2026

WyoBLUE ADVANTAGE

An independent licensee of the Blue Cross Blue Shield Association

WyoBlue Advantage Enhanced PPO℠

WyoBlue Advantage Essential PPO℠

Effective: 11/01/2026

Formulary 26449

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, 2026. For more recent information or other questions, please contact **WyoBlue Advantage PPO** customer service at **1-855-205-4426** or, for TTY users, **711**, twenty-four hours a day, seven days a week, or visit **www.WyoBlueAdvantage.com/formularies**.

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 Vermont Blue Advantage. When it refers to “plan” or “our plan,” it means **WyoBlue Advantage PPO**.

This document includes a Drug List (formulary) for our plan which is current as of **November 1, 2026**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the WyoBlue Advantage PPO 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 **WyoBlue Advantage 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. **WyoBlue Advantage PPO** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **WyoBlue Advantage PPO** 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 **WyoBlue Advantage 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.WyoBlueAdvantage.com/formularies

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

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

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).
- If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below entitled "How do I request an exception to the WyoBlue Advantage PPO formulary?"

  Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"
- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the WyoBlue Advantage PPO formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as **November 1, 2026**. To get updated information about the drugs covered by **WyoBlue Advantage PPO**, please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this change.

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." 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 64. 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?

WyoBlue Advantage 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: WyoBlue Advantage PPO** requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from **WyoBlue Advantage PPO** before you fill your prescriptions. If you don't get approval, **WyoBlue Advantage PPO** may not cover the drug.
- **Quantity Limits:** For certain drugs, **WyoBlue Advantage PPO** limits the amount of the drug that **WyoBlue Advantage PPO** will cover. For example, **WyoBlue Advantage PPO** provides thirty tablets per prescription for *simvastatin*. This may be in addition to a standard one-month or three- month supply.
- **Step Therapy:** In some cases, **WyoBlue Advantage 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, **WyoBlue Advantage PPO** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **WyoBlue Advantage 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 **WyoBlue Advantage 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 WyoBlue Advantage PPO 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 **WyoBlue Advantage 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 **WyoBlue Advantage PPO**. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by **WyoBlue Advantage PPO**.
- You can ask **WyoBlue Advantage 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 WyoBlue Advantage PPO formulary?

You can ask **WyoBlue Advantage 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, 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, **WyoBlue Advantage 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 lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our 2026 formulary but has a coverage restriction, such as a prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-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, 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 your *Evidence of Coverage* or visit our website at **www.WyoBlueAdvantage.com**.

For more information

For more detailed information about your **WyoBlue Advantage PPO** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **WyoBlue Advantage 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 **http://www.medicare.gov**.

WyoBlue Advantage PPO formulary

The formulary below provides coverage information about the drugs covered by **WyoBlue Advantage PPO**. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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

The information in the Requirements/Limits column tells you if **WyoBlue Advantage PPO** has any special requirements for coverage of your drug.

Description of our Formulary Drug Tiers

Drug Tiers	Includes
Tier 1: Preferred Generic	This is a broad selection of generic drugs available at a low or no cost sharing tier.
Tier 2: Generic	These are generic drugs but not the lowest cost-sharing tier.
Tier 3: Preferred Brand	This tier contains mostly brand-name drugs as well as some high-cost generics. It also contains Select Insulins.
Tier 4: Non-preferred	These are brand and generic drugs not in a preferred tier.
Tier 5: Specialty Tier	This contains high-cost generic and brand-name drugs

WyoBlue Advantage Essential PPO Drug Tier Costs				
Stage 1: Deductible	No deductible for Tier 1. $615 total deductible per year for Tiers 2, 3, 4, and 5. Deductible does not apply to insulins.			
Stage 2: Initial Coverage	**Standard retail 30-day supply**	**Preferred retail 30-day supply**	**Mail-order 30-day supply**	**Long-term care 31-day supply**
Tier 1: Preferred Generic	$9	$4	$4	$4
Tier 2: Generic	$14	$9	$9	$9
Tier 3: Preferred Brand	20%	20%	20%	20%
Tier 4: Non-preferred	35%	35%	35%	35%
Tier 5: Specialty	25%	25%	25%	25%
Stage 2: Initial Coverage	**Standard retail 100-day supply**	**Preferred retail 100-day supply**	**Mail-order 100-day supply**	**Long-term care 100-day supply**
Tier 1: Preferred Generic	$27	$12	$0	Not offered
Tier 2: Generic	$42	$27	$22.50	Not offered
Tier 3: Preferred Brand	20%	20%	20%	Not offered
Tier 4: Non-preferred	35%	35%	35%	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered
Catastrophic Coverage	$0	$0	$0	$0

- Our plan covers most adult Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.
- You won't pay more than $35 for a one-month supply of each covered insulin product, no matter what cost-sharing tier it's on, even if you haven't met your deductible.

WyoBlue Advantage Enhanced PPO Drug Tier Costs				
Stage 1: Deductible	No deductible for Tiers 1. $615 total deductible per year for Tiers 2, 3, 4, and 5. Deductible does not apply to insulins.			
Stage 2: Initial Coverage	**Standard retail 30-day supply**	**Preferred retail 30-day supply**	**Mail-order 30-day supply**	**Long-term care 31-day supply**
Tier 1: Preferred Generic	$9	$4	$4	$4
Tier 2: Generic	$14	$9	$9	$9
Tier 3: Preferred Brand	20%	20%	20%	20%
Tier 4: Non-preferred	35%	35%	35%	35%
Tier 5: Specialty	25%	25%	25%	25%
Stage 2: Initial Coverage	**Standard retail 100-day supply**	**Preferred retail 100-day supply**	**Mail-order 100-day supply**	**Long-term care 100-day supply**
Tier 1: Preferred Generic	$27	$12	$0	Not offered
Tier 2: Generic	$42	$27	$22.50	Not offered
Tier 3: Preferred Brand	20%	20%	20%	Not offered
Tier 4: Non-preferred	35%	35%	35%	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered
Catastrophic Coverage	$0	$0	$0	$0

- Our plan covers most adult Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.
- You won't pay more than $35 for a one-month supply of each covered insulin product, no matter what cost-sharing tier it's on, even if you haven't met your deductible.

Definitions	
Symbol	**Definition**
B/D	This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NDS	Non-extended Days' Supply. This drug is not available for an extended days' supply.
QL	Drug has Quantity limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *rosuvastatin*.
PA	Prior Authorization. The plan requires you or your provider 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.
ST	Step Therapy. In some cases, our plan 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, 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.

Brand-name drugs are CAPITALIZED.

Generic drugs are *lower-case italics.*

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule 200mg, 400mg	3	QL(180 EA per 90 days)
celecoxib capsule 100mg	3	QL(270 EA per 90 days)
celecoxib capsule 50mg	3	QL(540 EA per 90 days)
diclofenac potassium tablet 50mg	3	
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	2	
diclofenac sodium er tablet extended release 24 hour 100mg	3	
diclofenac sodium topical solution 1.5%	4	QL(600 ML per 30 days)
diflunisal tablet 500mg	3	
etodolac capsule 200mg, 300mg	2	
etodolac tablet 400mg, 500mg	2	
FLURBIPROFEN TABLET 100MG	2	
ibuprofen suspension 100mg/5ml	2	
ibuprofen tablet 400mg, 600mg, 800mg	2	
ibu tablet 400mg, 600mg, 800mg	2	
meloxicam tablet 15mg, 7.5mg	2	
nabumetone tablet 500mg, 750mg	2	
naproxen dr tablet delayed release 375mg	2	
naproxen tablet 250mg, 375mg, 500mg	2	
SALSALATE TABLET 750MG	2	
sulindac tablet 150mg, 200mg	2	
Opioid Analgesics, Long-acting		
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	QL(15 EA per 30 days)
METHADONE HCL SOLUTION 5MG/5ML	3	QL(3720 ML per 31 days)
methadone hcl tablet 10mg	3	QL(372 EA per 31 days)
methadone hcl tablet 5mg	3	QL(496 EA per 31 days)
METHADONE HYDROCHLORIDE SOLUTION 10MG/5ML	3	QL(1860 ML per 31 days)
morphine sulfate er tablet extended release 200mg	4	QL(31 EA per 31 days)
morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg	4	QL(93 EA per 31 days)
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	4	QL(31 EA per 31 days)
tramadol hydrochloride er tablet extended release 24 hour 100mg, 200mg, 300mg	3	QL(31 EA per 31 days)
Opioid Analgesics, Short-acting		
acetaminophen/codeine phosphate tablet 300mg; 60mg	3	QL(186 EA per 31 days)
ACETAMINOPHEN/CODEINE SOLUTION 120MG/5ML; 12MG/5ML	3	QL(5167 ML per 31 days)
acetaminophen/codeine tablet 300mg; 60mg	3	QL(186 EA per 31 days)
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg	3	QL(372 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL(372 EA per 31 days)
hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg	3	QL(372 EA per 31 days)
hydrocodone/acetaminophen tablet 325mg; 7.5mg	3	QL(372 EA per 31 days)
hydrocodone/ibuprofen tablet 7.5mg; 200mg	3	QL(155 EA per 31 days)
hydromorphone hcl tablet 8mg	3	QL(248 EA per 31 days)
hydromorphone hcl tablet 2mg, 4mg	3	QL(372 EA per 31 days)
MORPHINE SULFATE SOLUTION 20MG/5ML	3	QL(1550 ML per 31 days)
morphine sulfate solution 10mg/5ml	3	QL(3100 ML per 31 days)
morphine sulfate solution 100mg/5ml	3	QL(930 ML per 31 days)
morphine sulfate tablet 15mg, 30mg	3	QL(186 EA per 31 days)
oxycodone hydrochloride solution 5mg/5ml	4	QL(1860 ML per 31 days)
oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 30mg, 5mg	3	QL(372 EA per 31 days)
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	3	QL(372 EA per 31 days)
tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg	2	QL(372 EA per 31 days)
tramadol hydrochloride tablet 50mg	2	QL(248 EA per 31 days)
Anesthetics		
Local Anesthetics		
lidocaine/prilocaine cream 2.5%; 2.5%	4	PA
lidocaine patch 5%	3	QL(270 EA per 90 days); PA
Anti Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tablet delayed release 333mg	4	
disulfiram tablet 250mg, 500mg	4	
naltrexone hydrochloride tablet 50mg	3	
Opioid Dependence		
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	2	QL(360 EA per 90 days)
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	2	QL(630 EA per 90 days)
buprenorphine hcl tablet sublingual 8mg	3	QL(360 EA per 90 days)
buprenorphine hcl tablet sublingual 2mg	3	QL(630 EA per 90 days)
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg	4	QL(360 EA per 90 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg	4	QL(630 EA per 90 days)
Opioid Reversal Agents		
KLOXXADO LIQUID 8MG/0.1ML	3	QL(12 EA per 90 days)
naloxone hcl injection 4mg/10ml	2	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml	2	
naloxone hydrochloride liquid 4mg/0.1ml	3	

Drug Name	Drug Tier	Requirements/Limits
OPVEE SOLUTION 2.7MG/0.1ML	3	QL(12 EA per 90 days)
REXTOVY LIQUID 4MG/0.25ML	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	3	QL(180 EA per 90 days)
NICOTROL INHALER INHALER 10MG	4	
NICOTROL NS SOLUTION 10MG/ML	4	
varenicline starting month tablet therapy pack 0	4	
varenicline tartrate continuing month tablet 1mg	4	
varenicline tartrate tablet 0.5mg, 1mg	4	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection 500mg/2ml	4	
ARIKAYCE SUSPENSION 590MG/8.4ML	5	PA
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.2MG/ML; 0.9%, 1.6MG/ML; 0.9%, 1MG/ML; 0.9%	4	
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate injection 40mg/ml	4	
gentamicin sulfate ointment 0.1%	3	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
neomycin sulfate tablet 500mg	2	
STREPTOMYCIN SULFATE INJECTION 1GM	5	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml	4	
Antibacterials, Other		
aztreonam injection 1gm	4	
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg, 75mg	2	
clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml	4	
clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%	4	
clindamycin phosphate cream 2%	4	
clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml	2	
clindamycin phosphate swab 1%	3	
CLINDAMYCIN/SODIUM CHLORIDE INJECTION 300MG/50ML; 0.9%, 600MG/50ML; 0.9%, 900MG/50ML; 0.9%	4	
colistimethate sodium injection 150mg	4	
daptomycin injection 500mg	5	
fosfomycin tromethamine packet 3gm	4	

Drug Name	Drug Tier	Requirements/Limits
IMPAVIDO CAPSULE 50MG	5	QL(84 EA per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
linezolid injection 600mg/300ml	4	
linezolid suspension reconstituted 100mg/5ml	5	QL(1680 ML per 28 days)
linezolid tablet 600mg	4	QL(56 EA per 28 days)
methenamine hippurate tablet 1gm	4	
metronidazole vaginal gel 0.75%	4	
metronidazole injection 500mg/100ml	4	
metronidazole tablet 250mg, 500mg	2	
nitrofurantoin macrocrystals capsule 100mg, 50mg	3	
nitrofurantoin monohydrate/macrocrystals capsule 100mg	3	
tigecycline injection 50mg	4	
tinidazole tablet 250mg, 500mg	4	
trimethoprim tablet 100mg	2	
vancomycin hcl injection 10gm	4	
vancomycin hydrochloride capsule 125mg	4	QL(360 EA per 90 days)
vancomycin hydrochloride capsule 250mg	4	QL(720 EA per 90 days)
vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg	4	
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	QL(336 EA per 90 days); PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	QL(336 EA per 90 days); PA
Beta-lactam, Cephalosporins		
CEFACLOR CAPSULE 250MG	3	
cefadroxil capsule 500mg	2	
cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
cefazolin sodium injection 10gm, 1gm, 500mg	4	
cefdinir capsule 300mg	2	
cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml	3	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
cefepime injection 1gm	4	
cefixime capsule 400mg	4	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
cefoxitin sodium injection 10gm, 1gm, 2gm	4	
cefpodoxime proxetil tablet 100mg, 200mg	4	
ceftaroline fosamil injection 400mg, 600mg	5	
CEFTAZIDIME INJECTION 6GM	4	
ceftazidime injection 1gm, 2gm	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE INJECTION 20MG/ML; 0, 40MG/ML; 0	4	
CEFTRIAXONE SODIUM INJECTION 100GM, 1GM, 2GM	4	
ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg	4	

Drug Name	Drug Tier	Requirements/Limits
CEFTRIAXONE/DEXTROSE INJECTION 1GM; 3.74%, 2GM; 2.22%	4	
cefuroxime axetil tablet 250mg, 500mg	3	
cefuroxime sodium injection 1.5gm, 750mg	4	
cephalexin capsule 250mg, 500mg	2	
cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml	2	
tazicef injection 1gm, 2gm	4	
TEFLARO INJECTION 400MG, 600MG	5	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml	4	
amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg	4	
amoxicillin/clavulanate potassium tablet 250mg; 125mg, 500mg; 125mg, 875mg; 125mg	2	
amoxicillin/potassium clavulanate tablet chewable 400mg; 57mg	4	
amoxicillin capsule 250mg, 500mg	2	
amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	2	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	2	
amoxicillin tablet 500mg, 875mg	2	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
ampicillin sodium injection 1gm, 250mg, 500mg	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM	4	
ampicillin-sulbactam injection 10gm; 5gm, 2gm; 1gm	4	
ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm	4	
ampicillin capsule 500mg	2	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium capsule 250mg, 500mg	3	
nafcillin sodium injection 10gm, 1gm	4	
penicillin g potassium injection 20000000unit, 5000000unit	4	
PENICILLIN G SODIUM INJECTION 5000000UNIT	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED 125MG/5ML, 250MG/5ML	2	
penicillin v potassium tablet 250mg, 500mg	2	
piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 4gm; 0.5gm	4	
Carbapenems		
ertapenem sodium injection 1gm	4	

Drug Name	Drug Tier	Requirements/Limits
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
imipenem/cilastatin injection 500mg; 500mg	4	
MEROPENEM/SODIUM CHLORIDE INJECTION 1GM/50ML; 0.9%, 500MG; 0.9%	3	
MEROPENEM INJECTION 2GM	3	
meropenem injection 1gm, 500mg	3	
Macrolides		
azithromycin injection 500mg	4	
azithromycin suspension reconstituted 200mg/5ml	3	
azithromycin tablet 250mg, 500mg, 600mg	2	
clarithromycin er tablet extended release 24 hour 500mg	4	
CLARITHROMYCIN SUSPENSION RECONSTITUTED 125MG/5ML, 250MG/5ML	4	
clarithromycin tablet 250mg, 500mg	3	
DIFICID TABLET 200MG	5	QL(20 EA per 10 days)
erythromycin base tablet 250mg, 500mg	4	
ERYTHROMYCIN DR CAPSULE DELAYED RELEASE PARTICLES 250MG	4	
erythromycin dr tablet delayed release 250mg, 333mg	4	
fidaxomicin tablet 200mg	5	QL(20 EA per 10 days)
Quinolones		
ciprofloxacin hcl tablet 750mg	2	
ciprofloxacin hydrochloride tablet 250mg, 500mg, 750mg	2	
CIPROFLOXACIN I.V.-IN D5W INJECTION 200MG/100ML; 5%	4	
levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml	4	
levofloxacin injection 25mg/ml	4	
levofloxacin oral solution 25mg/ml	4	
levofloxacin tablet 250mg, 500mg, 750mg	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE INJECTION 400MG/250ML; 0.8%	4	
moxifloxacin hydrochloride tablet 400mg	4	
Sulfonamides		
sulfacetamide sodium lotion 10%	4	
sulfadiazine tablet 500mg	4	
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	2	
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	2	
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	2	
Tetracyclines		
doxy 100 injection 100mg	4	
doxycycline hyclate capsule 100mg, 50mg	3	
doxycycline hyclate tablet 100mg	3	

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate capsule 100mg, 50mg	2	
doxycycline monohydrate tablet 100mg, 50mg	3	
minocycline hcl capsule 75mg	2	
minocycline hydrochloride capsule 100mg, 50mg	2	
tetracycline hydrochloride capsule 250mg, 500mg	4	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam solution 10mg/ml	3	QL(620 ML per 31 days); PA
brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg	3	QL(62 EA per 31 days); PA
EPIDIOLEX SOLUTION 100MG/ML	5	QL(600 ML per 30 days); PA
felbamate suspension 600mg/5ml	4	
felbamate tablet 400mg, 600mg	4	
FINTEPLA SOLUTION 2.2MG/ML	5	QL(360 ML per 30 days); PA
FYCOMPA SUSPENSION 0.5MG/ML	5	QL(720 ML per 30 days); PA
FYCOMPA TABLET 2MG	4	QL(540 EA per 90 days); PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL(30 EA per 30 days); PA
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); PA
lamotrigine odt tablet disintegrating 200mg	4	
lamotrigine tablet chewable 25mg, 5mg	3	
lamotrigine tablet 100mg, 150mg, 200mg, 25mg	2	
levetiracetam er tablet extended release 24 hour 500mg, 750mg	3	
levetiracetam solution 100mg/ml	3	
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(1080 EA per 90 days); PA
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(540 EA per 90 days); PA
levetiracetam tablet 1000mg, 250mg, 500mg, 750mg	3	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days); PA
perampanel suspension 0.5mg/ml	5	QL(720 ML per 30 days); PA
perampanel tablet 2mg	4	QL(540 EA per 90 days); PA
perampanel tablet 10mg, 12mg, 4mg, 8mg	5	QL(30 EA per 30 days); PA
perampanel tablet 6mg	5	QL(60 EA per 30 days); PA
roweepra tablet 500mg	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(1080 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(270 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL(360 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(540 EA per 90 days); PA
SUBVENITE SUSPENSION 10MG/ML	4	PA
subvenite tablet 100mg, 150mg, 200mg, 25mg	2	

Drug Name	Drug Tier	Requirements/Limits
topiramate capsule sprinkle 15mg, 25mg, 50mg	3	
topiramate solution 25mg/ml	4	PA
topiramate tablet 100mg, 200mg, 25mg, 50mg	2	
valproic acid capsule 250mg	3	
valproic acid solution 250mg/5ml	3	
Calcium Channel Modifying Agents		
ethosuximide capsule 250mg	4	
ethosuximide solution 250mg/5ml	4	
methsuximide capsule 300mg	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam suspension 2.5mg/ml	4	QL(480 ML per 30 days); PA
clobazam tablet 10mg, 20mg	4	QL(60 EA per 30 days); PA
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	3	QL(120 EA per 30 days)
clonazepam odt tablet disintegrating 2mg	3	QL(300 EA per 30 days)
clonazepam tablet 0.5mg, 1mg	2	QL(120 EA per 30 days)
clonazepam tablet 2mg	2	QL(300 EA per 30 days)
DIACOMIT CAPSULE 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT CAPSULE 250MG	5	QL(372 EA per 31 days); PA
DIACOMIT PACKET 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT PACKET 250MG	5	QL(372 EA per 31 days); PA
diazepam gel 10mg, 2.5mg, 20mg	4	QL(5 EA per 30 days)
divalproex sodium dr capsule delayed release sprinkle 125mg	4	
divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg	3	
divalproex sodium er tablet extended release 24 hour 250mg, 500mg	4	
gabapentin capsule 100mg, 300mg, 400mg	2	QL(810 EA per 90 days)
gabapentin solution 250mg/5ml	3	QL(6480 ML per 90 days)
gabapentin tablet 800mg	2	QL(360 EA per 90 days)
gabapentin tablet 600mg	2	QL(540 EA per 90 days)
LIBERVANT FILM 10MG, 12.5MG, 15MG, 5MG, 7.5MG	4	QL(10 EA per 30 days); PA
PHENOBARBITAL ELIXIR 20MG/5ML	3	QL(4500 ML per 90 days); PA
PHENOBARBITAL TABLET 100MG, 15MG, 16.2MG, 30MG, 32.4MG, 60MG, 64.8MG, 97.2MG	3	QL(360 EA per 90 days); PA
PRIMIDONE TABLET 125MG	2	
primidone tablet 250mg, 50mg	2	
SYMPAZAN FILM 10MG, 20MG, 5MG	5	QL(60 EA per 30 days); PA
TIAGABINE HYDROCHLORIDE TABLET 12MG, 16MG	4	
tiagabine hydrochloride tablet 2mg, 4mg	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days); PA
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days); PA
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days); PA
vigabatrin packet 500mg	5	QL(186 EA per 31 days); PA
vigabatrin tablet 500mg	5	QL(186 EA per 31 days); PA
ZTALMY SUSPENSION 50MG/ML	5	QL(1116 ML per 31 days); PA
Sodium Channel Agents		
carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg	4	
carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg	4	
carbamazepine suspension 100mg/5ml	4	
carbamazepine tablet chewable 100mg	4	
carbamazepine tablet 200mg	4	
DILANTIN CAPSULE 30MG	4	
epitol tablet 200mg	4	
eslicarbazepine acetate tablet 200mg, 400mg, 600mg, 800mg	4	QL(62 EA per 31 days)
fosphenytoin sodium injection 500mg pe/10ml	2	
lacosamide solution 10mg/ml	4	QL(3600 ML per 90 days)
lacosamide tablet 100mg, 150mg, 200mg	4	QL(180 EA per 90 days)
lacosamide tablet 50mg	4	QL(360 EA per 90 days)
oxcarbazepine suspension 300mg/5ml	4	
oxcarbazepine tablet 150mg, 300mg, 600mg	4	
phenytoin sodium extended capsule 100mg	2	
phenytoin suspension 125mg/5ml	2	
phenytoin tablet chewable 50mg	3	
rufinamide suspension 40mg/ml	5	PA
rufinamide tablet 200mg	4	QL(496 EA per 31 days); PA
rufinamide tablet 400mg	5	QL(248 EA per 31 days); PA
XCOPRI TABLET THERAPY PACK 0	4	QL(56 EA per 365 days); PA; 12.5MG-25MG
XCOPRI TABLET THERAPY PACK 0	5	QL(168 EA per 84 days); PA; 250MG DAILY DOSE
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA; 350MG DAILY DOSE
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 365 days); PA; 150MG-200MG
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 365 days); PA; 50MG-100MG
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(62 EA per 31 days); PA
ZONISADE SUSPENSION 100MG/5ML	4	QL(2700 ML per 90 days); PA
zonisamide capsule 100mg, 25mg, 50mg	3	
Antidementia Agents		

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents, Other		
ERGOLOID MESYLATES TABLET 1MG	2	
memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	3	
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 10MG; 0	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	3	
Cholinesterase Inhibitors		
donepezil hcl tablet disintegrating 10mg	3	QL(180 EA per 90 days)
donepezil hcl tablet disintegrating 5mg	3	QL(90 EA per 90 days)
donepezil hcl tablet 10mg	2	QL(180 EA per 90 days)
donepezil hydrochloride tablet 5mg	2	QL(90 EA per 90 days)
galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg	4	QL(90 EA per 90 days)
galantamine hydrobromide tablet 12mg, 4mg, 8mg	3	QL(180 EA per 90 days)
rivastigmine tartrate capsule 4.5mg, 6mg	4	QL(180 EA per 90 days)
rivastigmine tartrate capsule 1.5mg, 3mg	4	QL(270 EA per 90 days)
rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	4	QL(90 EA per 90 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
MEMANTINE HCL TITRATION PAK TABLET 0	3	QL(98 EA per 365 days); PA
memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg	4	QL(90 EA per 90 days); PA
memantine hydrochloride solution 2mg/ml	4	QL(1080 ML per 90 days); PA
memantine hydrochloride tablet 10mg, 5mg	3	QL(180 EA per 90 days); PA
Antidepressants		
Antidepressants, Other		
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 0; 0	5	QL(102 EA per 365 days); PA
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	5	QL(62 EA per 31 days); PA
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg	3	QL(180 EA per 90 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg	3	QL(270 EA per 90 days)
bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg	3	QL(90 EA per 90 days)
bupropion hydrochloride tablet 100mg, 75mg	3	QL(540 EA per 90 days)
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	QL(32 EA per 14 days); ST
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG, 36.3MG, 54.5MG, 72.6MG	5	QL(31 EA per 31 days); ST
mirtazapine odt tablet disintegrating 15mg, 30mg	3	QL(180 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
mirtazapine odt tablet disintegrating 45mg	3	QL(90 EA per 90 days)
mirtazapine tablet 15mg, 7.5mg	2	QL(180 EA per 90 days)
mirtazapine tablet 30mg, 45mg	2	QL(90 EA per 90 days)
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL(31 EA per 31 days); PA
MARPLAN TABLET 10MG	4	QL(540 EA per 90 days)
PHENELZINE SULFATE TABLET 15MG	3	
tranylcypromine sulfate tablet 10mg	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide solution 10mg/5ml	3	QL(1800 ML per 90 days)
citalopram hydrobromide tablet 20mg	2	QL(180 EA per 90 days)
citalopram hydrobromide tablet 10mg	2	QL(360 EA per 90 days)
citalopram hydrobromide tablet 40mg	2	QL(90 EA per 90 days)
desvenlafaxine er tablet extended release 24 hour 100mg	4	QL(360 EA per 90 days)
desvenlafaxine er tablet extended release 24 hour 25mg, 50mg	4	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(270 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(360 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(540 EA per 90 days); PA
escitalopram oxalate solution 5mg/5ml	4	QL(1800 ML per 90 days)
escitalopram oxalate tablet 10mg	2	QL(180 EA per 90 days)
escitalopram oxalate tablet 5mg	2	QL(360 EA per 90 days)
escitalopram oxalate tablet 20mg	2	QL(90 EA per 90 days)
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 days); PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL(180 EA per 90 days); PA
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL(90 EA per 90 days); PA
fluoxetine hydrochloride capsule 40mg	2	QL(180 EA per 90 days)
fluoxetine hydrochloride capsule 20mg	2	QL(360 EA per 90 days)
fluoxetine hydrochloride capsule 10mg	2	QL(720 EA per 90 days)
fluoxetine hydrochloride solution 20mg/5ml	4	QL(1800 ML per 90 days)
fluoxetine hydrochloride tablet 20mg	2	QL(360 EA per 90 days)
fluoxetine hydrochloride tablet 10mg	2	QL(720 EA per 90 days)
fluvoxamine maleate tablet 100mg, 25mg, 50mg	3	

Drug Name	Drug Tier	Requirements/Limits
NEFAZODONE HYDROCHLORIDE TABLET 100MG, 150MG, 200MG, 250MG, 50MG	4	
paroxetine hcl tablet 30mg, 40mg	2	QL(180 EA per 90 days)
PAROXETINE HYDROCHLORIDE SUSPENSION 10MG/5ML	4	QL(2700 ML per 90 days)
paroxetine hydrochloride tablet 10mg, 20mg	2	QL(270 EA per 90 days)
RALDESY SOLUTION 10MG/ML	4	QL(1200 ML per 30 days); PA
sertraline hcl concentrate 20mg/ml	4	
sertraline hcl tablet 50mg	2	QL(360 EA per 90 days)
sertraline hydrochloride tablet 100mg	2	QL(180 EA per 90 days)
sertraline hydrochloride tablet 25mg	2	QL(720 EA per 90 days)
trazodone hydrochloride tablet 100mg, 150mg, 50mg	2	
TRINTELLIX TABLET 10MG	4	QL(180 EA per 90 days); ST
TRINTELLIX TABLET 5MG	4	QL(360 EA per 90 days); ST
TRINTELLIX TABLET 20MG	4	QL(90 EA per 90 days); ST
venlafaxine hydrochloride er capsule extended release 24 hour 150mg	2	QL(180 EA per 90 days)
venlafaxine hydrochloride er capsule extended release 24 hour 75mg	2	QL(270 EA per 90 days)
venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg	2	QL(540 EA per 90 days)
venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	2	
vilazodone hydrochloride tablet 10mg, 20mg, 40mg	4	QL(90 EA per 90 days)
Tricyclics		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	3	
amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	3	
amoxapine tablet 100mg, 150mg, 25mg, 50mg	3	
clomipramine hydrochloride capsule 25mg, 50mg, 75mg	4	
desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	4	
doxepin hcl capsule 75mg	3	
DOXEPIN HCL CONCENTRATE 10MG/ML	3	
DOXEPIN HYDROCHLORIDE CAPSULE 150MG	3	
doxepin hydrochloride capsule 100mg, 10mg, 25mg, 50mg	3	
imipramine hcl tablet 25mg, 50mg	3	
imipramine hydrochloride tablet 10mg	3	
nortriptyline hcl capsule 25mg, 75mg	2	
nortriptyline hcl solution 10mg/5ml	4	
nortriptyline hydrochloride capsule 10mg, 50mg	2	
protriptyline hcl tablet 10mg, 5mg	4	
trimipramine maleate capsule 100mg, 25mg, 50mg	4	
Antiemetics		

Drug Name	Drug Tier	Requirements/Limits
Antiemetics, Other		
meclizine hcl tablet 12.5mg, 25mg	2	
meclizine hydrochloride tablet 25mg	2	
prochlorperazine maleate tablet 10mg, 5mg	2	
prochlorperazine suppository 25mg	4	
promethazine hydrochloride tablet 12.5mg, 25mg, 50mg	2	
scopolamine patch 72 hour 1mg/3days	4	QL(30 EA per 90 days)
Emetogenic Therapy Adjuncts		
aprepitant capsule therapy pack 0	4	B/D; PAK 125mg & 80mg
aprepitant capsule 80mg	4	B/D
aprepitant capsule 40mg	4	QL(12 EA per 90 days); B/D
aprepitant capsule 125mg	4	QL(6 EA per 90 days); B/D
dronabinol capsule 10mg, 2.5mg, 5mg	4	B/D
granisetron hydrochloride tablet 1mg	3	B/D
ondansetron hcl solution 4mg/5ml	4	B/D
ondansetron hydrochloride tablet 4mg, 8mg	2	B/D
ondansetron odt tablet disintegrating 4mg, 8mg	2	B/D
Antifungals		
Antifungals		
ABELCET INJECTION 5MG/ML	4	B/D
amphotericin b liposome injection 50mg	5	B/D
AMPHOTERICIN B INJECTION 50MG	4	B/D
caspofungin acetate injection 50mg, 70mg	4	
clotrimazole cream 1%	3	
clotrimazole troche 10mg	3	
CRESEMBA CAPSULE 74.5MG	5	QL(175 EA per 31 days); PA
CRESEMBA CAPSULE 186MG	5	QL(70 EA per 31 days); PA
econazole nitrate cream 1%	2	QL(255 GM per 90 days)
fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	4	
FLUCONAZOLE/SODIUM CHLORIDE INJECTION 100MG/50ML; 0.9%	4	
fluconazole suspension reconstituted 10mg/ml, 40mg/ml	3	
fluconazole tablet 150mg	2	
fluconazole tablet 100mg, 200mg, 50mg	3	
flucytosine capsule 250mg, 500mg	5	
griseofulvin microsize suspension 125mg/5ml	4	
griseofulvin microsize tablet 500mg	4	
griseofulvin ultramicrosize tablet 125mg, 250mg	4	
itraconazole capsule 100mg	4	
ketoconazole cream 2%	3	QL(270 GM per 90 days)
ketoconazole shampoo 2%	2	QL(360 ML per 90 days)
ketoconazole tablet 200mg	2	PA
klayesta powder 100000unit/gm	4	QL(180 GM per 90 days)

Drug Name	Drug Tier	Requirements/Limits
micafungin injection 100mg, 50mg	4	
nyamyc powder 100000unit/gm	4	QL(180 GM per 90 days)
nystatin cream 100000unit/gm	2	
nystatin ointment 100000unit/gm	2	
nystatin powder 100000unit/gm	4	QL(180 GM per 90 days)
nystatin suspension 100000unit/ml	3	
nystatin tablet 500000unit	4	
nystop powder 100000unit/gm	4	QL(180 GM per 90 days)
posaconazole dr tablet delayed release 100mg	5	QL(93 EA per 31 days); PA
terbinafine hcl tablet 250mg	2	
terconazole cream 0.4%, 0.8%	3	
terconazole suppository 80mg	4	
VORICONAZOLE INJECTION 200MG/20ML	5	PA
voriconazole injection 200mg	5	PA
voriconazole suspension reconstituted 40mg/ml	5	PA
voriconazole tablet 200mg, 50mg	4	PA
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg, 300mg	1	
colchicine tablet 0.6mg	4	QL(360 EA per 90 days)
febuxostat tablet 40mg, 80mg	3	QL(90 EA per 90 days); ST
probenecid/colchicine tablet 0.5mg; 500mg	3	
probenecid tablet 500mg	3	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	3	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(6 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(9 ML per 84 days); PA
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days); PA
QULIPTA TABLET 10MG	5	QL(186 EA per 31 days); PA
QULIPTA TABLET 60MG	5	QL(31 EA per 31 days); PA
QULIPTA TABLET 30MG	5	QL(62 EA per 31 days); PA
UBRELVY TABLET 100MG, 50MG	5	QL(16 EA per 30 days); PA
Ergot Alkaloids		
dihydroergotamine mesylate solution 4mg/ml	5	QL(24 ML per 90 days); PA
MIGERGOT SUPPOSITORY 100MG; 2MG	5	
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl tablet 2.5mg	2	QL(24 EA per 90 days)
naratriptan hcl tablet 1mg	2	QL(60 EA per 90 days)
rizatriptan benzoate odt tablet disintegrating 5mg	2	QL(162 EA per 90 days)
rizatriptan benzoate odt tablet disintegrating 10mg	2	QL(81 EA per 90 days)
rizatriptan benzoate tablet 5mg	2	QL(162 EA per 90 days)
rizatriptan benzoate tablet 10mg	2	QL(81 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
SUMATRIPTAN SUCCINATE REFILL INJECTION 4MG/0.5ML, 6MG/0.5ML	4	QL(27 ML per 90 days)
sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml	4	QL(27 ML per 90 days)
sumatriptan succinate tablet 50mg	2	QL(108 EA per 90 days)
sumatriptan succinate tablet 25mg	2	QL(216 EA per 90 days)
sumatriptan succinate tablet 100mg	2	QL(54 EA per 90 days)
sumatriptan solution 20mg/act, 5mg/act	4	QL(36 EA per 90 days)
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er tablet extended release 180mg	4	
pyridostigmine bromide tablet 60mg	3	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet 100mg, 25mg	3	
rifabutin capsule 150mg	4	
Antituberculars		
ethambutol hydrochloride tablet 100mg, 400mg	3	
isoniazid tablet 100mg, 300mg	2	
PRIFTIN TABLET 150MG	4	
pyrazinamide tablet 500mg	4	
rifampin capsule 150mg, 300mg	3	
rifampin injection 600mg	4	
rifapentine tablet 150mg	4	
SIRTURO TABLET 100MG, 20MG	5	PA
TRECATOR TABLET 250MG	4	
Antineoplastics		
Alkylating Agents		
cyclophosphamide capsule 25mg, 50mg	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN TABLET 2MG	5	
lomustine capsule 10mg, 40mg	4	
lomustine capsule 100mg	5	
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	PA
ZEPZELCA INJECTION 4MG	5	PA
Antiandrogens		
abirtega tablet 250mg	4	
bicalutamide tablet 50mg	3	
ERLEADA TABLET 240MG, 60MG	5	PA
EULEXIN CAPSULE 125MG	5	PA
NILUTAMIDE TABLET 150MG	5	
NUBEQA TABLET 300MG	5	PA
XTANDI CAPSULE 40MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
XTANDI TABLET 40MG, 80MG	5	PA
YONSA TABLET 125MG	5	PA
Antiangiogenic Agents		
lenalidomide capsule 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	5	QL(31 EA per 31 days); PA
pomalidomide capsule 1mg, 2mg, 3mg, 4mg	5	PA
THALOMID CAPSULE 100MG, 50MG	5	PA
Antiestrogens/Modifiers		
INLURIYO TABLET 200MG	5	PA
ORSERDU TABLET 345MG, 86MG	5	PA
SOLTAMOX SOLUTION 10MG/5ML	5	
tamoxifen citrate tablet 10mg, 20mg	2	
toremifene citrate tablet 60mg	5	
VEPPANU TABLET 100MG, 200MG	5	PA
Antimetabolites		
DROXIA CAPSULE 200MG, 300MG, 400MG	4	
hydroxyurea capsule 500mg	2	
mercaptopurine suspension 2000mg/100ml	5	
mercaptopurine tablet 50mg	3	
TABLOID TABLET 40MG	5	PA
Antineoplastics, Other		
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	PA
INREBIC CAPSULE 100MG	5	PA
ITOVEBI TABLET 3MG, 9MG	5	PA
IWILFIN TABLET 192MG	5	PA
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KOMZIFTI CAPSULE 200MG	5	PA
LAZCLUZE TABLET 240MG, 80MG	5	PA
leucovorin calcium injection 500mg, 50mg	4	
leucovorin calcium tablet 10mg, 15mg, 5mg	3	
leucovorin calcium tablet 25mg	4	
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA
LYSODREN TABLET 500MG	5	
MODEYSO CAPSULE 125MG	5	PA
OGSIVEO TABLET 100MG, 150MG, 50MG	5	PA
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA
OJEMDA TABLET 100MG	5	PA
ONUREG TABLET 200MG, 300MG	5	PA
REVUFORJ TABLET 110MG, 160MG, 25MG	5	PA
RYLAZE INJECTION 10MG/0.5ML	5	PA
valrubicin injection 40mg/ml	3	
VONJO CAPSULE 100MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
ZENBEXUS CAPSULE 0.75MG, 1MG	5	PA
ZOLINZA CAPSULE 100MG	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet 1mg	2	
exemestane tablet 25mg	4	
letrozole tablet 2.5mg	2	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	PA
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	PA
ALUNBRIG TABLET THERAPY PACK 0	5	PA
ALUNBRIG TABLET 180MG, 30MG, 90MG	5	PA
AUGTYRO CAPSULE 160MG, 40MG	5	PA
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	PA
BALVERSA TABLET 3MG, 4MG, 5MG	5	PA
BEQALZI STARTER PACK TABLET THERAPY PACK 0	5	PA
BEQALZI TABLET 1MG, 20MG, 5MG, 80MG	5	PA
BOSULIF CAPSULE 100MG, 50MG	5	PA
BOSULIF TABLET 100MG, 500MG	5	PA
bosutinib tablet 100mg, 400mg, 500mg	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA CAPSULE 80MG	5	PA
BRUKINSA TABLET 160MG	5	PA
CABOMETYX TABLET 20MG, 40MG, 60MG	5	PA
CALQUENCE TABLET 100MG	5	PA
CAPRELSA TABLET 100MG, 300MG	5	PA
CAVHANZA TABLET DISINTEGRATING 60MG, 80MG	5	PA
COMETRIQ KIT 0, 20MG	5	PA
COPIKTRA CAPSULE 15MG, 25MG	5	PA
COTELLIC TABLET 20MG	5	PA
dasatinib tablet 100mg, 140mg, 20mg, 50mg, 70mg, 80mg	5	PA
DAURISMO TABLET 100MG, 25MG	5	PA
ENSACOVE CAPSULE 100MG, 25MG	5	PA
ERIVEDGE CAPSULE 150MG	5	PA
erlotinib hydrochloride tablet 100mg, 150mg, 25mg	5	PA
everolimus tablet soluble 2mg, 3mg, 5mg	5	PA
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	5	PA
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	PA
FRUZAQLA CAPSULE 1MG, 5MG	5	PA
GAVRETO CAPSULE 100MG	5	PA
gefitinib tablet 250mg	5	PA
GILOTRIF TABLET 20MG, 30MG, 40MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI CAPSULE 1MG, 2MG	5	PA
GOMEKLI TABLET SOLUBLE 1MG	5	PA
HERNEXEOS TABLET 60MG	5	PA
HYRNUO TABLET 10MG	5	PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA
IBTROZI CAPSULE 200MG	5	PA
ICLUSIG TABLET 10MG, 15MG, 30MG, 45MG	5	PA
IDHIFA TABLET 100MG, 50MG	5	PA
imatinib mesylate tablet 100mg	3	
imatinib mesylate tablet 400mg	4	
IMBRUVICA CAPSULE 140MG, 70MG	5	PA
IMBRUVICA SUSPENSION 70MG/ML	5	PA
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	PA
IMKELDI SOLUTION 80MG/ML	5	PA
INLYTA TABLET 1MG, 5MG	5	PA
INQOVI TABLET 100MG; 35MG	5	PA
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	PA
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	PA
JAYPIRCA TABLET 100MG, 50MG	5	PA
JIDEYTRO TABLET 100MG, 25MG	5	PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	5	PA
KOSELUGO CAPSULE 10MG, 25MG	5	PA
KRAZATI TABLET 200MG	5	PA
lapatinib ditosylate tablet 250mg	5	PA
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LIFYORLI CAPSULE THERAPY PACK 0	5	PA

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABLET 100MG	5	PA
LORBRENA TABLET 25MG	5	QL(93 EA per 31 days); PA
LUMAKRAS TABLET 120MG, 240MG, 320MG	5	PA
LYNPARZA TABLET 100MG, 150MG	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 12MG Daily Dose
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 16MG Daily Dose
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 20MG Daily Dose
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA
MEKINIST TABLET 0.5MG, 2MG	5	PA
MEKTOVI TABLET 15MG	5	PA
NERLYNX TABLET 40MG	5	PA
nilotinib hydrochloride capsule 150mg, 200mg, 50mg	5	PA
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA
ODOMZO CAPSULE 200MG	5	PA
OJJAARA TABLET 100MG, 150MG, 200MG	5	PA
PAZOPANIB HYDROCHLORIDE TABLET 400MG	5	PA
pazopanib hydrochloride tablet 200mg	5	PA
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	PA
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA
QINLOCK TABLET 50MG	5	PA
RETEVMO CAPSULE 40MG, 80MG	5	PA
RETEVMO TABLET 120MG, 160MG, 40MG, 80MG	5	PA
REZLIDHIA CAPSULE 150MG	5	PA
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	PA
ROZLYTREK CAPSULE 100MG	5	PA
ROZLYTREK CAPSULE 200MG	5	QL(93 EA per 31 days); PA
ROZLYTREK PACKET 50MG	5	PA
RUBRACA TABLET 200MG, 250MG, 300MG	5	QL(124 EA per 31 days); PA
RYDAPT CAPSULE 25MG	5	PA
SCEMBLIX TABLET 100MG, 20MG, 40MG	5	PA
sorafenib tosylate tablet 200mg	5	PA
sorafenib tablet 200mg	5	PA
STIVARGA TABLET 40MG	5	PA
sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg	5	PA
TABRECTA TABLET 150MG, 200MG	5	PA
TAFINLAR CAPSULE 50MG, 75MG	5	PA
TAFINLAR TABLET SOLUBLE 10MG	5	PA
TAGRISSO TABLET 40MG, 80MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPSULE 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA
TAZVERIK TABLET 200MG	5	PA
TEPMETKO TABLET 225MG	5	PA
TIBSOVO TABLET 250MG	5	PA
torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg	5	PA
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	PA
TRUQAP TABLET 160MG, 200MG	5	PA
TUKYSA TABLET 150MG, 50MG	5	PA
TURALIO CAPSULE 125MG	5	PA
VANFLYTA TABLET 17.7MG, 26.5MG	5	PA
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	QL(84 EA per 365 days); PA
VENCLEXTA TABLET 10MG	4	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA
VITRAKVI CAPSULE 100MG, 25MG	5	PA
VITRAKVI SOLUTION 20MG/ML	5	PA
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	PA
XALKORI CAPSULE SPRINKLE 150MG, 20MG, 50MG	5	PA
XALKORI CAPSULE 200MG, 250MG	5	PA
XOSPATA TABLET 40MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO TABLET THERAPY PACK 10MG, 40MG, 50MG, 60MG, 80MG	5	PA
yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg	4	PA
ZEJULA TABLET 100MG, 200MG, 300MG	5	PA
ZELBORAF TABLET 240MG	5	PA
ZYDELIG TABLET 100MG, 150MG	5	PA
ZYKADIA TABLET 150MG	5	PA
Monoclonal Antibodies/Antibody-Drug Conjugates		
HERCEPTIN HYLECTA INJECTION 10000UNIT/5ML; 600MG/5ML	5	
LIBTAYO INJECTION 350MG/7ML	5	PA
MARGENZA INJECTION 250MG/10ML	5	PA
MONJUVI INJECTION 200MG	5	PA
PADCEV INJECTION 20MG, 30MG	5	PA
POLIVY INJECTION 140MG, 30MG	5	PA
RYBREVANT INJECTION 350MG/7ML	5	PA
SARCLISA INJECTION 100MG/5ML, 500MG/25ML	5	PA
TIVDAK INJECTION 40MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
TRODELVY INJECTION 180MG	5	PA
Retinoids		
bexarotene capsule 75mg	5	PA
bexarotene gel 1%	5	PA
PANRETIN GEL 0.1%	5	QL(60 GM per 30 days); PA
tretinoin capsule 10mg	5	
Treatment Adjuncts		
mesna tablet 400mg	5	
VORANIGO TABLET 10MG, 40MG	5	PA
Antiparasitics		
Anthelmintics		
albendazole tablet 200mg	4	
ivermectin tablet 3mg	3	PA
praziquantel tablet 600mg	4	
Antiprotozoals		
atovaquone/proguanil hydrochloride tablet 250mg; 100mg	4	
atovaquone suspension 750mg/5ml	4	
CHLOROQUINE PHOSPHATE TABLET 250MG	4	
chloroquine phosphate tablet 500mg	4	
COARTEM TABLET 20MG; 120MG	4	
hydroxychloroquine sulfate tablet 200mg	4	
mefloquine hydrochloride tablet 250mg	2	
nitazoxanide tablet 500mg	5	
pentamidine isethionate injection 300mg	4	
PRIMAQUINE PHOSPHATE TABLET 26.3MG	3	
pyrimethamine tablet 25mg	5	
quinine sulfate capsule 324mg	4	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tablet 0.5mg, 1mg, 2mg	2	
trihexyphenidyl hydrochloride tablet 2mg, 5mg	2	
Antiparkinson Agents, Other		
carbidopa/levodopa/entacapone tablet 12.5mg; 200mg; 50mg, 18.75mg; 200mg; 75mg, 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg	4	
entacapone tablet 200mg	4	
Dopamine Agonists		
bromocriptine mesylate capsule 5mg	4	
bromocriptine mesylate tablet 2.5mg	4	
pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	2	
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tablet 0.25mg, 3mg	2	

Drug Name	Drug Tier	Requirements/Limits
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg	3	
carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	4	
carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	2	
carbidopa tablet 25mg	4	
RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG	4	QL(300 EA per 30 days); ST
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG	4	QL(360 EA per 30 days); ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tablet 0.5mg, 1mg	4	
selegiline hcl capsule 5mg	3	
selegiline hcl tablet 5mg	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg	4	
chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml	4	
chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg	4	
fluphenazine decanoate injection 25mg/ml	4	
FLUPHENAZINE HCL CONCENTRATE 5MG/ML	4	
FLUPHENAZINE HYDROCHLORIDE ELIXIR 2.5MG/5ML	4	
FLUPHENAZINE HYDROCHLORIDE INJECTION 2.5MG/ML	4	
fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg	4	
haloperidol decanoate injection 100mg/ml, 50mg/ml	4	
haloperidol lactate injection 5mg/ml	4	
haloperidol concentrate 2mg/ml	2	
haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg	3	
loxapine capsule 10mg, 25mg, 50mg, 5mg	4	
MOLINDONE HYDROCHLORIDE TABLET 10MG, 25MG, 5MG	4	
perphenazine tablet 16mg, 2mg, 4mg, 8mg	4	
pimozide tablet 1mg, 2mg	4	
thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	3	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	4	
trifluoperazine hcl tablet 10mg, 2mg, 5mg	4	
trifluoperazine hydrochloride tablet 1mg	4	

Drug Name	Drug Tier	Requirements/Limits
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL(2.4 ML per 56 days); ST
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL(3.2 ML per 56 days); ST
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	QL(1 EA per 28 days); ST
aripiprazole odt tablet disintegrating 15mg	4	QL(180 EA per 90 days)
aripiprazole odt tablet disintegrating 10mg	4	QL(270 EA per 90 days)
aripiprazole solution 1mg/ml	4	QL(2700 ML per 90 days)
aripiprazole tablet 20mg	3	QL(135 EA per 90 days)
aripiprazole tablet 10mg, 15mg, 2mg, 5mg	3	QL(180 EA per 90 days)
aripiprazole tablet 30mg	3	QL(90 EA per 90 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	QL(2.4 ML per 31 days); ST
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days); ST
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days); ST
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days); ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 56 days); ST
asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg	4	QL(180 EA per 90 days)
BYSANTI TITRATION PACK A TABLET THERAPY PACK 0	4	QL(8 EA per 31 days); PA
BYSANTI TITRATION PACK B TABLET THERAPY PACK 0	4	QL(12 EA per 31 days); PA
BYSANTI TITRATION PACK C TABLET THERAPY PACK 0	4	QL(8 EA per 31 days); PA
BYSANTI TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(62 EA per 31 days); PA
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); ST
FANAPT TITRATION PACK A TABLET 0	4	QL(8 EA per 31 days); PA
FANAPT TITRATION PACK B TABLET 0	4	QL(12 EA per 31 days); PA
FANAPT TITRATION PACK C TABLET 0	4	QL(8 EA per 31 days); PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(62 EA per 31 days); PA
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL(3.5 ML per 180 days); ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL(5 ML per 180 days); ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL(0.25 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL(0.5 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL(0.75 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL(1 ML per 28 days); ST
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 28 days); ST
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 90 days); ST
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 90 days); ST
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 90 days); ST
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 90 days); ST
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	3	QL(31 EA per 31 days)
lurasidone hydrochloride tablet 80mg	3	QL(62 EA per 31 days)

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL(30 EA per 30 days); PA
NUPLAZID CAPSULE 34MG	5	QL(31 EA per 31 days); PA
NUPLAZID TABLET 10MG	5	QL(31 EA per 31 days); PA
olanzapine odt tablet disintegrating 10mg, 5mg	4	QL(180 EA per 90 days)
olanzapine odt tablet disintegrating 15mg, 20mg	4	QL(90 EA per 90 days)
olanzapine injection 10mg	4	
olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg	3	QL(180 EA per 90 days)
olanzapine tablet 15mg, 20mg	3	QL(90 EA per 90 days)
OPIPZA FILM 5MG	5	QL(180 EA per 30 days); PA
OPIPZA FILM 2MG	5	QL(60 EA per 30 days); PA
OPIPZA FILM 10MG	5	QL(90 EA per 30 days); PA
paliperidone er tablet extended release 24 hour 6mg	4	QL(180 EA per 90 days)
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	4	QL(90 EA per 90 days)
quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg	3	QL(180 EA per 90 days)
quetiapine fumarate er tablet extended release 24 hour 150mg	3	QL(270 EA per 90 days)
quetiapine fumarate er tablet extended release 24 hour 50mg	3	QL(360 EA per 90 days)
quetiapine fumarate er tablet extended release 24 hour 200mg	3	QL(90 EA per 90 days)
QUETIAPINE FUMARATE TABLET 150MG	3	QL(450 EA per 90 days)
quetiapine fumarate tablet 300mg, 400mg	3	QL(180 EA per 90 days)
quetiapine fumarate tablet 100mg	3	QL(270 EA per 90 days)
quetiapine fumarate tablet 200mg, 25mg, 50mg	3	QL(360 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); ST
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); ST
risperidone er injection 25mg	4	QL(2 EA per 28 days); ST
risperidone er injection 12.5mg	4	QL(6 EA per 84 days); ST
risperidone er injection 37.5mg, 50mg	5	QL(2 EA per 28 days); ST
risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg	4	QL(180 EA per 90 days)
risperidone odt tablet disintegrating 0.25mg	4	QL(270 EA per 90 days)
risperidone odt tablet disintegrating 0.5mg	4	QL(360 EA per 90 days)
risperidone solution 1mg/ml	2	QL(720 ML per 90 days)
risperidone tablet 1mg, 2mg, 3mg, 4mg	2	QL(180 EA per 90 days)
risperidone tablet 0.25mg, 0.5mg	2	QL(360 EA per 90 days)
RYKINDO INJECTION 25MG, 37.5MG, 50MG	5	QL(2 EA per 28 days); ST
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL(31 EA per 31 days); PA
VRAYLAR CAPSULE 0.75MG, 3MG, 4.5MG, 6MG	5	QL(31 EA per 31 days); ST
VRAYLAR CAPSULE 1.5MG	5	QL(62 EA per 31 days); ST
VRAYLAR CAPSULE 0.5MG	5	QL(93 EA per 31 days); ST
ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg	4	QL(180 EA per 90 days)
ziprasidone mesylate injection 20mg	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL(6 EA per 90 days); ST

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INJECTION 405MG	5	QL(1 EA per 30 days); ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL(2 EA per 30 days); ST
Treatment-Resistant		
clozapine odt tablet disintegrating 12.5mg, 25mg	4	
clozapine odt tablet disintegrating 200mg	4	QL(135 EA per 30 days)
clozapine odt tablet disintegrating 150mg	4	QL(540 EA per 90 days)
clozapine odt tablet disintegrating 100mg	4	QL(810 EA per 90 days)
clozapine tablet 100mg, 200mg, 25mg, 50mg	3	
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet 10mg, 20mg, 5mg	2	
dantrolene sodium capsule 100mg, 25mg, 50mg	4	
tizanidine hcl tablet 2mg	2	
tizanidine hydrochloride tablet 4mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY TABLET 200MG	5	PA
PREVYMIS PACKET 120MG, 20MG	5	QL(112 EA per 28 days); PA
PREVYMIS TABLET 240MG, 480MG	5	QL(28 EA per 28 days); PA
valganciclovir tablet 450mg	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tablet 10mg	4	
entecavir tablet 0.5mg, 1mg	4	QL(90 EA per 90 days)
lamivudine tablet 100mg	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET TABLET 100MG; 40MG	5	QL(84 EA per 28 days); PA
RIBAVIRIN CAPSULE 200MG	3	
RIBAVIRIN TABLET 200MG	3	
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(31 EA per 31 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL(31 EA per 31 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML, 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(31 EA per 31 days)
ISENTRESS HD TABLET 600MG	5	QL(62 EA per 31 days)
ISENTRESS PACKET 100MG	5	QL(62 EA per 31 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(186 EA per 31 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(186 EA per 31 days)
ISENTRESS TABLET 400MG	5	QL(62 EA per 31 days)
JULUCA TABLET 50MG; 25MG	5	QL(31 EA per 31 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	

Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD TABLET SOLUBLE 5MG	5	QL(372 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABLET 200MG; 25MG; 300MG	5	
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	
EDURANT PED TABLET SOLUBLE 2.5MG	5	
EDURANT TABLET 25MG	5	
efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg	4	
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE TABLET 400MG; 300MG; 300MG	5	
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 600mg; 300mg; 300mg	5	
efavirenz tablet 600mg	4	
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg	5	
etravirine tablet 100mg, 200mg	5	
IDVYNSO TABLET 100MG; 0.25MG	5	QL(31 EA per 31 days)
INTELENCE TABLET 25MG	4	
nevirapine er tablet extended release 24 hour 400mg	4	
NEVIRAPINE SUSPENSION 50MG/5ML	4	
nevirapine tablet 200mg	3	
PIFELTRO TABLET 100MG	5	
rilpivirine hydrochloride tablet 25mg	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine tablet 600mg; 300mg	4	
abacavir solution 20mg/ml	4	
abacavir tablet 300mg	4	
CIMDUO TABLET 300MG; 300MG	5	
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	QL(31 EA per 31 days)
emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg	3	QL(31 EA per 31 days)
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg	4	QL(31 EA per 31 days)
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	5	QL(31 EA per 31 days)
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	4	QL(31 EA per 31 days)
emtricitabine capsule 200mg	4	
EMTRIVA SOLUTION 10MG/ML	4	
lamivudine/zidovudine tablet 150mg; 300mg	4	
lamivudine solution 10mg/ml	3	
lamivudine tablet 150mg, 300mg	4	

Drug Name	Drug Tier	Requirements/Limits
ODEFSEY TABLET 200MG; 25MG; 25MG	5	
tenofovir disoproxil fumarate tablet 300mg	4	
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	4	QL(180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL(31 EA per 31 days)
VIREAD POWDER 40MG/GM	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
zidovudine capsule 100mg	4	
zidovudine syrup 50mg/5ml	4	
zidovudine tablet 300mg	3	
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	5	
maraviroc tablet 150mg, 300mg	5	
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION 20MG/ML	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(10 EA per 365 days); 5 x 300MG
SUNLENCA TABLET THERAPY PACK 300MG	5	QL(8 EA per 365 days); 4 x 300MG
SUNLENCA TABLET 300MG	5	QL(8 EA per 365 days)
TROGARZO INJECTION 200MG/1.33ML	5	
TYBOST TABLET 150MG	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	
atazanavir sulfate capsule 300mg	4	
atazanavir capsule 150mg, 200mg	4	
darunavir tablet 600mg	4	QL(62 EA per 31 days)
darunavir tablet 800mg	5	QL(31 EA per 31 days)
EVOTAZ TABLET 300MG; 150MG	5	
fosamprenavir calcium tablet 700mg	5	
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	
lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml	4	
lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg	4	
NORVIR PACKET 100MG	4	
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	5	QL(31 EA per 31 days)
PREZISTA SUSPENSION 100MG/ML	5	QL(414 ML per 31 days)
PREZISTA TABLET 75MG	4	QL(1440 EA per 90 days)
PREZISTA TABLET 150MG	5	QL(240 EA per 30 days)
REYATAZ PACKET 50MG	5	
ritonavir tablet 100mg	3	
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	
VIRACEPT TABLET 250MG, 625MG	5	
Anti-influenza Agents		
amantadine hcl capsule 100mg	2	
amantadine hcl solution 50mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
amantadine hcl tablet 100mg	3	
amantadine hydrochloride tablet 100mg	3	
oseltamivir phosphate capsule 30mg	3	QL(168 EA per 180 days)
oseltamivir phosphate capsule 45mg, 75mg	3	QL(84 EA per 180 days)
oseltamivir phosphate suspension reconstituted 6mg/ml	3	QL(1050 ML per 180 days)
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE TABLET 100MG	4	
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir tablet 400mg, 800mg	2	
famciclovir tablet 125mg, 250mg, 500mg	3	QL(90 EA per 30 days)
valacyclovir hydrochloride tablet 1gm, 500mg	3	
Antiviral, Coronavirus Agents		
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(22 EA per 30 days); (300mg-100mg day 1; 150mg-100mg days 2-5 Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(40 EA per 30 days); (150mg-100mg Pak)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(60 EA per 30 days); (300mg-100mg Pak)
XOCOVA TABLET 125MG	3	QL(14 EA per 180 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	2	
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	2	
Benzodiazepines		
alprazolam tablet 0.25mg, 0.5mg, 1mg, 2mg	3	QL(150 EA per 30 days)
clorazepate dipotassium tablet 15mg	4	QL(180 EA per 30 days)
clorazepate dipotassium tablet 7.5mg	4	QL(360 EA per 30 days)
clorazepate dipotassium tablet 3.75mg	4	QL(720 EA per 30 days)
diazepam intensol concentrate 5mg/ml	2	QL(240 ML per 30 days)
diazepam solution 5mg/5ml	2	QL(1200 ML per 30 days)
diazepam tablet 10mg, 2mg, 5mg	3	QL(120 EA per 30 days)
lorazepam intensol concentrate 2mg/ml	3	QL(150 ML per 30 days)
lorazepam tablet 0.5mg, 1mg, 2mg	2	QL(150 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
lithium carbonate er tablet extended release 300mg, 450mg	2	
LITHIUM CARBONATE CAPSULE 600MG	2	
lithium carbonate capsule 150mg, 300mg	2	
lithium carbonate tablet 300mg	2	

Drug Name	Drug Tier	Requirements/Limits
lithium solution 8meq/5ml	4	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet 100mg, 25mg, 50mg	3	
glimepiride tablet 4mg	1	QL(180 EA per 90 days)
glimepiride tablet 2mg	1	QL(360 EA per 90 days)
glimepiride tablet 1mg	1	QL(720 EA per 90 days)
glipizide er tablet extended release 24 hour 10mg	1	QL(180 EA per 90 days)
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL(270 EA per 90 days)
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL(360 EA per 90 days)
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL(720 EA per 90 days)
glipizide tablet 15mg	1	QL(180 EA per 90 days)
glipizide tablet 10mg	1	QL(360 EA per 90 days)
glipizide tablet 5mg	1	QL(720 EA per 90 days)
glipizide tablet 2.5mg	1	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 6MG	1	QL(180 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 3MG	1	QL(360 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 1.5MG	1	QL(720 EA per 90 days)
glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL(360 EA per 90 days)
glyburide/metformin hydrochloride tablet 1.25mg; 250mg	1	QL(720 EA per 90 days)
glyburide tablet 1.25mg	1	QL(1440 EA per 90 days)
glyburide tablet 5mg	1	QL(360 EA per 90 days)
glyburide tablet 2.5mg	1	QL(720 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(90 EA per 90 days)
JANUMET TABLET 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUVIA TABLET 100MG, 25MG, 50MG	3	QL(90 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG, 2.5MG; 850MG	3	QL(180 EA per 90 days)
liraglutide injection 6mg/ml	2	QL(27 ML per 90 days); PA
metformin hydrochloride er tablet extended release 24 hour 750mg	1	QL(180 EA per 90 days)
metformin hydrochloride er tablet extended release 24 hour 500mg	1	QL(360 EA per 90 days)
metformin hydrochloride tablet 1000mg	1	QL(225 EA per 90 days)
metformin hydrochloride tablet 850mg	1	QL(270 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
metformin hydrochloride tablet 500mg	1	QL(450 EA per 90 days)
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
nateglinide tablet 120mg	2	QL(270 EA per 90 days)
nateglinide tablet 60mg	2	QL(540 EA per 90 days)
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC TABLET 1.5MG, 4MG, 9MG	3	QL(90 EA per 90 days); PA
pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg	2	QL(270 EA per 90 days)
pioglitazone hcl tablet 45mg	1	QL(90 EA per 90 days)
pioglitazone hydrochloride tablet 15mg, 30mg	1	QL(90 EA per 90 days)
repaglinide tablet 1mg	1	QL(1440 EA per 90 days)
repaglinide tablet 0.5mg	1	QL(2880 EA per 90 days)
repaglinide tablet 2mg	1	QL(720 EA per 90 days)
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 14MG	3	QL(90 EA per 90 days); PA
sitagliptin phosphate/metformin hydrochloride tablet 1000mg; 50mg, 500mg; 50mg	3	QL(180 EA per 90 days)
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	QL(60 ML per 90 days)
TRADJENTA TABLET 5MG	3	QL(90 EA per 90 days)
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
diazoxide suspension 50mg/ml	5	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
glucagon emergency kit for low blood sugar injection 1mg	3	
GLUCAGON EMERGENCY KIT INJECTION 1MG	3	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	
Insulins		
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	
FIASP PENFILL INJECTION 100UNIT/ML	3	
FIASP INJECTION 100UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG TEMPO PEN INJECTION 100UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
humulin n injection 100unit/ml	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	5	PA
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	5	PA
HUMULIN R INJECTION 100UNIT/ML	3	
INSULIN ASPART FLEXPEN INJECTION 100UNIT/ML	3	
INSULIN ASPART PENFILL INJECTION 100UNIT/ML	3	
INSULIN ASPART INJECTION 100UNIT/ML	3	
INSULIN LISPRO JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
INSULIN LISPRO KWIKPEN INJECTION 100UNIT/ML	3	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
INSULIN LISPRO INJECTION 100UNIT/ML	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML, 200UNIT/ML	3	
LYUMJEV TEMPO PEN INJECTION 100UNIT/ML	3	
LYUMJEV INJECTION 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN N RELION INJECTION 100UNIT/ML	3	
NOVOLIN N INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN R RELION INJECTION 100UNIT/ML	3	
NOVOLIN R INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	
NOVOLOG RELION INJECTION 100UNIT/ML	3	
NOVOLOG INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate capsule 150mg, 75mg	3	QL(180 EA per 90 days)
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days)
ELIQUIS CAPSULE SPRINKLE 0.15MG	3	QL(194 EA per 90 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(1164 EA per 90 days); 3 X 0.5mg=1.5mg dose
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(1552 EA per 90 days); 4x0.5mg=2mg dose
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL(388 EA per 90 days); 0.5mg dose
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	4	
fondaparinux sodium injection 2.5mg/0.5ml	4	
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	
heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml	3	

Drug Name	Drug Tier	Requirements/Limits
jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
rivaroxaban suspension reconstituted 1mg/ml	3	QL(2700 ML per 90 days)
rivaroxaban tablet 2.5mg	3	QL(180 EA per 90 days)
warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL(102 EA per 365 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
Blood Products and Modifiers, Other		
anagrelide hydrochloride capsule 0.5mg, 1mg	3	
eltrombopag olamine packet 25mg	5	QL(186 EA per 31 days); PA
eltrombopag olamine packet 12.5mg	5	QL(62 EA per 31 days); PA
eltrombopag olamine tablet 12.5mg, 25mg	5	QL(31 EA per 31 days); PA
eltrombopag olamine tablet 50mg, 75mg	5	QL(62 EA per 31 days); PA
FULPHILA INJECTION 6MG/0.6ML	5	PA
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 4MG/0.4ML, 6MG/0.6ML	5	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
VOYDEYA TABLET THERAPY PACK 0	5	QL(180 EA per 30 days); PA
VOYDEYA TABLET 100MG	5	QL(180 EA per 30 days); PA
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	PA
Hemostasis Agents		
tranexamic acid tablet 650mg	3	QL(90 EA per 63 days)
Platelet Modifying Agents		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	4	QL(180 EA per 90 days)
BRILINTA TABLET 90MG	4	
BRILINTA TABLET 60MG	4	QL(180 EA per 90 days)
cilostazol tablet 100mg, 50mg	2	
clopidogrel tablet 75mg	2	QL(90 EA per 90 days)
prasugrel hydrochloride tablet 10mg, 5mg	3	
ticagrelor tablet 90mg	4	
ticagrelor tablet 60mg	4	QL(180 EA per 90 days)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg	2	
clonidine patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr	4	QL(12 EA per 84 days)
droxidopa capsule 100mg	4	QL(93 EA per 31 days); PA
droxidopa capsule 200mg, 300mg	5	QL(186 EA per 31 days); PA
guanfacine hydrochloride tablet 1mg, 2mg	3	
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	3	

Drug Name	Drug Tier	Requirements/Limits
Alpha-adrenergic Blocking Agents		
doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg	2	
prazosin hydrochloride capsule 1mg, 2mg, 5mg	2	
terazosin hcl capsule 10mg, 1mg, 5mg	2	
terazosin hydrochloride capsule 2mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil tablet 16mg	1	QL(180 EA per 90 days)
candesartan cilexetil tablet 8mg	1	QL(360 EA per 90 days)
candesartan cilexetil tablet 4mg	1	QL(720 EA per 90 days)
candesartan cilexetil tablet 32mg	1	QL(90 EA per 90 days)
irbesartan tablet 150mg	1	QL(180 EA per 90 days)
irbesartan tablet 75mg	1	QL(360 EA per 90 days)
irbesartan tablet 300mg	1	QL(90 EA per 90 days)
losartan potassium tablet 100mg, 50mg	1	QL(180 EA per 90 days)
losartan potassium tablet 25mg	1	QL(270 EA per 90 days)
olmesartan medoxomil tablet 20mg	1	QL(180 EA per 90 days)
olmesartan medoxomil tablet 5mg	1	QL(720 EA per 90 days)
olmesartan medoxomil tablet 40mg	1	QL(90 EA per 90 days)
telmisartan tablet 40mg	1	QL(180 EA per 90 days)
telmisartan tablet 20mg	1	QL(360 EA per 90 days)
telmisartan tablet 80mg	1	QL(90 EA per 90 days)
valsartan tablet 160mg	1	QL(180 EA per 90 days)
valsartan tablet 80mg	1	QL(360 EA per 90 days)
valsartan tablet 40mg	1	QL(720 EA per 90 days)
valsartan tablet 320mg	1	QL(90 EA per 90 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hydrochloride tablet 5mg	1	QL(1440 EA per 90 days)
benazepril hydrochloride tablet 40mg	1	QL(180 EA per 90 days)
benazepril hydrochloride tablet 20mg	1	QL(360 EA per 90 days)
benazepril hydrochloride tablet 10mg	1	QL(720 EA per 90 days)
captopril tablet 25mg	2	QL(1620 EA per 90 days)
captopril tablet 12.5mg	2	QL(3240 EA per 90 days)
captopril tablet 100mg	2	QL(405 EA per 90 days)
captopril tablet 50mg	2	QL(810 EA per 90 days)
enalapril maleate tablet 2.5mg	1	QL(1440 EA per 90 days)
enalapril maleate tablet 20mg	1	QL(180 EA per 90 days)
enalapril maleate tablet 10mg	1	QL(360 EA per 90 days)
enalapril maleate tablet 5mg	1	QL(720 EA per 90 days)
fosinopril sodium tablet 40mg	1	QL(180 EA per 90 days)
fosinopril sodium tablet 20mg	1	QL(360 EA per 90 days)
fosinopril sodium tablet 10mg	1	QL(720 EA per 90 days)
lisinopril tablet 2.5mg	1	QL(1440 EA per 90 days)
lisinopril tablet 20mg, 30mg, 40mg	1	QL(180 EA per 90 days)
lisinopril tablet 10mg	1	QL(360 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
lisinopril tablet 5mg	1	QL(720 EA per 90 days)
moexipril hydrochloride tablet 15mg	1	QL(180 EA per 90 days)
moexipril hydrochloride tablet 7.5mg	1	QL(360 EA per 90 days)
perindopril erbumine tablet 8mg	1	QL(180 EA per 90 days)
perindopril erbumine tablet 4mg	1	QL(360 EA per 90 days)
perindopril erbumine tablet 2mg	1	QL(720 EA per 90 days)
quinapril hydrochloride tablet 5mg	2	QL(1440 EA per 90 days)
quinapril hydrochloride tablet 40mg	2	QL(180 EA per 90 days)
quinapril hydrochloride tablet 20mg	2	QL(360 EA per 90 days)
quinapril hydrochloride tablet 10mg	2	QL(720 EA per 90 days)
ramipril capsule 1.25mg	1	QL(1440 EA per 90 days)
ramipril capsule 10mg	1	QL(180 EA per 90 days)
ramipril capsule 5mg	1	QL(360 EA per 90 days)
ramipril capsule 2.5mg	1	QL(720 EA per 90 days)
trandolapril tablet 4mg	1	QL(180 EA per 90 days)
trandolapril tablet 2mg	1	QL(360 EA per 90 days)
trandolapril tablet 1mg	1	QL(720 EA per 90 days)
Antiarrhythmics		
amiodarone hydrochloride tablet 200mg	2	
amiodarone hydrochloride tablet 100mg, 400mg	4	
DIGOXIN SOLUTION 0.05MG/ML	3	
digoxin tablet 125mcg, 250mcg	3	QL(90 EA per 90 days)
dofetilide capsule 125mcg, 250mcg, 500mcg	4	
flecainide acetate tablet 100mg, 150mg, 50mg	3	
pacerone tablet 200mg	2	
pacerone tablet 100mg, 400mg	4	
propafenone hcl tablet 150mg, 225mg, 300mg	4	
propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg	4	
propafenone hydrochloride tablet 150mg, 225mg, 300mg	4	
QUINIDINE SULFATE TABLET 200MG, 300MG	2	
sotalol hcl tablet 120mg, 160mg, 240mg	2	
sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg	4	
sotalol hydrochloride tablet 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride capsule 200mg, 400mg	2	
atenolol tablet 100mg, 25mg, 50mg	1	
bisoprolol fumarate tablet 10mg, 5mg	2	
carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg	1	
labetalol hydrochloride tablet 100mg, 200mg, 300mg	2	
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	2	
metoprolol tartrate tablet 100mg, 25mg, 50mg	1	
nadolol tablet 20mg, 40mg, 80mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	4	
verapamil hydrochloride er tablet extended release 180mg, 240mg	4	
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	4	
verapamil hydrochloride sr capsule extended release 24 hour 240mg	4	
verapamil hydrochloride tablet 120mg, 40mg, 80mg	1	
Cardiovascular Agents, Other		
aliskiren tablet 150mg, 300mg	4	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE TABLET 5MG; 50MG	2	
amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg	1	QL(180 EA per 90 days)
amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg	1	QL(360 EA per 90 days)
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg	1	QL(90 EA per 90 days)
amlodipine besylate/valsartan tablet 5mg; 160mg	2	QL(180 EA per 90 days)
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg	2	QL(90 EA per 90 days)
amlodipine/olmesartan medoxomil tablet 5mg; 20mg	1	QL(180 EA per 90 days)
amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 40mg	1	QL(90 EA per 90 days)
amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg	4	QL(180 EA per 90 days)
amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg	4	QL(90 EA per 90 days)
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	2	
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg	1	QL(180 EA per 90 days)
benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg	1	QL(360 EA per 90 days)
benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg	1	QL(90 EA per 90 days)
bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	2	
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg	2	QL(180 EA per 90 days)
candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg	2	QL(90 EA per 90 days)
CORLANOR SOLUTION 5MG/5ML	4	QL(1350 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg	1	QL(180 EA per 90 days)
enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg	1	QL(360 EA per 90 days)
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	QL(720 EA per 90 days)
fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg	1	QL(360 EA per 90 days)
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg	1	QL(180 EA per 90 days)
irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg	1	QL(90 EA per 90 days)
ivabradine hydrochloride tablet 5mg, 7.5mg	4	QL(180 EA per 90 days)
lisinopril/hydrochlorothiazide tablet 25mg; 20mg	1	QL(180 EA per 90 days)
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg	1	QL(360 EA per 90 days)
losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg	1	QL(180 EA per 90 days)
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg	1	QL(90 EA per 90 days)
metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg	3	
metyrosine capsule 250mg	5	
olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 5mg; 12.5mg; 20mg	4	QL(180 EA per 90 days)
olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg	4	QL(90 EA per 90 days)
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg	1	QL(180 EA per 90 days)
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg	1	QL(90 EA per 90 days)
pentoxifylline er tablet extended release 400mg	2	
QUINAPRIL/HYDROCHLOROTHIAZIDE TABLET 12.5MG; 10MG, 12.5MG; 20MG	2	QL(180 EA per 90 days)
QUINAPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 20MG	2	QL(90 EA per 90 days)
ranolazine er tablet extended release 12 hour 1000mg, 500mg	4	
sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg	3	QL(180 EA per 90 days)
spironolactone/hydrochlorothiazide tablet 25mg; 25mg	2	
TELMISARTAN/AMLODIPINE TABLET 5MG; 40MG	2	QL(180 EA per 90 days)
TELMISARTAN/AMLODIPINE TABLET 10MG; 40MG, 10MG; 80MG, 5MG; 80MG	2	QL(90 EA per 90 days)
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg	2	QL(180 EA per 90 days)
telmisartan/hydrochlorothiazide tablet 25mg; 80mg	2	QL(90 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG	4	QL(120 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 1MG; 240MG, 2MG; 240MG, 4MG; 240MG	4	QL(90 EA per 90 days)
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	2	
triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg	1	
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg	1	QL(180 EA per 90 days)
valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg	1	QL(90 EA per 90 days)
Diuretics, Loop		
bumetanide injection 0.25mg/ml	4	
bumetanide tablet 0.5mg, 1mg, 2mg	2	
furosemide injection 10mg/ml	4	
FUROSEMIDE ORAL SOLUTION 10MG/ML, 40MG/5ML	2	
furosemide tablet 20mg, 40mg, 80mg	1	
torsemide tablet 100mg, 10mg, 20mg, 5mg	2	
Diuretics, Potassium-sparing		
amiloride hcl tablet 5mg	3	
triamterene capsule 100mg, 50mg	4	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	2	
hydrochlorothiazide capsule 12.5mg	1	
hydrochlorothiazide tablet 12.5mg, 25mg, 50mg	1	
indapamide tablet 1.25mg, 2.5mg	2	
metolazone tablet 10mg, 2.5mg, 5mg	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	3	QL(90 EA per 90 days)
fenofibrate capsule 130mg, 43mg	3	QL(90 EA per 90 days)
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	3	QL(90 EA per 90 days)
fenofibric acid dr capsule delayed release 45mg	3	QL(270 EA per 90 days)
fenofibric acid dr capsule delayed release 135mg	3	QL(90 EA per 90 days)
gemfibrozil tablet 600mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 40mg	1	QL(180 EA per 90 days)
atorvastatin calcium tablet 20mg	1	QL(360 EA per 90 days)
atorvastatin calcium tablet 10mg	1	QL(720 EA per 90 days)
atorvastatin calcium tablet 80mg	1	QL(90 EA per 90 days)
LIVALO TABLET 2MG	3	QL(180 EA per 90 days)
LIVALO TABLET 1MG	3	QL(360 EA per 90 days)
LIVALO TABLET 4MG	3	QL(90 EA per 90 days)
lovastatin tablet 40mg	1	QL(180 EA per 90 days)
lovastatin tablet 10mg, 20mg	1	QL(360 EA per 90 days)
pravastatin sodium tablet 40mg	1	QL(180 EA per 90 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg, 5mg	4	QL(30 EA per 30 days)
dexmethylphenidate hydrochloride tablet 2.5mg	2	QL(60 EA per 30 days)
guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 3mg, 4mg	3	QL(180 EA per 90 days)
methylphenidate hydrochloride solution 10mg/5ml	4	QL(2700 ML per 90 days)
methylphenidate hydrochloride solution 5mg/5ml	4	QL(5400 ML per 90 days)
methylphenidate hydrochloride tablet 10mg, 20mg, 5mg	3	QL(270 EA per 90 days)
Central Nervous System, Other		
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(62 EA per 31 days); PA
dextromethorphan hydrobromide/quinidine sulfate capsule 20mg; 10mg	5	QL(180 EA per 90 days); PA
riluzole tablet 50mg	3	
tetrabenazine tablet 12.5mg	4	QL(248 EA per 31 days); PA
tetrabenazine tablet 25mg	5	QL(124 EA per 31 days); PA
VEOZAH TABLET 45MG	4	QL(90 EA per 90 days); PA
Fibromyalgia Agents		
duloxetine hydrochloride dr capsule delayed release particles 60mg	3	QL(180 EA per 90 days)
duloxetine hydrochloride dr capsule delayed release particles 20mg, 30mg	3	QL(270 EA per 90 days)
pregabalin capsule 225mg, 300mg	2	QL(180 EA per 90 days)
pregabalin capsule 100mg, 150mg, 200mg, 50mg	2	QL(270 EA per 90 days)
pregabalin capsule 25mg, 75mg	2	QL(360 EA per 90 days)
pregabalin solution 20mg/ml	4	QL(2700 ML per 90 days)
Multiple Sclerosis Agents		
BETASERON INJECTION 0.3MG	5	QL(14 EA per 28 days); PA
dalfampridine er tablet extended release 12 hour 10mg	3	QL(62 EA per 31 days); PA
dimethyl fumarate starterpack capsule delayed release therapy pack 0	3	QL(120 EA per 365 days); PA
dimethyl fumarate capsule delayed release 120mg, 240mg	4	QL(62 EA per 31 days); PA
fingolimod hydrochloride capsule 0.5mg	5	QL(31 EA per 31 days); PA
glatiramer acetate injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatiramer acetate injection 20mg/ml	5	QL(31 ML per 31 days); PA
glatopa injection 40mg/ml	5	QL(12 ML per 28 days); PA
glatopa injection 20mg/ml	5	QL(31 ML per 31 days); PA
teriflunomide tablet 14mg	4	QL(31 EA per 31 days); PA
teriflunomide tablet 7mg	4	QL(62 EA per 31 days); PA
Dental and Oral Agents		
Dental and Oral Agents		

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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
chlorhexidine gluconate solution 0.12%	2	
doxycycline hyclate tablet 20mg	3	
kourzeq paste 0.1%	4	
lidocaine hydrochloride viscous solution 2%	2	
lidocaine viscous solution 2%	2	
oralone dental paste paste 0.1%	4	
periogard solution 0.12%	2	
pilocarpine hydrochloride tablet 5mg, 7.5mg	4	
PREVIDENT 5000 BOOSTER PLUS PASTE 1.1%	4	
PREVIDENT 5000 DRY MOUTH GEL 1.1%	4	
PREVIDENT 5000 KIDS PASTE 1.1%	4	
triamcinolone acetonide dental paste paste 0.1%	4	
Dermatological Agents		
Acne and Rosacea Agents		
accutane capsule 10mg, 20mg, 30mg, 40mg	4	PA
acitretin capsule 10mg, 17.5mg, 25mg	4	PA
amnesteem capsule 10mg, 20mg, 30mg, 40mg	4	PA
claravis capsule 10mg, 20mg, 30mg, 40mg	4	PA
isotretinoin capsule 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	PA
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	4	
tazarotene cream 0.1%	4	QL(180 GM per 90 days); PA
tazarotene gel 0.05%	4	QL(180 GM per 90 days); PA
tretinoin cream 0.025%, 0.05%, 0.1%	4	QL(45 GM per 30 days); PA
tretinoin gel 0.01%, 0.025%	4	QL(45 GM per 30 days); PA
zenatane capsule 10mg, 20mg, 30mg, 40mg	4	PA
Dermatitis and Pruritus Agents		
ADBRY INJECTION 300MG/2ML	5	QL(6 ML per 28 days); PA
ADBRY INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
ala-cort cream 2.5%	2	QL(90 GM per 90 days)
ALCLOMETASONE DIPROPIONATE OINTMENT 0.05%	3	
ammonium lactate cream 12%	3	
ammonium lactate lotion 12%	3	
betamethasone dipropionate augmented cream 0.05%	3	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	4	
betamethasone dipropionate augmented lotion 0.05%	4	QL(360 ML per 90 days)
betamethasone dipropionate augmented ointment 0.05%	4	
betamethasone dipropionate cream 0.05%	3	
betamethasone dipropionate lotion 0.05%	3	
betamethasone dipropionate ointment 0.05%	4	
betamethasone valerate cream 0.1%	3	
BETAMETHASONE VALERATE LOTION 0.1%	3	
betamethasone valerate ointment 0.1%	3	

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate e cream 0.05%	4	QL(180 GM per 90 days)
clobetasol propionate cream 0.05%	3	QL(180 GM per 90 days)
clobetasol propionate gel 0.05%	4	QL(180 GM per 90 days)
clobetasol propionate ointment 0.05%	4	QL(180 GM per 90 days)
clobetasol propionate shampoo 0.05%	4	QL(354 ML per 90 days)
clobetasol propionate solution 0.05%	3	QL(150 ML per 90 days)
desonide cream 0.05%	2	QL(180 GM per 90 days)
desonide ointment 0.05%	2	QL(180 GM per 90 days)
desoximetasone cream 0.25%	2	
EBGLYSS INJECTION 250MG/2ML	5	QL(8 ML per 28 days); PA
EUCRISA OINTMENT 2%	4	QL(300 GM per 90 days); PA
fluocinolone acetonide solution 0.01%	4	QL(360 ML per 90 days)
fluocinonide emulsified base cream 0.05%	3	QL(360 GM per 90 days)
fluocinonide cream 0.05%	3	QL(360 GM per 90 days)
fluocinonide gel 0.05%	4	QL(180 GM per 90 days)
fluocinonide ointment 0.05%	2	QL(180 GM per 90 days)
fluocinonide solution 0.05%	3	QL(180 ML per 90 days)
fluticasone propionate cream 0.05%	3	
fluticasone propionate ointment 0.005%	3	
halobetasol propionate cream 0.05%	4	QL(150 GM per 90 days)
halobetasol propionate ointment 0.05%	4	QL(150 GM per 90 days)
hydrocortisone valerate cream 0.2%	4	QL(180 GM per 90 days)
hydrocortisone cream 2.5%	2	QL(90 GM per 90 days)
HYDROCORTISONE LOTION 2.5%	3	QL(354 ML per 90 days)
hydrocortisone ointment 1%, 2.5%	2	QL(90 GM per 90 days)
mometasone furoate cream 0.1%	3	
mometasone furoate ointment 0.1%	3	
mometasone furoate solution 0.1%	3	
pimecrolimus cream 1%	4	
SELENIUM SULFIDE LOTION 2.5%	2	
tacrolimus ointment 0.03%, 0.1%	4	QL(300 GM per 90 days)
triamcinolone acetonide cream 0.025%, 0.1%, 0.5%	2	
TRIAMCINOLONE ACETONIDE LOTION 0.025%	3	
triamcinolone acetonide lotion 0.1%	3	
triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%	2	
Dermatological Agents, Other		
calcipotriene cream 0.005%	4	QL(360 GM per 90 days); PA
CALCIPOTRIENE SOLUTION 0.005%	3	QL(180 ML per 90 days); PA
clotrimazole/betamethasone dipropionate cream 0.05%; 1%	3	QL(135 GM per 90 days)
fluorouracil cream 5%	4	
FLUOROURACIL SOLUTION 2%	3	QL(30 ML per 90 days)
fluorouracil solution 5%	3	QL(10 ML per 30 days)
imiquimod cream 5%	3	

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

Drug Name	Drug Tier	Requirements/Limits
nystatin/triamcinolone acetonide cream 100000unit/gm; 1mg/gm	2	
nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%	2	
nystatin/triamcinolone cream 100000unit/gm; 1mg/gm	2	
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	5	QL(31 EA per 31 days); PA
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
OTEZLA TABLET 20MG, 30MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION 0.5%	4	
SANTYL OINTMENT 250UNIT/GM	4	QL(180 GM per 90 days)
silver sulfadiazine cream 1%	3	
ssd cream 1%	3	
Pediculicides/Scabicides		
malathion lotion 0.5%	4	
permethrin cream 5%	3	
Topical Anti-infectives		
ciclopirox nail lacquer solution 8%	3	QL(19.8 ML per 90 days)
ciclopirox olamine cream 0.77%	3	QL(270 GM per 90 days)
ciclopirox shampoo 1%	3	QL(360 ML per 90 days)
clindamycin phosphate (once-daily) gel 1%	3	QL(225 ML per 90 days)
clindamycin phosphate (twice-daily) gel 1%	3	QL(225 GM per 90 days)
clindamycin phosphate lotion 1%	3	QL(180 ML per 90 days)
clindamycin phosphate topical solution 1%	3	QL(180 ML per 90 days)
erythromycin solution 2%	3	QL(180 ML per 90 days)
mupirocin ointment 2%	3	QL(90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.3% INJECTION 5%; 0.3%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJECTION 5%; 0.33%	4	
dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%	4	
dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%	4	
dextrose 5% injection 5%	4	
DEXTROSE 50% INJECTION 50%	4	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 70% INJECTION 70%	4	
dextrose/sodium chloride injection 5%; 0.225%	4	
GLUCOSE (DEXTROSE) 50% INJECTION 50%	4	
GLUCOSE (DEXTROSE) 70% INJECTION 70%	4	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
KCL 0.075%/D5W/NACL 0.45% INJECTION 5%; 10MEQ/L; 0.45%	4	
KCL 0.15%/D5W/NACL 0.2% INJECTION 5%; 20MEQ/L; 0.2%	4	
KCL 0.15%/D5W/NACL 0.45% INJECTION 5%; 20MEQ/L; 0.45%	4	
KCL 0.15%/D5W/NACL 0.9% INJECTION 5%; 20MEQ/L; 0.9%	4	
KCL 0.3%/D5W/NACL 0.45% INJECTION 5%; 40MEQ/L; 0.45%	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
klor-con 10 tablet extended release 10meq	3	
klor-con 8 tablet extended release 8meq	3	
klor-con m10 tablet extended release 10meq	2	
klor-con m15 tablet extended release 15meq	2	
klor-con m20 tablet extended release 20meq	2	
magnesium sulfate injection 50%	4	
MULTIPLE ELECTROLYTES INJECTION TYPE 1 INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l	4	
potassium chloride er capsule extended release 10meq, 8meq	3	
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	2	
potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%	4	
potassium chloride/dextrose injection 5%; 20meq/l	4	
potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%	4	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
potassium chloride oral solution 10%, 20%	4	
potassium citrate er tablet extended release 1080mg, 15meq, 540mg	4	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	4	B/D
sodium chloride 0.45% injection 0.45%	4	
sodium chloride injection 0.9%, 3%, 5%	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
Electrolyte/Mineral/Metal Modifiers		
deferasirox tablet 90mg	3	PA
deferasirox tablet 180mg, 360mg	4	PA
penicillamine tablet 250mg	5	
tolvaptan tablet 15mg, 30mg	5	QL(124 EA per 31 days); PA; Generic Jynarque
trientine hydrochloride capsule 250mg	5	PA
XPHOZAH TABLET 20MG, 30MG	5	QL(62 EA per 31 days); PA
Phosphate Binders		
calcium acetate capsule 667mg	3	
calcium acetate tablet 667mg	3	
sevelamer carbonate tablet 800mg	4	QL(1620 EA per 90 days)
Potassium Binders		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
sodium polystyrene sulfonate powder 0	3	
sodium polystyrene sulfonate suspension 15gm/60ml	3	

Drug Name	Drug Tier	Requirements/Limits
sps suspension 15gm/60ml	3	
VELTASSA PACKET 8.4GM	4	QL(270 EA per 90 days)
VELTASSA PACKET 16.8GM, 25.2GM	4	QL(90 EA per 90 days)
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose solution 10gm/15ml	2	
enulose solution 10gm/15ml	2	
generlac solution 10gm/15ml	2	
lactulose solution 10gm/15ml	2	
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL(90 EA per 90 days)
lubiprostone capsule 24mcg, 8mcg	4	QL(180 EA per 90 days)
MOVANTIK TABLET 12.5MG	4	QL(180 EA per 90 days); PA
MOVANTIK TABLET 25MG	4	QL(90 EA per 90 days); PA
Anti-Diarrheal Agents		
alosetron hydrochloride tablet 0.5mg, 1mg	4	QL(62 EA per 31 days); PA
diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg	3	
DIPHENOXYLATE/ATROPINE LIQUID 0.025MG/5ML; 2.5MG/5ML	4	
loperamide hydrochloride capsule 2mg	2	
XERMELO TABLET 250MG	5	PA
Antispasmodics, Gastrointestinal		
dicyclomine hydrochloride capsule 10mg	3	
dicyclomine hydrochloride tablet 20mg	3	
glycopyrrolate tablet 1mg, 2mg	3	
Gastrointestinal Agents, Other		
GAVILYTE-C SOLUTION RECONSTITUTED 240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	2	
gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	2	
metoclopramide hcl solution 5mg/5ml	2	
metoclopramide hydrochloride tablet 10mg, 5mg	2	
nitroglycerin rectal ointment 0.4%	4	QL(90 GM per 90 days)
peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	2	
sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	4	
ursodiol capsule 300mg	3	
ursodiol tablet 250mg, 500mg	4	
VOWST CAPSULE 0	5	QL(12 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN TABLET 550MG	5	QL(93 EA per 31 days); PA
Histamine2 (H2) Receptor Antagonists		
famotidine tablet 20mg, 40mg	2	
NIZATIDINE CAPSULE 300MG	4	
nizatidine capsule 150mg	4	
Protectants		
misoprostol tablet 100mcg, 200mcg	3	
sucralfate tablet 1gm	2	
Proton Pump Inhibitors		
esomeprazole magnesium capsule delayed release 20mg, 40mg	2	QL(180 EA per 90 days)
lansoprazole capsule delayed release 15mg	2	QL(180 EA per 90 days)
lansoprazole capsule delayed release 30mg	2	QL(90 EA per 90 days)
omeprazole dr capsule delayed release 10mg, 40mg	2	QL(180 EA per 90 days)
omeprazole capsule delayed release 20mg, 40mg	2	QL(180 EA per 90 days)
pantoprazole sodium tablet delayed release 20mg, 40mg	2	QL(180 EA per 90 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine anhydrous powder 0	5	
cromolyn sodium concentrate 100mg/5ml	4	
CYSTAGON CAPSULE 150MG, 50MG	4	
l-glutamine packet 5gm	5	QL(180 EA per 30 days); PA
nitisinone capsule 10mg, 20mg, 2mg, 5mg	5	PA
OPFOLDA CAPSULE 65MG	4	QL(24 EA per 90 days); PA
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
REVCOVI INJECTION 2.4MG/1.5ML	5	PA
sapropterin dihydrochloride packet 100mg, 500mg	5	PA
sapropterin dihydrochloride tablet 100mg	5	PA
sodium phenylbutyrate tablet 500mg	5	
WELIREG TABLET 40MG	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg	4	QL(90 EA per 90 days)
GEMTESA TABLET 75MG	4	QL(90 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL(90 EA per 90 days)
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg, 5mg	3	QL(180 EA per 90 days)
oxybutynin chloride solution 5mg/5ml	3	
oxybutynin chloride tablet 5mg	3	
solifenacin succinate tablet 5mg	3	QL(180 EA per 90 days)
solifenacin succinate tablet 10mg	3	QL(90 EA per 90 days)
tolterodine tartrate er capsule extended release 24 hour 2mg, 4mg	4	QL(90 EA per 90 days)
tolterodine tartrate tablet 1mg, 2mg	4	QL(180 EA per 90 days)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tablet extended release 24 hour 10mg	3	QL(90 EA per 90 days)
dutasteride capsule 0.5mg	3	QL(90 EA per 90 days)
finasteride tablet 5mg	2	QL(90 EA per 90 days)
tadalafil tablet 2.5mg	3	QL(180 EA per 90 days); PA
tadalafil tablet 5mg	3	QL(90 EA per 90 days); PA
tamsulosin hydrochloride capsule 0.4mg	2	QL(180 EA per 90 days)
Genitourinary Agents, Other		
bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEXAMETHASONE INTENSOL CONCENTRATE 1MG/ML	3	
DEXAMETHASONE SODIUM PHOSPHATE +RFID INJECTION 4MG/ML	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml	2	
dexamethasone elixir 0.5mg/5ml	3	
DEXAMETHASONE SOLUTION 0.5MG/5ML	3	
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tablet 0.1mg	2	
hydrocortisone tablet 10mg, 20mg, 5mg	3	
methylprednisolone acetate injection 40mg/ml, 80mg/ml	4	
methylprednisolone dose pack tablet therapy pack 4mg	2	
methylprednisolone sodium succinate injection 1000mg, 125mg, 500mg	4	
methylprednisolone sodiumsuccinate injection 40mg	4	
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	2	
prednisolone sodium phosphate oral solution 15mg/5ml	2	
prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
prednisolone solution 15mg/5ml	2	
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	4	
PREDNISONE SOLUTION 5MG/5ML	4	
prednisone tablet therapy pack 10mg, 5mg	2	
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	2	
triamcinolone acetonide injection 40mg/ml	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin acetate injection 4mcg/ml	4	
desmopressin acetate nasal solution 0.01%	4	
desmopressin acetate tablet 0.1mg, 0.2mg	3	
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
GENOTROPIN INJECTION 12MG, 5MG	5	PA
INCRELEX INJECTION 40MG/4ML	5	PA
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol capsule 100mg, 200mg, 50mg	4	
testosterone cypionate injection 100mg/ml, 200mg/ml	3	
TESTOSTERONE ENANTHATE INJECTION 200MG/ML	3	
testosterone pump gel 20.25mg/act	4	QL(450 GM per 90 days); PA
testosterone pump gel 12.5mg/act	4	QL(900 GM per 90 days); PA
Estrogens		
altavera tablet 30mcg; 0.15mg	2	
aviane tablet 20mcg; 0.1mg	2	
drospirenone/ethinyl estradiol tablet 3mg; 0.02mg	3	
eluryng ring 0.015mg/24hr; 0.12mg/24hr	3	QL(3 EA per 84 days)
enilloring ring 0.015mg/24hr; 0.12mg/24hr	3	QL(3 EA per 84 days)
estradiol valerate injection 10mg/ml, 20mg/ml	4	
estradiol cream 0.1mg/gm	4	
estradiol oral tablet 0.5mg, 1mg, 2mg	2	
estradiol vaginal tablet 10mcg	4	
ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg	4	
etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	3	QL(3 EA per 84 days)
fyavolv tablet 2.5mcg; 0.5mg	4	
haloette ring 0.015mg/24hr; 0.12mg/24hr	3	QL(3 EA per 84 days)
jasmiel tablet 3mg; 0.02mg	3	
kelnor 1/50 tablet 50mcg; 1mg	4	
kurvelo tablet 0.03mg; 0.15mg	2	
lessina tablet 20mcg; 0.1mg	2	

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 20mcg; 0.1mg	2	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg	2	QL(91 EA per 91 days)
levora 0.15/30-28 tablet 0.03mg; 0.15mg	2	
lo-zumandimine tablet 3mg; 0.02mg	3	
loryna tablet 3mg; 0.02mg	3	
lutera tablet 20mcg; 0.1mg	2	
nikki tablet 3mg; 0.02mg	3	
norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr	3	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg	4	
nortrel 1/35 tablet 35mcg; 1mg	2	
portia-28 tablet 0.03mg; 0.15mg	2	
sronyx tablet 20mcg; 0.1mg	2	
valtya 1/35 tablet 35mcg; 1mg	4	
valtya 1/50 tablet 50mcg; 1mg	4	
vestura tablet 3mg; 0.02mg	3	
vienva tablet 20mcg; 0.1mg	2	
xulane patch weekly 35mcg/24hr; 150mcg/24hr	3	
yuvafem tablet 10mcg	4	
zafemy patch weekly 35mcg/24hr; 150mcg/24hr	3	
Progestins		
camila tablet 0.35mg	3	
deblitane tablet 0.35mg	3	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	QL(0.65 ML per 90 days)
emzahh tablet 0.35mg	3	
errin tablet 0.35mg	3	
gallifrey tablet 5mg	2	
heather tablet 0.35mg	3	
incassia tablet 0.35mg	3	
jencycla tablet 0.35mg	3	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	
lyleq tablet 0.35mg	3	
lyza tablet 0.35mg	3	
medroxyprogesterone acetate injection 150mg/ml	3	
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	2	
MEGESTROL ACETATE SUSPENSION 625MG/5ML	4	
megestrol acetate suspension 40mg/ml	4	
megestrol acetate tablet 20mg, 40mg	3	
meleya tablet 0.35mg	3	
NEXPLANON INJECTION 68MG	3	
nora-be tablet 0.35mg	3	
norethindrone acetate tablet 5mg	2	
norethindrone tablet 0.35mg	3	

Drug Name	Drug Tier	Requirements/Limits
norlyda tablet 0.35mg	3	
norlyroc tablet 0.35mg	3	
orquidea tablet 0.35mg	3	
progesterone capsule 100mg, 200mg	3	
sharobel tablet 0.35mg	3	
Selective Estrogen Receptor Modifying Agents		
clomid tablet 50mg	2	PA
clomiphene citrate tablet 50mg	2	PA
DUAVEE TABLET 20MG; 0.45MG	4	
milophene tablet 50mg	2	PA
raloxifene hydrochloride tablet 60mg	3	QL(90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	2	
levo-t tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	2	
levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	2	
levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg	3	
liomny tablet 25mcg, 50mcg, 5mcg	3	
liothyronine sodium tablet 25mcg, 50mcg, 5mcg	3	
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL(31 EA per 31 days); PA
unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tablet 0.5mg	3	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
lanreotide acetate injection 120mg/0.5ml	5	PA
leuprolide acetate injection 1mg/0.2ml, 22.5mg	4	PA
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG, 7.5MG	5	PA
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG, 22.5MG	5	PA
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	PA
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	PA
mifepristone tablet 300mg	5	PA
octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA
octreotide acetate injection 1000mcg/ml, 500mcg/ml	5	PA
ORGOVYX TABLET 120MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 90MG/0.3ML	5	PA
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet 50mg	3	
Immunological Agents		
Angioedema Agents		
HAEGARDA INJECTION 2000UNIT, 3000UNIT	5	PA
icatibant acetate injection 30mg/3ml	5	QL(27 ML per 30 days); PA
Immunoglobulins		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF INJECTION 10GM/200ML, 20GM/400ML, 5GM/100ML	5	PA
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML, 220UNIT/ML	4	
NABI-HB INJECTION 312UNIT/ML	4	
Immunological Agents, Other		
ARCALYST INJECTION 220MG	5	PA
AVTOZMA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
COSENTYX UNOREADY INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(4 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
GRASTEK TABLET SUBLINGUAL 2800BAU	3	QL(90 EA per 90 days); PA
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	5	QL(2.28 ML per 28 days); PA
KINERET INJECTION 100MG/0.67ML	5	QL(18.8 ML per 28 days); PA
ORENCIA CLICKJECT INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
RINVOQ LQ SOLUTION 1MG/ML	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(31 EA per 31 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(93 EA per 31 days); PA
SKYRIZI PEN INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJECTION 55MG/0.37ML	5	QL(0.37 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 ML per 28 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
STELARA INJECTION 130MG/26ML	5	QL(208 ML per 365 days); PA
TAVNEOS CAPSULE 10MG	5	QL(180 EA per 30 days); PA
tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg	5	QL(30 EA per 30 days); PA
tofacitinib citrate solution 1mg/ml	5	QL(720 ML per 30 days); PA
tofacitinib citrate tablet 10mg, 5mg	5	QL(60 EA per 30 days); PA
TYENNE INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
USTEKINUMAB INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
USTEKINUMAB INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
USTEKINUMAB INJECTION 130MG/26ML	5	QL(208 ML per 365 days); PA
WEZLANA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
WEZLANA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA
YESINTEK INJECTION 45MG/0.5ML	3	QL(1 ML per 28 days); PA
YESINTEK INJECTION 45MG/0.5ML	4	QL(1 ML per 28 days); PA
YESINTEK INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA
BESREMI PEN INJECTION 500MCG/0.5ML	5	PA
BESREMI INJECTION 500MCG/ML	5	PA
Immunosuppressants		
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
ADALIMUMAB-AATY 2-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-AATY 2-SYRINGE INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG, 5MG	4	B/D
azathioprine tablet 50mg	2	B/D
cyclosporine modified capsule 100mg, 25mg, 50mg	4	B/D
cyclosporine modified solution 100mg/ml	4	B/D
cyclosporine capsule 100mg, 25mg	4	B/D
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
everolimus tablet 0.25mg	4	B/D
everolimus tablet 0.5mg, 0.75mg, 1mg	5	B/D
gengraf capsule 100mg, 25mg	4	B/D
gengraf solution 100mg/ml	4	B/D
JYLAMVO SOLUTION 2MG/ML	4	PA
leflunomide tablet 10mg, 20mg	3	QL(90 EA per 90 days)
METHOTREXATE SODIUM INJECTION 250MG/10ML, 50MG/2ML	3	
methotrexate sodium injection 1gm/40ml, 250mg/10ml	3	
methotrexate sodium tablet 2.5mg	4	
methotrexate injection 50mg/2ml	3	
mycophenolate mofetil capsule 250mg	4	B/D
mycophenolate mofetil suspension reconstituted 200mg/ml	5	B/D
mycophenolate mofetil tablet 500mg	4	B/D
mycophenolic acid dr tablet delayed release 180mg, 360mg	4	B/D
PEGASYS INJECTION 180MCG/0.5ML	5	
PROGRAF PACKET 0.2MG, 1MG	4	B/D
sirolimus solution 1mg/ml	4	B/D
sirolimus tablet 0.5mg, 1mg, 2mg	4	B/D
tacrolimus er capsule extended release 24 hour 0.5mg, 1mg, 5mg	4	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	PA
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	3	
ACTHIB INJECTION 0	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	

Drug Name	Drug Tier	Requirements/Limits
AREXVY INJECTION 120MCG/0.5ML	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO INJECTION 0.5ML	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION 0	3	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	3	B/D
GARDASIL 9 INJECTION 0.5ML	3	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	3	B/D
HIBERIX INJECTION 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	3	
IXCHIQ INJECTION 0	3	
IXIARO INJECTION 0	3	
JYNNEOS INJECTION 0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	3	
MENQUADFI INJECTION 0.5ML	3	
MENVEO INJECTION 0	3	
MRESVIA INJECTION 50MCG/0.5ML	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA INJECTION 0; 0	3	
PENMENVY INJECTION 0; 0	3	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PRIORIX INJECTION 0; 0; 0	3	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Prefilled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Vial
RABAVERT INJECTION 0	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	3	B/D
ROTARIX SUSPENSION 0	3	
ROTATEQ SOLUTION 0	3	

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX INJECTION 50MCG/0.5ML	3	QL(2 EA per 999 days)
SHINGRIX INJECTION 50MCG/0.5ML	3	QL(2 ML per 999 days); Prefilled Syringe
STAMARIL INJECTION 0	3	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	3	
TRUMENBA INJECTION 0.5ML	3	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	3	
VAXCHORA SUSPENSION RECONSTITUTED 0	3	
VIMKUNYA INJECTION 40MCG/0.8ML	3	
VIVOTIF CAPSULE DELAYED RELEASE 0	3	
YF-VAX INJECTION 0	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium capsule 750mg	4	
MESALAMINE DR CAPSULE DELAYED RELEASE 400MG	4	QL(1080 EA per 90 days)
mesalamine dr tablet delayed release 1.2gm	4	QL(360 EA per 90 days)
mesalamine dr tablet delayed release 800mg	4	QL(540 EA per 90 days)
mesalamine er capsule extended release 24 hour 0.375gm	4	QL(360 EA per 90 days)
mesalamine enema 4gm	4	QL(5400 ML per 90 days)
mesalamine kit 4gm	4	QL(5400 EA per 90 days)
mesalamine suppository 1000mg	4	QL(90 EA per 90 days)
sulfasalazine tablet delayed release 500mg	2	
sulfasalazine tablet 500mg	2	
Glucocorticoids		
budesonide er tablet extended release 24 hour 9mg	5	PA
budesonide capsule delayed release particles 3mg	4	
hydrocortisone cream 2.5%	2	QL(90 GM per 90 days)
hydrocortisone enema 100mg/60ml	4	
procto-med hc cream 2.5%	2	QL(90 GM per 90 days)
proctosol hc cream 2.5%	2	QL(90 GM per 90 days)
proctozone-hc cream 2.5%	2	QL(90 GM per 90 days)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium tablet 35mg, 70mg	2	QL(12 EA per 84 days)
alendronate sodium tablet 10mg	2	QL(90 EA per 90 days)
calcitonin-salmon solution 200unit/act	3	
calcitriol capsule 0.25mcg, 0.5mcg	2	
calcitriol solution 1mcg/ml	4	

Drug Name	Drug Tier	Requirements/Limits
cinacalcet hydrochloride tablet 60mg	4	QL(180 EA per 90 days)
cinacalcet hydrochloride tablet 30mg, 90mg	4	QL(360 EA per 90 days)
ibandronate sodium tablet 150mg	3	QL(3 EA per 84 days)
JUBBONTI INJECTION 60MG/ML	4	QL(1 ML per 180 days); PA
OSENVELT INJECTION 120MG/1.7ML	5	PA
paricalcitol capsule 1mcg, 2mcg, 4mcg	4	
STOBOCLO INJECTION 60MG/ML	4	QL(1 ML per 180 days); PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
WYOST INJECTION 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD 70%	2	ST
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	2	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	2	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	2	
CURITY GAUZE PADS 2"X2" 12 PLY PAD	2	ST
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" MISCELLANEOUS	2	
INTRALIPID INJECTION 20GM/100ML	4	B/D
levocarnitine solution 1gm/10ml	4	
levocarnitine tablet 330mg	4	
sodium chloride 0.9% solution 0.9%	3	
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate solution 1%	3	
BACITRACIN/POLYMYXIN B OINTMENT 500UNIT/GM; 10000UNIT/GM	2	
brimonidine tartrate/timolol maleate solution 0.2%; 0.5%	3	
CYSTARAN SOLUTION 0.44%	5	PA
dorzolamide hcl/timolol maleate solution 20mg/ml; 5mg/ml	3	
MIEBO SOLUTION 1.338GM/ML	4	QL(36 ML per 90 days)
neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
NEOMYCIN/POLYMYXIN/BACITRACIN OINTMENT 400UNIT/GM; 5MG/GM; 10000UNIT/GM	3	
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	2	

Drug Name	Drug Tier	Requirements/Limits
neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLUTION 0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	3	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
polycin ointment 500unit/gm; 10000unit/gm	2	
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	QL(180 ML per 90 days)
RESTASIS EMULSION 0.05%	3	QL(180 EA per 90 days)
ROCKLATAN SOLUTION 0.005%; 0.02%	3	ST
SIMBRINZA SUSPENSION 0.2%; 1%	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLUTION 0.23%; 10%	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
TOBRADEX OINTMENT 0.1%; 0.3%	4	
tobramycin/dexamethasone suspension 0.1%; 0.3%	4	
TYRVAYA SOLUTION 0.03MG/ACT	4	QL(8.4 ML per 30 days)
XIIDRA SOLUTION 5%	4	QL(180 EA per 90 days)
Ophthalmic Anti-allergy Agents		
azelastine hcl solution 0.05%	3	
CROMOLYN SODIUM SOLUTION 4%	2	
Ophthalmic Anti-Infectives		
BACITRACIN OINTMENT 500UNIT/GM	4	
ciprofloxacin hydrochloride solution 0.3%	2	
erythromycin ointment 5mg/gm	2	
gentamicin sulfate ophthalmic solution 0.3%	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	3	
moxifloxacin hydrochloride solution 0.5%	3	
NATACYN SUSPENSION 5%	4	
ofloxacin ophthalmic solution 0.3%	2	
SULFACETAMIDE SODIUM OINTMENT 10%	3	
SULFACETAMIDE SODIUM SOLUTION 10%	2	QL(30 ML per 30 days)
tobramycin solution 0.3%	2	
TRIFLURIDINE SOLUTION 1%	4	
XDEMVY SOLUTION 0.25%	5	QL(10 ML per 31 days); PA
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%	2	
diclofenac sodium ophthalmic solution 0.1%	2	
fluorometholone suspension 0.1%	3	

Drug Name	Drug Tier	Requirements/Limits
FLURBIPROFEN SODIUM SOLUTION 0.03%	3	
ketorolac tromethamine solution 0.5%	3	
loteprednol etabonate suspension 0.5%	4	
prednisolone acetate suspension 1%	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
BETAXOLOL HCL SOLUTION 0.5%	3	
CARTEOLOL HCL SOLUTION 1%	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%	4	
timolol maleate solution 0.25%, 0.5%	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er capsule extended release 12 hour 500mg	4	
acetazolamide tablet 125mg, 250mg	3	
brimonidine tartrate solution 0.2%	2	
brinzolamide suspension 1%	4	
dorzolamide hydrochloride solution 2%	2	
methazolamide tablet 25mg, 50mg	4	
pilocarpine hcl solution 1%, 2%, 4%	3	
pilocarpine hydrochloride solution 1%, 2%, 4%	3	
RHOPRESSA SOLUTION 0.02%	3	ST
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost solution 0.03%	4	
latanoprost solution 0.005%	2	
LUMIGAN SOLUTION 0.01%	3	
travoprost solution 0.004%	4	
VYZULTA SOLUTION 0.024%	4	
Otic Agents		
Otic Agents		
acetic acid solution 2%	3	
ciprofloxacin/dexamethasone suspension 0.3%; 0.1%	4	
flac oil 0.01%	4	
fluocinolone acetonide oil 0.01%	4	
neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml	3	
neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	4	
ofloxacin otic solution 0.3%	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
flunisolide solution 0.025%	3	QL(225 ML per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL(360 EA per 90 days)
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 250MCG/ACT	3	QL(720 EA per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)
fluticasone propionate hfa aerosol 44mcg/act	3	QL(64 GM per 90 days)
fluticasone propionate suspension 50mcg/act	2	QL(48 GM per 90 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT, 80MCG/ACT	3	QL(64 GM per 90 days)
Antihistamines		
azelastine hydrochloride solution 0.1%	3	
cetirizine hydrochloride solution 5mg/5ml	2	QL(900 ML per 90 days)
desloratadine tablet 5mg	2	QL(90 EA per 90 days)
diphenhydramine hydrochloride injection 50mg/ml	3	
hydroxyzine hcl tablet 50mg	2	
hydroxyzine hydrochloride tablet 10mg, 25mg	2	
hydroxyzine pamoate capsule 25mg, 50mg	2	
levocetirizine dihydrochloride tablet 5mg	2	QL(90 EA per 90 days)
Antileukotrienes		
montelukast sodium packet 4mg	3	QL(90 EA per 90 days)
montelukast sodium tablet chewable 4mg, 5mg	2	QL(90 EA per 90 days)
montelukast sodium tablet 10mg	2	QL(90 EA per 90 days)
zafirlukast tablet 10mg, 20mg	4	QL(180 EA per 90 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL(90 EA per 90 days)
ipratropium bromide inhalation solution 0.02%	2	B/D
ipratropium bromide nasal solution 0.06%	2	QL(135 ML per 90 days)
ipratropium bromide nasal solution 0.03%	2	QL(90 ML per 90 days)
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL(90 EA per 90 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT, 2.5MCG/ACT	3	QL(12 GM per 90 days)
tiotropium bromide capsule 18mcg	4	QL(90 EA per 90 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108mcg/act	3	QL(102 GM per 90 days); 8.5 GM INHALER
albuterol sulfate hfa aerosol solution 108mcg/act	3	QL(81 GM per 90 days); 6.7 GM INHALER
albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate syrup 2mg/5ml	2	
albuterol sulfate tablet 2mg, 4mg	4	
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL(6 EA per 90 days)
epinephrine injection 0.3mg/0.3ml	3	QL(6 EA per 90 days)
LEVALBUTEROL TARTRATE HFA AEROSOL 45MCG/ACT	3	QL(90 GM per 90 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(180 EA per 90 days)
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	QL(84 ML per 28 days); PA
KALYDECO PACKET 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	PA
KALYDECO TABLET 150MG	5	PA
ORKAMBI PACKET 125MG; 100MG, 188MG; 150MG, 94MG; 75MG	5	PA
ORKAMBI TABLET 125MG; 100MG, 125MG; 200MG	5	PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	B/D
tobramycin nebulization solution 300mg/5ml	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG, 50MG; 0; 25MG	5	QL(84 EA per 28 days); PA
TRIKAFTA THERAPY PACK 100MG; 0; 50MG, 80MG; 0; 40MG	5	QL(62 EA per 31 days); PA
Mast Cell Stabilizers		
cromolyn sodium nebulization solution 20mg/2ml	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast tablet 250mcg, 500mcg	4	
theophylline er tablet extended release 12 hour 300mg	4	
theophylline er tablet extended release 24 hour 400mg, 600mg	3	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL(93 EA per 31 days); PA
alyq tablet 20mg	4	QL(62 EA per 31 days); PA
ambrisentan tablet 10mg, 5mg	5	QL(30 EA per 30 days); PA
bosentan tablet 62.5mg	5	QL(120 EA per 30 days); PA
bosentan tablet 125mg	5	QL(60 EA per 30 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	QL(810 EA per 90 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	QL(279 EA per 31 days); PA
sildenafil citrate tablet 20mg	3	QL(270 EA per 90 days); PA
tadalafil tablet 20mg	4	QL(62 EA per 31 days); PA
VENTAVIS SOLUTION 10MCG/ML	5	QL(150 ML per 30 days); B/D
VENTAVIS SOLUTION 20MCG/ML	5	QL(90 ML per 30 days); B/D
WINREVAIR INJECTION 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA
Pulmonary Fibrosis Agents		

Drug Name	Drug Tier	Requirements/Limits
nintedanib esylate capsule 100mg, 150mg	5	QL(62 EA per 31 days); PA
pirfenidone capsule 267mg	5	QL(279 EA per 31 days); PA
pirfenidone tablet 267mg	5	QL(279 EA per 31 days); PA
pirfenidone tablet 801mg	5	QL(93 EA per 31 days); PA
Respiratory Tract Agents, Other		
acetylcysteine injection 200mg/ml	2	
acetylcysteine inhalation solution 10%, 20%	4	B/D
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL(36 GM per 90 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(180 EA per 90 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(180 EA per 90 days)
breyna aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	3	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT, 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(32.1 GM per 90 days)
budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	3	QL(30.6 GM per 90 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	4	QL(24 GM per 90 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA PEN INJECTION 30MG/ML	5	PA
FASENRA INJECTION 10MG/0.5ML, 30MG/ML	5	PA
fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	3	QL(180 EA per 90 days)
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	3	QL(180 EA per 90 days)
ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml	2	B/D
NUCALA INJECTION 100MG/ML, 100MG, 40MG/0.4ML	5	PA
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(12 GM per 90 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT, 80MCG/ACT; 4.5MCG/ACT	3	QL(30.6 GM per 90 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(180 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	3	QL(180 EA per 90 days)
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Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tablet 10mg, 5mg	2	
methocarbamol tablet 500mg, 750mg	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
tasimelteon capsule 20mg	5	QL(31 EA per 31 days); PA
temazepam capsule 15mg, 30mg	3	QL(30 EA per 30 days)
zaleplon capsule 10mg, 5mg	3	QL(90 EA per 90 days)
zolpidem tartrate tablet 10mg, 5mg	2	QL(90 EA per 90 days)
Wakefulness Promoting Agents		
armodafinil tablet 150mg, 200mg, 250mg, 50mg	3	QL(90 EA per 90 days); PA
modafinil tablet 100mg, 200mg	3	QL(180 EA per 90 days); PA
sodium oxybate solution 500mg/ml	5	QL(558 ML per 31 days); PA
SUNOSI TABLET 150MG, 75MG	4	QL(90 EA per 90 days); PA

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