJ 30MG	2	QL(1 EA per 112 days); PA
ELIGARD INJ 45MG	2	QL(1 EA per 168 days); PA
ELIGARD INJ 7.5MG	2	QL(1 EA per 28 days); PA
ELIGARD INJ 22.5MG	2	QL(1 EA per 84 days); PA
FIRMAGON INJ 80MG	2	QL(1 EA per 28 days); PA
FIRMAGON INJ 120MG/VIAL	2	QL(4 EA per 365 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
ISTURISA	2	PA; NDS
lanreotide acetate	1	NDS
leuprolide acetate inj 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
mifepristone tabs 200mg	1	PA
mifepristone tabs 300mg	1	QL(124 EA per 31 days); PA; NDS
MYFEMBREE	2	QL(28 EA per 28 days); PA; NDS
octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml	1	PA
octreotide acetate inj 10mg, 20mg, 30mg, 500mcg/ml	1	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 INJ 22.5MG	2	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJ 3.75MG	2	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJ 11.25MG	2	QL(1 EA per 84 days); PA
ZOLADEX INJ 3.6MG	2	QL(1 EA per 28 days); PA
ZOLADEX INJ 10.8MG	2	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tabs 10mg, 5mg	1	
propylthiouracil tabs	1	
Immunological Agents		
Angioedema Agents		
BERINERT	2	PA; NDS
CINRYZE	2	PA; NDS
icatibant acetate	1	QL(36 ML per 31 days); PA; NDS
Immunoglobulins		
ATGAM	2	NDS
BIVIGAM INJ 10%, 5GM/50ML	2	PA; NDS
FLEBOGAMMA DIF INJ 10GM/200ML, 20GM/400ML, 5GM/100ML	2	PA; NDS
GAMASTAN	2	PA
GAMMAGARD LIQUID	2	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	2	PA; NDS
GAMMAPLEX INJ 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 INJ 1500UNIT	2	
HYQVIA	2	PA; NDS
MICRHOGAM ULTRA-FILTERED PLUS	2	
NABI-HB INJ 312UNIT/ML	2	B/D
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	2	PA; NDS
PANZYGA	2	PA; NDS
PRIVIGEN	2	PA; NDS
RHOGAM ULTRA-FILTERED PLUS	2	
THYMOGLOBULIN	2	NDS
VARIZIG INJ 125UNIT/1.2ML	2	NDS
WINRHO SDF INJ 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 INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	2	PA; NDS
ACTEMRA INJ 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	
COSENTYX SENSOREADY PEN	2	QL(8 ML per 28 days); PA; NDS
COSENTYX UNOREADY	2	QL(8 ML per 28 days); PA; NDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	2	QL(8 ML per 28 days); PA; NDS
DUPIXENT INJ 100MG/0.67ML	2	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJ 200MG/1.14ML	2	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJ 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
ENTYVIO PEN	2	QL(1.36 ML per 28 days); PA; NDS
GAMIFANT	2	PA; NDS
ILARIS INJ 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 INJ 250MG	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 50MG/0.4ML	2	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJ 87.5MG/0.7ML	2	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJ 125MG/ML	2	QL(4 ML per 28 days); PA; NDS
OTEZLA TBPK	2	QL(110 EA per 365 days); PA; NDS
OTEZLA TABS	2	QL(62 EA per 31 days); PA; NDS
PROVENGE	2	PA; NDS
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 INJ 150MG/ML	2	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJ 180MG/1.2ML	2	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJ 360MG/2.4ML	2	QL(2.4 ML per 56 days); PA; NDS
SKYRIZI INJ 600MG/10ML	2	QL(60 ML per 365 days); PA; NDS
SOLIRIS	2	QL(180 ML per 30 days); PA; NDS
STELARA INJ 130MG/26ML	2	QL(104 ML per 365 days); PA; NDS
STELARA INJ 45MG/0.5ML, 90MG/ML	2	QL(3 ML per 84 days); PA; NDS
SYLVANT	2	PA; NDS
TEPEZZA	2	PA; NDS
VEOPOZ	2	PA; NDS
VYVGART	2	PA
XELJANZ XR	2	QL(31 EA per 31 days); PA; NDS
XELJANZ SOLN	2	QL(300 ML per 30 days); PA; NDS
XELJANZ TABS	2	QL(62 EA per 31 days); PA; NDS
XOLAIR INJ 75MG/0.5ML	2	QL(1 ML per 28 days); PA; NDS
XOLAIR INJ 150MG	2	QL(8 EA per 28 days); PA; NDS
XOLAIR INJ 150MG/ML, 300MG/2ML	2	QL(8 ML per 28 days); PA; NDS
Immunostimulants		
ACTIMMUNE	2	NDS
BESREMI	2	PA; NDS
PEGASYS INJ 180MCG/0.5ML	2	QL(2 ML per 28 days); NDS
PEGASYS INJ 180MCG/ML	2	QL(4 ML per 28 days); NDS
Immunosuppressants		
AVSOLA	2	PA; NDS
azathioprine inj	1	B/D; NDS
azathioprine tabs 50mg	1	B/D
CIMZIA STARTER KIT	2	PA; NDS
CIMZIA INJ 200MG	2	QL(1 EA per 28 days); PA; NDS
CIMZIA INJ 200MG/ML	2	QL(2 EA per 28 days); PA; NDS
cyclosporine modified	1	B/D
cyclosporine caps 100mg, 25mg	1	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	2	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO STARTER PACKAGE FOR PSORIASIS	2	PA; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	2	PA; NDS
CYLTEZO INJ 10MG/0.2ML, 20MG/0.4ML	2	QL(2 EA per 28 days); PA; NDS
CYLTEZO INJ 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 INJ 25MG/0.5ML	2	QL(4 ML per 28 days); PA; NDS
ENBREL INJ 50MG/ML	2	QL(8 ML per 28 days); PA; NDS
ENVARSUS XR	2	B/D
everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg	1	B/D
gengraf caps 100mg, 25mg	1	B/D
gengraf soln	1	B/D
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	2	PA; NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	2	PA; NDS
HUMIRA PEN-PS/UV STARTER INJ 0	2	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN INJ 80MG/0.8ML	2	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA PEN INJ 40MG/0.8ML	2	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN INJ 40MG/0.4ML	2	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	2	QL(2 EA per 28 days); PA; NDS; Abbvie labeled products only
HUMIRA INJ 40MG/0.8ML	2	QL(4 EA per 28 days); PA; NDS
HUMIRA INJ 40MG/0.4ML	2	QL(4 EA per 28 days); PA; NDS; Abbvie labeled products only
INFLECTRA	2	PA; NDS
leflunomide	1	QL(31 EA per 31 days)
methotrexate sodium tabs	1	
methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml	1	
methotrexate inj 50mg/2ml	1	
mycophenolate mofetil caps, inj, susr, tabs	1	B/D
mycophenolic acid dr	1	B/D
PROGRAF PACK	2	B/D
PROGRAF INJ	2	PA
REMICADE	2	PA; NDS
RENFLEXIS	2	PA; NDS
REZUROCK	2	QL(62 EA per 31 days); PA; NDS
SANDIMMUNE SOLN	2	B/D
SIMPONI INJ 50MG/0.5ML	2	QL(0.5 ML per 28 days); PA; NDS
SIMPONI INJ 100MG/ML	2	QL(3 ML per 28 days); PA; NDS
sirolimus soln, tabs	1	B/D
tacrolimus caps 0.5mg, 1mg, 5mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
XATMEP	3	PA
YUFLYMA 1-PEN KIT INJ 80MG/0.8ML	2	QL(2 EA per 28 days); PA; NDS
YUFLYMA 1-PEN KIT INJ 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 INJ 20MG/0.2ML	2	QL(1 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT INJ 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 INJ 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 INJ 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 INJ 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 INJ 10MCG/0.5ML	2	QL(0.5 ML per 1 days); B/D
ENGERIX-B INJ 20MCG/ML	2	QL(1 ML per 1 days); B/D
GARDASIL 9	2	QL(0.5 ML per 1 days)
HAVRIX INJ 720ELU/0.5ML	2	QL(1 ML per 999 days)
HAVRIX INJ 1440UNIT/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 INJ 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 INJ 0	2	QL(1 EA per 1 days)
MENVEO INJ 0	2	QL(1 ML per 1 days)
MRESVIA	2	QL(0.5 ML per 1 days); PA
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	QL(0.5 ML per 1 days)
PEDVAX HIB INJ 7.5MCG/0.5ML	2	QL(0.5 ML per 1 days)
PENBRAYA	2	QL(1 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
PENMENVY	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 INJ 5MCG/0.5ML	2	QL(0.5 ML per 1 days); B/D
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML	2	QL(1 ML per 1 days); B/D
ROTARIX SUSR	2	QL(1 ML per 1 days)
ROTARIX SUSP	2	QL(1.5 ML per 1 days)
ROTATEQ SOLN	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 INJ 1.2MCG/0.25ML	2	QL(0.25 ML per 1 days)
TICOVAC INJ 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 INJ 25UNIT/0.5ML	2	QL(1 ML per 999 days)
VAQTA INJ 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
VIMKUNYA	2	QL(0.8 ML per 1 days)
VIVOTIF	2	QL(4 EA per 999 days)
YF-VAX	2	QL(1 EA per 1 days)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	1	
DIPENTUM	2	NDS
mesalamine dr cpdr	1	
mesalamine dr tbec 1.2gm	1	QL(124 EA per 31 days)
mesalamine dr tbec 800mg	1	QL(186 EA per 31 days)
mesalamine er cp24	1	QL(124 EA per 31 days)
mesalamine er cpcr	1	QL(248 EA per 31 days)
mesalamine enem	1	QL(1860 ML per 31 days)
mesalamine supp	1	QL(31 EA per 31 days)
mesalamine kit	1	QL(4 EA per 28 days)
PENTASA CPCR 250MG	2	QL(496 EA per 31 days)
SFROWASA	3	QL(1860 ML per 31 days); NDS
sulfasalazine tabs, tbec	1	
Glucocorticoids		

Drug Name	Drug Tier	Requirements/Limits
budesonide er	1	NDS
budesonide cpep 3mg	1	
hydrocortisone crea 1%, 2.5%	1	
hydrocortisone enem 100mg/60ml	1	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium soln	1	QL(300 ML per 28 days)
alendronate sodium tabs 10mg	1	QL(31 EA per 31 days)
alendronate sodium tabs 35mg, 70mg	1	QL(4 EA per 28 days)
BONSITY	2	QL(2.4 ML per 28 days); PA; NDS
calcitonin-salmon soln	1	QL(3.7 ML per 30 days)
calcitriol caps 0.25mcg, 0.5mcg	1	B/D
calcitriol inj 1mcg/ml	1	B/D
calcitriol oral soln 1mcg/ml	1	B/D
cinacalcet hydrochloride tabs 90mg	1	QL(124 EA per 31 days); B/D
cinacalcet hydrochloride tabs 30mg, 60mg	1	QL(62 EA per 31 days); B/D
doxercalciferol	1	B/D
ibandronate sodium inj	1	B/D
ibandronate sodium tabs	1	QL(1 EA per 28 days)
paricalcitol caps	1	B/D
PROLIA	2	QL(1 ML per 180 days)
risedronate sodium dr	1	QL(4 EA per 28 days); ST
risedronate sodium tabs 150mg	1	QL(1 EA per 28 days); ST
risedronate sodium tabs 30mg	1	QL(31 EA per 31 days)
risedronate sodium tabs 5mg	1	QL(31 EA per 31 days); ST
risedronate sodium tabs 35mg	1	QL(4 EA per 28 days); ST
TERIPARATIDE	2	QL(2.48 ML per 28 days); PA; NDS
TYMLOS	2	QL(1.56 ML per 30 days); PA; NDS
XGEVA	2	PA; NDS
zoledronic acid inj 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" 12 ply	2	
IGALMI	2	PA; NDS
omnipod 5 dexcom g7g6 intro kit (gen 5)	2	QL(1 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
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 INTRO GEN 5	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	
STERILE WATER FOR IRRIGATION	1	
v-go 20	2	
v-go 30	2	
v-go 40	2	
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate soln 1%	1	
brimonidine tartrate/timolol maleate	1	
BYOOVIZ	2	NDS
CEQUA	2	QL(60 EA per 30 days); PA
cyclosporine emul 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	
ENSPRYNG	2	PA; NDS
EYLEA	2	NDS
LACRISERT	2	
LUCENTIS SOSY	2	NDS
neo-polycin hc	1	
neomycin/polymyxin/bacitracin/hydrocortisone	1	
neomycin/polymyxin/dexamethasone	1	
neomycin/polymyxin/hydrocortisone ophthalmic susp 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 OINT	2	

Drug Name	Drug Tier	Requirements/Limits
tobramycin/dexamethasone	1	
XIIDRA	2	QL(60 EA per 30 days); PA
ZYLET	2	
Ophthalmic Anti-allergy Agents		
ALOCRIL	2	
ALOMIDE	2	
azelastine hcl	1	
cromolyn sodium soln 4%	1	
epinastine hcl	1	
olopatadine hydrochloride soln 0.2%	1	
Ophthalmic Anti-Infectives		
ak-poly-bac	1	
AZASITE	2	
bacitracin	1	QL(7 GM per 28 days)
bacitracin/polymyxin b	1	
BESIVANCE	2	
CILOXAN OINT	2	
ciprofloxacin hydrochloride soln 0.3%	1	
erythromycin oint 5mg/gm	1	
gatifloxacin	1	
gentak oint	1	
gentamicin sulfate ophthalmic soln 0.3%	1	
moxifloxacin hydrochloride ophthalmic soln 0.5%	1	
NATACYN	2	
neo-polycin	1	
neomycin/bacitracin/polymyxin	1	
neomycin/polymyxin/gramicidin	1	
ofloxacin ophthalmic soln 0.3%	1	
polycin	1	
polymyxin b sulfate/trimethoprim sulfate	1	
sulfacetamide sodium oint 10%	1	
sulfacetamide sodium soln 10%	1	
tobramycin soln 0.3%	1	
TOBREX OINT	2	
trifluridine	1	
trimethoprim sulfate/polymyxin b sulfate	1	
XDEMVY	3	QL(10 ML per 42 days)
Ophthalmic Anti-inflammatories		
bromfenac	1	
bromfenac sodium soln 0.07%	1	
dexamethasone sodium phosphate ophthalmic soln 0.1%	1	
diclofenac sodium ophthalmic soln 0.1%	1	
difluprednate	1	
FLAREX	2	

Drug Name	Drug Tier	Requirements/Limits
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	2	
ILEVRO	2	QL(6 ML per 31 days)
ketorolac tromethamine ophthalmic soln 0.4%, 0.5%	1	
LOTEMAX SM	2	
LOTEMAX OINT	2	
loteprednol etabonate	1	
MAXIDEX SUSP	2	
NEVANAC	2	QL(6 ML per 31 days)
OZURDEX	2	
PRED MILD	2	
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic soln 1%	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl soln 0.5%	1	
BETOPTIC-S	2	
carteolol hcl	1	
levobunolol hcl soln 0.5%	1	
timolol maleate ophthalmic gel forming	1	
timolol maleate soln 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
apraclonidine	1	
brimonidine tartrate	1	
brinzolamide	1	
dorzolamide hydrochloride	1	
IOPIDINE SOLN 1%	2	
methazolamide tabs	1	
pilocarpine hcl soln 1%, 2%, 4%	1	
pilocarpine hydrochloride soln 1%, 2%, 4%	1	
SIMBRINZA	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost	1	QL(5 ML per 31 days)
latanoprost soln	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	

Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide ear drops	1	
fluocinolone acetonide oil 0.01%	1	
hydrocortisone/acetic acid	1	
neomycin/polymyxin/hc	1	
neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml	1	
ofloxacin otic soln 0.3%	1	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO AERS 160MCG/ACT	2	QL(12.2 GM per 30 days)
ALVESCO AERS 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)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220MCG/INH	2	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH	2	QL(2 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	2	QL(1 EA per 30 days)
budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	1	B/D
flunisolide soln 0.025%	1	QL(50 ML per 31 days)
fluticasone propionate diskus aepb 50mcg/act	2	QL(120 EA per 30 days)
fluticasone propionate diskus aepb 250mcg/act	2	QL(240 EA per 30 days)
fluticasone propionate diskus aepb 100mcg/act	2	QL(60 EA per 30 days)
fluticasone propionate hfa aero 44mcg/act	2	QL(10.6 GM per 30 days)
fluticasone propionate hfa aero 110mcg/act	2	QL(12 GM per 30 days)
fluticasone propionate hfa aero 220mcg/act	2	QL(24 GM per 30 days)
fluticasone propionate susp 50mcg/act	1	QL(16 GM per 30 days)
PULMICORT FLEXHALER AEPB 90MCG/ACT	2	QL(1 EA per 30 days)
PULMICORT FLEXHALER AEPB 180MCG/ACT	2	QL(2 EA per 30 days)
QVAR REDIHALER	2	QL(21.2 GM per 30 days)
Antihistamines		
azelastine hydrochloride	1	QL(60 ML per 31 days)
cetirizine hydrochloride soln 5mg/5ml	1	QL(330 ML per 31 days)
cyproheptadine hcl syrp	1	
cyproheptadine hydrochloride tabs	1	
desloratadine	1	QL(31 EA per 31 days)
diphenhydramine hydrochloride inj	1	
levocetirizine dihydrochloride soln	1	
levocetirizine dihydrochloride tabs	1	QL(31 EA per 31 days)
olopatadine hcl	1	QL(30.5 GM per 30 days)
Antileukotrienes		
montelukast sodium chew, pack, tabs	1	QL(31 EA per 31 days)
zafirlukast	1	QL(62 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
Bronchodilators, Anticholinergic		
ATROVENT HFA	2	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)
ipratropium bromide inhalation soln	1	B/D
ipratropium bromide nasal soln 0.03%	1	QL(30 ML per 28 days)
ipratropium bromide nasal soln 0.06%	1	QL(45 ML per 30 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 aers 108mcg/act	1	QL(13.4 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act	1	QL(17 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act	1	QL(36 GM per 30 days)
albuterol sulfate syrp, tabs	1	
albuterol sulfate nebu	1	B/D
arformoterol tartrate	1	QL(124 ML per 31 days); B/D
epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	1	QL(4 EA per 31 days)
formoterol fumarate nebu	1	QL(124 ML per 31 days); B/D
levalbuterol hcl nebu 0.31mg/3ml, 1.25mg/3ml	1	B/D
levalbuterol hydrochloride nebu 0.63mg/3ml	1	B/D
levalbuterol nebu	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)
terbutaline sulfate inj, tabs	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 PACK	2	QL(56 EA per 28 days); PA; NDS
KALYDECO TABS	2	QL(62 EA per 31 days); PA; NDS
ORKAMBI TABS	2	QL(124 EA per 31 days); PA; NDS
ORKAMBI PACK	2	QL(56 EA per 28 days); PA; NDS
PULMOZYME	2	QL(155 ML per 31 days); B/D; NDS
SYMDEKO	2	QL(56 EA per 28 days); PA; NDS
tobramycin nebu 300mg/5ml	1	QL(280 ML per 28 days); B/D
TRIKAFTA THPK	2	QL(56 EA per 28 days); PA; NDS
TRIKAFTA TBPK	2	QL(84 EA per 28 days); PA; NDS
Mast Cell Stabilizers		
cromolyn sodium nebu 20mg/2ml	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin	1	
roflumilast	1	QL(31 EA per 31 days); PA
theophylline	1	

Drug Name	Drug Tier	Requirements/Limits
theophylline er tb12, tb24	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 tbso	1	QL(124 EA per 31 days); PA; NDS
bosentan tabs	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 susr	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 tabs 20mg	1	QL(62 EA per 31 days); PA
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 INJ	2	PA; NDS
UPTRAVI TABS 200MCG	2	QL(150 EA per 30 days); PA; NDS
UPTRAVI TABS 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 tabs 267mg	1	QL(186 EA per 31 days); PA; NDS
pirfenidone tabs 534mg, 801mg	1	QL(93 EA per 31 days); PA; NDS
Respiratory Tract Agents, Other		
acetylcysteine soln	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 INJ 10MG/0.5ML	2	QL(0.5 ML per 28 days); PA; NDS
FASENRA INJ 30MG/ML	2	QL(1 ML per 28 days); PA; NDS

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act	1	QL(60 EA per 30 days)
fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act	1	QL(60 EA per 30 days)
fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act	2	QL(1 EA per 30 days)
ipratropium bromide/albuterol sulfate	1	B/D
NUCALA INJ 40MG/0.4ML	2	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJ 100MG	2	QL(3 EA per 28 days); PA; NDS
NUCALA INJ 100MG/ML	2	QL(3 ML per 28 days); PA; NDS
promethazine hydrochloride/phenylephrine hydrochloride	1	
promethazine vc	1	
promethazine/phenylephrine	1	
STIOLTO RESPIMAT	2	QL(4 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 tabs 500mg	1	
cyclobenzaprine hydrochloride tabs 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 caps 5mg	1	QL(31 EA per 31 days)
zaleplon caps 10mg	1	QL(62 EA per 31 days)
zolpidem tartrate tabs	1	QL(31 EA per 31 days)
Wakefulness Promoting Agents		
armodafinil tabs 150mg, 200mg, 250mg	1	QL(31 EA per 31 days); PA
armodafinil tabs 50mg	1	QL(62 EA per 31 days); PA
modafinil tabs 100mg	1	QL(31 EA per 31 days); PA
modafinil tabs 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 November 1, 2025. For more recent information or other questions, please contact us, UAW Trust Medicare Advantage Service Center, at 1-888-322-5616 (TTY users should call 711), Monday through Friday, 8 a.m. to 7 p.m. Eastern time or visit **www.bcbsm.com/uawtrust**.

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